Wentworth Clinic

COMPLAINTS PROCEDURE POLICY

HR - 15

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Summary of Changes			
Version Number	**Review date/reviewer**	**Summary of Changes**	**Page**
6.0	May 2024 Professor V Ilankovan	*No changes required*	

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Appendices

1 POLICY STATEMENT

Any patient with an informal comment or complaint should be encouraged to discuss this with Professor Ilankovan. A discussion with the patient will be held as quickly as possible and an attempt at informal resolution of the complaint will be made to the satisfaction of both parties.

If it is not possible to reach agreement, complainants should be advised to write to Professor Ilankovan to lodge their complaint formally. They should be given a copy of the clinic complaints procedure. All complainants will receive written acknowledgement within **2** working days of receipt of their complaint. (Unless a full reply can be sent within **5** working days.)

An investigation will be carried out into the points raised by a complainant. A reply will then be given in writing within **20** working days. If for any reason this is not possible, i.e. if the investigation is still in progress, then a letter explaining the delay will be sent to the complainant and a full response made within **5** days of a conclusion being reached.

A complainant may request an Independent Review upon receipt of the letter if they remain dissatisfied with the Local Resolution. Under these circumstances, the complainant may contact the Care Quality Commission using the contact details below:

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone 03000 616161
Fax: 03000 616171
enquires@cqc.org.uk
www.cqc.org.uk

Contact may also be made to the Independent Health Advisory Service using the following email address:

independenthealthadvisoryservice.org.uk

2 OBJECTIVES

2.1 To ensure that all patients are made aware of their right to make a complaint and of the way(s) in which they may do so during via the Clinic's Statement of Purpose and the Patient Guide.

2.2 To monitor all complaints and maintain a register at the Clinic.

2.3 To ensure that all complaints are dealt with courteously, carefully and promptly.

3 SCOPE

All Clinic personnel
All Clinic users

4 RESPONSIBILITIES

4.1 The Registered Person is responsible for ensuring that a proper investigation, report and follow-up of all clinical and non-clinical complaints are carried out.

4.2 All Clinic personnel are individually responsible for ensuring that they have read and understood this policy and adhere to its requirements.

5 PROCEDURE

5.1 Rights of Patients and Staff

It is the right of:

The complainant to have their complaint investigated and to receive a prompt written reply from Professor Ilankovan.

The complainant to request an Independent Review if not satisfied with the reply.

The complainant to refer a complaint to the Care Quality Commission.

The staff involved to offer an explanation to a complaint against them and see any statement made about them in the reply to a complainant.

Staff must draw to the attention of Professor Ilankovan issues of concern. Any such complaint will be investigated and the member of staff will receive an answer or explanation.

Staff to request an investigation by Professor Ilankovan.

5.2 Complainants

Complainants will normally be existing or former users of the clinic services. People may complain on behalf of existing or former users where the clinic accepts them as a suitable representative.

Criteria for the clinic accepting a person as a suitable representative:

- The patient agrees and requests that a specific person act on their behalf. This should normally be in writing but a verbal request to a member of staff, which is then recorded in a file note, is acceptable.
- Where a patient has died.
- Where a patient is not competent to give comment, through for example, mental illness, disability or because they are too ill at the time. In this instance the suitability of the proposed patient representative must be established taking into account:

    a) The need to respect patient confidentiality

b) Any known wishes expressed by the patient that information should not be disclosed to third parties.

5.3 Time Limit on Initiating Complaints

Complaints received should be about events, which arose within the previous 12 months or 6 months from the complainant becoming aware of a cause for complaint. Professor Ilankovan will exercise discretion where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case.

5.4 Dealing with Complaints

All complaints received, whether verbal or in writing, will be recorded on the clinic complaint register

5.4.1 Local Resolution

Many complaints that cannot be resolved locally involve the way in which the complaint was handled and it is essential that the standards in this procedure are met.
Many complaints by patients have their roots in failure of communications and care must be taken by all to improve this aspect as a key ingredient in our daily working practices.
Complaints concerning Access to Health Records Act should be treated as part of the Complaints Procedure.

5.4.2 Oral Complaints

Oral complaints should be dealt with in a sympathetic and understanding way and an explanation provided wherever possible. This should be carried out at local level wherever possible. Staff should advise complainants to refer matters for formal investigation in writing, when this is appropriate, or when the complainant is dissatisfied with the response.

A file note should be kept of all oral complaints and action taken thereof as this is an important safeguard for staff if the complaint is taken further. Professor Ilankovan must be notified of all oral complaints

It is particularly important that any complaint, which includes serious or potentially serious allegations, be reported to Professor Ilankovan, whether or not the complaint has been lodged informally or in writing.

Where any complaint includes serious or potentially serious allegations the complainant should be invited to put this in writing. If this is not acceptable the complainant should be invited to sign a record of the complaint. However, if the complainant is unwilling to sign a record the complaint should still be investigated as if a written complaint had been received.

5.4.3 Written Complaints

Complainants should be advised to write to Professor Ilankovan. Acknowledgement, investigation and direct reply to the complainant will then follow.

The reply should be sympathetic in tone and avoid technical terms. It should be acknowledged where mistakes have been made and what action has been taken to prevent these in the future. In serious or complicated cases, an offer will always be made to meet with the complainant to discuss the outcome of the investigations.

Staff involved should be made aware of the contents of a reply to the complaint in so far as they are affected.

If the complainant is dissatisfied with the response, or does not wish to have the complaint investigated by Professor Ilankovan, then they should be encouraged to contact the Care Quality Commission using the contact details above or below.

Care Quality Commission National Contact Centre
CQC National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Tel: 03000616161
enquiries@qc.org.uk
www.cqc.org.uk

Contact may also be made to the Independent Health Advisory Service using the following email address:

independenthealthadvisoryservice.org.uk

6 EVALUATION

Monitoring of the Complaints procedures within the Clinic - Audit
Review of policy

7 REFERENCES

1 www.doh.gov.uk
2 www.cqc.org.uk
3 www.independenthealthadvisoryservice.org.uk
4 Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 12
5 Essential Standards of Quality and Safety March 2010 Outcome 17

6 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014(Part 3)(as amended) Section 2 Regulation 16

8 RELATED CLINIC POLICIES

Human Resources Policies
Risk Management Policies

9 EQUALITY AND DIVERSITY

This policy aims to meet the diverse needs of services, client base and staffing at the Wentworth Clinic, ensuring that none are placed at a disadvantage over others

This policy has been developed and will be reviewed on the basis that it does not discriminate and is not prejudicial on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age.