

Mount Pleasant Practice

COMPLAINTS PROCEDURE PROTOCOL

Date of Preparation: Mar 18	Date of next review:	Mar 18	Mar 19				
Prepared by: Practice Manager							
Review by: Practice Manager	Date review takes place and initials	Mar 18	Jan 2020- no change				

This policy will be reviewed annually to ensure that it remains effective and relevant.

PURPOSE

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The protocol sets out the approach of Mount Pleasant Practice to the handling of complaints.

This protocol is relevant to all employers and anyone who works at Mount Pleasant Practice, including non-clinical staff. Individuals training and visitors/observers on the premises must also adhere to this.

1. Importance of having a complaints procedure

In spite of the efforts of all staff it is likely that a complaint will be made by a patient at some point. To reduce the anxiety and apprehension for both patients and staff it is crucial to have a procedure for handling complaints.

2. How complaints can be made

Complaints may be received in writing or orally. Where a patient is unable to communicate a complaint by either means on their own then arrangements will be made to facilitate the giving of the complaint.

3. Persons who can complain

Complaints can be made by patients, former patients, someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the practice, or by a representative of a patient who is incapable of making the complaint themselves.

When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child and the complaint must be

being made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

4. Time limit for making a complaint

Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the discretion of the practice as to whether to investigate the matter.

5. Persons Responsible For Handling Complaints

Responsible Person: The Responsible Person is a partner responsible for the supervision of the complaints procedure and for making sure that action is taken in light of the outcome of any investigation. The responsible person is Dr Richard Davies.

Complaints Manager: The Complaints Manager is responsible for the handling and investigation of complaints. The Complaints Manager is Michele Richards, Practice Manager

6. Initial handling of complaints

- i. When a patient wishes to make an oral complaint then the Complaints Manager is to arrange to meet the complainant in private to make an assessment of the complaint. The complainant is to be asked whether they would like to be accompanied at this meeting.
- ii. The complaint should be resolved at this meeting if possible. If the complaint is resolved then it should be recorded in the complaints register and the implicated staff member is to be told about the details of the complaint.
- iii. When the complaint cannot be resolved the patient is to be asked to make a written complaint. If necessary the Complaints Manager is to write down the complaint on their behalf verbatim. The written complaint is to be recorded in the complaints register.
- iv. The Complaints Manager is to acknowledge a written complaint in writing within 3 working days, stating the anticipated date by which the complainant can expect a full response.

7. Investigation of complaint

- i. The Complaints Manager is to discuss the complaint with the implicated member of staff to establish their recollection of events.
- ii. If the complaint is against the Complaints Manager, then the complaint is to be referred to the Responsible Person for investigation.
- iii. The complainant is to be invited to a meeting to discuss the complaint with the Complaints Manager and asked if they would like to be accompanied at this meeting. If appropriate and with prior consent from the complainant the staff member complained about can be present at that meeting. Minutes should be taken.
- iv. The timescale to respond (maximum of 6 months) is to be agreed with the complainant at that meeting and documented in the complaints register.

- v. The full response to the complainant is to be signed by the responsible person, and include:
 - a. An explanation of how the complaint was considered;
 - b. The conclusions reached in relation to the complaint and any remedial action that will be needed;
 - c. Confirmation as to whether the practice is satisfied that any action has been taken or will be taken.
- vi. If it is not possible to send the complainant a response in the agreed period it is necessary to write to the complainant explaining why. Then a response is to be sent to the complainant as soon as is reasonably practicable.
- vii. If the complainant is dissatisfied with the handling of the complaint then they are to be advised to contact the Health Service Ombudsman and how to do so.

8. Recording complaints and investigations

A record must be kept of:

- i. each complaint received;
- ii. the subject matter of the complaint;
- iii. the steps and decisions taken during an investigation;
- iv. the outcome of each investigation;
- v. when the practice informed the complainant of the response period and any amendment to that period;
- vi. whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period.

9. Review of complaints

Complaints received by the practice are to be reviewed at staff meetings to ensure that learning points are shared.

A review of all complaints will be conducted annually by the Complaints Manager to identify any patterns that are to be reported to the Responsible Person.

The Complaints Manager will notify the Responsible Person of any concerns about a complaint leading to non-compliance. The Responsible Person will identify ways for the practice to return to compliance.

A report on complaints is to be submitted to the Primary Care Trust (or replacement body) annually (year ending 31st March). This report is to:

- i. specify the number of complaints received;

- ii. specify the number of complaints which it was decided were well-founded;
- iii. specify the number of complaints which the practice has been informed have been referred to the Health Service Ombudsman;
- iv. summarise the subject matter of complaints received;
- v. summarise any matters of general importance arising out of those complaints, or the way in which the complaints were handled;
- vi. summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.

This report is to be available to any person on request.

10. Publicity

The practice's arrangements for dealing with complaints and how further information about these arrangements may be obtained by patients is to be publicised by the Complaints Manager. How to contact independent advocacy services and the right of patients to approach Primary Care Trusts with complaints is also to be publicised.

11. Unreasonable complainants

When faced by an unreasonable complainant staff will take action in accordance with page 34 of the DH's *Listening, responding, improving: a guide to better customer care* guidance.