



DERMA

Complaints Policy

Document Control

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Complaints Policy

Introduction

This policy outlines procedures and responsibilities within Derma ("the Organisation ") for handling any concerns, issues or complaints that may arise.

RELEVANT CQC FUNDAMENTAL STANDARD/H+SC ACT REGULATION (2014)

- Regulation 16: "Complaints".

Purpose and Objectives

The purpose of this policy is to ensure that any complaints or concerns by service users are correctly managed.

Derma, although an independent body aspires to meet the principles set out in the NHS Constitution which are:

- The right to have any complaint made about our services dealt with efficiently and to have it properly investigated.
- The right to know the outcome of any investigation into a complaint.
- The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt with by us
- The commitment to ensure service users are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
- When mistakes happen, they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively.

- Demonstrating a commitment to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.

This policy serves to indicate how issues concerning service user concerns or complaints should be managed within the organisation.

Duties and Responsibilities

The CQC Registered Manager holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. This will include appointment of a designated Complaints Manager.

The CQC Registered Manager will also lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

Our designated Complaints Manager will be:

- Responsible for managing the procedures for handling and considering complaints.
- Ensuring that replies are drafted and signed by the CQC Registered Manager or other authorised person.
- Responsible for ensuring that action is taken if necessary, in the light of the outcome of a complaint or investigation.
- Responsible for the effective management of the complaint's procedure.

Policy Statement

Everyone has the right to expect a positive experience and a good treatment outcome. In the event of concern or complaint, service users have a right to be listened to and to be treated with respect.

As an authorised provider, Derma will manage complaints properly, so user concerns are dealt with appropriately. Good complaint handling matters because it is an important way of ensuring our users receive the service they are entitled to expect.

Complaints are also a valuable source of feedback; they provide an audit trail and can be an early warning of failures in service delivery. When handled well, complaints provide an opportunity to improve service and reputation.

Our Aims & Objectives

- We aim to provide a service that meets the needs of our service users and we strive for a high standard of care;
- We welcome suggestions from service users and from our staff about the safety and quality of service, treatment and care we provide;
- We are committed to an effective and fair complaints system; and
- We support a culture of openness and willingness to learn from incidents, including complaints.

Complaints Principles

- Service users are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do it.
- All complainants are treated with respect, sensitivity and confidentiality.
- All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.
- Service users and staff can make complaints on a confidential basis or anonymously if they wish and be assured that their identity will be protected.
- Service users will not to be discriminated against or suffer any unjust adverse consequences as a result of making a complaint about standards of care and service.
- Formal responses sent will include a right to appeal - i.e. to the Parliamentary and Health Service Ombudsman for NHS bodies, or for the non-NHS sector the Independent Sector Complaints Adjudication Service or Healthcare Advisory Services (IHAS) if the complainant remains unsatisfied.

Procedures

Period within which complaints can be made

The period for making a complaint is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Derma has discretion to vary this time limit if appropriate. i.e. where there is good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay. When considering an extension to the time limit it is important that the CQC Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Practice Manager, who must:

- acknowledge the complaint within 3 working days verbally or in writing and at the same time,
- offer to discuss, at a time to be agreed with the complainant
- decide the manner in which the complaint is to be handled,
- ascertain the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- From the discussion, a complaint action plan should be developed.

Complaints Action Plan

If the complainant does not accept the offer of a verbal discussion in an effort to resolve matters, the Practice Manager or someone designated to act on his behalf will notify the complainant in writing of the time period within which it is intended to respond to the complaint.

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help Derma to respond appropriately. It also gives the person who is complaining more confidence that Derma is taking their concerns seriously.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible
- stay in regular contact with whoever has complained to update them on progress
- follow closely any agreements made – and, if for any reason this is not possible, then explain why.

Complaints should normally be responded to within 28 days.

It is good practice to review any exceptional case lasting more than six months, to ensure everything is being done to resolve it.

Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant. The response must be signed by the Practice Manager and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken

- details of how to seek arbitration or mediation if the complainant remains dissatisfied e.g.:

a) **Contact the Citizens Advice Service**

Citizens Advice provides free, confidential and independent advice from over 3,000 locations, including in their bureau, GP surgeries, hospitals, colleges, prisons and courts. Advice is available face-to-face and by phone.

b) **Seeking assistance from the Service Users Association**

This is a national health care charity that highlights service users' concerns and needs. It provides advice aimed at helping people to get the best out of their care and tells service users where they can get more information and advice. Contact the Service users Association's helpline on 0845 608 4455 or visit: www.service-users-association.org.uk

c) **Contact the Local Government and Social Care Ombudsman**

- Call on **0300 061 0614** for help making a complaint
- Calls to 03 numbers **will cost no more than calls to national geographic numbers** (starting 01 or 02) from both mobiles and landlines, and will be included as part of any inclusive call minutes or discount schemes in the same way as geographic calls
- Text 'call back' to **0762 481 1595**. *Please send one message using only the words 'call back' and they will contact you as soon as possible – you should use their complaint form if you want to send them written information.* You may be charged by your provider for sending the text message.
- Use a textphone via the Next Generation Text Service (formerly known as Text Relay and Typetalk)
- Lines are open **Monday to Friday 8.30am to 5pm**
- Visit their website <https://www.lgo.org.uk>

d) **Raising the matter with the Care Quality Commission**

- Call on 03000 616161
- Email at enquiries@cqc.org.uk
- Visit their website www.cqc.org.uk

e) for private health care organisations, the following independent body may provide an alternative: <https://iscas.cedr.com/>

Managing Complaints

- All staff are expected to encourage service users to provide feedback about the service, including complaints, concerns, suggestions and compliments.
- Staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

Resolution

The process of resolving the problem will include:

- an expression of regret to the user for any harm or distress suffered;
- an explanation or information about what is known, without speculating or blaming others; considering the problem and the outcome the user is seeking and proposing a solution; and confirming that the service user is satisfied with the proposed solution.

Our staff will consult with their manager if addressing the problem is beyond their responsibilities.

If the Complaint is not resolved

Complaints that are not resolved at the point of service, or that are received in writing and require follow up, are regarded as formal complaints.

If the complaint is not resolved at the point of service, staff are expected to provide the complainant with the formal complaints policy.

Our designated complaints manager coordinates resolution of formal complaints in close liaison with the staff who are directly involved.

Staff Training

All staff will be appropriately trained to manage complaints competently.

Regular reviews are conducted by the complaints manager to check understanding of the complaints process among our staff.

Promoting Feedback

Information is provided about the complaints policy in a variety of ways, including some or all of the following:

- On our website;
- Through our service user feedback brochure;
- Publicity about the service;
- Posters in reception;
- Discretely located suggestion boxes; and by staff inviting feedback and comments.

Risk Assessment

After receiving a formal complaint, our Practice Manager reviews the issues in consultation with relevant staff in order to decide what action should be taken, consistent with the risk management procedure.

Assessing Resolution Options

Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of an alternative disputes' resolution provider.

The Practice Manager will signpost the complainant to an appropriate external body if:

- The complaint is against a senior manager who will be responsible for investigating the complaint, resulting in a perception that there is a lack of independence; or
- The complaint raises complex issues that require external expertise.
- The complaint cannot be resolved internally to the service user's satisfaction.

Timeframes

- Formal complaints are acknowledged in writing or in person within 48 hours.
- The acknowledgment provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take.
- If a complaint raises issues that require notification or consultation with an external body, the notification or consultation will occur within three days of those issues being identified.
- Formal complaints are investigated and resolved within 28 days.
- If the complaint is not resolved within that time period days, the complainant will be provided with an update.

Records and Privacy

- The Practice Manager maintains a complaints register.
- Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.
- Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.

- Individual complaints files are kept in a secure filing cabinet in the complaints manager's office and in a restricted access section of the computer system's file server.
- Service users are provided with access to their medical records in accordance with our Subject Access policy. Others requesting access to a service users' medical records as part of resolving a complaint are provided with access only if the service user has provided authorisation in accordance with the Subject Access policy.

Open Disclosure and Fairness

- Complainants are initially provided with an explanation of what happened, based on the known facts.
- At the conclusion of an inquiry or investigation, the complainant and relevant staff are provided with all established facts, the causal factors contributing to the incident and any recommendations to improve the service, and the reasons for these decisions.

Investigation and Resolution

The Practice Manager carries out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from:

- Talking to staff directly involved;
- Listening to the complainant's views;
- Reviewing medical records and other records; and
- Reviewing relevant policies, standards or guidelines.

Complaints about Individuals

Where an individual staff member has been mentioned specifically by a complainant, the matter will be investigated by the relevant manager or supervisor, who will:

- Inform the staff member of the complaint made against them;
- Ensure that if possible, the member of staff does not have any contact with the complainant during the investigation period, or afterwards if deemed appropriate;
- Ensure fairness and confidentiality is maintained during the investigation; and
- Encourage the staff member to seek advice from their professional association/body, if desired.

The staff members will be asked to provide a factual report of the incident, identify systems issues that may have contributed to the incident and suggest possible preventive measures.

Where the investigation of a complaint results in findings and recommendations about individual staff members, the issues are addressed through the Disciplinary or other appropriate process

Reporting and Recording Complaints

The Practice Manager prepares regular reports on the number and type of complaints, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are provided to staff and senior management, and if appropriate, uploaded into personal portfolio for audit and appraisal.

The Practice Manager periodically prepares case studies using anonymised individual complaints to demonstrate how complaints are resolved and followed up, for the information of staff, and for use in audit and appraisal.

Information about trends in complaints and how individual complaints are resolved is routinely discussed at staff meetings and clinical review meetings as part of reflecting on the performance of the service and opportunities for improvement.

Complaints reports are considered and discussed at monthly clinical review meetings and directors' meetings.

An annual quality improvement report is published that includes information on:

- The number and main types of complaints received, common outcomes and how complaints have resulted in changes;
- How complaints were managed—how the complaints system was promoted, how long it took to resolve complaints (and whether this is consistent with the policy) and whether complainants and staff were satisfied with the process and outcomes; and
- The results of any service user satisfaction survey.
- The service promotes changes it has made as a result of service user complaints and suggestions in its general publicity.

Monitoring and Evaluation

The Practice Manager continuously monitors the amount of time taken to resolve complaints, whether recommended changes have been acted on and whether satisfactory outcomes have been achieved.

The Practice Manager annually reviews the complaints management system to evaluate if the complaints policy is being complied with and how it measures up against best practice guidelines. As part of the evaluation, users and staff will be asked to comment on their awareness of the policy and how well it works in practice.