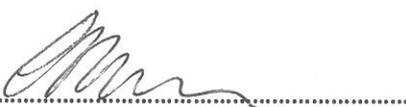


Clinical Complaints Policy & Procedure

Type of Policy	Clinical
Date Created	May 2005
Date Last Amended / Reviewed	December 2007, September 2012, February 2016
Reviewed by	Director of Clinical Services, Liz Leigh
Review Date	February 2019
Original Author	Director of Clinical Services, Clare Edwards
Where policy is filed	HDH Intranet

Main Headings	<ol style="list-style-type: none"> 1. Policy Statement 2. Complaints Procedure 3. Role of Complaints Manager 4. Unresolved Complaints 5. Role of the Independent Review Panel 6. References <p>Appendix I - Flow chart of complaints procedure Appendix II - Guidelines for investigating verbal complaints Appendix III - Guidelines for investigating written complaints Appendix IV - Leaflet outlining procedure</p>
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Signed 

Date: 9 February 2016

Clare R Periton
Chief Executive

1. POLICY STATEMENT

To be registered with the Care Quality Commission (CQC) Helen & Douglas House **must** demonstrate that it is able to meet the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 16, Receiving and Acting on Complaints, aims to ensure that people can make complaints about their care and treatment. To meet this requirement the organisation must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf, or other stakeholders¹.

This policy identifies the systems available outlining the action to be taken in the event of a verbal or written statement of dissatisfaction with any aspect of the delivery of patient care. It is part of the culture of Helen & Douglas House to welcome comments and complaints; regarding them as opportunities to learn, adapt and improve services. This policy has been developed to ensure that any complaint is dealt with in a timely and appropriate manner. All comments and complaints will be taken seriously and treated respectfully. Complainants will not be discriminated against or victimised, and their care will not be affected.

2. COMPLAINTS PROCEDURES

2.1 Verbal Complaints

- All contact with the complainant should be polite, courteous and sympathetic.
- Liability must not be accepted without a thorough investigation being undertaken. **This does not mean you cannot apologise for the person feeling they have been badly served.**
- A patient may prefer to ask someone who they trust to make the complaint on their behalf. This is likely if the person has difficulty in expressing their concerns due to the severity of their condition.
- If a parent, carer or advocate is making the complaint on behalf of the patient it must first be verified that the person has permission to speak for them, especially if confidential information is involved. It is very easy to assume that the parent, carer or advocate has the right or power to act for the patient when they may not. If in doubt it should be assumed that the patient's explicit permission is needed prior to discussing the complaint with someone else.
- Following the death of a patient, issues may be unresolved and these need particular sensitivity.
- After talking the problem through, the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable the member of staff should clarify the agreement with the complainant.
- Significant verbal complaints should be documented on an incident form
- If the suggested plan of action is not acceptable to the complainant, the member of staff should ask them to put their complaint in writing to the /Director of Clinical Services/Complaints Manager.

¹ Care Quality Commission (2015). Guidance for providers on meeting the regulations. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) (as amended), Care Quality Commission 9(Registration) Regulations 2009 (Part 4) (as amended). London: CQC.

2.2 Helping with Formulating a Written Complaint

Community Research – an organisation working on behalf of NHSE to get feedback on the palliative care currency work that we have been testing (see att.). If can't get everyone for a face-to-face meeting, they can follow up with a phone interview where necessary.

If the complainant is unable to put their complaint in writing a member of the care team, who is not involved with the issue, may assist in the drafting of the complaint as the patient's advocate. If possible this process should be initiated by the patient.

These written complaints should be forwarded immediately to the Director of Clinical Services who is the Complaints Manager for the whole Charity.

2.3 Written Complaints Regarding Clinical Service

Written complaints regarding clinical or support services (not fundraising or retail) should be handed to the Director of Clinical Services or her/his Personal Assistant (PA) as soon as possible. The Director of Clinical Services will appoint an investigating officer. Please see Section 3 for the role of the Complaints Manager and Appendix I for the Complaints Procedure. Please see Appendix III for guidelines for investigating a written complaint.

3. ROLE OF COMPLAINTS MANAGER

- To provide a responsible and timely service to complainants.
- To educate staff about the complaints policy and procedures.
- To record written complaints in the complaints' register and inform the Heads of Departments, as appropriate, about the complaint.
- To encourage the reporting of verbal complaints – see Appendix II of this policy
- To acknowledge, within two working days, the receipt of a written complaint (unless a full reply can be sent within five working days).
- To forward the information sheet explaining the organisation's complaints procedure to the complainant – see Appendix I and leaflet at Appendix IV.
- To ensure complaints leaflets are readily available to patients and their families.
- To assess, if necessary in conjunction with the Chief Executive and Head of Department, the need to obtain legal advice.
- To oversee complaint investigation.
- To ensure an investigating officer is appointed to investigate written complaints ensuring statements are taken as necessary and time scales are adhered to. (See Appendix III).
- To discuss the outcome of the investigation with staff and senior managers so that the organisation can learn from the situation.
- To forward a formal written response or invite the complainant to meet with senior staff within 20 working days.
- If appropriate, to invite the complainant to the organisation with a friend or other person to act as advocate, if they wish to feedback the findings of the complaint investigation.
- To chair the meeting, on behalf of the Chief Executive, between the senior staff and the complainant.

- To sum up and confirm the outcome of the meeting in writing to all concerned.
- To assist in the development of systems which, if practicable, will help to avoid a recurrence in the future.
- If the timescale of 20 working days is likely to be exceeded, the complainant will be sent a letter explaining the reason for the delay. A full response will be sent within 5 working days of the investigation being concluded. (See Appendix I).
- The final letter will address all the issues raised and if appropriate contain an apology for the incident.
- The address of the Care Quality Commission will be included in any correspondence at the conclusion of an investigation as dissatisfied complainants may wish to pursue their right to contact them.
- To record the outcome of the complaint in the complaints' register.
- To archive the records regarding complaints for three years – these should not become an integral part of a clinical record.
- To draft an annual report to the Chief Executive and Trustees on complaints.
- To produce an annual summary of complaints made and associated actions for the Care Quality Commission Inspection.

4. UNRESOLVED COMPLAINTS

- If the complaint cannot be resolved the complainant may ask for an independent review. The review will be convened by a member of the Board of Trustees.
- A request for a review must be made in writing within 20 working days of the complainant receiving the outcome. The convenor will decide on one of the following actions:
 - Arrange for further investigation within the organisation.
 - Appoint an Independent Review Panel of 2 people not connected, employed or volunteering for the organisation who have expertise in the management of complaints.
 - Determine no further action is required.
- The convenor will inform the complainant in writing of the outcome and the findings of any additional investigation.

5. ROLE OF THE INDEPENDENT REVIEW PANEL

The role of the Independent Review Panel is to review the concerns and the investigation process, to produce a report of the Panel's findings and communicate these to the complainant.

Should the complainant be dissatisfied with the outcome, they may pursue their right to contact the Care Quality Commission.

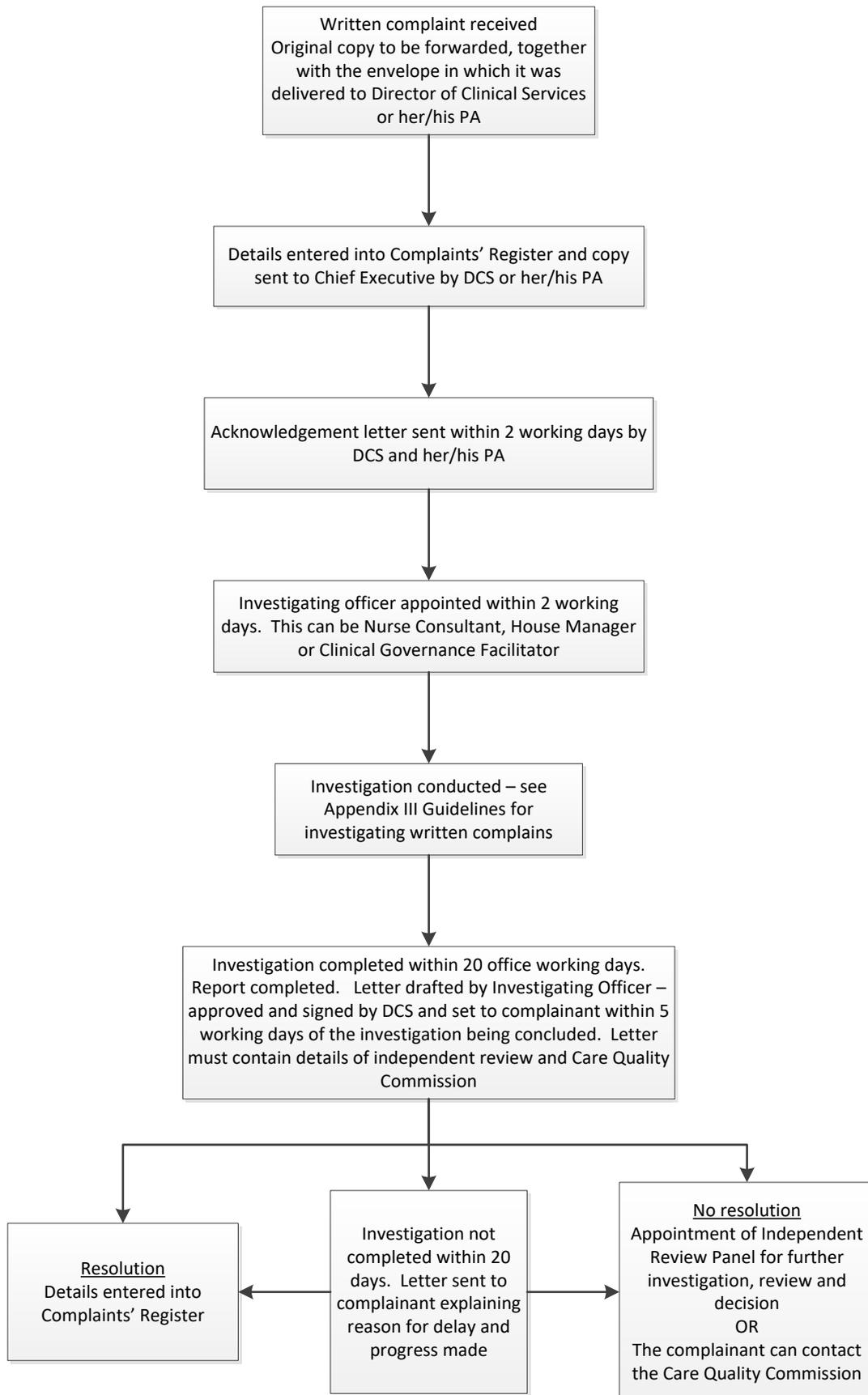
6. REFERENCES

Care Quality Commission (2015). Guidance for providers on meeting the regulations. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) (as amended), Care Quality Commission 9Registration) Regulations 2009 (Part 4) (as amended). London: CQC.

7. AUDIT AND REVIEW

An annual audit of complaints will be undertaken within the clinical audit programme to identify any trends and address areas of risk.

WRITTEN COMPLAINT PROCEDURE



Appendix II

Guidelines for investigating verbal complaints **To be used with the Complaints' Policy and Procedure**

A verbal complaint is an expression of dissatisfaction with the service

The key holder or shift co-ordinator is responsible for managing the situation.
If possible find a quiet place to go. Remember about your personal safety.

First listen to the complainant – your role is to be neutral and to gather the facts
What are the issues?
If complaining on behalf of a patient do they have the patient's permission (if over 18) to make a complaint? This may be relevant if the patient has capacity.
Take notes.
Summarise what issues are being made.

Try to resolve the complaint at the time. Listen and then speak to staff. Take action if you can.
If the complaint is about care, look at the notes, speak to staff, try and get to the root of the problem.
You should not make a judgement until you have all the facts. It may be that we will need to apologise, but it could also be that we need to explain the situation. Remember the majority of complaints are about communication, so make sure you are listening and are not defensive.

If serious

If important but less serious

- | | |
|---|---|
| <ul style="list-style-type: none">• Start a chronology eg
12/3/09 12.00 Mr xxx made a complaint
12/3/09 15.00 meet with Mr xxxx• Consider starting an investigation – see below• Feedback to the most senior member of staff in EITHER HOUSE. | <ul style="list-style-type: none">• Fill out an incident form and take appropriate action• Feedback to the most senior member of staff in EITHER HOUSE.• ACTION STOPS |
|---|---|

Review the patient's notes and familiarise yourself with the episode of care. Look at any other relevant documents e.g. incident forms or drug charts.
Add to the chronology.

You now may need to start interviewing the care staff.
Start with anyone mentioned in the complaint or the main carer indicated in the notes.
Ask for a statement from each interviewee, or make notes of the conversation, and, in either case, ask the member of staff to read and sign stating that they agree that the document is a fair reflection of the events.
Add to the chronology.

Continue interviewing people until you have all the facts that you need.
Add to the chronology.

Read and analyse all the information that you have. Prepare and conclude your report.
Keep it factual, use the evidence that you have.
If appropriate, make recommendations at the end of the report.
Prepare a letter for either the DCS or CEO to sign based on your report.
Add to the chronology.

Pass the investigation to either DCS or CEO for review and for the letter to be sent.
Note it is likely that they will want and need to discuss your report and the findings.

Identify and report any relevant learning to the Deputy Director of Clinical Services as learning may be applicable across both houses.

Appendix III

Guidelines for investigating written complaints **To be used with the Complaints' Policy and Procedure**

A written complaint is received

An investigation officer is appointed. This could be a House Manager, a Team Leader or Co-ordinator

First read the complaint and assess its nature – are there several issues?

Start a chronology e.g.
12/3/09 12.00 asked by D of CS to investigate complaint
12/3/09 15.00 received copy of the letter from xxxx
12/3/09 15.30 telephone call to Mrs xxxx

Ring the complainant and say you are in receipt of the letter and that you have been asked to investigate the complaint – you could say that you have been appointed as the investigating officer. If possible offer to meet with them face to face.
Ask them about the situation – listen and make notes – do not give an opinion at this point - it is your role to be neutral.
Ask them what they would like to happen

Document the conversation.
Add to the chronology.

Review the patient's notes and familiarise yourself with the episode of care. Look at any other relevant documents, e.g. incident forms or drug charts.
Add to the chronology.

You now need to start interviewing the care staff.
Start with anyone mentioned in the letter or the main carer indicated in the notes..
Ask each interviewee for a statement, or make notes of the conversation and in either case ask the member of staff to read and sign stating that they agree that the document is a fair reflection of the events.
Add to the chronology.

Continue interviewing people until you have all the facts that you need.
Add to the chronology.

Read and analyse all the information that you have. Prepare and conclude your report.
Keep it factual, use the evidence that you have.
If appropriate, make recommendations at the end of the report.
Prepare a letter for either D of CS or CEO to sign based on your report..
Add to the chronology

Pass the whole investigation to either the DCS or CEO for review and for the letter to be sent. Note it is likely that they will want and need to discuss your report and the findings.

Identify and report any relevant learning to the Director of Clinical Services as learning may be applicable across both houses.



Comments, Suggestions and Complaints Procedure

Helen & Douglas House strives to provide a quality service with the highest standards of care. We acknowledge that at times there will be suggestions, comments and complaints made about the service we provide. Therefore, we are constantly seeking ways to improve our services and aim to use your suggestions, comments and complaints to evaluate and inform a high quality service. The key objective of this leaflet is to provide guidance on the most effective way for your suggestions, comments and complaints to be heard.

Helen & Douglas House
14a Magdalen Road
Oxford
OX4 1RZ
Tel: 01865 794749

This leaflet outlines a procedure for you to follow; it will ensure that your suggestions, comments or complaint are responded to as quickly as possible. This procedure is not designed to apportion blame, consider the possibility of negligence, or provide compensation.

Local Resolutions

We aim to acknowledge your suggestions or comments, or work towards resolving your complaint quickly and fairly by local resolution. This means that your complaint will be resolved whenever possible by Helen & Douglas House staff

Who can make a complaint or a suggestion?

Any person who has been, or is currently, a young adult or visitor to Helen House or Douglas House. This includes those acting as advocates for children, young adults or an organisation representing interest groups.

Will my treatment be affected if I make a complaint or suggestion?

No. Your care or treatment will not be compromised. The care and well-being of our young adults and families are the prime concern for all the staff at Helen & Douglas House. All suggestions, comments and complaints will be handled with our best intentions and with sensitivity. Documentation regarding a complaint will not be filed in medical notes.

How do I make a suggestion or complaint?

You can make a complaint in person or over the telephone. You can also write a letter or meet with the Director of Clinical Services. If a complaint cannot be resolved by Helen & Douglas House staff or managers, you may also contact the Care Quality Commission for them to investigate your complaint further. Information on how to contact the Care Quality Commission is detailed on the last page of this leaflet.

When should I make my suggestion, comment or complaint?

You should make your suggestion, comment or complaint as soon as possible. The time limit for making a complaint is six months from the date of the

incident; in exceptional circumstances, this can be extended for a further six months.

What will happen once a suggestion, comment or complaint has been made

If you inform Helen & Douglas House staff of a complaint verbally, the staff member who receives your comments will seek to resolve the problem immediately. An appropriate manager will be asked to assist with your complaint if it cannot be resolved immediately by the staff member involved. If a manager is not available at the time then they will contact you at the first available opportunity, or within two working days of being informed of your complaint.

If you write to us with a complaint, we will acknowledge receipt of this within two working days. We will do our best to give you a full reply to your complaint, as quickly as possible; and you can expect to receive a full response within 4 weeks.

You will be kept fully informed of the progress of your complaint and once investigated, you will be informed of the outcome.

Once I have received a reply to the comments or complaint, what if I am still not happy?

If you are not satisfied with the reply to the complaint, you can ask for an independent review. To do this you must write to us requesting an independent review within 20 days of receiving our reply.

Your request will then be passed on to the convenor of the Independent Review Panel. The convenor role is undertaken by a member of the organisation's Trustee body. They will either:

- Ask us to investigate further
- Agree to set up an independent review panel
- Decide that no further action will be taken

An independent review panel consists of one of the Trustees and 2 people not connected, employed or volunteering for the organisation, who have expertise in complaints management.

You will be informed of the complaints convenor's decision.

How long will the Review Panel stage take?

This will be established within 4 weeks from the time it is agreed to convene an Independent Review.

If an Independent Review panel is held, the panel will look again at your concerns and produce a report of their findings. This will include any comments or suggestions which the panel decides to make. The outcome of this review will be reported to you.

What should I do if I am not happy with the Review Panel decision?

You may contact the Care Quality Commission directly; they are obliged to undertake investigations of complaints made against health care providers:

Care Quality Commission

CQC National Customer Service Centre

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 03000 616161

Fax: 03000 616171

Email: enquiries@cqc.org.uk