

CLINICAL COMPLAINTS POLICY

Reader information:

Document Name	Clinical complaints policy
Type of Policy	Clinical
Owner	Director of Clinical Services
Originator	Director of Clinical Services, Clare Edwards
Date created	May 2005
Date of last review	January 2023
Reviewed by	Clinical Quality and Compliance Lead – Sommia Chand
Date of next review	January 2026
Where is Policy Filed	S Drive: Clinical Policies

Main Headings:

1. Policy statement
2. What complainants can expect from Helen & Douglas House
3. Complaints procedures
4. Role of the independent review panel
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7. Audit and review

Signed: Date: 25/04/23

Clare R Periton
CEO

1. POLICY STATEMENT

Most of the time treatment and care at Helen & Douglas House goes well but sometimes things can go wrong. If a patient or family is unhappy with the care they have received then it is important that they feel able to tell us. They can do this by giving feedback or by making a complaint. This policy deals with those families choosing to make a complaint.

Helen & Douglas House is committed to dealing with complaints about the service it provides and acknowledges it **must** demonstrate the ability to meet the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For this policy in particular, meeting of requirement of Regulation 16, Receiving and Acting on Complaints.

When service users and their families complain about our services, we must take these complaints seriously, and endeavour to resolve them for that family. We must ensure that we learn from those complaints and implement changes to minimise the prospect of other families being subject to the same concerns.

We must ensure families know how to raise a complaint. We must make our complaints process accessible, whilst offering opportunities to resolve a situation before it escalates to a complaint. We recognise that some verbal complaints may be resolved at the time they are raised, which is the desired outcome, but it is still good practice to record these so that themes and improvement can be identified.

This policy has been developed to ensure that any complaint is dealt with using 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 stakeholders, 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. WHAT COMPLAINANTS CAN EXPECT FROM HELEN & DOUGLAS HOUSE

- The complaint will be acknowledged and properly investigated
- The complainant will be treated fairly, politely and with respect
- The complainant will be kept informed of progress and told the outcome
- Treatment and care will not be affected as a result of making a complaint
- The complainant will be offered the opportunity to discuss the complaint with the complaints manager (Director of Clinical Services here at HDH)
- Expect appropriate action to be taken following the complaint

In addition, we are committed to demonstrating openness, transparency and candour. We will not provide misleading information about avoidable harm and safety concerns.

3. COMPLAINTS PROCEDURES

Who can make a complaint?

A complaint can be made by the person affected by the action, or by a person acting on behalf of the person that was affected if that person:

- a. Is a child (an individual who has not attained the age of 18), we must be assured that there are reasonable grounds for the complaint to be made, and that it is in the best interest of the child.
- b. Has died, the complainant must be a personal representative of the person
- c. Has physical or mental incapacity, and the complaint is in the best interest of the person.
- d. Has given consent for the third party to complain on their behalf

Where a complaint is being made on behalf of the person affected, the details of that person **must** be documented fully in the complaint file, including correct contact details

How should complaints be submitted?

Where possible, complaints should be dealt with as they happen so that the situation can be rectified and the complaint resolved. Some complaints will inevitably be more formal and be submitted in a written format, either by email or post. These should always be directed to the Director of Clinical Services, who will enter them into the Complaints register immediately.

Process

- The Complaints Manager; role held by Director of Clinical Services – will appoint an investigating officer who will be Head of Care, Head of Community and Family Support Services or Clinical Quality and Compliance Lead.
- The investigating Officer will act within the guidance of the process (see Complaints Procedure)
- The Director of Clinical Services will complete and send a response to the complainant by day 20.

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 a resulting action and will inform the complainant in writing of the outcome with 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. SUPPORTING STAFF INVOLVED IN COMPLAINTS

When staff are involved in complaints, it can be very distressing, whether they are named in the complaint, or in the investigation of. It is a natural reaction to feel emotional impact and staff should be supported to explore the issues raised and to reflect on their role in the complaint. The emphasis should always be to find a resolution to the complaint, whilst ensuring that the process is not designed to apportion blame.

Support is available to staff through their line manager or confidentially through the support portal www.secondvictim.org.uk

If investigating officers have concerns about staff experience and support then additional support should be sought through clinical supervision, Director of Clinical Services or Human Resources

7. REFERENCES

Care Quality Commission (2015). Guidance for providers on meeting the regulations.
Care Quality Commission Registration Regulations 2009 (Part 4) (as amended). London: CQC.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) (as amended),
Second Victim Support - Improvement Academy <https://improvementacademy.org/tools-and-resources/second-victim-support-website.html> Accessed 22/08/2019

8. 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