

Psychiatry-UK LLP

Complaints Policy

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Amendment Sheet

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Version 1.7	Updated the 'Procedure and Response Timescales' and 'Obtaining Feedback' sections.	Nicole Bransfield	12 October 2022

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POLICY SUMMARY

The aim of the policy is to provide an effective method by which the users of the service can make a complaint or express their concerns regarding their care and treatment, and have those reviewed and resolved.

This Policy explains the means by which a patient or their representative can make a complaint. It also outlines the responsibilities of the staff and departments and offers guidance on good practice at each stage of the process. Complaints are one way of identifying the users' perspective of the services provided and can provide valuable insight into where improvements may be required.

The policy provides an operational strategy to facilitate the management of complaints to meet the statutory requirements of the Care Quality Commission.

Complaints may be made by existing or former patients or anyone acting on the behalf of the patient with their consent. If the patient is unable to act, consent should be sought from the next of kin. This must be done before confidential, or information of a sensitive nature, is released to a third party.

All staff are empowered to resolve complaints at a local level whenever possible and this proactive approach is encouraged

Complaints can be a mechanism for identifying where improvements in service provision can be made. When used in this way, they are a positive tool for promoting organisational and individual learning thereby reducing risk to patients, staff and the organisation. The complaints procedure is designed to develop a just and not a '*blaming*' culture within the organisation.

INTRODUCTION

Psychiatry-UK LLP ('PUK') places a high priority upon the handling of complaints and recognises that suggestions, constructive criticisms and complaints can be valuable aids to improving services. The primary objective of this procedure is to provide the fullest opportunity for investigation and resolution of the complaint, aiming to satisfy the complainant that his/her concerns have been addressed, whilst being fair to staff and the complainant alike.

Therefore, we aim to ensure that:

1. Making a complaint is as easy and transparent as possible.
2. That we deal with complaints appropriately and within the agreed time frame.
3. We treat a complaint as any clear expression of dissatisfaction with our service, or organisation as a whole, which calls for a response.
4. We respond in the right way – for example, with an explanation or an apology where we have got things wrong and if relevant and appropriate information on any action taken.
5. We have the right to refuse to accept a complaint where the complaint is clearly vexatious, malicious or motivated by racist, sexist, homophobic or other discriminatory attitudes, or where the complaint threatens or abuses PUK staff. The decision as to whether a complaint is vexatious will be taken by Chief Operations Officer and Medical Lead. PUK defines a vexatious complainant as someone who persists in making a complaint or demand when all reasonable attempts to resolve their concerns have been made.
6. When a complaint identifies that something has gone wrong or has fallen below standards it is seen as an opportunity to improve and avoid a recurrence and it can allow for systems, policies, practices or procedures to be amended or put in place as appropriate.

Once a complaint has been made, the complainant has the right to have his/her concerns investigated; all complaints are made in confidence and will not affect current or future provision of treatment.

Complaints will be managed in accordance with Outcome 17 of the CQC's Essential Standards of Quality and Safety.

The Chief Operations Officer will monitor the implementation of this policy, collect information about required improvements, and will report all complaints and outcomes in weekly management meetings and also to the Board of Designated Members on a regular basis.

GENERAL INFORMATION

Who may make a complaint?

- Existing or former users of services provided by the LLP may complain. Other people may complain on behalf of existing or former users where the LLP accepts them as a suitable representative and where consent has been obtained.
- Any person who is affected by or likely to be affected by the action, omission or decision of the LLP.

When is a complaint not a complaint?

A general rule is that a matter should be considered to be a complaint when:

- The person raising the matter has expressly stated that they want to make a complaint.
- The manager considers that serious issues have been brought to his/her attention.
- The manager considers that he/she is unable to investigate the matter adequately or independently.
- The manager considers that he/she cannot give the assurances being sought by the patient, client, carer or resident.

Time Limits for making a complaint

A complaint should be made as soon as possible after the event complained of. Normally a complaint should be made within six months of the event complained of, or within six months of the complainant first becoming aware of the problem. The LLP has the discretion to investigate complaints after this time if there is a good reason why the complaint could not be made sooner.

Confidentiality

All complaints will be kept confidential to the parties concerned unless a concern is raised in relation to a safeguarding matter or in relation to serious criminality in which case, we reserve the right to escalate the matter to relevant authorities. However, the complaint will normally be made known to the Chief Operations Officer and Medical Lead who will discuss the matter with Board of Designated Members where necessary.

Patient Authorisation

The LLP will not undertake an investigation of any complaint verbal or informal until the appropriate patient/next of kin authorisation has been received. Patient authorisation is required whenever personal information, including medical records, is consulted as part of the LLP's investigation.

Patient

The patient needs to confirm that the LLP can have access to personal information as part of the investigation process. If the patient is unable to give their consent, consent should be sought from the next of kin, especially when information from medical records will be required to answer the complaint.

Third party

Authorisation is almost always required before confidential information of a sensitive nature is released to a third party. This is particularly relevant where the complaint is made on behalf of a patient for example spouses, relatives, friends. However, in the case of MPs, there is 'assumed consent' and therefore confirmation of authorisation is not required, unless the MP is also representing a third party.

Children

The representative must be a parent, guardian, or other adult person who has care of the child; where the child is in the care of the local authority or voluntary organisation, the representative must be a person authorised by the local authority or voluntary organisation.

Deceased or incapable person

The representative must be a relative or other person who, in the opinion of the Complaints Manager, has a sufficient interest in their welfare and is a suitable person to act as a representative. If the Complaints Manager is of the opinion that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, the LLP will notify the person in writing, stating the reasons.

Procedure and response timescales

The procedure covers complaints about the services that the organisation provides to the public, and complaints about the staff and volunteers involved in delivering those services. Complaints regarding discrimination and victimisation will also be investigated under this complaints procedure.

Wherever possible we will try to respond and resolve the situation at an informal level. The matter will go no further unless the injured party is still dissatisfied, at which point the formal process will then begin.

Verbal complaints should whenever possible be responded to at the time of the complaint. If an error has occurred an apology and full explanation should be offered. An apology does not constitute an admission of liability. In some cases, the complainant may have expressed a preference for a telephone discussion regarding the outcome. However, this will always be followed up by a written response so that both parties have a written record of the outcome.

Written complaints should be acknowledged within three days of receipt by the Patient Experience Liaison working with that patient. If they are not currently in contact with the Patient Experience Team, the staff member who receives the written complaint must inform the team to contact the patient and inform the patient that a Patient Experience Liaison will be in contact within 4 working days. The Patient Experience Liaison will speak with the patient and confirm details of the complaint. They will then raise the complaint with incidents@psychiatry-uk.com within 24 hours of the patient confirming the complaint.

Within five days of receipt by the Incidents team an investigating partner will be appointed by the Patient Experience Manager to review the case. A written response to the complainant should be provided within 15 working days of the receipt of the complaint by the Incidents team. This will be shared with the patient by their Patient Experience Liaison. Written responses should include a description of any action taken as a result of the complaint and any further actions or investigations that will be following the complaint.

When investigating complaints, the investigating partner will ensure that:

- The complaint is fully understood – this may require meeting with or talking to the complainant
- There is an understanding of the response of staff or the situation in which the problem arose. This may involve interviewing or speaking to staff, or reviewing any written information
- When interviewing complainants or staff, they should be offered the opportunity to bring someone with them

As a result of the investigation actions may include:

- Specific improvements to service
- Bringing together parties to mediate the dispute
- Recommendations on staff training

Record keeping:

- All complaints will be recorded on the incidents/complaints/safeguarding log and will include the following information
 - date reported
 - date of incident
 - name of reporter
 - whether it is a formal complaint, and if so whether it was upheld
 - whether it related to GDPR
 - whether it is a SIRI
 - summary
 - action
 - learning points
 - whether the patient has responded to our request for feedback on the complaints process

When complaints cannot be resolved locally

If complaints cannot be resolved by the above process, then the complainant should be advised that in respect of our NHS service they may contact the:

Parliamentary and Health Service Ombudsman
Millbank Tower,
Millbank,
London, SW1P 4QP.

Obtaining feedback

All complaints will be reviewed during weekly management meetings. Once a complaint is confirmed as resolved, a feedback request note will be sent to the complainant via the portal by the Patient Experience Manager requesting a rating out of 5 together with any comments relating to their experience of making a complaint. Feedback will be reviewed at regular intervals by the Executive team.