

Pro dental
22 Wimpole Street
London
W1G 8GQ

DQQ03 – Complaints, Suggestions and Compliments Policy and Procedure

Purpose

- **This policy aims to enable the practice to establish and operate systems for identifying, receiving, recording handling and responding to complaints. As a result of the following these procedures the practice will investigate and take necessary proportionate action in response to any false identified by a complainant or investigation. We will ensure that:**
 - **Patients know how to complain, and that their comments and complaints are listened to and acted on effectively;**
 - **Patients know that they will not be discriminated for making a complaint;**
 - **Complaints are treated as learning opportunities and viewed as an opportunity to improve care.**

Accountability

- **The Registered Provider must establish and operate an effective and accessible complaints system. The Registered manager and/or Complaints Manager (or lead) should ensure that practice policies are followed; records kept, significant event analysis completed, and all audit, review and reporting procedures are followed. They also should ensure that staff training on companies management is included in new staff inductions and that team training is regularly (see Complaints Lead job Description)**

Scope

- **Registered provider.**
- **Registered Manager and/or Complaints Lead**
- **Patients**
- **Relatives/Guardians, where appropriate**
- **Other professionals outside agencies**
- **All employees.**

Policy

- **There is a clear complaints procedure in place, which is published to patients in the public area of the practice;**
- **The Practice Manager and/or Complaints Manager has responsibility for ensuring the team has induction training followed up with regular updates in complaints handling;**
- **The Registered or nominated Complaints Manager has responsibility for ensuring the complaints procedure is carried out correctly;**
- **The procedure makes it clear that complaints will be dealt with respectfully, and without prejudice;**
- **Complaints can be made in a form that takes into account all aspects of diversity.**

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- Patients are kept informed of the timescale and at each stage of the handling of a complaint;
- The procedure makes it clear what they should do if they are not happy with the result of a complaint. Contact details for the relevant commissioning body such as NHS England or a local CCG and PALS service should be on display;
- Complaints raised by third parties; or family members, raise consent and confidentiality issues. In these cases, written authority is normally required from the Patient to include others in the sharing of information. If the Patient lacks capacity, an independent representative should be involved.
- If it becomes clear that litigation, or the intent, has started then the complaints procedure may be terminated;
- The Practice will cooperate with any further investigation by the relevant commissioning body or any involvement by a recognised organization such as PALS;
- When treatment is made under referral, or treatment is transferred to another provider. Patients are made aware of the complaints system worked by all providers for as possible.
- Consent and confidentiality must not be compromised during the complaints process unless these are professional or statutory obligation that make this necessary, such as safeguarding.

Procedures

- To meet these policy requirements the practice will observe the following procedure:

Identifying and Receiving Complaints

- Patients may raise concerns to any member of staff, verbally or in writing.
- They will be directed to the Practice Manager or Complaints Lead to hear them, or address a written concern.
- In all cases an acknowledgement will be raised in writing and provided to the complaint within three working days, together with a copy of the Complaints Procedures if this has not been obtained before.
- The reply will give an estimate of the time required to investigate the complaint and reply again, which would normally be within ten working days and no later than twenty days.
- A written response, including the result of the investigation, will be issued to the Patient at that time. If this is not possible, the Patient will be informed in writing why, and a new time frame issued.
- Written documentation is retained.

- Patients are informed of the address of the relevant commissioning body, PALS, Health Ombudsman and the GDC should they wish further information or address.
- All complaints are recorded on a complaint record sheet. Regular review of complaints records will assist the Management team in identifying any trends.
- All complaints will be acknowledged in writing within 3 working days.
- Complainants will be replied to within 10 working days of the complaint arising or we will give an estimate of the time required to investigate the complaint and the complainant will be given the opportunity to agree an alternative timescale if needed.
- The response will substantiate or not substantiate all points made and give a detailed outcome response with all actions to be taken to resolve issues that have been raised.

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Investigating the Complaint

- Investigations and outcomes will be recorded on the complaints form, adding additional sheets as required.
- Complaints will be investigated in the first instance by Practice Manager and/or Complaints Lead, and referred up the chain of management as necessary to reach a satisfactory outcome for the complainant. The Registered Manager will become aware of the matters dealt with by other persons by way of the regular review of the file. The Registered Manager will take corrective action if it is felt during this review that complaints are not being appropriately referred up the line of management.
- The person investigating the complaint should gather the information evidence necessary to fully understand the complainant's concerns. This may include reviewing additional records or speaking to any witnesses.

Recording the Complaint

- All employees are warned that written complaints recording rules must be complied with, and those records held where they are freely available to supervisors and managers. Any attempt to conceal a complaint may give rise to formal disciplinary action.
- The complainant will be requested to examine the written records of the complaint and align to indicate agreement with the fair investigation.
- In the event of continued disagreement which cannot be resolved internally, the complainant will be advised to approach an appropriate external authority, such as the CQC, funding authorities such as Social Services or NHS, as independent advocacy service of the local government Ombudsman.

- The completed complaints form will then be handed to the Registered Manager nominated Complaints Lead for permanent filing. In the complaints file.
- The management meeting will periodically (recommended every three months) review all complaints and significant event analysis carried out since the previous review, in order to identify trends and matters which may have appeared to be relatively minor at the time, but which indicate a deeper problem.
- The services action plan should be updated to include all actions to be taken to resolve any requirements or recommendations made following any investigation.
- The records are kept and provided to CQC at any time that may ask them
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Complaints Analysis – Following a full and fair investigation

- The Registered Manager and/or Complaints Lead will conduct a significant event analysis (SEA) for each complaint received.
- Findings from the SEA will be presented at a policy review meeting to make recommendations to improve services
- A full report of the SEA findings along with recommendations to prevent recurrences will be presented to the Registered Provider and after full consideration of the recommendations agreed, relevant policy changes will be made and the team updated.
- Measures taken to improve services will be reviewed on an ongoing basis to ensure that improvements have been maintained.
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Duty of Candour

- If the complaint is a notifiable incident, as per the Duty of Candour Policy and Procedures, we shall follow that procedure as indicated. The Duty of Candour Policy and Procedure is located in the Administration section of you QCS System.

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Staff Training

- **This practice will ensure that every team member is familiar with the practice complaints procedure.**
- **We will provide initial training and regular update to ensure staff can deal with patients concerns and complaints, and know how to apologise and offer practical solutions.**

DQQ03 - Complaints, Key Contacts

**Care Quality Commission (CQC)
National Correspondence
Citygate, Gallowgate
Newcastle upon Tyne NE1 4PA
Tel: 03000 616161
Fax: 03000 616171**

03000 61 61 61

Clinical Commissioning Group (for patient funded by the Clinical Commissioning Group)

Tel: 020 3688 2500

**2nd Floor, Alderney Building
Mile End Hospital
275 Bancroft Road
London
E1 4DG**

**The local Government Ombudsman
P O Box 4771
Coventry CV4 0EH
Tel: 0845 602 1983 or 024 768 1960
Fax: 024 7682 0001
advice@lgo.org.uk**

**Independent Advocacy services
020 7001 2175**

**Tower Hamlet Council
Town Hall
Mulberry Place
5 Clove Crescent
E14 2BG**

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Note: this form will be used to record expressions of minor concerns which may be dealt with on the spot as well as obvious 'complaints' which may require formal investigation.

The original of this form will be:

- Held in a clearly labeled 'Complaints in Progress' file in the registered manager's office while the complaint is being investigated**
- Transferred to a central complaints file as soon as the matter is closed**
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Re. Person making the complaint

Name:	
Address:	
Telephone Number:	
Name and contact details of the Service user to which the complaint refers:	
Details of complaint, concern or compliment (include dates, times and witnesses where possible):	
Names of any employees specifically complained of or complimented:	
Name of person originally complained to (if not the person completing this form):	
Name of the person to whom the complaint was referred on to investigation (state ‘as above’ if the person who receives the complaint also investigates):	
Investigations carried out (attach additional pages if required):	
Action taken or recommended by investigator:	

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Re: person making the complaint (Continued....)

Did this action satisfy the complainant? If not, state why, and who the complaint was referred on to next:	
Action taken by person to whom the complaint was referred on to:	
Did this action satisfy the complainant?	
Name of organization to which the complaint was referred in the event of a failure to satisfy the complainant?	
Signed by complainant to signify satisfaction:	
Date:	

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Date	Complainant	Summary of complaint	Action taken

This register must be referred to each meeting the regular management for review

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Complaint acknowledgement template

(Insert date)

(Insert name)

(Insert address)

Our ref: (insert reference)

Your ref: (insert reference)

Our contact details (email and phone): (insert)

Dear (Insert title and name)

Heading e.g. Complaint about....

Thank you for bringing to our attention your concerns in (your letter/your emails/our conversation) of (date).

I am sorry that you are not happy with the service provided by Pro dental

As I understand it, you are concerned that (insert your understanding of the issues of concern, using a bulleted or numbered list if there is more than one point). Please contact me straight away If I misunderstand your concerns.

I would be happy to meet you to discuss the issue you have raised and our investigation procedures, if that would be helpful. (Suggest a date and/or provide contact details).

I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response by (insert anticipated response time – usually not longer than 10 working days).

Please do contact me again in the measures if I can be of further assistance. My email and phone number are provided above.

Your sincerely.

Name

Job Title

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Complaint final response letter template

(Insert date)

(Insert name)

(Insert address)

Our Ref: (Insert reference)

Your Ref: (Insert reference)

Our contact details (email and phone number) (Insert)

Dear (Insert title and name)

Heading, e.g Complaint about....

My investigation into the concerns you raised on (insert date) is now complete.

I will address each of the points as outlined in my earlier acknowledgement letter to you.

(Repeat each individual point of complaint, and follow each one with what found in the investigation. Put this as a numbered list if there is more than one issue)

1. (action one)

2. (action two)

3. (action three)

I would like to thank you for bringing thee matters to our attention. We welcome comments from people who use our services and aim to use these to improve our services.

If you are not fully satisfied with the way we have handled your complaint you have the right totake your complaint to the Dental Complaints Service:

**Dental Complaints Service
Stephenson House
2 Cherry Orchard Road
Croydon CR10 6BA**

Yours sincerely

Name

Jon Title

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Key Lines of Enquiry Table

Key line of Enquiry	Primary	Supporting	Mandatory
D.C2 - How are patients and those close to them involved as partners in their care?		*	*
D.R1 - Are services planned and delivered to meet the needs of people?	*		*
D.R4 - How are people's concerns and Complaints listened and responded to, and used to improve the quality care?	*		*
D.W2 - How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote delivery of high quality care?	*		*
D.W3 - How is quality assurance used to encourage continuous improvement?	*		*
D-W4 - How are people who use the service, the public and staff engaged and involved?	*		*

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.