



## POLICY FOR THE HANDLING OF COMPLAINTS

Policy reference number: HR14 COMPLAINTS	
<b>Authorised by:</b> Chief Executive Officer	Date: 21/02/09
<b>Approved by:</b> Sub Committee	Date: 21/2/2008
<b>Endorsed:</b> Board of Trustees	Date: 26/5/09
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### Policy Statement

St Clare Hospice offers a wide range of services to the local population.

However diligent and skilful our staff are, there may be times when our service users' expectations have not been met and they will need to voice their feelings.

Making a complaint is one way that people can make their views known when their expectations have not been met. It is often hard for complainants to voice their concerns and they can feel intimidated by professionals with specialised knowledge.

This Policy applies to all areas of the organisation.

The philosophy behind this procedure is to ease the process of making a complaint. Complainants need to feel that their views have been acknowledged and that we will review those aspects of our service that have fallen short of their expectations.

The designated persons for overseeing and managing complaints is:

Chief Executive Officer

### Responsibility / Accountability

The responsibility for managing complaints belongs to the Chief Executive.

### Policy Monitoring and Review

A three yearly review will be held, unless required otherwise.

## **SCOPE**

### **1. DEALING WITH COMPLAINTS**

Responding to complaints is generally seen to be a positive act. Complaints/comments provide the opportunity for:

- St Clare Hospice to see itself as others see it
- Identifying issues that concern those who use the Hospice's services
- Rectifying past mistakes and enabling services to be improved for the future
- Increasing patients' and the general public's confidence in St Clare Hospice
- Identifying adverse events that may otherwise go undetected
- Enabling the organisation to continually improve and learn.

### **2. BENEFITING FROM COMPLAINTS**

The aim of the hospice is to create a culture where complaints are used productively and those who make a complaint will feel:

- Confident and at ease in expressing their feelings
- That their views are respected
- That their complaint will be acted upon without breach of confidentiality
- That their expression of dissatisfaction will bring a speedy response
- That the organisation will learn and develop

### 3. PROCEDURE

#### 3.1 ORAL COMPLAINTS

Oral complaints should be resolved on the spot, or within two working days, whenever possible. They should be given the same attention as formal written complaints.

The first responsibility of the recipient of a complaint is to ensure, before doing anything else, that any remedial action, attention to health care needs, or change in procedures is dealt with immediately. This may require urgent action before any matters relating to the complaint are tackled.

Members of staff are required to make every attempt to resolve the complaint in the most sympathetic and effective way possible. The resolution of such a complaint might require the member of staff to discuss the complaint with others who may have had some involvement with or knowledge of the complaint, and to gather other relevant information. In order to maintain confidentiality the complaint should not be discussed with staff that are not involved in the incident.

A record should be made of oral complaints and given to the Complaints Manager (CEO). Complaint records should be kept separately from Health records, subject to the need to record any information strictly relevant to the health of the patient concerned. An Annual Report on complaints should be sent to the Healthcare Commission.

**If an oral complaint cannot be resolved at the time it is made, or if it is of a complex nature a written report should be submitted to the Complaints Manager (CEO).** The complaint should then be dealt with in accordance with the procedure for written complaints. In all cases a report should be retained of all oral complaints, listing complainants, date, nature of complaint and action taken and by whom.

#### 3.2. WRITTEN COMPLAINTS

Complaints must be passed immediately to the Departmental Manager and copied to the Complaints Manager (CEO).

The person in receipt of the complaint will ensure that a letter of acknowledgement of receipt of the complaint is sent to the complainant within 2 working days in the Chief Executive's name.

Contact should be sought with the complainants inviting them to discuss their concerns at a venue of their choice, e.g. their home or at the Hospice.

Following the meeting a letter will be sent confirming the outcome of the discussion and any action agreed at the meeting.

Response should be within two weeks. The complainant must be kept advised on a weekly basis if investigation into the complaint takes longer than two weeks. The aim must be to resolve complaints within two weeks.

The Complaints Manager (CEO) will respond personally.

The complaints file is to be maintained by the Assistant to the Chief Executive.

#### **4. DISSATISFIED COMPLAINANTS**

If a complainant is dissatisfied with the response, a Trustee Review may be requested in writing within 14 days of receiving the written reply at the end of the internal investigation. The complainant must be advised of this right.

The purpose of the Trustee Review will be to establish whether the complaint has been properly investigated and the process properly followed and answered, with a view to mediation / conciliation.

If a complainant remains unhappy with the outcome of the Trustee Review they must be informed of their rights to contact the Care Quality Commission or the Charity Commission. The Healthcare Commission is not a complaints agency, nor do they have statutory powers to investigate complaints. However, where necessary they will use their inspection powers to undertake enquiries to determine whether a provider is complying with the Private and Voluntary Health Care (England) Regulations. Their address is:

Care Quality Commission  
East of England Team  
1<sup>st</sup> Floor  
Finsbury Tower  
103-105 Bunhill Row  
London  
EC1Y 8TG  
[www.carequalitycommission.org.uk](http://www.carequalitycommission.org.uk)

#### **5. HELP WITH COMPLAINTS**

Many complainants have difficulties with expressing themselves orally and, more often, in the written word. Members of staff should be aware of these potential difficulties and be sensitive to the need to help people overcome them.

**ST CLARE HOSPICE**

**FORM FOR ORAL COMPLAINTS**

(Please complete for every oral complaint)

**1) Complainant Details:**

Name: .....Telephone .....

Address: .....  
.....  
.....Postcode .....

**2) Location of Complaint**

Day Hospice / In-Patient Unit / Office / Shop / Other (please state)

Exact location  
.....

**3) Details of Other Parties (Patient / Witness) :**

Name:  
.....

Address:  
.....  
..... Post code .....

Tel. No. .... Relationship to patient .....  
(if applicable)

**4) Date of Oral Complaint: \_\_\_/\_\_\_/\_\_\_**

**Details of Complaint**

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**5) Action taken** .....  
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**6) Further Recommendations:**  
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.....

**Person receiving complaint (in capitals)** .....

**Person investigating complaint**  
.....

**Signature** ..... **Date** .....

**Complaints Manager's Signature** ..... **Date** .....

# ST CLARE HOSPICE

## TIMETABLE FOR WRITTEN COMPLAINTS

(To be completed for each complaint)

**Complaint received from:** .....

**Date received** .....

**Staff member designated to handle complaint** .....

**Date acknowledgement of receipt of complaint sent** .....

**Date & Time contact made with complainant to arrange a meeting** .....

.....

**Meeting arranged (date, time and staff members involved)** .....

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**Letter following meeting approved by** .....

**Letter sent (date)** .....

When complete please hand this record to the Chief Executive