Management of Complaints and Compliments Policy and Procedure

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Version No.	1.0
Date of issue	November 2024
Date to be reviewed	November 2026

Introduction
County Medical Services Limited acknowledges that there may be instances when service users, their families or carers, staff, or others are dissatisfied with aspects of the care and services provided. In accordance with CQC Regulation 16 and the Complaints Regulations 2009, County Medical Service Limited. is committed to addressing any concerns or complaints promptly and effectively.

By ensuring that concerns and complaints are handled in a timely manner, the risk of escalation is reduced, and the chances of reaching a satisfactory resolution are increased.

Additionally, County Medical Service Limited. values compliments as a key method of identifying areas of good practice. Feedback on positive experiences will be shared with staff to motivate and encourage them, while continually improving the standards of care provided.

County Medical Service Limited. will ensure that the complaints procedure is accessible, transparent, and fair for all individuals involved

Policy Statement

County Medical Service Limited. (CMS) is committed to providing high-quality care to all its patients through remote and online services. We recognize that, occasionally, patients, families, or others may have concerns or complaints about the care they have received. It is essential that these complaints are handled seriously and promptly to ensure patient satisfaction, improve service delivery, and maintain high standards of care.

This policy aims to provide clear procedures for patients and other individuals to raise concerns or complaints regarding the services provided remotely. It will also outline how these complaints will be investigated, resolved, and used as an opportunity for service improvement, in line with relevant regulatory requirements.

Scope
This policy applies to all patients and service users of County Medical Service Limited. who receive services remotely, via online consultations, telephone, or other virtual healthcare platforms. It is also applicable to all CMH staff involved in patient care and complaints management.
Key Objectives

- To ensure all complaints are handled promptly, fairly, and in a way that promotes the resolution of issues.
- To provide clear, accessible, and appropriate ways for patients to raise concerns or complaints.
- To ensure that feedback from complaints leads to improvements in patient care and service delivery.
- To comply with relevant legislation and best practice guidance for complaints

handling in healthcare settings.

Relevant Legislation and Guidelines

1. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
    - Regulation 16: "Receiving and Acting on Complaints" - Ensures that healthcare providers have a clear and accessible complaints procedure in place.
2. **Care Quality Commission (CQC) Guidance**
    - Providers must ensure that their complaints procedures are clear, well-publicized, and effective, promoting patient safety and service improvement.
3. **The NHS Constitution**
    - This provides patients with a right to raise complaints about their healthcare and ensures that these complaints are addressed in a transparent and timely manner.
4. **The Equality Act 2010**
    - Ensures that complaints procedures are accessible to all individuals, including those with disabilities, language barriers, or any other specific needs.

How to Submit Compliments, Complaints, and Concerns

Compliments, concerns, and complaints can be submitted verbally or in writing to any member of staff or directly to the Registered Manager.

- Compliments: These can be submitted to any member of staff, doctors or the Registered Manager, either verbally or in writing, to acknowledge positive experiences or aspects of the service.
- Concerns: Any concerns about the service can be raised verbally or in writing with any member of staff or the Registered Manager. Concerns will be addressed promptly to avoid escalation and to find a satisfactory resolution.
- Complaints: Complaints must be submitted in writing (via email, text, or letter) to the Registered Manager. This ensures that the full and specific details of the complaint are recorded clearly. If a complainant is unable to submit a complaint in writing, they may raise it verbally with the Registered Manager, who will document the complaint on their behalf.
- Comments posted on social media will not typically be regarded as formal complaints unless submitted in writing via one of the methods outlined above.

County Medical Service Limited. will ensure that information about this policy is easily accessible, including leaflets and posters available throughout the company, in areas accessible to the public, and on the company website. The information will also be available in various formats and languages to accommodate the needs of all individuals.

Compliments Management Process
All written compliments should be documented and shared with relevant staff/Doctors to ensure awareness of the number of compliments received and the specific topics mentioned. While there is no mandatory requirement to record verbal compliments, it is encouraged to do so whenever possible.

Although formal acknowledgment of compliments is not required, it is encouraged where deemed appropriate to show appreciation and recognition for positive feedback.

Concerns Management Process

Many concerns arise out of a lack of information or understanding, and very often the matter can be resolved via the provision of further information, advice or an apology. This means they can often be dealt with at the time of their raising. On other occasions it may be that staff can take swift action in order to resolve a concern straightaway. Staff should feel empowered to deal with concerns promptly and informally without the need for a more in- depth investigation.

On receipt of a concern staff will:

- ensure that the immediate health care needs of the person affected by the concern are being met (where the person affected is still in their care)
- make sure that the person raising the concern does not wish to make a formal complaint
- undertake any enquiries required to resolve the matter respond to the person raising the concern with the appropriate information/advice/apology and/or explain what has been done to resolve the matter
- offer the person raising the concern the opportunity to discuss their concern further.

However, concerns are handled, staff should aim to ensure that they are resolved within 24 hours of their being raised. Excellent communication at this stage is essential to prevent the concern from escalating into a formal complaint. It is recommended that verbal communication be used primarily at this stage, either face-to-face or via telephone. However, if preferred by the person raising the concern, this can also be in writing, via email or text.

All concerns must be recorded on the incident management system. The record will include details of the concern, how it was resolved, and any further actions required.

Where the concern cannot be resolved in the above manner, it should be forwarded to the Registered Manager. The Registered Manager can discuss the issue with the person raising the concern and initiate the formal complaints process outlined below if required.

Complaints Management Process

Once a complaint has been received, it should be recorded on the incident management system and formally acknowledged within two working days of receipt. The acknowledgement should normally be in writing but can be given verbally if appropriate.

What we do when we receive a complaint

We want all people, patients, their family members and carers to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are dealing with them and/or to contact CMH registered Manager to see if we can resolve the issue promptly.

We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at first point of contact.

All of our staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to the service user to make sure they understand the issue(s)
- ask how they have been affected
- ask what they would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why, if they cannot do this, and explain what is possible
- capture any learning to share with colleagues and improve services for others.

Complaints that can be resolved quickly

We want our staff/doctors handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.

If a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure.

For this to happen, we will confirm with the person making the complaint that they are satisfied we have resolved the issues for them. If we cannot resolve the complaint within that timescale we will handle it in line with the rest of this procedure.

Acknowledging complaints

For all other complaints, we will acknowledge them (either verbally or in writing/email) within three working days. We will also discuss with the person making the complaint how we plan to respond to the complaint.

If we think a complaint can be resolved quickly, we aim to do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

If we can answer or address the complaint early, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

If we can resolve a complaint

We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

If we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

The Registered Manager will then either investigate the complaint fully themselves or nominate a ‘Lead Investigator’. If a ‘Lead Investigator’ has been nominated, the complainant must be informed with the name and contact details of the nominated person.

The person investigating the complaint will ensure that it is handled in a way to ensure that it is resolved without undue delay. Complainants should ordinarily receive a written response within 20 working days from the date of receipt. It is important that the right balance is struck between a timely response and one that is informed by comprehensive local action, as this will provide the best response to the complainant and the best opportunities for learning within the business.

The complainant should be sent regular updates on the progress of the investigation and likely timescales for receiving the formal response. If agreed timescales cannot be met, it is essential that the lead investigator informs the complainant of the reason for the delay and that new timescales are mutually agreed. In conducting the investigation, the lead investigator may undertake any of the following:

- contact the complainant to identify the outcome that they are seeking

- provide the complainant the opportunity to give their account and views of what took place
- review the relevant documentation, checking for evidence regarding issues raised
- interview any members of staff involved in the incident
- develop a timeline of what happened
- identify any shortfalls in level(s) of care provided
- when appropriate, using a Root Cause Analysis, identify the causes/contributory factors/validity of the concerns that have been raised
- identify clear and assigned actions to prevent recurrence and to improve care quality.

The lead investigator will then:

- decide whether the complaint should be upheld in full, upheld in part or not upheld
- make a record of the details of the investigation, outcomes and actions to be taken on the incident management system.

It is essential that every stage of the investigation is based on the best available evidence. The formal response from the Lead Investigator should be structured as follows:

- outline how the complaint has been considered
- explain how conclusions have been reached in relation to the complaint and whether it was upheld in part, in full or not upheld
- describe how any action needed as a result of the complaint has been taken, or is proposed to be taken
- explain that if they are not happy with the findings, an internal appeal is possible
- provide details of the regulatory body, should the complainant still be unhappy and wish for their complaint to undergo external review.

The Lead Investigator should ensure that the full written response is filed alongside the initial complaint on the incident management system. If, after receiving the formal response, the complainant is not happy with the outcome, they may write to the Senior Leadership Team to request an internal appeal.

If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in providing the care or service that has been complained about CMS to include any additional explanation required about who will provide the clinical view on behalf of their organisation. For example, a view will be sought from eg medical director, a consultant.

We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint (and any staff involved) immediately
- explain the reasons for the delay provide a new target timescale for completion

- Unless we have agreed a longer timescale with the person raising the complaint within the first 6 months, we will inform them if we cannot conclude the investigation and issue a final response within 6 months. Our Nominated Individual or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.

Providing a remedy

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

In order to put things right, the following remedies may be appropriate:

- an acknowledgement, explanation and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- waiving (or recompensing) a fee or penalty
- issuing a payment or refund
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

Internal Appeal

Upon receipt of an appeal the Senior Leadership Team will:

- take the time to understand the details of the initial investigation and outcome
- contact the complainant to understand the reason(s) why they are not happy with the initial investigation outcome
- appoint an appropriate independent individual within the business to carry out the appeal investigation
- provide the complainant with the name and contact details of the Independent Investigator.

The Independent Investigator will:

- review the initial investigation and outcome
- meet with or contact the complainant to discuss their continuing concerns
- carry out further investigation, if necessary
- decide whether or not the initial investigation outcome should be upheld
- provide the complainant with relevant feedback and inform them of the appeal outcome.

Once completed, the Independent Investigator will ensure that the incident

management system is updated with comprehensive details of the appeal, including actions taken and outcome. They will also report their findings to the Registered Manager. If the complainant remains dissatisfied with the response, they may contact the relevant ombudsman for further review.

Confidentiality of complaints

- We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint.
- Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.
- Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

Independent Review

In our response on every complaint, we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Independent Sector Complaints Adjudication Service (ISCAS) and Care Quality Commission may be contacted for further advice.

Complaints Concerning the Nominated Individual

The process to be followed where a complaint is made about the Nominated Individual, who in this service is also the doctor-owner. It ensures compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16 and the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

1. **Delegation of Investigation**
    - If a complaint is made about the Nominated Individual, they must not investigate or oversee the handling of the complaint.
    - The investigation must be delegated to a suitably senior and impartial individual within the service.
    - Where no suitable individual is available, an external independent investigator will be appointed.
2. **Impartiality and Fairness**
    - The investigation must be conducted objectively and without bias.
    - The Nominated Individual who is the subject of the complaint must not take any part in the review or decision-making process.
3. **Communication with the Complainant**
    - The complainant will be informed in writing of the person appointed to

investigate and the reasons why the Nominated Individual cannot do so.
    - Acknowledgment of the complaint will be provided within **three working days**, in line with statutory requirements.
    - The complainant will be advised of expected timescales and provided with regular updates.
4. **Escalation**
    - If the complainant is dissatisfied with the outcome, they will be advised of their right to escalate their complaint to the appropriate external body, such as:
        - The Parliamentary and Health Service Ombudsman (PHSO) for NHS-funded services.
        - The Independent Sector Complaints Adjudication Service (ISCAS) where applicable or HSCAMP .
        - The General Medical Council (GMC) if concerns relate to professional practice.
        - The Care Quality Commission (CQC) for concerns relating to regulatory compliance.
5. **Record Keeping**
    - All complaints will be recorded in the service's complaints register in accordance with regulatory requirements.
    - Records of complaints concerning the Nominated Individual will include details of who investigated and the measures taken to ensure impartiality.

Monitoring and Learning from Complaints

County Medical Service Limited. we expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

The board take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

To measure our overall timescales for completing consideration of all

- we seek feedback on our service from:
- people who have made a complaint and any representatives they may have
- staff who have been specifically complained about
- staff who carried out the investigation.

Procedure for Handling Vexatious or Habitual Complaints

It is acknowledged that many complainants may feel angry or aggrieved, sometimes justifiably so. While most complaints are made appropriately, a small number may be vexatious or malicious. This can include repeated complaints about unrelated issues or persistent complaints on the same matter when no further resolution is possible.

Guidance on Identifying Vexatious Complaints

- **Distinguishing Genuine from Vexatious Complaints**:
  It is important to differentiate between individuals who genuinely believe there is an issue and those who seek to create difficulties. Complaints should be assessed on their merits rather than the complainant's demeanour or attitude.
- **Past Behaviour Does Not Predetermine Current Complaints**:
  A history of vexatious complaints does not automatically mean that new concerns are not genuine. Each complaint must be considered individually to determine its validity.

Criteria for Defining Vexatious or Habitual Complainants

Complainants may be classified as vexatious or habitual if two or more of the following criteria are met:

1. **Persistent Pursuit of Resolved Complaints**:
   Continuing to pursue a complaint after the formal complaint's procedure has been fully exhausted.
2. **Prolonging Contact Unnecessarily**:
   Raising new concerns or questions frequently with the intent of extending contact with the organisation.
   - New issues should not be dismissed if they differ significantly from the original complaint. They may need to be addressed as separate complaints.
3. **Refusal to Accept Documented Evidence**:
   Rejecting factual evidence of care provided, including denying receipt of adequate responses to their complaints.
4. **Inability to Define Specific Issues**:
   Being unable to articulate specific matters for investigation despite reasonable support being provided.
5. **Focus on Trivial Matters**:
   Focusing disproportionately on minor issues.
   - Caution and discretion should be used when applying this criterion, as it involves subjective judgment.
6. **Threatening Behaviour**:
   Issuing threats to staff.
   - Verbal threats will result in an immediate cessation of verbal communication, with further contact limited to written correspondence.
   - Any threats of or actual violence must be reported through the incident management system.
7. **Unreasonable Demands on Staff**:
   Placing excessive demands on staff time or resources.
   - Discretion is needed to determine what constitutes excessive contact based on the specific circumstances.
8. **Abusive or Harassing Behaviour**:

Engaging in abusive or harassing behaviour toward staff on more than one occasion.
    - In severe cases, a single instance may be sufficient to classify the behaviour as vexatious.
9. **Secretly Recording Meetings or Conversations**:
   Recording interactions electronically without the consent of all parties involved.

Procedure for Handling Vexatious Complaints

- Each case will be assessed on its individual circumstances, and decisions will be made objectively and fairly.
- If a complaint is deemed vexatious, the complainant will be informed of the decision, including the reasons and any restrictions on future communications.
- Staff safety and wellbeing are prioritised, and any threats or harassment will result in immediate escalation to appropriate channels.

Actions for Managing Habitual or Vexatious Complainants

The following actions may be taken with the agreement of the Registered Manager:

1. **Warning**:
    - Inform the complainant in writing that their behaviour risks being classified as habitual or vexatious.
    - Provide a copy of this policy and advise them to consider the outlined criteria in future interactions.
2. **Limiting Contact**:
    - Decline further personal or direct contact (e.g., phone, email, or text), ensuring one communication route remains available.
    - Alternatively, limit communication to a third party acting as a liaison.
3. **Ending Further Correspondence**:
    - Notify the complainant in writing that the Registered Manager has fully addressed their concerns and that no further correspondence will be acknowledged or answered.
4. **Escalation**:
    - Inform the complainant that in extreme cases, County Medical Service Limited. reserves the right to involve solicitors or refer the matter to the police.

Notification of Action

- The complainant must be informed in writing of the decision to classify their complaint as vexatious or habitual.
- The letter, issued by the Registered Manager, must include the reasons for the decision and details of the measures being implemented.
- A copy of the letter should be provided to relevant individuals involved in the case.

Reviewing Vexatious or Habitual Status

- This classification can be withdrawn if the complainant demonstrates a more reasonable approach or submits a new complaint suitable for the standard complaint's procedure.
- Any decision to withdraw this status must be discussed and agreed upon with

the Registered Manager.

By implementing this procedure, County Medical Service Limited. ensures that complaints are managed appropriately while safeguarding staff and organizational resources from unreasonable or abusive behaviour.

Records Management

All feedback paperwork will be retained for a minimum of 6 years. Any archived paper files will be stored in a secure manner, in order to preserve confidentiality. Feedback related correspondence should not, in any circumstances, be retained in the care record of a person; this should only record information that is strictly relevant to their health.

The security and retention of information on the incident management system is the responsibility of the Registered Manager.

Monitoring

The implementation and levels of compliance with this policy will be monitored through provider auditing, with lessons learned shared electronically with all relevant staff.

Related Policies and Procedures

Information Governance Policy and

Procedure Whistleblowing Policy and

Procedure Grievance Policy and

Procedure

Safeguarding Policy and Procedure

Legislation and Guidance

Compensations Act 2006

The Care Act 2014

Data Protection Act 2018

The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 Human Rights Act 1998

National Health Service Complaints (England) Regulations 2009

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Independent Sector Complaints Adjudication Service (ISCAS)

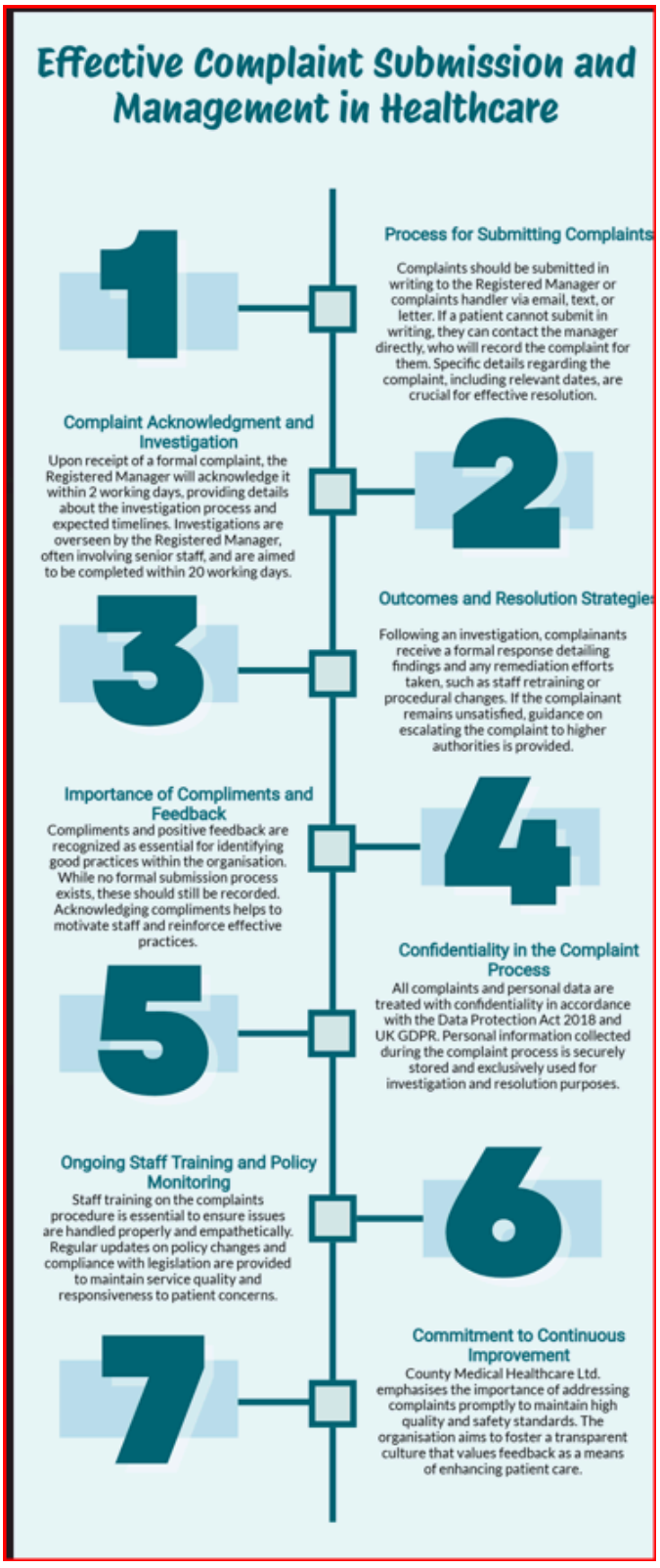
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Francis, 2013.

Complaints Matter, CQC, December 2014

Complaints in health and social care: standards & guidelines for resolution and learning, Department of Health, Social Services and Public Safety, June 2013.

Compliance

Safe	S1: How do systems, processes and practices safeguard people from abuse?
	S2.5 Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?
Caring	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?
Responsive	R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
	R2.2 How easy and accessible is it for people to use the complaints process or raise a concern? To what extent are people treated compassionately and given the help and support they need to make a complaint?
	R2.3 How effectively are complaints handled, including ensuring openness and transparency, confidentiality, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?
	R2.5 To what extent are concerns and complaints used as an opportunity to learn and drive continuous improvement?
Well led	*W1.2* How does the service promote and support fairness, transparency and an open culture for staff?
	W1.9 How does the organisation promote equality and inclusion within its workforce?
	W4.2 How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?
	W4.4 How is information from incidents, investigations and compliments learned from and used to drive quality?


Effective Complaint Submission and Management in Healthcare
1
Process for Submitting Complaints
Complaints should be submitted in writing to the Registered Manager or complaints handler via email, text, or letter. If a patient cannot submit in writing, they can contact the manager directly, who will record the complaint for them. Specific details regarding the complaint, including relevant dates, are crucial for effective resolution.
Complaint Acknowledgment and Investigation
Upon receipt of a formal complaint, the Registered Manager will acknowledge it within 2 working days, providing details about the investigation process and expected timelines. Investigations are overseen by the Registered Manager, often involving senior staff, and are aimed to be completed within 20 working days.
2
3
Outcomes and Resolution Strategies
Following an investigation, complainants receive a formal response detailing findings and any remediation efforts taken, such as staff retraining or procedural changes. If the complainant remains unsatisfied, guidance on escalating the complaint to higher authorities is provided.
Importance of Compliments and Feedback
Compliments and positive feedback are recognized as essential for identifying good practices within the organisation. While no formal submission process exists, these should still be recorded. Acknowledging compliments helps to motivate staff and reinforce effective practices.
4
5
Confidentiality in the Complaint Process
All complaints and personal data are treated with confidentiality in accordance with the Data Protection Act 2018 and UK GDPR. Personal information collected during the complaint process is securely stored and exclusively used for investigation and resolution purposes.
Ongoing Staff Training and Policy Monitoring
Staff training on the complaints procedure is essential to ensure issues are handled properly and empathetically. Regular updates on policy changes and compliance with legislation are provided to maintain service quality and responsiveness to patient concerns.
6
7
Commitment to Continuous Improvement
County Medical Healthcare Ltd. emphasises the importance of addressing complaints promptly to maintain high quality and safety standards. The organisation aims to foster a transparent culture that values feedback as a means of enhancing patient care.