



Complaints Procedure and Policy

Revision and issue Process

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Review Date	04/2027
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Version No	Type of change	Date	Description of Change
V1.0	New Policy	27/08/2016	
V1.1	Revised	12/2016	Change to include that service users can contact HIS at any time and not just when they are dissatisfied with the response from the clinic.
v.1.2	Revised	11/2018	Remove reference to HIS at stage two complaint as complaint can be made at any time
V.1.3	Revised	26/04/2021	No Change
V 1.4	Revised	26/01/23	Change to HIS contact email address
V1.5	Review	07/04/2025	Logo Change

Complaints and Procedure Policy

1. INTRODUCTION

Quality assurance is a key part of the delivery of safe and effective services to patients. Quest Clinic strives to provide high quality care and we are committed to resolving any issues or complaints to a mutual satisfaction wherever possible.

A 'complaint' is defined as an "expression of dissatisfaction with any aspect of our service or care"

2. PURPOSE

Quest Clinic recognises the importance and value of an effective process of complaints handling as part of a comprehensive framework of quality improvement activity in line with the development and implementation of Clinical Governance.

This policy document sets out a clear framework within which complaints will be managed properly and investigated in an unbiased, non-judgemental, transparent, timely and appropriate manner.

This policy aims to ensure that clear processes are in place which:

- Enables staff to sympathetically and comprehensively manage complaints at a local level.
- Directs staff to managing the escalation of complaints at each stage of the complaint process
- Ensures Patients know how to complain and can feel confident that their complaint will be dealt with seriously, investigated and the findings used to learn from and shared to promote best practice.

This policy aims to ensure that complaints are handled consistently and that the process is fair to complainants, staff, clinicians and practitioners of Quest Clinic.

3. SCOPE

This policy applies to complaints made against services or staff within Quest Clinic and to those against independent clinicians, practitioners and therapists with practising privileges.

Independent clinicians, practitioners and therapists are advised to contact their own indemnity insurers or other adviser where complaints are made directly against them. The Complaints Policy is not intended to restrict that right.

The complex issues of legal liability or where negligence is alleged falls outside the scope of this document where a complainant has stated in writing of their intent to take legal proceedings in relation to the substance of the complaint and where it will prejudice the proceedings.

4. PRINCIPLES OF GOOD PRACTICE FOR RESOLVING CONCERNS AND COMPLAINTS

Getting it right

Quest Clinic recognises the value of direct communications with patients/clients and other service users. We continuously strive to improve services and view constructive comments, suggestions and complaints as part of the process of maintaining and developing good quality reflective services.

As such, Quest Clinic aims to acknowledge and manage complaints as quickly, appropriately and as close to the source of the issue as possible, by considering all factors when deciding the remedy with fairness for the complainant and where appropriate, others who may be involved.

Being customer focused

Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances.

Being open and accountable

Clear about how decisions are made, proper accountability, delegation and keeping clear records.

Acting fairly and proportionately

Fair and proportionate remedies, without bias and discrimination.

Putting things right

Consider all forms of remedy such as apology, explanation, remedial action or financial offer.

Seeking continuous improvement

Using lessons learned to avoid repeating poor service and recording outcomes to improve services.

5. WHO CAN MAKE A COMPLAINT?

A complaint can be made by any person who is directly affected by an action or an omission.

A complaint can be made by a person acting on behalf of a patient in the following circumstances:

- A child – The complainant must have reasonable grounds for making the complaint instead of the child, and must be in the best interests of the child.
- A person who has died – the complainant must be the personal representative of the deceased e.g. has Power of Attorney.
- A person who has given consent to a third party to act on their behalf – the written consent from the person affected must be sought and provided.

- The patient's insurer or a commissioner of services.

How a complaint can be raised.

By telephone or in person and made verbally. If this is the method, a written record is made by the person receiving the complaint that describes the issues requiring investigations. This must be agreed with the complainant and ideally signed.

Ideally, and in the case of serious or multi-faceted complaints, this should be confirmed in writing to the clinic director, Joan Boyle, in writing to the clinic postal address or by emails to info@questclinic.co.uk or electronic submission via the clinic management system.

To Healthcare Improvement Scotland (HIS) by telephone, electronic submission to his.ihcregulation@nhs.scot or in writing. Service users can complain directly to HIS at any time, not only when they are dissatisfied with the response from the clinic.

6. COMPLAINTS PROCESS

This is a formal 3-staged process

- Stage 1 Local Resolution – Staff, Clinicians, Practitioners
- Stage 2 Complaints Review – Clinic Director, Insurer
- Stage 3 Independent external review – Insurance company

Timeframes

Stage 1	Stage 2	Stage 3
Acknowledgement sent within 2 working days of receipt of letter	Complaint received within 6 months of final response to Stage 1	Stage 3 invoked after stages 1 & 2 processes have been performed
Full response within 20 working days	Acknowledgement sent within 2 working days of receiving letter	Complaint received within 6 months of final response at Stage 2
Holding letter at least every 20 working days until final response	Full response within 20 working days	
	Holding letter at least every 20 working days until final response	

Stage 1 – Local Resolution

Complaints can be raised within 6 months of the complaint event or as soon as this matter first came to the attention of the complainant.

This time limit can sometimes be extended providing it is possible to investigate the complaint.

An extension should be considered where it would have been difficult to have complained earlier, e.g. when someone was grieving or undergoing trauma.

Timeframe for the clinic response

1. A written acknowledgement will be provided within 2 working days of receipt of a complaint unless the complaint can be answered and a full reply can be sent within 5 working days.
2. A full written response should be provided within 20 working days when the outcome of the investigation is known. Where this is not possible due to the complexity of the investigation or temporary absence of key people, a holding letter should be provided within 20 working days explaining the reason for not being able to provide a full response in this time frame and indicate when it is envisaged that this will be possible.
3. A holding letter should be sent at least every 20 working days in the event a response is not possible within the extended time frame.
4. The overall process for the final response should be completed within 3 months of receiving the initial complaint.

Receipt of Complaint

At stage 1 it is not essential for the complaint to be made in writing especially if the complainant has spent time detailing the issues to a member of staff.

A written record of a verbal complaint should be made.

Complaints received should be reviewed sensitively and sympathetically. It is proper to express regret that a complaint has been made. Expressing regret at the need to complain will help reassure the patient or authorised representative that the complaint will be handled sympathetically. However, unless there clearly has been a service failure, no statement accepting responsibility should be made by any member of staff until an investigation has been completed and a full conclusion reached.

Written acknowledgement

As a matter of good practice, the written acknowledgement following the receipt of a complaint, verbal or written, especially where the complaint is verbal and/or involves complex issues, should include a brief summary of the complaint, in order to try to ensure that all issues are known, aiming to stop the complaint being ambiguous or expanded later.

An offer of a face to face meeting will be made to the complainant. This affirms the complaint is being taken seriously and also provides an opportunity to clarify points for both parties. A written record of any meeting will be made and a copy provided to all parties present.

The written response

The key principle should be to address the subject matter of the complaint with completeness, acknowledging all the points raised by the patient or representative.

The written response should be easy to follow addressing each complaint issue in turn without using jargon or abbreviations and limiting technical explanations.

Where a patient complaint is substantiated this should be made clear in the response.

Similarly, if the investigation does not uphold the complaint this also should be clearly stated with reference to the evidence considered.

The complainant should be advised at the close of the letter on access to the next stage of the complaints procedure if they remain dissatisfied.

This would be formal stage 2 within six months of the stage 1 final response.

Correspondence should ensure that a complainant can clearly see at which stage of the complaints process they are currently at.

When a complainant escalates a complaint from stage 1 to stage 2, the complainant must state in writing clearly why they do not agree with the current decision and why they want to escalate the complaint to the next stage.

7. COMPLAINT RECORD KEEPING

The complaint database/file should be updated and maintained to include the details and outcome at stage 1 by the hospital/facility person responsible.

The preferred outcome is the local resolution of complaints. However, if the complainant remains dissatisfied after the facility's response, then he/she may within six months from the receipt of the response direct the complaint to the clinic insurers.

There are situations which are to be resolved immediately. All staff should be able to deal with these. Examples would be no offer of refreshments, cold tea, no newspaper, room temperature etc. Staff should: -

- . Acknowledge the client's concern
- . Rectify the situation immediately
- . Inform clinic director at the earliest opportunity.

Intermediate Complaint - Type Two

Some complaints may be out with the control of the person who hears them. Staff should:

1. Acknowledge the concern
2. Inform the clinic director

Major Complaints

The clinic director must be informed of major complaints. Examples of these may be complaints about nursing or medical care, staff attitudes, unmet expectations, or an overall dissatisfaction about the standard of service required.

These complaints may be received verbally or in writing.

8. LOCAL RESOLUTION

Acknowledge Complaint/Contact Patient

The patient must be contacted immediately to acknowledge their concern. Then a letter should be sent within 24 hours of receipt of complaint, or on the following weekday should the complaint be received at the weekend or on a Bank Holiday. The letter must include contact details for Healthcare Improvement Scotland.

Investigate the Complaint

The complaint should be fully investigated by the clinic director. All staff, clinicians and practitioners involved should be interviewed to establish the facts. Patient records must be reviewed where appropriate.

Response

Patients should receive a full written response within 20 working days. If the complaint is of a clinical nature it may be necessary to inform Insurers.

9. INDEPENDENT EXTERNAL RESOLUTION

Where the complainant is dissatisfied with the outcome of internal appeal the clinic director should offer the complainant the right to refer the matter to Independent External Adjudication.

10. COMPLAINTS FILE

A complaints file will be held in a locked filing cabinet and restricted file access held electronically. Both complaint and response should be filed together.