

VENTURE

Health Group

Policy Title	Complaints Policy
Policy Number	9
Version	0.7
Date Ratified	03/10/2023
Primary Author	Satish Maddineni
Responsible Committee	Board of Directors
Review Date	03/10/2025
Target Audience	All staff & Directors

Table of Contents

COMPLAINTS PROCEDURE	3
INTRODUCTION	3
POLICY	3
PROCEDURE	3
RECEIVING COMPLAINTS	3
PERIOD WITHIN WHICH COMPLAINTS CAN BE MADE.....	3
ACTION UPON RECEIPT OF A COMPLAINT	4
UNREASONABLE COMPLAINTS	4
FINAL RESPONSE	5
ANNUAL REVIEW OF COMPLAINTS	5
CONFIDENTIALITY	6
APPENDIX 1	6

Complaints Procedure

Introduction

At Venture Health Group (Venture) we aim to always provide the highest quality care for all our patients, clinical services, customers and clients. We also pride ourselves on ensuring that we hold the wellbeing of our staff as one of our organisation's highest priorities. However, we understand that we may occasionally fall short of our high standards.

This procedure sets out our approach to the handling of complaints and is intended as an internal guide that is readily available to all staff. From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. Our procedure is compliant with this.

Policy

Venture will take reasonable steps to ensure that all of our patients and clients are aware of:

- The complaints procedure.
- The time limit for resolution.
- The process for dealing with complaints.
- Who will deal with the complaint.
- Details of the manager handling the complaint.
- The "right to appeal" process
- How to take further action if they are not satisfied.

Procedure

Receiving complaints

Venture may receive a complaint made directly by a patient, on behalf of a patient or by a former patient, who is receiving or has received care or support at Venture. If a patient is incapable of making a complaint, then the complaint may be made by a relative or other adult who has an interest in their welfare.

Period within which complaints can be made

The period for making a complaint is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months.

Venture's standard will be no **longer than three working days** for an initial response.

Mr Satish Maddineni, the Registered Manager, the Governance Lead or the Board of Directors have the discretion to extend the time limits if the complainant has good reason for not making the

complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events by the member of staff concerned or by the person bringing the complaint. The collection of evidence, guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

Action upon receipt of a complaint

It is always better to try and deal with a complaint at the earliest opportunity and often it can be concluded at that point.

If it is not possible or the outcome is not satisfactory, the patient should be asked to formally submit their complaint in writing. This ensures clear cataloguing of the issues for resolution.

If the patient refuses to submit the complaint in writing, the Governance Lead or the Registered Manager will put it in writing and check with the patient that it is an accurate account of their grievance.

On receipt of a written complaint an acknowledgement should be sent confirming receipt and indicating that a further response will be sent within working 10 days following an investigation of the issues. It will also stipulate the lead investigator (Governance Lead or Registered Manager).

If it is not possible to conclude any investigations within the 10 working days, then the patient should be updated with the progress and possible time scales.

A full investigation should take place with clear documentation and a log of the progress being made.

The report of the investigation is formally reviewed by the Board of Directors and an action plan formulated if necessary to address any learning. The Governance Lead will then implement any recommendations from the action plan.

It may be that outside sources will need to be contacted and if that is the case then a client consent form will need to be signed to make such a request.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by a Director of Venture who will be the only contact for the patient
- Contact will be limited to one method only (e.g. written)
- Facilitate a time limit on each patient contact
- The number of contacts in a time period will be restricted

- A witness will be present for all contacts
- Repeated complaints about the same issue which has been resolved, may be refused
- Correspondence regarding a closed matter will be acknowledged with no further response
- Behaviour standards will be made explicit
- Irrelevant documentation will be returned
- Detailed records of all communications will be kept

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right or prevent repetition
- A focus on fair and proportionate outcomes for the client, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint together with the relevant contact details. It should also advise on the next step in the process if the complainant is still not satisfied. This would normally be an offer of a meeting with the Registered Manager and a Director, to try further reconciliation. If the matter is still not resolved; the complainant can contact the Board of Directors with their complaint.
- Lastly, if the complainant is not satisfied with the response, they can also complain to the Local Government Ombudsman.

Annual Review of Complaints

Venture undertakes an annual complaints report, incorporating a review of complaints received at the Board of Directors AGM, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

Confidentiality

All complaints must be treated in the strictest confidence

Where the investigation of the complaint requires consideration of the patient's clinical records, the Registered Manager or Governance Lead must inform the client or person acting on his/her behalf if the investigation will involve disclosure of information contained in those records to a person other than a member of staff of Venture.

Venture will keep a record of all complaints and copies of all correspondence relating to complaints, but all such records are kept separate from patients' records.

APPENDIX 1

Complaints Process Overview

