SECRET SMILE AESTHETICS

COMPLAINTS POLICY

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**Policy Statement**

Everyone has the right to expect a positive experience and a good treatment outcome. In the event of concern or complaint, patients have a right to be listened to and to be treated with respect. Service providers should manage complaints properly so customers’ concerns are dealt with appropriately. Good complaint handling matters because it is an important way of ensuring customers receive the service they are entitled to expect. Complaints are a valuable source of feedback; they provide an audit trail and can be an early warning of failures in service delivery. When handled well, complaints provide an opportunity to improve service and reputation.

**Aims & Objectives**

* We aim to provide a service that meets the needs of our patients and we strive for a
* high standard of care;
* We welcome suggestions from patients and from our clinicians and staff about the safety and quality of service, treatment and care we provide;
* We are committed to an effective and fair complaints system; and
* We support a culture of openness and willingness to learn from incidents, including complaints.

**Complaints Policy**

* Patients are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do it.
* Patients are encouraged to discuss any concerns about treatment and service with their treating clinician [or alternate], or they can complete our customer feedback form.
* Clinicians and staff can also use the feedback form to record any concerns and complaints about the quality of service or care to customers.
* All complainants are treated with respect, sensitivity and confidentiality.
* All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.
* Patients and staff can make complaints on a confidential basis or anonymously if they wish, and be assured that their identity will be protected.
* Patients, clinicians and staff will not to be discriminated against or suffer any unjust adverse consequences as a result of making a complaint about standards of care and service.

**Managing Complaints**

* All clinicians and staff are expected to encourage patients to provide feedback about the service, including complaints, concerns, suggestions and compliments.
* Clinicians and staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

**Resolution**

The process of resolving the problem will include:

* an expression of regret to the consumer for any harm or distress suffered;
* an explanation or information about what is known, without speculating or blaming others; considering the problem and the outcome the consumer is seeking and proposing a solution; and confirming that the patient is satisfied with the proposed solution.

If the problem is resolved, clinicians are expected to complete the Suggestion for

Improvement form to record feedback from patients.

**If the Complaint is Not Resolved**

Complaints that are not resolved at the point of service, or that are received in writing and require follow up, are regarded as formal complaints.

Our clinicians refer complaints to Health Improvement Scotland/The Nursing and Midwifery Council and/or their indemnity insurance provider if:

* After attempting to resolve the complaint, they do not feel confident in dealing with the complainant; or
* The outcome the complainant is seeking is beyond the scope of their responsibilities Or;
* They or the complainant believe the matter should be brought to the attention of someone with more authority.

If the complaint is not resolved at the point of service, clinicians are expected to provide the complainant with the formal complaints policy.

Clinicians then complete the first two sections of the Complaint Follow up form and forward it to Health Improvement Scotland and/or The Nursing and Midwifery Council and/or the clinicians indemnity insurance company.

**Responsibilities**

* Health Improvement Scotland/The Nursing and Midwifery Council and the clinicians insurance company are responsible for a proactive approach to receiving feedback from patients and staff, risk management in consultation with Kathleen McIntyre
* Investigation and review of complaints and follow up action for serious complaints, or where complaints result in recommendations for change in policy of procedures.

Kathleen McIntyre, is responsible for;

* Ensuring appropriate action is taken to resolve individual complaints;
* Acting on recommendations for improvement arising from complaints;
* Ensuring there is meaningful reporting on trends in complaints;
* Ensuring compliance and review of the complaints management policy;
* Notifications to insurers; and
* Consultation with professional registration boards, and others where necessary.

**Clinician and Staff Training**

All clinicians need to have been appropriately trained to manage complaints competently.

This involves attending regular update seminars on the resolution of complaints.

**Promoting Feedback**

Information is provided about the complaints policy and external complaints bodies that

patients can go to with a complaint in a variety of ways, including;

* On our website;
* Through our patient feedback brochure;
* Publicity about the service;
* Providing client feedback surveys

**Risk Assessment**

After receiving a formal complaint, Kathleen McIntyre reviews the issues in consultation with relevant clinicians to decide what action should be taken, consistent with the risk management procedure.

**Assessing Resolution Options**

Formal complaints are normally resolved by direct negotiation with the complainant, but

some complaints are better resolved with the assistance of an alternative disputes resolution provider.

Kathleen McIntyre will sign post the complainant to an appropriate external body if;

* There is a serious question about the adequacy and safety of a health practitioner;
* The complaint is against a senior clinician or manager who will be responsible for investigating the complaint, resulting in a perception that there is a lack of independence; or
* The complaint raises complex issues that require external expertise.
* The complaint cannot be resolved internally to the patients satisfaction.

Secret Smile Aesthetics undertakes to signpost patients to approved (by the Chartered Trading Standards Institute (<http://www.tradingstandards.uk/advice/ADRApprovedBodies.cfm>) Alternative Disputes Resolution Service Provider in accordance with The Alternative Disputes Resolution Regulations (2015) and undertakes to co-operate and comply with the recommendations made by the same body.

**Timeframes**

* Formal complaints are acknowledged in writing or in person within 48 hours.
* The acknowledgment provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take.
* If a complaint raises issues that require notification or consultation with an external body, the notification or consultation will occur within three days of those issues being identified.
* Formal complaints are investigated and resolved within [10–35 days.
* If the complaint is not resolved within 20 days, the complainant, clinicians and staff who are directly involved in the complaint will be provided with an update.

**Records and Privacy**

* The clinician maintains a complaints and patient feedback register with records of informal feedback (Suggestions for improvement and patient feedback forms) and formal complaints.
* Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.
* Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.
* Individual complaints files are kept in a secure filing cabinet in the [complaints manager]’s office and in a restricted access section of the computer system’s file server.
* Patients are provided with access to their medical records [in accordance with the confidentiality policy]. Others requesting access to a patients’ medical records as part of resolving a complaint are provided with access only if the patient has provided authorisation [in accordance with the confidentiality policy].

**Open Disclosure and Fairness**

* Complainants are initially provided with an explanation of what happened, based on the known facts.
* At the conclusion of an inquiry or investigation, the complainant and relevant clinicians are provided with all established facts, the causal factors contributing to the incident and any recommendations to improve the service, and the reasons for these decisions.

**Investigation and Resolution**

The clinician carries out investigations of complaints to

identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from:

* Talking to clinicians and staff directly involved;
* Listening to the complainant’s views;
* Reviewing medical records and other records; and
* Reviewing relevant policies, standards or Guidelines.

**Reporting and Recording Complaints**

The clinician prepares monthly reports on the number and

type of complaints, the outcomes of complaints, recommendations for change and any

subsequent action that has been taken. The reports are provided to staff, clinicians, senior

management and if appropriate, uploaded into personal portfolio for audit and appraisal.

The clinician periodically prepares case studies using anonymised

individual complaints to demonstrate how complaints are resolved and followed up, for

the information of staff, and for use in audit and appraisal.

An annual quality improvement report is published that includes information on:

* The number and main types of complaints received, common outcomes and how complaints have resulted in changes;
* How complaints were managed—how the complaints system was promoted, how long it took to resolve complaints (and whether this is consistent with the policy) and whether complainants and staff were satisfied with the process and outcomes; and
* The results of the annual patient satisfaction survey.
* The service promotes changes it has made as a result of patient complaints and suggestions in its general publicity.

**Monitoring and Evaluation**

The clinician continuously monitors the amount of time

taken to resolve complaints, whether recommended changes have been acted on and

whether satisfactory outcomes have been achieved.

The clinician annually reviews the complaints management

system to evaluate if the complaints policy is being complied with and how it measures

up against best practice guidelines. As part of the evaluation, consumers, clinicians and staff are asked to comment on their awareness of the policy and how well it works in practice.

**References and Further Reading**

* Good Medical Practice (GMC,2013)
* The Code; Standards of Conduct, Performance and Ethics (NMC,2012)
* Standards for Dental Practitioners (2013)
* Chartered Institute of Trading Standards <http://www.tradingstandards.uk/advice/AlternativeDisputeResolution.cfm>

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