**Complaints Policy**

1. **Introduction**

This policy outlines procedures and responsibilities within MYLA HEALTH LTD ("the Organisation") for handling any concerns, issues or complaints that may arise.

1. **Relevant CQC Fundamental Standard/H+SC Act Regulation (2014)**

* Regulation 16:  “Complaints”.

1. **Purpose and Objectives**

The purpose of this policy is to ensure that any complaints or concerns by service users are correctly managed.

MYLA HEALTH LTD, although an independent private body, aspires to meet the principles set out in the NHS Constitution which are:

* The right to have any complaint made about our services dealt with efficiently and to have it properly investigated.

* The right to know the outcome of any investigation into a complaint.

* The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt with by us.

* The commitment to ensure service users are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.

* When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively.

* Demonstrating a commitment to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.

This policy serves to indicate how issues concerning service user concerns or complaints should be managed within the organisation.

1. **Duties and responsibilities**

The **CQC Registered Manager** (**Dr Zoe Schaedel**) holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints.

This will include appointment of a designated **Complaints Manager** (**Dr Zoe Schaedel**)

The CQC Registered Manager will also lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

Our designated Complaints Manager will be:

* Responsible for managing the procedures for handling and considering complaints.
* Ensuring that replies are drafted and signed by the CQC Registered Manager or other authorised person.
* Responsible for ensuring that action is taken if necessary in the light of the outcome of a complaint or investigation.
* Responsible for the effective management of the complaints procedure.

1. **Policy Statement**

Everyone has the right to expect a positive experience and a good treatment outcome. In the event of concern or complaint, service users have a right to be listened to and to be treated with respect.

As an authorised provider, MYLA HEALTH LTD will manage complaints properly so user concerns are dealt with appropriately. Good complaint handling matters because it is an important way of ensuring our users receive the service they are entitled to expect.

Complaints are also 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.

**Our Aims & Objectives**

* We aim to provide a service that meets the needs of our service users and we strive for a high standard of care;
* We welcome suggestions from service users and from our 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.

1. **Our Complaints Principles**

Myla Health subscribes to principles for good complaints handling outlined in the [Parliamentary and Health Services Ombudsman’s Complaints Standards](https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling) Framework.

**Promoting a just and learning culture**

* Seeing complaints as an opportunity to develop and improve services and people
* Acknowledging when mistakes occur or things go wrong and being held accountable for them
* Learning from complaints, and acting on lessons learned.

**Welcoming complaints in a positive way**

* Actively seeking and welcoming feedback
* Acting on concerns and complaints, recognising complaints as a positive way to improve services
* Encouraging and empowering staff to resolve concerns quickly to the satisfaction of all parties.

**Being thorough and fair**

* Conducting a thorough, fair and objective investigation without bias or discrimination
* Obtaining comments from all staff involved in complaints (including consultants with practising privileges)
* Keeping complainants updated with progress
* Giving an open and honest answer to complaints

**Giving fair and accountable responses**

* Explaining what has happened and whether any mistakes occurred
* Explaining whether complaints have or have not been upheld
* Giving clear reasons for decisions
* Identifying any learning from complaints
* Explaining actions that have been taken to improve services

1. **Making a complaint**

Myla Health adheres to a 3 stage complaints process.

**Stage 1**

In the first instance, patients should raise their complaint at the point of service or shortly afterwards to Myla Health by either phone, email or letter to:

Zoe Schaedel, Co-director Myla Health

Lygon House, 50 London Road, Bromley, Kent, United Kingdom, BR1 3RA

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.

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

Emphasis will be given to getting Stage 1 right. If complaints are responded to effectively when they are first raised, then there should be less need for subsequent stages of the process. If the matter cannot be resolved, it will move to stage 2.

**Stage 2**

Our designated complaints manager will coordinate the resolution of formal complaints in close liaison with the staff who are directly involved and will carry out an internal review.

The complaints manager carries out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from:

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

If a patient is not satisfied with the outcome, it will move to stage 3.

**Stage 3**

Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of the Parliamentary and Health Service Ombudsman.

1. **Managing Complaints**

All staff are expected to encourage service users to provide feedback about the service, including complaints, concerns, suggestions and compliments.

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.

1. **Resolution**

The process of resolving the problem will include:

* an expression of regret to the user 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 user is seeking and proposing a solution; and confirming that the service user is satisfied with the proposed solution.

Our staff will consult with their manager if addressing the problem is beyond their responsibilities.

1. **Staff training**

All staff will be appropriately trained to manage complaints competently.

Regular reviews are conducted by the complaints manager to check understanding of the complaints process among our staff.

1. **Promoting Feedback**
* Information is provided about the complaints policy in a variety of ways, including on our website;
* We seek feedback directly from each patient after an appointment with direct links to a feedback questionnaire in an automated follow up letter.

1. **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 including ISCAS, the notification will occur within three days of those issues being identified.

Formal complaints are investigated and hoped to be resolved within 28 days.

If the complaint is not resolved within that time period, the complainant will be provided with an update.

1. **Records and Privacy**

The complaints manager maintains a complaints register.

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 restricted access section of the Clinic's Shared Document Storage.

Service users are provided with access to their medical records in accordance with our Subject Access policy. Others requesting access to a service users’ medical records as part of resolving a complaint are provided with access only if the service user has provided authorisation in accordance with the Subject Access policy.

1. **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 staff 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.

1. **Complaints and individuals**

Where an individual staff member has been mentioned specifically by a complainant, the matter will be investigated by the relevant manager or supervisor, who will:

* Inform the staff member of the complaint made against them;
* Ensure that if possible the member of staff does not have any contact with the complainant during the investigation period, or afterwards if deemed appropriate;
* Ensure fairness and confidentiality is maintained during the investigation; and
* Encourage the staff member to seek advice from their professional association/body, if desired.

The staff members will be asked to provide a factual report of the incident, identify systems issues that may have contributed to the incident and suggest possible preventive measures.

Where the investigation of a complaint results in findings and recommendations about individual staff members, the issues are addressed through the Disciplinary or other appropriate process

1. **Reporting and recording complaints**

The complaints manager prepares regular 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 and senior management, and if appropriate, uploaded into a personal portfolio for audit and appraisal.

The complaints manager 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.

Information about trends in complaints and how individual complaints are resolved is routinely discussed at staff meetings and clinical review meetings as part of reflecting on the performance of the service and opportunities for improvement.

Complaints reports are considered and discussed at monthly clinical review meetings and directors’ meetings.

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 any service user satisfaction survey.
* The service promotes changes it has made as a result of service user complaints and suggestions in its general publicity.

1. **Monitoring and evaluation**

The complaints manager 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 complaints manager 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, users and staff will be  asked to comment on their awareness of the policy and how well it works in practice.

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