

Cardiff Hearing

Policy

Complaints

Version:	1.0
Date approved:	1 st September 2018
Review date:	1 st September 2025
Implementation date:	1 st September 2018
Supersedes:	N/a
Changes from previous version:	N/a
Lead Executive:	Sonja Jones
Author(s):	Sonja Jones – Lead Audiologist & Owner

cardiff hearings

Contents

1. Introduction.....	4
2. Executive Summary.....	4
3. Policy Statement.....	4
4. Roles and Responsibilities.....	4
4.1. Lead Executive.....	4
4.2. Practice Staff.....	4
5. Policy.....	5
5.1. Availability of Information.....	5
5.2. Who can a complaint be made to?	5
5.3. Who can make a complaint?	5
5.4. Who is responsible for dealing with complaints at the practice?	5
5.5. Time limits for making complaints.....	5
5.6. Actions upon receipt of a complaint.....	6
5.7. Investigation of complaint.....	7
5.8. Final Response	7
5.9. Confidentiality.....	8
5.10. Unreasonable or vexatious complaints	8
5.11. Complaints involving temporary/locum/short term staff or staff no longer at the practice ...	8
5.12. Informal complaints/concerns.....	9
6. Training and Implementation	9
6.1. Training.....	9
6.2. Implementation.....	9
6.3. Resources.....	9
7. References	10

Policy - Complaints		Version 1.0	
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 3 of 10

1. Introduction

The purpose of the policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them.

Cardiff Hearing will not be held responsible for clinical decisions or actions carried out by individual Audiologists or Hearing Aid Dispensers; any concerns raised that are deemed to be of this nature will be directed to the individual responsible. How this is done is described within this policy.

2. Executive Summary

The general principle of the practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action.

As our Audiologists are registered professionals and members of the appropriate body (British Society of Hearing Aid Audiologists, BSHAA) how complaints are managed when relating to clinical practice may differ. In the case of any complaint with implications for professional negligence regarding a specific clinician, complainants may be directed to the mediation process via BSHAA. In exceptional cases the clinician's registrative body (the Health and Care Professionals Council, HCPC) may be approached if there are concerns regarding their fitness to practice.

3. Policy Statement

To comply with national recommended procedures and guidance, Practice staff must meet the responsibilities of their individual roles as defined in Section 4 (Roles & Responsibilities), and must adhere to the practices defined in Section 6 and associated documents defined in Section 7 (References).

4. Roles and Responsibilities

4.1. Lead Executive

The Lead Executive are responsible for approving this document and ensuring that it is reviewed within the agreed timeframe.

4.2. Practice Staff

Practice staff are responsible for accessing, reading, understanding and following this document where it applies to their job role. Audiologists are responsible for ensuring they have appropriate Professional Body membership and Insurance, and by doing so are solely accountable for their own clinical practice.

Policy - Complaints		Version 1.0	
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 4 of 10

5. Policy

5.1. Availability of Information

The practice will ensure that there is information advising on the complaints process readily available in reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The practice website and any other public material (Practice Leaflet etc.) will similarly provide this information.

5.2. Who can a complaint be made to?

Informal concerns can be raised with any member of staff.

Formal complaints should be made to – Sonja Jones, Lead Audiologist & Owner

By telephone: 029 2015 0022

By email: info@cardiffhearing.co.uk

By post: Cardiff Hearing, Homes House, 253 Cowbridge Road, West Ely, Cardiff CF5 5TD

5.3. Who can make a complaint?

A complaint can be made by or, with consent, on behalf of a patient (i.e. as a representative); a former patient, who is receiving or has received treatment at the Practice; or someone who may be affected by any decision, act or omission of the practice.

A Representative may also be

- someone acting on behalf of a patient/ former patient who lacks capacity under the Mental Capacity Act 2005 (i.e. who has Power of Attorney etc.) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the practice will consider whether they are acting in the best interests of the patient. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

5.4. Who is responsible for dealing with complaints at the practice?

The practice "Responsible Person" is *Sonja Jones*. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against for making a complaint.

5.5. Time limits for making complaints

The period for making a complaint is normally:

Policy - Complaints	Version 1.0		
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 5 of 10

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

The practice has discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical 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 reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

5.6. Actions upon receipt of a complaint

A) Verbal Complaints: It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required.

- (1) A complaint may be made orally, in writing or electronically.
- (2) Where a complaint is made orally, the responsible body to which the complaint is made must;
 - (a) Make a written record of the complaint; and
 - (b) Provide a copy of the written record to the complainant.

B) A verbal complaint need not be responded to in writing if it is dealt with to the satisfaction of the complainant by the end of the next working day. The practice may however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by Sonja Jones, Lead Audiologist. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with records of those discussions kept.

If resolution is not possible, the Responsible Person will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

B) Written Complaints: On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected. This may include, when appropriate, directing the complainant to a third body to continue the process, e.g. BSHAA for their mediation service.

Policy - Complaints		Version 1.0	
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 6 of 10

If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension. Where the complainant has been directed to a third party such as BSHAA or the HCPC, the practice no longer has responsibility for maintaining or issuing updates on timescales.

5.7. Investigation of complaint

The practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

The investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing. This includes whether complainants have been directed to a third party. The practice may not receive details of any actions following this point and so are not required to keep records of the third party process.

5.8. Final Response

Where complaints have been dealt with fully within the practice a final response will be issued. This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Responsible Person. The letter will include:

- An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what has been or will be done to put these right or prevent repetition. Clinical matters must be explained in accessible language
- A clear statement that the response is the final one and the practice is satisfied it has done all it can to resolve the matter at local level
- A statement of the right, if they are not satisfied with the response, to refer the complaint to the appropriate body, for example the Health Care Professions Council (HCPC) where it involved the fitness to practice of an Audiologist where the complainant has not already been directed to a third party.

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

Policy - Complaints		Version 1.0	
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 7 of 10

5.9. Confidentiality

All complaints must be treated in the strictest confidence and the practice must ensure that the patient etc. is made aware of any confidential information to be disclosed to a third party.

The practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the computerised clinical record system.

5.10. Unreasonable or vexatious complaints

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Responsible Person in writing:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each 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 will be refused unless additional material is being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Detailed records will be kept of each encounter

5.11. Complaints involving temporary/locum/short term staff or staff no longer at the practice

It is important that all complaints made to the practice regarding or involving a temporary or past member of staff are dealt with initially by the practice, following section 5.6, and not passed off to the individual clinician to investigate and respond until the nature of the complaint is established. The responsibility for handling and coordination all complaints rests with the Practice.

All Audiologists working within the practice for any length of time have their own Public Indemnity Insurance of appropriate value and are registered with the appropriate body (HCPC). This ensures that any complaints about their professional practice can be investigated fully if fitness to practice concerns are raised, and they have the appropriate, individual, insurance if required. This supports the investigation if the complaint occurs after the member of staff has left the practice.

Policy - Complaints	Version 1.0		
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 8 of 10

Temporary or past staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. Providing their factual account along with any factual account from the practice is the best way to proceed. Staff must agree to being contacted after the employment with the practice has ended in the event of a complaint about their professional practice occurring. The practice will ensure the audiologist has access to any clinical noting still held by the practice to support their investigation. If the complaint involves any part of the procedures directly linked with the practice, e.g. appointment booking, payment process, the Responsible Person will continue to coordinate the complaint response.

Should the complaint be solely down to the Audiologist's clinical practice, the investigation will be passed over to the individual to complete via the mediation service facilitated by BSHAA, if they are a member as mentioned in section 5.6, and if not, directly with the individual audiologist. Therefore, complaints of this nature will no longer be the responsibility of the practice.

5.12. Informal complaints/concerns

The collection of data about informal complaints - often referred to as "grumbles" - is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients.

Staff are encouraged to raise these issues at practice meetings to identify trends for discussion and possible amendment of procedures or targeted training needs

6. Training and Implementation

6.1. Training

All practice staff should read this policy and be aware of its contents

6.2. Implementation

Practice staff will be familiar with the processes within the policy and receive support from the Lead Audiologist to implement them if required.

6.3. Resources

No additional resources are required.

Policy - Complaints	Version 1.0		
ID 1	Implemented 01/09/2018	Review 01/09/2025	Page 9 of 10

7. References

- The Compensation Act 2006, Department of Constitutional Affairs
- British Society of Hearing Aid Audiologists (BSHAA) mediation process: [Client Mediation Services | BSHAA](#)