

Caring for the community

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Complaints Policy

Newport Medical Centre

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INTRODUCTION TO PRACTICE COMPLAINTS PROCEDURE

We know that sometimes we can make mistakes or fail to meet expectations. There will be times when patients/families and carer's will express dissatisfaction with the service/care provided at our practice. It is our practice policy to do our best to resolve complaints as early as possible in the process and to ensure that each member of staff has a duty to listen to our patients' concerns.

All complaints, whether verbal or written should be taken seriously and handled appropriately, sensitively and confidentially by our doctors, nurses and administrative staff. We commit to safeguarding the rights and dignity of our patients and members of staff in the implementation of this policy. Learning from comments, suggestions and complaints helps us to continuously improve our service and that is the spirit in which we receive feedback.

We want to continuously improve the quality of our patients' experience of their care and treatment at all times and will implement changes in response to shortcomings where at all possible and in a timely manner.

Open Disclosure

It is the policy of this Practice to disclose to patients all information relating to shortcomings in care and treatment.

Apology

It is the policy of this practice to offer an apology when we have failed to meet our commitments to patients. We support open disclosure and will communicate with our patients and their families in an open, honest and transparent manner if things go wrong. We believe it is the right thing to do; it is the correct and ethical response to an adverse event and, crucially, we believe it allows patients and their families to make informed decisions regarding their subsequent treatment and care.

Managing complaints

We are committed to resolving complaints at the earliest possible opportunity and all members of our practice team will treat feedback, both positive and negative, with courtesy respect and efficiency and follow the Standard Operating Procedure (SOP) which accompanies this policy. Similarly, we expect patients to treat all members of our practice team with courtesy when making a complaint.

We will publicise our procedure so that people know how they can raise an issue and with whom. We will always try to resolve complaints in person and at the earliest opportunity. If the appropriate person is not available to deal with a complaint immediately, we will ensure that a member of our practice team will make contact with the patient and/or family at the earliest possible opportunity.

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Where an investigation is indicated patients and families will be included from the outset.

Anonymous Complaints

In the interest of fairness, we cannot investigate anonymous complaints.

Vexatious Complaints

If following investigation, a complaint is found to be frivolous or vexatious, we will not pursue the complaint any further. If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made. Before the complaint is deemed vexatious the member of staff who receives it must bring it to the attention of the designated person in the Practice.

Principles

The principles which underpin our policy are-

Fairness and Equity

The investigation of complaints will be fair and transparent, and patients should not fear recrimination for raising an issue of concern to them. A consistent and standardised approach will be adopted for the management of all complaints.

Respect

We will treat patients and families with respect and dignity as we also expect to be treated by patients and their families

Accessibility

We will publicise our policy and make it accessible to patients and their families. Special attention will be paid to the needs of people with special requirements e.g., older people, children, people with physical and sensory disability, literacy issues and disadvantaged groups.

Effectiveness and Efficiency

We will try to resolve all complaints effectively and within clearly stated timeframes without compromising other principles.

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Impartiality

We will deal with all complaints in an impartial manner. Complainants will have the opportunity to be heard and complaints will be investigated without prejudice to either the complainant, the doctor or member of staff.

Confidentiality

We will treat all information obtained through the course of complaint management in a confidential manner and meet the requirements of Data Protection legislation.

Consent

We will ensure that consent to access patient-confidential information is obtained (or acceptably implied) from the complainant and/or the person on whose behalf the complaint is made.

Accountability

Procedures will be transparent to the complainant during the process of all complaint investigation. Recommendations arising from any investigation will be implemented where resources allow. Recommendations relating to Patient Safety will be given priority and an appropriate action plan will be implemented in a timely manner. Complaints will be recorded, and action plans will be monitored ensuring learning from complaints.

Right of Appeal

Patients will be informed of their rights in relation to appeals processes and of other avenues to pursue their complaint if dissatisfied with the local investigation

PATIENT INFORMATION LEAFLET

Help us to reach the highest standards by having your say!

Your **comments and suggestions** are welcomed and valued. Some people are shy or embarrassed to raise an issue directly with us and you might prefer to fill in this leaflet and put it into the box provided in the surgery. Alternatively, you may give it to a member of staff. You might prefer to write a letter or of course tell us face to face. All comments and suggestions are brought to the attention of our team, and we try to make improvements accordingly.

If you have a **complaint** about your care, we need to hear from you so that we can learn lessons thereby continuously improving our care of patients. We have a written procedure in the Practice to

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ensure that we manage complaints in the most effective way, to the highest standard and we hope to the satisfaction of our patients.

Step 1

How do I make a complaint?

Talk to your GP or any member of our staff

or

Send a letter or email the Practice at reception@npsc.ie

or

Ring us on 061 378241

Step 2

What will happen next?

We will try to resolve your complaint as quickly as possible and will acknowledge it at the earliest possible opportunity and certainly within 5 working days. Our aim will be to have looked into the matter within 10 working days. You will be contacted by phone or receive a formal reply in writing, or you may be invited to meet with us to attempt to resolve the complaint to your satisfaction.

If your complaint is such that it requires a local investigation, we will set in train an investigation and inform you of the process and who will carry it out and agree a timeline within which we will work. We will give you the opportunity to comment on the process and if a meeting is arranged you will be invited to bring a friend or relative with you. Our aim will be to try to adhere to a 30-day timeline and if there are reasons why it will take longer, we will discuss with you.

We adhere to the strictest rules of medical confidentiality. Therefore, if you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm their consent for you to deal with the complaint on their behalf and for us to release medical details to them.

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Step 3

When looking into a complaint, we attempt to

- Find out what happened and what went wrong and why
- Make it possible for you to discuss the problem with those concerned
- Ensure you receive an apology where this is appropriate
- Identify what we can do to make sure the problem does not arise again.

We hope that we will be able to resolve your complaint quickly and to your satisfaction but if we believe we need assistance for example mediation or other external assistance we may arrange this in consultation with you.

Step 4

When the investigations are complete, your complaint will be determined, and a final response sent to you. If your complaint is still not resolved to your satisfaction, there are several external options where you may bring your complaint:

HSE

Email: yoursay@hse.ie Website: www.hse.ie
Infoline: 1850-24-1850 Address: Oak House, Millennium Park, Naas, Co. Kildare.

OMBUDSMAN FOR CHILDREN

Email: oco@oco.ie Website: www.oco.ie
Infoline: 1800 20 20 40 Address: Millennium House, 52-56 Great Strand Street, Dublin 1.

MEDICAL COUNCIL

Email: info@mcirl.ie Website: www.medicalcouncil.ie
Tel: 01 4983100 Address: Kingram House, Kingram Place, Dublin 2

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AN BORD ALTRANAIS

Email: ftp@nursingboard.ie
Tel: 01 6398500

Website: www.nursingboard.ie
Address: 18-20 Carysfort Avenue, Blackrock, County Dublin

~ REMEMBER ~

Your opinion matters to us and your feedback is welcome and helpful

PRACTICE COMPLAINTS PROCEDURE

Background

1. Complaints, whether clinical or non-clinical, can be made about the practice by dissatisfied patients, relatives, carers or by organisations representative of patients' interests. Many complaints are made as a result of a misunderstanding or a breakdown in communication and they are usually made regarding issues such as the performance of staff, medical teams, services, treatment or facilities provided by the practice.
2. If patients wish to pay a compliment, register a concern, or make a complaint, they should find it easy to do so. It is practice policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve, and provide better services.
3. The practice believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, patient dissatisfaction, and possible litigation. The practice believes that most complaints, if dealt with early, openly, and honestly, can be resolved between the complainant and the practice.
4. This procedure is intended to ensure that complaints are dealt with properly and that all complaints or comments by patients and users are taken seriously. The protocol is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the practice's internal disciplinary policy.

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Aim

5. The aim of the practice is to ensure that its complaints procedure is properly and effectively implemented and that patients feel confident that their complaints and worries are listened to and acted upon promptly and fairly.
6. This document is intended as an internal guide which will be made readily available to all staff.

Goals

Personnel

7. The Practice will appoint a person responsible for ensuring that complaints are handled appropriately. The responsible person (the complaints lead) for the practice is Practice Manager or the Administration Manager

Receiving complaints

8. The Practice may receive a complaint made: -
 - By a patient or former patient who is receiving or has received treatment at the practice.
 - On behalf of a patient, or former patient, who is receiving or has received treatment, provided there is evidence of patient consent or power of attorney.

Where the patient is a child, by a representative of the child may complain as long as the practice is satisfied that there are reasonable grounds for the complaint being made by the representative and not the child.

Where the patient is incapable of giving consent, a relative or other adult may conduct the complaint in the best interests of the person on whose behalf the complaint is made.

Period within which complaints can be made

9. The period for making a complaint is:
 - 12 months from the date on which the event that is the subject of the complaint occurred, or 12 months from the date on which the event came to the complainant's notice.
 - Where a complaint is submitted outside 12 months, the practice will still consider the complaint if the complainant has good reasons for not having complained within the time limit, provided it is still possible to investigate the complaint effectively and fairly.

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Action upon receipt of a complaint

10. Complaints are received either in writing, by email or fax, they can also be made verbally. Where a complaint is made verbally, a written record of the complaint must be made, and a copy provided to the complainant.
11. The complaint needs to be acknowledged within 5 working days. The acknowledgment should include an offer to discuss the complaint with the complainant.
12. When the complaint has been received in the practice, the recommended course of action is to:
13.
 - (a) Risk assess the complaint
 - (b) Decide whether the matter can be resolved within 24 hours by quick action without the need for investigation under the formal procedure.
 - (c) Plan the handling of the complaint, if possible, in discussion with the complainant.
14. Having agreed an action plan, the person responsible for complaints should ensure that the complainant receives a copy, and the complaint is investigated speedily and efficiently. During the investigation, the practice will keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.
15. The final response will be sent within the time scale agreed with the complainant. If, in exceptional circumstances, a response cannot be made within this timescale, for example if a person who has information about the complaint is absent on leave, then the complainant will be contacted to agree a revised time scale. It is important to keep the complainant informed of delays.

Oral Complaints

16. The procedure outlined below will be followed in dealing with oral complaints.
 - a) All oral complaints, no matter how seemingly unimportant, are taken seriously.
 - b) Front-line reception staff who receive an oral complaint should seek to solve the problem immediately.
 - c) If staff cannot solve the problem immediately, they will offer to get the practice manager to deal with the problem.
 - d) After talking the problem through, the practice manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff will clarify the agreement with

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- e) the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e., through another meeting or by letter).
- f) If the suggested plan of action is not acceptable to the complainant, then the member of staff or complaints lead should ask the complainant to discuss a mutually acceptable action plan and give them a copy of the practice complaints procedure.
- g) In all cases details of the complaints will be recorded.

Written Complaints

17. The procedure outlined below will be followed in dealing with written complaints.

Preliminary steps:

- (a) When a complaint is received in writing it will be passed on to the complaints lead who will record it and send an acknowledgment letter within five working days, offering a meeting to discuss the complaint.
- (b) If necessary, further details will be obtained from the complainant — if the complaint is not made by the patient but on the patient's behalf, then the patient's consent, preferably in writing, must be obtained from the complainant
- (c) A leaflet detailing the practice procedure will be forwarded to the complainant, explaining the practice complaints procedure.
- (d) The risks raised by the complaint will be assessed and a plan for dealing with the complaint developed in discussion with the complainant.
- (e) Consideration will be given to taking advice from the GPs professional indemnity bodies.
- (f) If the complainant is not prepared to have the investigation conducted by the practice mediation may be used to attempt resolution of the complaint if both parties agree or alternatively the complainant should be advised of their right to contact the relevant statutory authority* and be given the relevant contact details.

Investigation of the complaint by the practice:

- (a) Immediately on receipt of the complaint the practice will launch an investigation and within the time scales agreed the practice should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned
- (b) If the issues are too complex to complete the investigation within the timescales agreed the complainant will be informed of any delays.

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Meeting:

- (c) If a meeting is arranged, the complainant will be advised that they can bring a friend or relative or a representative from an independent advocacy service.
- (d) At the meeting a detailed explanation of the results of the investigation will be given to the complainant and also an acknowledgement of the failure and/or an apology for the patient's distress, if it is deemed appropriate (apologising for what has happened, and the upset and stress experience need not be an admission of liability).
- (e) Such a meeting gives the practice the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated and that the complainant has been listened to carefully and what action will be put in place to reduce the risk of the issue happening again.

Follow-up action:

- a) After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant —including details of how to approach the Medical Council if the complainant is not satisfied with the outcome.
- b) The outcomes of the investigation and the meeting will be recorded in writing and any shortcomings in practice procedures should be identified and acted upon.
- c) The practice will discuss any complaints and their outcomes at a formal business meeting or in a Critical Incidents Review. The practice complaints procedure will be audited by the complaints lead every three months.

Administrative guidelines

18. In the event that a patient wants to make a complaint, the practice will give them every opportunity to do so. In particular:

- (a) Provide information on how to complain or raise concerns in the practice information leaflet, on the practice
- (b) Provide information on the right of patient to submit a complaint directly to the relevant statutory authority*.

19. A record of all complaints will be maintained by the practice. When recording details of a complaint, staff a chronology to indicate all contacts and action taken and include statements made by staff and extracts from medical records when appropriate. The record should include:

- (a) The name and address of the complainant
- (b) The date(s) of the event(s) and the date when the complaint was made
- (c) Details of the investigation and the outcome.

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20. All records of complaints will be kept separate from a patient's records and stored by the practice for five years.

Confidentiality

21. All complaints must be treated in the strictest confidence. If the complaint is brought on behalf of someone else the Practice will require a consent form signed by the complainant and the patient.

Training

22. It is vital for the success of the in-house complaints procedure that all staff are aware of the practice procedure and of their role within it. Sensitive handling of a complaint at its earliest stage may prevent a small concern becoming more major.

23. According to the position they hold, all practice staff will receive appropriate training in customer care and in dealing with and responding to complaints. Complaints policy training will be included in the induction training for all new staff and in-house training sessions on handling complaints will be conducted at least annually and all relevant staff should attend.

24. Staff will be informed of the details of any complaint made against them. They will be involved in the investigation of the complaint and will have the opportunity to answer the issues raised and be kept informed of the progress of the complaint and its outcome by their manager.

25. The Practice Manager is responsible for organising and co-ordinating training.

Audit/review

26. Complaints received by the Practice will be reviewed at multidisciplinary staff meetings, minuted to record: the issues discussed, any (assigned) actions and the agreed deadlines for completion. Ideally the minutes should highlight the learning that will be / has been disseminated with the practice team (in relation to the complaints review). Where appropriate, consideration may be given to sharing the learning with other Practices.

27. A full review of all the complaints received will be carried out annually to identify the number of complaints received and the number of complaints that were well founded. The review will also summarise any trends or additional actions/learning points identified as a result of complaints received.

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Review date

28. The protocol will be reviewed annually.

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COMPLAINT FORM

| | |
|--------------------------|--------------------|
| Patients full name | Date of Birth..... |
| Address..... | |
|Post Code..... | |

Complaint details: (Include dates, times and names of personnel, if known)

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Signed.....

Date.....

Briarfield, Newport
Tipperary
Tel: 061 378241 Fax: 061373854
Email: reception@nPMC.ie

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COMPLAINT FORM – PATIENT THIRD PARTY CONSENT

| | |
|--------------------------|--------------------|
| Patients full name | Date of Birth..... |
| Address..... | |
| Post Code..... | |
| Telephone Number..... | |

| |
|--|
| Enquirer/ Complainants Full name |
| Relationship to Patient |
| Address |
| Post Code..... |
| Telephone Number |

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.

I fully consent to my doctor releasing information to and discussing my care and medical records with the person named above in relation to this complaint only, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

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Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date: