Aara Medical Limited
t/a Men's Medical Clinic

Complaints Policy

Document Control

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- **Document Details**

Organisation:	Aara Medical Limited t/a Men's Medical Clinic
Current Version Number:	V0.1
Current Document Approved By:	DR AREEB MAZHAR
Date Approved:	April 2023
Next Review Date:	April 2024 (or before if required)

- **Document Revision and Approval History**

Version	Date	Version Created By:	Version Approved By:	Comments
2	06/10/25	Dr Mazhar	Dr Mazhar	

Complaints Policy

1. INTRODUCTION

This policy outlines procedures and responsibilities within Men's Medical Clinic ("the Organisation ") for handling any concerns, issues or complaints that may arise.

2. RELEVANT CQC FUNDAMENTAL STANDARD/H+SC ACT REGULATION (2014)

- Regulation 16: "Complaints".
- KLOE: Responsive

3. PURPOSE AND OBJECTIVES

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

Men's Medical Clinic , although an independent body aspires to meet the principles set out in the NHS Constitution which are:

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

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

c. 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

d. The commitment to ensure patients 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.

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

f. 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 patient concerns or complaints should be managed within the organisation.

4. DUTIES AND RESPONSIBILITIES

The CQC Registered Manager holds overall responsibility for ensuring the development, implementation, and operation of this policy regarding complaints. This will include appointment of a designated Complaints Manager.

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:

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

5. 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.

As an authorised provider, Men's Medical Clinic 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 patients and we strive for a high standard of care;
- We welcome suggestions from patients 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.

6. COMPLAINTS PRINCIPLES

a. Patients are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do it.
b. All complainants are treated with respect, sensitivity and confidentiality.
c. All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.
d. Patients and staff can make complaints on a confidential basis or anonymously if they wish and be assured that their identity will be protected.
e. Patients 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.
f. Formal responses sent will include a right to appeal if the complainant remains unsatisfied.

7. COMPLAINTS PROCEDURE

Men's Medical Clinic aims to provide all Patients with the highest standards of care and customer service. If we fail to achieve this, we listen carefully and respond to complaints swiftly acknowledging any mistakes and rectifying them so that we can make improvements to our service. The complaints full policy is made available to Patients, their affected relative or a representative when they first raise concerns about any aspect of the service they have received.

There will be 3 stages to Provider's complaints process: -

Stage 1 – Local resolution;

Stage 2 – Internal appeal;
(Note: *small independent providers and sole practitioners may not be able to operate Stage 2 of the process due to limited resources, the number of personnel employed and the inability to carry out genuine internal independent reviews).*

Stage 3 – Independent CEDR Resolution

Stage 1 - Local Resolution

a. All complaints should be raised directly with the CQC Registered Manager (or Complaints Manager if different) in the first instance and should normally be made as soon as possible / within 6 months of the date of the event complained about, or as soon as the matter first came to the attention of the complainant. Complaints can be made in writing via letter, email or verbally.

Agencies who provide further advice on making a complaint can be found at

section 8

b. The Patient will be given a copy of the complaints procedure and invited to attend a zoom or face-to-face meeting with the CQC Registered Manager (or Complaints Manager if different) and other relevant parties to talk through their concerns and to try and resolve the issue at an early stage. In certain circumstances a telephone call may be used depending on practice pressures.

c. The CQC Registered Manager (or Complaints Manager if different) will go through a thorough process of investigation to include reviewing the case in detail and taking statements from all staff members / doctors concerned. The CQC Registered Manager (or Complaints Manager if different) responds directly to the person who has made the complaint, whether the complaint was made verbally, by letter, text, or email.

d. To make a formal complaint the complainant should write, e-mail or let us know verbally the details of their complaint stating the nature of their complaint and as much detail concerning dates, times and if known names of staff members. This will enable us to acknowledge and address the issues raised promptly and effectively

e. The CQC Registered Manager (or Complaints Manager if different) will acknowledge receipt of a written complaint, to the complainant's postal address provided (or via email) within 3 working days of receipt (unless a full reply can be sent within 5 days).

f. The CQC Registered Manager (or Complaints Manager if different) or their designated person will investigate all complaints. Where Provider is unclear on any point or issue regarding the complaint, it will contact the complainant to seek clarification.

g. A full response to the complaint will usually be made within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days. The aim should be to complete stage 1 in most cases within three months.

    i. *In the event that the complainant is dissatisfied with the response to their complaint they can escalate their complaint to Stage 2 (or direct to Stage 3 for smaller organisations for which Stage 2 is not a practicable option), and must do so in writing, within 6 months of the final response to their complaint at Stage 1.*

Stage 2 - Complaint Review

(Note- Stage 2 is for use in larger organisations where it is practicable to undertake independent internal reviews of complaints; if Stage 2does not apply, Stage 3 will then be used)

a. If the complainant escalates their complaint to Stage 2, the CQC Registered Manager (or Complaints Manager if different) will provide a written acknowledgement to complainants within 3 working days of receipt of their complaint at stage 2 (unless a full reply can be sent within 5 working days).

b. The CQC Registered Manager (or Complaints Manager if different) will have arrangements in place by which to conduct an objective review of the complaint. Normally this will involve a senior member of staff who has not been involved in handling of the complaint at stage 1.

c. Stage 2 shall involve a review of all the documentation and may include interviews with relevant staff. The records made as part of the stage 2 review should be complete and retained since these may be required later in the process.

d. Provide a review of the investigation and the response made at stage 1.

e. Invite the clinic that responded at stage 1 to make a further response, where there is an opportunity to resolve the complaint by taking a further look at a specific matter. The complainant should be kept informed where this happens.

f. Consider whether the review at stage 2 would be supported by facilitating a face-to-face meeting (or teleconference, where acceptable) between the complainant and those who responded to the complaint at stage 1.

g. Provide a full response on the outcome of the review within 20 working days or, where the investigation is still in progress, send a letter explaining the reason for the delay to the complainant, at a minimum, every 20 working days.

h. The aim should be to complete the review at stage 2 in most cases within three months.

Stage 3 – Independent Review CEDR

If Patients/Service Users wish to escalate their complaint, the matter will be referred to CEDR (Centre for Effective Dispute Resolution) for one of the following methods of resolution:

- Mediation (see: https://www.cedr.com/consumer/healthcare/privatehealthcaremediation/)
- Independent adjudication scheme via the Independent Sector Complaints Adjudication Service (ISCAS).

(CEDR contact details are):

Web: https://www.cedr.com/

Address:
100 St. Paul's Churchyard,
London EC4M 8BU
United Kingdom

Tel: +44 (0)20 7520 3800

Email: applications@cedr.com)

The service agrees to partake into any agreed dispute resolution process

8. FURTHER ADVICE and RAISING THEIR CONCERNS WITH THE REGULATOR

Complainants are offered routes to further advice at any stage of the complaints process as follows:

a. Contact **the Citizens Advice Service**

   Citizens Advice provides free, confidential and independent advice from over 3,000 locations, including in their bureaux, GP surgeries, hospitals, colleges, prisons and courts. Advice is available face-to-face and by phone.

b. Seeking assistance from the **Patients Association**
   This is a national health care charity that highlights patients' concerns and needs. It provides advice aimed at helping people to get the best out of their care and tells patients where they can get more information and advice. Contact the Patients Association's helpline on 0845 608 4455
   or
   visit: www.patients-association.org.uk

The above two organisations DO NOT investigate complaints on complainants behalf, they are purely advisory and will support with signposting if required

c) Raising the concern with the **Care Quality Commission.**
Patients are able to raise their concern with the Care Quality Commission should they wish to, however, the patients are still required to follow the complaints process set out in this policy (Stages 1,2 and 3)

Contact the CQC on:
03000 616161
Email us at:
enquiries@cqc.org.uk
Look at our website at:
www.cqc.org.uk

9. MANAGING COMPLAINTS

- All staff are expected to encourage patients/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.

10. 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.

11. PROMOTING FEEDBACK

Information is provided about the complaints policy in a variety of ways, including some or all of the following:

a. On our website;
b. Through our patient feedback brochure;
c. Publicity about the service;
d. Posters in reception;
e. Discretely located suggestion boxes; and by staff inviting feedback and comments.

12. RISK ASSESSMENT

After receiving a formal complaint, our CQC Registered Manager reviews the issues in consultation with relevant staff in order to decide what action should be taken, consistent with the risk management procedure.

13. RECORDS AND PRIVACY

a. The complaints manager maintains a complaints register.
b. Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.
c. Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.
d. 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.
e. Patients are provided with access to their medical records in accordance with our Subject Access 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 Subject Access policy.

14. COMPLAINTS ABOUT 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:

a. Inform the staff member of the complaint made against them;
b. 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;
c. Ensure fairness and confidentiality is maintained during the investigation; and
d. 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

15. 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 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:

e. The number and main types of complaints received, common outcomes and how complaints have resulted in changes;
f. 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
g. The results of any patient satisfaction survey.
h. The service promotes changes it has made as a result of patient complaints and suggestions in its general publicity.

16. VEXATIOUS 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:

a. The complaint will be managed by one named individual at senior level who will be the only contact for the patient
b. Contact will be limited to one method only (e.g. in writing)
c. Place a time limit on each contact
d. The number of contacts in a time period will be restricted
e. A witness may be present for all contacts
f. Repeated complaints about the same issue will be refused
g. Only acknowledge correspondence regarding a closed matter, not respond to it
h. Set behaviour standards
i. Return irrelevant documentation

j. Keep detailed records.

17. 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.