Policy 15 – Complaints Policy

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Introduction

At Keys Health, we are committed to delivering high-quality, safe, and patient-centred care. We value all feedback from patients, their families, and carers, as it helps us recognise what we do well and identify areas for improvement. Listening to patient experiences is a fundamental part of our approach to quality, safety, and continuous improvement.

This policy explains how to raise a concern or make a complaint, and how we will respond. Our aim is to ensure that all complaints are handled promptly, fairly, and consistently, so that complainants have confidence that concerns are taken seriously.

To support early and effective resolution of patient concerns, Keys Health provides access to our Patient Advice Liaison Service (PALS). PALS acts as a first point of contact for patients, families, and carers who may have questions, concerns, or difficulties relating to their care or experience. The service aims to resolve issues quickly and informally wherever possible, helping patients navigate concerns locally before progressing to the formal complaints process if required. Where a matter cannot be resolved through PALS, or where a patient wishes to make a formal complaint from the outset, concerns will be managed in line with this policy.

Keys Health also recognises and accepts its responsibilities outlined by the Care Quality Commission's Regulation 16 Receiving and acting on complaints "Guidance for providers on meeting the regulations". The intention of this regulation is to ensure that providers implement the necessary systems and processes to ensure that they can meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) (Regulations 4 to 20A). To meet this regulation; providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

This policy covers all forms of feedback, including compliments, concerns, and complaints, relating to clinical care, patient experience, administration, payments, or any other aspect of services provided by Keys Health.

Roles and Responsibilities

Keys Health's Senior Leadership Team holds overall responsibility for ensuring that this Complaints Policy complies with all statutory and regulatory requirements.

The day-to-day management and investigation of complaints are overseen by the Patient Experience Team, in collaboration with relevant clinical or operational leads as required.

Scope of This Policy

This policy applies to all stakeholders, including patients, employees, suppliers, and members of the public. It covers complaints relating to Keys Health's services, policies, procedures, or staff conduct.

Specifically, this policy applies to complaints concerning:

- The quality of ADHD and Autism assessments, diagnosis, and treatment services
- The conduct, behaviour, and professionalism of staff
- Accessibility, communication, and patient experience
- Billing, fees, and other financial matters
- Any other aspect of Keys Health's operations that directly impacts service users

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Accessibility and Communication Support

Keys Health is committed to ensuring that all patients can raise concerns or complaints in a way that meets their individual needs, and that communication is adapted to everyone's preference.

We will make reasonable adjustments to support patients with:

- Disabilities or long-term conditions
- Neurodiversity
- Sensory impairments
- Language or communication needs

This may include providing information in alternative formats, allowing additional time, involving a nominated representative, or using preferred communication methods. Patients are encouraged to let us know of any specific accessibility or communication needs when raising a concern or making a complaint.

Making a Complaint

Patients are encouraged to raise concerns as soon as possible. If a concern cannot be resolved informally, or if the patient prefers to proceed formally, a complaint may be made using any of the following methods:

- **Verbally:** By contacting us via telephone or video call
- **In writing:** By sending a letter or email outlining your concerns
- **Online:** By completing the complaint form available on our website

To help us investigate your complaint effectively, please include the following information wherever possible:

- Your full name and contact details that are on your patient file
- A clear description of your complaint
- Relevant dates, times, and the names of individuals involved
- The outcome you are seeking

A complaint is defined as any expression of dissatisfaction, whether made verbally or in writing, about an act, omission, or decision that requires a professional response.

Complaints Handling Process

Informal Resolution

Initial concerns raised with any employee will be handled informally and promptly, with the aim of resolving issues at the earliest opportunity. Where Front Office staff are unable to provide further assistance, support will be sought from the Patient Advice and Liaison Service (PALS) Team to help achieve an informal resolution.

If the concern cannot be resolved informally, or if the patient requests a formal investigation, the issue will be progressed to Stage 1 of the formal complaints process without delay.

Stage 1 – Local Resolution

All formal complaints are handled by the Patient Experience Team, either following referral from a member of staff who has attempted to address the patient's informal concerns or where a patient has chosen to bypass informal resolution.

We will acknowledge receipt of all formal complaints within **2 working days** of receiving them.

We aim to provide a written response and resolution within 28 working days of receiving the complaint. In some cases, this timeframe may need to be extended due to the complexity of the complaint. If this occurs, we will keep you informed of progress and provide an updated response date.

Our response will include:

- A summary of the issues raised
- The outcome of the investigation
- Any apologies where appropriate
- Actions taken or planned as a result of the complaint

Stage 2 – Review

If you remain dissatisfied with the Stage 1 response, you may request a Stage 2 review.

Stage 2 can be requested via any of the following methods:

- Verbally: By contacting us via telephone or video call
- In writing: By sending a letter or email outlining your concerns
- Online: By completing the complaint form available on our website

Stage 2 complaints will be reviewed by member of the Patient Experience Team who has not been involved in the original investigation.

We aim to provide a final written response within **28 working days** of acknowledging the Stage 2 request. Where additional time is required, we will explain the reasons and keep you updated.

Duty of Candour

The duty of candour is a legal and professional obligation for healthcare providers to be open, honest, and transparent with patients and families when something goes wrong with their care, particularly if it causes significant harm, requires an apology, explanation, support, and involvement in improving care. (Please see policy 104, Duty of Candour and Policy 75, CQC notifiable events)

We are committed to being open and transparent when things go wrong. Where a patient has experienced harm or distress, we will provide a timely apology, a clear explanation of what happened, and details of any actions taken to put things right and prevent recurrence.

Learning from Complaints

Keys Health is committed to learning from complaints to improve the quality and safety of our services.

Themes, trends, and learning outcomes from complaints are:

- Reviewed and analysed regularly
- Shared with relevant teams and senior leadership
- Used to inform service improvements, training, and policy development

Evidence of learning from complaints is shared internally through monthly reports, ensuring transparency and continuous improvement across the organisation.

Confidentiality and Record Keeping

All complaints are treated with the utmost confidentiality. Information provided will be handled in accordance with the General Data Protection Regulation (GDPR).

A record of each complaint, investigation, outcome, and any learning identified will be retained securely for a minimum of seven years.

Additional Support and External Organisations

If you remain dissatisfied after receiving our final response, you may choose to share your concerns with our regulator:

- Care Quality Commission (CQC)

The CQC does not investigate individual complaints. However, they use information from complaints to help monitor, regulate, and improve health and care services and complaints systems.

Contact details for the CQC are available upon request or via their official website.
https://www.cqc.org.uk/