

**R A I N B O W
M E D I C A L**

COMPLAINTS POLICY

This complaints policy should be viewed alongside the Complaints Flowchart and the [ISCAS Code of Practice](#)

For office use:

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1. Introduction

This procedure sets out Rainbow Medical's approach to the handling of complaints and is intended for internal use, to be made readily available to all staff. A summary of this policy setting out the approach to complaint handling will be available to patients via our website at <https://www.rainbowmedical.co.uk/FAQs#complaints>

Rainbow Medical follows the guidelines and Code of Practice of both the Independent Sector Complaints Adjudication Service (ISCAS) and the [Independent Doctor Federation \(IDF\)](#). This policy follows the guidelines from the [ISCAS Code of Practice](#) and the [ISCAS Patients' Guide](#), and as a member of the IDF, the recommendations found in the [IDF Members Handbook](#).

Rainbow Medical must meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: [Regulation 16](#). This means we must have an effective and accessible system for **identifying, receiving, handling and responding** to complaints.

1.1 A duty to inform

This complaints policy is governed by [four principles](#). To meet all four principles, this complaints policy will make both patients and staff aware of:

- The timelines for complaint resolution.
- How complaints will be dealt with.
- Who will deal with complaints.
- The Right to Appeal
- The further actions that can be taken in case patients are not satisfied.
- The fact that any issues will not affect any ongoing treatment from Rainbow Medical.

1.2 Definitions

[Independent Sector Complaints Adjudication Service \(ISCAS\)](#) is one of the recognised independent adjudication services of complaints for the private healthcare sector. ISCAS is a not-for-profit limited company, independent from the trade body and owned by the Centre for Effective Dispute Resolution (CEDR). ISCAS provides the services of independent adjudication as the third stage of a three-stage process.

[The Independent Doctors Federation \(IDF\)](#) is the leading membership organisation representing Independent medical practitioners in the UK for both specialists and general practitioners. They provide advice on all aspects of private medicine including education, **regulation**, appraisal and revalidation. The IDF has close links with the British Medical Association and is represented on its Private Practice Committee, as well as working with the Care Quality Commission, Department of Health, the Royal Colleges, private health insurers and private hospital providers.

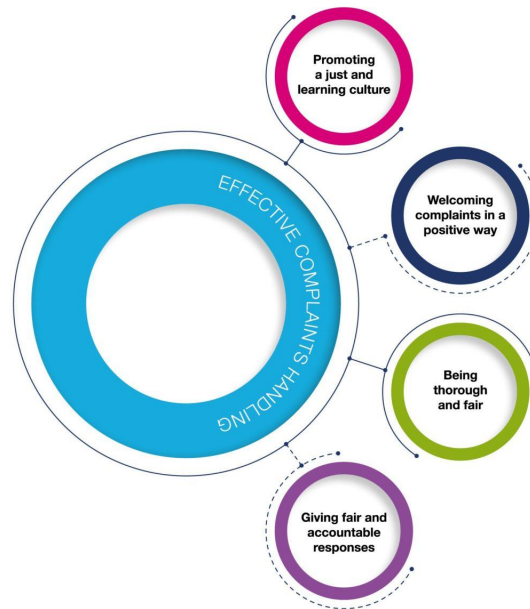
A **formal complaint** refers to any written complaint received from a patient or a representative of the patient. A verbal complaint may be treated as a formal complaint if, in discussion with the complainant, he/she wishes his/her concerns to be treated formally. In this case a detailed written record must be made by the recipient of the complaint and sent to the complainant with an invitation for it to be signed for accuracy and returned to the **Complaints Resolution Manager**.

1.3 Scope

This policy relates to complaints brought by users of our services. All **formal complaints**, however received, will be managed as set out in this policy. This complaints policy should be viewed alongside the Complaints flowchart and the [ISCAS Code of Practice](#).

2. Principles of Effective Complaints Handling

As a subscriber to ISCAS, Rainbow Medical's complaints handling reflects the [good complaint handling principles](#) of the Parliamentary Health Service Ombudsman (PHSO), which the ISCAS Code of Practice has aligned with.



The Rainbow Medical Complaints Policy will adopt four principles of effective complaints handling:

1. 'Promoting a just and learning culture'
2. 'Welcoming complaints in a positive way'
3. 'Being thorough and fair'
4. 'Giving fair and accountable responses'

If you think we have broken any of these principles or this policy could be improved to better meet these principles, please email contact@rainbowmedical.co.uk, addressed for the attention of the **Complaints Resolution Manager**.

2.1. Promoting a just and learning culture

We'll see 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.

2.2. Welcoming complaints in a positive way

We will actively seek and welcome 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.

2.3. Being thorough and fair

We will Conduct 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, and giving an open and honest answer to complaints.

2.4. Giving fair and accountable responses

We will explain 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, and explaining actions that have been taken to improve services.

3. Complaints procedure

The Rainbow Medical complaints process is a three-step process. You can find out more about patient rights here: <https://iscas.cedr.com/patients/complaints-process/>



3.1. Stage 1: Complaints Handling

3.1.1. Who can make a complaint?

A complaint can be made by, or (with his/her **written consent**) on behalf of a patient, or former patient, who is receiving or has received treatment or where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare. In other circumstances where the complainant may have difficulty complaining on their own behalf or have other requirements e.g. vulnerable children and adults, or people with mental health difficulties, the **Complaints Resolution Manager** will review each situation in light of current legal requirements and offer help and support to a complainant as appropriate.

Patients who are 16 years old or over are generally expected to make a formal complaint themselves.

Where the patient is a child without capacity, a complaint may be made by the parent or guardian. Where the patient has died, the complaint may be made by the named next of kin or by a person nominated by the named next of kin.

3.1.2. Time limits for making a formal complaint

The period for making a complaint is normally:

(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 **Complaints Resolution Manager** has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the **Complaints Resolution Manager** takes into consideration that the passage of time may prevent an accurate recollection of events by the doctor/clinician concerned or by the person bringing the complaint. The collection 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 a suitable reason for declining a time limit extension.

3.1.3. Safeguarding

Safeguarding is a key element of complaints management and review. It may be necessary to identify if any of the following elements are evident in the information/complaint:

- Safeguarding concerns to the person, to include their ability to manage with daily living.
- Safeguarding concerns regarding the adequacy of care/support being provided to the person.
- Safeguarding concerns regarding the behaviour of a professional to a patient or carer.
- Safeguarding concern regarding the behaviour of the person/complainant to professional staff.

All staff members who are dealing with complaints **must have at least Level 2 training in safeguarding** to enable them to identify the key safeguarding concerns.

All complaints handlers will require a DBS check as part of their recruitment process.

3.1.4. Receiving a Complaint

It is always better to try and deal with a complaint at the earliest opportunity and often it can be concluded at that point. If a patient/complainant is dissatisfied with our service, in the first instance they can discuss this with their counsellor/psychiatrist.

- If it is not possible or the outcome is not satisfactory the patient should be asked to make a [formal complaint](#), in writing. This ensures that all parties are aware of the issues for resolution. If the patient/complainant does refuse to put it in writing, then we'll put it in writing and check that the patient is happy with the details of the complaint.
- If the complaint has been made verbally, the complainant should be given a copy of their verbal statement, which is considered the formal complaint, and asked to confirm that it represents the issues they wish to raise.
- Our 'Patient Complaint Form' will be made available to anyone wishing to use it. This form can be posted or emailed to the patient/complainant. However, an email, letter or phone call will also be accepted.
- The 'letter' of complaint should include:
 - 'Who or what has caused the concerns including the name and position of staff members.'
 - 'Where and when the events took place.'
 - 'What action you have already taken, if any.'
 - 'What outcome you want from your complaint.'
- A patient/complainant can lodge a complaint by
 - Emailing contact@rainbowmedical.co.uk, addressed for the attention of the **Complaints Resolution Manager** (in the subject heading).
 - By Calling 0800 054 1850.
 - Writing to us at: **Complaints Resolution Manager. THE RAINBOW MEDICAL GROUP LTD, 2 The Crescent, King Street, Leicester, LE1 6RL.**
- All complaints will be acknowledged no later than **three** working days after the day the complaint is received. And any substantive correspondence relating to a complaint within **five** working days of receipt.

- This acknowledgement will include:
 - The name of the person responsible for managing that stage of the complaint and their contact details.
 - A brief summary of the actions to be taken at that stage of the complaint.
 - An assurance that either a full response or a progress update will be sent to the complainant within **20 working days**.
 - An assurance that the aim is to complete each stage of the complaints process as swiftly as possible and, in any event, **within three months**.
 - A copy of the complaints policy.
 - An assurance that, if relevant, we will make arrangements for any outstanding amounts due from the patient to be put on hold during the complaints process and ensure that there is no referral to debt collection agencies while the complaints process is ongoing. And that we may seek to recover any outstanding amounts that remain due at the end of the three-stage complaints process.
 - An offer to attend a meeting with a senior member of staff/Complaints Resolution Manager who is involved in the investigation at the start of Stage 1.

- A full investigation shall take place; all written and verbal interactions shall be noted and stored (see 'Confidentiality and recording of Complaints').

- Subscribers shall provide the complainant with a full written response (sent either via post or email) within 20 working days or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days.

- Subscribers shall complete each stage of the complaints process within three months, unless in exceptional circumstances, and provide complainants with an explanation regarding the need for a longer timescale.

3.1.5. Investigating a Complaint

- We'll invite the complainant to attend a meeting with a senior member of staff who is involved in the investigation at the start of Stage 1, to explore their concerns in order to agree on the key heads of complaint (main points). This meeting may be face-to-face or via telephone or videoconferencing/online if the complainant prefers. We shall explain to complainants that the purpose of the meeting will be to define the heads of the complaint (main points) and explore the complainant's concern in full in order to inform the investigation. We shall also explain the next steps in the complaints process and inform complainants about the expected timescale for response.
- We'll provide complainants with a written summary of the initial meeting or discussion within **5 working days** of the meeting or discussion taking place. We'll also ensure that complainants have agreed the heads of complaint (main points) before proceeding with the investigation.
- We'll make a written record of all meetings with complainants (whether face-to-face, via telephone or other means) that includes details of the individuals involved, the dates on which meetings or conversations were held, the agreed heads of complaint and any agreed outcomes and actions. We'll provide complainants with a copy of the record, on request
- Rainbow Medical shall carry out a robust and thorough investigation into the events giving rise to the complaint that includes:
 - An agreed summary of the issues to be investigated. These issues will form the basis of the heads of complaint upon which the adjudication will be based.
 - A review of all correspondence.
 - A review of all clinical records.
 - A review of the record(s) of meeting(s) with the complainant.
 - A review of statements provided by clinicians and other relevant parties who have been involved in the events complained about, including consultants with practising privileges.
 - A summary of actions to be taken and learning points arising from the complaint, where relevant.

3.1.5.1. Final Response

This will include:

- Providing the complainant with a full written response (sent either via post or email) **within 20 working days** or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay **at a minimum of every 20 working days**.
- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition.
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation.
- A clear statement that the response is the final one, or that further action or reports will be sent later.
- An apology or explanation as appropriate.
- A statement of the right to escalate the complaint, together with the relevant contact detail.
- We will inform complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.
- It should also advise on the next step in the process if the complainant is still not satisfied, and include:
 - An offer of a meeting with the Registered Manager to try further reconciliation.
 - Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint to **Stage 2** and confirmation that this needs to be done in writing **within six months of the final response**.
- *If the complainant has not been provided with a response after six months from receipt of the complaint (taking into account late provision of consent) we will notify the complainant of their right to go straight to the Parliamentary and Health Service Ombudsman without waiting for local resolution to be completed.*
- If at any time during the complaint process the complainant or their representative or advocate decides they would like to withdraw the complaint this request can be made either verbally or in writing. The withdrawal of a complaint will be acknowledged in writing.

3.1.6. Unreasonable 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:

- 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.
- Only acknowledge correspondence regarding a closed matter, not respond to it.
- Set behaviour standards.
- Return irrelevant documentation.
- Keep detailed records.

3.1.7. Confidentiality and Record Keeping

- Complaints will be handled in the strictest of confidence and will be kept separately from patients' medical records.
- Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it.
- Suitable arrangements are in place for the handling of patient identifiable data to meet the compliance of GDPR & Data Protection Act 2018 and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality
- The Caldicott Report sets out a number of general principles that health and social care private clinics should use when reviewing its use of patient or patient information. The designated Caldicott Guardians are responsible for ensuring that confidentiality is maintained. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under disciplinary procedures.
- Rainbow Medical will 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.**
- Rainbow Medical will obtain formal written consent from the patient where the complaint is being made by someone else on their behalf and/or where the handling of the complaint requires the disclosure of confidential information to other relevant parties. Submission of the signed consent via email would be sufficient. Electronic signatures would be acceptable. Where consent cannot be provided (for example where the patient is incapacitated), the subscriber shall use risk-based decision-making on a case-by-case basis and document the outcome and actions taken.
- Rainbow Medical shall obtain consent from complainants (or their representative) to share any data or clinical information held about them, for example with clinicians who are providing an independent opinion where this is required as part of the investigation.
- Complaint records will be retained for 10 years
(<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-1-03-complaints-management>)

3.2. Stage 2: Unresolved Complaints

3.2.1 Receiving a complaint

- The reviewing member of staff must be a senior member of staff **who has not been involved in the matters that led to the complaint or the handling of the complaint at Stage 1**. This member of staff will not have been involved in the daily operation of the hospital/clinic.
- Rainbow Medical will ask complainants who wish to escalate their complaint to Stage 2 to provide a summary of the matters that remain outstanding and that they wish to be investigated.

3.2.2. Investigating a complaint

- We will invite complainants to attend a meeting at the start of Stage 2 in order to clarify the matters that remain outstanding in the complaint and obtain a greater understanding of what the complainant hopes to achieve by escalating the complaint.
- Rainbow Medical shall conduct an **objective review** of the investigation into the complaint and the response that was provided at Stage 1. The review will include:
 - Consideration of the Stage 1 response provided to the complainant.
 - Consideration of the agreed outstanding complaint and the matters that remain unresolved.
 - Consideration of the findings of the investigation and the information on which the findings were based.
 - Consideration of the comments made by the complainant regarding the response at Stage 1.
 - Where appropriate, seeking further responses from the individuals involved in the complaint or the handling of it.
 - Consideration of any further questions raised by the complainant in the escalation request (including by involving those who responded to Stage 1 if necessary).
 - Consideration of how effectively the complaint was handled at Stage 1.
 - Consideration of the extent to which the Standards at Stage 1 were met.

3.2.2.1 Final response

- Rainbow Medical shall provide a single, full, written response to the complaint that includes:
 - A summary of the agreed outstanding heads of complaint and the matters that remain unresolved.
 - A summary of the process of review.
 - The findings of the review, including (where appropriate) a summary of the statements or responses provided by the clinicians and staff members involved. It is not appropriate for Rainbow Medical to send copies of the statements in lieu of a comprehensive response.
 - Rainbow Medical's response to the review, including whether the heads of complaint have been upheld, any actions taken as a result of the complaint, and any remedy being offered.
 - **Detailed signposting to the next stage of the complaints process, including an explanation of how to escalate the complaint via ISCAS and confirmation that this must be done in writing within six months of the final response at Stage 2.**

- We'll inform complainants that any new concerns that have been raised in the escalation request constitute new complaints and inform them that it may be appropriate for such matters to be investigated at Stage 1 (if they are within the timescale for investigation).

- In exceptional circumstances, and with the complainant's agreement, Rainbow Medical shall invite those that conducted the review at Stage 1 to revisit the complaint where the Stage 2 reviewer identifies that a specific matter that has already been raised has not been investigated and they consider that investigating that matter as a new head of complaint may enable the complaint to be resolved. This does not include complaints about complaint-handling, which should be considered as part of the Stage 2 review. The complainant should be informed where this happens and kept updated with progress.

- Rainbow Medical shall inform complainants that any remedies or goodwill payments that have been offered will be rescinded if they choose to proceed to Stage 3.

3.2.3. Timeframes for Stage 2

- The complaint should be acknowledged within 3 working days of receipt.
- A full response to a complaint within 20 working days, or an update on progress every 20 working days.
- The complaint should be concluded within 3 months (unless there is a good reason to explain a longer timeframe).

3.3. Stage 3: Independent External Adjudication

- Rainbow Medical is a subscriber to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). If you are unhappy with our response after it has been reviewed internally, **we will refer your complaint to ISCAS for independent resolution.**
- The external independent adjudication process is aimed at bringing about a final resolution of the complaint for both parties.
- Complaints will only be accepted for consideration at Stage 3 after Rainbow Medical has confirmed that Stages 1 and 2 have been completed.
- **Detailed signposting to stage 3 will be provided in the ‘Final Response’ in stage 2 of the complaints process, including an explanation of how to escalate the complaint via ISCAS and confirmation that this must be done in writing within six months of the final response at Stage 2.**
- Signposting will include directing complainants to the [ISCAS Patient Guide](#); complainants can contact ISCAS directly, but Adjudicators will not consider any issues unless they have previously been raised with Rainbow Medical (except concerns about the way they have handled the complaint).
- Contact details for ISCAS can be found here: <https://iscas.cedr.com/contact/>. To contact the Independent Sector Complaints Adjudication Service (ISCAS) please email: info@iscas.org.uk. Alternatively you can call them to leave a message and they will return your call during office hours, Monday to Friday 9:00am – 5:00pm. Phone: [020 7536 6091](tel:02075366091).

Alternatively, if you need to post any correspondence please use the following details:

**ISCAS,
CEDR, 3rd Floor
100 St. Paul’s Churchyard
London
EC4M 8BU.**

4. Annual Review of Complaints

Rainbow Medical will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted