



Management of Complaints and Compliments Policy and Procedure

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Introduction

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

Meyer Clinic recognises that there will be times when patients, their families or carers, members of staff and others are dissatisfied with aspects of the care and services provided. Meyer Clinic is committed to dealing with any issues that may arise as quickly and effectively as possible.

Purpose and Objectives

The purpose of this policy is to ensure that any complaints or concerns are correctly managed and compliant with the Independent Sector Complaints Adjudication Service (ISCAS) and IDF (Independent Doctors Federation).

When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively. • 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 service user concerns or complaints should be managed within the organisation.

The potential effects on patients relatives and staff, when things go wrong, can be devastating. Duty of candour, implemented under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20, outlines the principles that staff should use when communicating with patients, relatives and/or carers following an incident where harm has occurred, or where there is a risk or possibility that the incident could lead to or result in harm. It underpins a culture of openness, honesty and transparency, and is a duty on the organisation as a whole, as well as individual staff members working within the organisation. (For more information on duty of candour, see the separate Duty of Candour Policy).

By making sure that concerns and complaints are dealt with in a timely manner the risk of escalation is minimised and the opportunity of finding a satisfactory resolution to the problem is maximised.

At the same time, compliments are an important means of identifying areas of good practice, and Meyer Clinic will seek to ensure that feedback on good practice is shared with employees to motivate and encourage members of staff and ensure standards of care are improved wherever possible.

Meyer Clinic will ensure that the complaints procedure is fair and accessible to all.

Policy Statement

All concerns and complaints will be treated seriously and investigated promptly in accordance with the procedures outlined in this Policy, the ISCAS Code of Practise for Complaints Management and the CQC Fundamental Standard/H+SC Act Regulation (2014)- regulation 16: "Complaints".

Members of staff will receive training in dealing with concerns and complaints and will ensure that all persons have access to guidance on the procedures for raising a concern or making a complaint.

Meyer Clinic is committed to ensuring that no-one is prevented from highlighting concerns or complaints.

Meyer Clinic will ensure that all lessons learned from feedback are used as a means of improving the quality of care and services provided.

Any recommendations made as a result of a feedback, will be shared at 1:1 supervision sessions, in order that changes can be considered business-wide and implemented where appropriate.

Meyer Clinic recognises its legal responsibility to respond appropriately and effectively to complaints (e.g., through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

How to Submit Feedback

Compliments and concerns can be given verbally or in writing to any member of staff or submitted to **Dr Annelize Meyer, Registered Manager**

The company complaints lead is Dr Annelize Meyer.

Complaints must be submitted in writing (via email or letter) to :

MeyerHealth Ltd

Main Road

Fishbourne

PO18 8AN

Manager@meyerclinic.co.uk

This is to ensure clarity of the full and specific details of the complaint. Where the complainant is unable to submit a complaint in writing, they should raise the complaint verbally with the Registered Manager, who will then record the complaint.

Complaints should normally be made as soon as possible and within 6 months of the date of the event complained about, or within 6 months of the matter coming to the attention of the complainant.

Comments on social media websites will not normally be deemed to be formal complaints unless submitted in writing via one of the means outlined above.

Meyer Clinic will ensure full information is provided about this Policy in the form of leaflets and posters that are available throughout Meyer Clinic, including in areas accessible to the public, and on Meyer Clinic's website. The information will be available in different styles and languages where this is required.

The CQC's Give Feedback on Care webform

Meyer Clinic also actively encourages its patients provide feedback on its services directly to the CQC through their [Give Feedback on Care webform](https://www.cqc.org.uk/give-feedback-on-care). This is achieved by:

- Including the link and requesting patients provide feedback to the CQC as a part of annual or routine follow up patient surveys.
- Placing the link on the feedback section of Meyer Clinic's website
- Placing the CQC's poster within the premises where patients can easily find it.
- Occasionally sharing the link via Meyer Clinic's social media sites.

This will utilise the CQC's suggested wording of:

Our service is regulated and inspected by the Care Quality Commission (CQC). Please offer feedback on care you have received from us via www.cqc.org.uk/give-feedback-on-care.

The CQC's Give Feedback on Care webform is for patients to provide general feedback and should not be used by patients to raise a formal complaint to or about Meyer Clinic. Formal complaints should be raised in line with the processes detailed within this policy.

Compliments Management Process

All compliments received in writing should be documented. They should also be circulated amongst relevant members of staff so that staff are aware of the number of compliments received, and the specific topics which are raised.

There is no requirement to record compliments which are received verbally, but this is encouraged wherever possible.

No formal acknowledgement of compliments is necessary, however where this is deemed appropriate, it should be encouraged.

Concerns Management Process

Many concerns arise out of a lack of information or understanding, and very often the matter can be resolved via the provision of further information, advice or an apology. This means they can often be dealt with at the time of their raising with front-line staff. On other occasions it may be that staff can take swift action in order to resolve a concern straightaway or find the most appropriate person to help. Staff should feel empowered to deal with concerns promptly and informally without the need for a more in-depth investigation.

On receipt of a concern staff will:

- ensure that the immediate health care needs of the person affected by the concern are being met (where the person affected is still in Meyer Clinic care)
- make sure that the person raising the concern does not wish to make a formal complaint
- undertake any enquiries required to resolve the matter respond to the person raising the concern with the appropriate information/advice/apology and/or explain what has been done to resolve the matter
- offer the person raising the concern the opportunity to discuss their concern further.

However, concerns are handled, staff should aim to ensure that they are resolved within 24 hours of their being raised. Excellent communication at this stage is essential to prevent the concern from escalating into a formal complaint. It is recommended that verbal communication be used primarily at this stage, either face-to-face or via telephone. However, if preferred by the person raising the concern, this can also be in writing or via email.

All concerns must be recorded on the incident management system. The record will include details of the concern, how it was resolved, and any further actions required.

Where the concern cannot be resolved in the above manner, it should be forwarded to the Registered Manager. The Registered Manager can discuss the issue with the person raising the concern and initiate the formal complaints process outlined below if required.

Complaints Management Process

Once a complaint has been received, it should be recorded on the incident management system and formally acknowledged within two working days of receipt. The acknowledgement should normally be in writing but can be given verbally if appropriate.

The Registered Manager will then either investigate the complaint fully themselves or nominate a 'Lead Investigator'. If a 'Lead Investigator' has been nominated, the complainant must be informed with the name and contact details of the nominated person.

The person investigating the complaint will ensure that it is handled in a way to ensure that it is resolved without undue delay. Complainants should ordinarily receive a written response within 20 working days from the date of receipt. It is important that the right balance is struck between a timely response and one that is informed by comprehensive local action, as this will provide the best response to the complainant and the best opportunities for learning within the business.

The complainant should be sent regular updates on the progress of the investigation and likely timescales for receiving the formal response. If agreed timescales cannot be met, it is essential that the lead investigator informs the complainant of the reason for the delay and that new timescales are mutually agreed. In conducting the investigation, the lead investigator may undertake any of the following:

- contact the complainant to identify the outcome that they are seeking
- provide the complainant the opportunity to give their account and views of what took place
- review the relevant documentation, checking for evidence regarding issues raised
- interview any members of staff involved in the incident
- develop a timeline of what happened
- identify any shortfalls in level(s) of care provided
- when appropriate, using a Root Cause Analysis, identify the causes/contributory factors/validity of the concerns that have been raised
- identify clear and assigned actions to prevent recurrence and to improve care quality.

The lead investigator will then:

- decide whether the complaint should be upheld in full, upheld in part or not upheld
- make a record of the details of the investigation, outcomes and actions to be taken on the incident management system.

It is essential that every stage of the investigation is based on the best available evidence. The formal response from the Lead Investigator should be structured as follows:

- outline how the complaint has been considered
- explain how conclusions have been reached in relation to the complaint and whether it was upheld in part, in full or not upheld
- describe how any action needed as a result of the complaint has been taken, or is proposed to be taken
- explain that if they are not happy with the findings, an internal appeal is possible
- provide details of the regulatory body, should the complainant still be unhappy and wish for their complaint to undergo external review.

The Lead Investigator should ensure that the full written response is filed alongside the initial complaint on the incident management system. If, after receiving the formal response, the complainant is not happy with the outcome, they may proceed to stage 2 of the complaints process.

Consultants and third parties are not employees of Meyer Clinic but are independent practitioners who hold practising privileges at Meyer Clinic. As such Consultants hold their own Professional Indemnity Cover and Meyer Clinic is not liable for any alleged negligent acts or omissions on their part.

The complaints policy is not designed to address issues of legal liability or requests for compensation. These are more appropriately handled by a claims process which offers a fair independent assessment and we encourage you to seek independent legal advice should you consider you have a claim. Please note that any findings made as part of the complaints investigation do not amount to an admission of legal liability which falls outside Meyer Clinic complaints process.

Any gesture of goodwill made by Meyer Clinic, as part of the Complaints Process, will be in full and final settlement of the complaint and made without any admission of liability.

Stage 2

If the complainant remains dissatisfied following the final Stage 1 response, they may request a review of their complaint, known as Stage 2 by writing to:

Complaint Manager

The Independent Doctors Federation

Lettsom House

11 Chandos Street

Marylebone

London

W1G 9EB

The IDF Complaint Resolution Procedure will consider the complaint. The IDF Complaint Manager will send the patient an acknowledgement of their letter within three working days of receipt of the complaint and will request a summary of the matters that remain outstanding that they wish to be investigated.

The patient will be invited to attend a meeting at the start of Stage 2 in order to clarify the matters that remain outstanding and obtain a greater understanding of what they hope to achieve by escalating the complaint. The IDF Complaint Manager will not have been involved in the matters that led to the complaint or the handling of the complaint at Stage 1.

The IDF Complaint Manager will undertake a review of the documentation, any correspondence and the handling of and response to the complaint at Stage 1. If the review is still in progress after 20 days a letter will be sent to the patient explaining the delay and a full response made within five days of reaching a conclusion. In any event a holding letter will be sent every 20 days where a review is continuing. The IDF Complaint Manager will write to the patient when the review is completed to either confirm the outcome at Stage 1 or to offer an alternative resolution

At this time the IDF will advise the patient of right to take the matter further to Stage 3 Independent External Adjudication by the Independent Sector Complaints Adjudication Service (ISACS).

Throughout the process all information, documents and records relevant to the complaint will be treated in the strictest confidence and no information will be divulged to any parties who are not involved in the IDF Complaint Resolution Procedure, unless required to do so by law.

ISCAS (Stage 3)

If the complainant remains dissatisfied once Stage 1 and Stage 2 are exhausted, stage 3 of the complaints procedure aims to bring about a final resolution of the complaint to both parties.

In such a situation the patient should request the adjudication by writing to:

Independent Sector Complaints Adjudication Service (ISCAS)

CEDR (Centre for Effective Dispute Resolution), 3rd Floor

100 St. Paul's Churchyard

London

EC4M 8BU

Tel: 020 7536 6091

Email: info@iscas.org.uk

This written request for adjudication must be made within six months of the final determination by the IDF at Stage 2. The patient should provide reasons to explain the dissatisfaction with the outcome of Stage 2.

ISCAS will acknowledge receipt of the request within three working days. ISCAS will seek confirmation from the IDF that Stage 2 has been completed. ISCAS will notify the IDF of a request for Stage 3 independent external adjudication. The IDF will respond to requests from ISCAS within ten working days and confirm whether Stages 1 and 2 have been completed. ISCAS will then be the patient's contact once adjudication is started. They will be asked to consent to the release of records from the doctor and the IDF relevant to the complaint. ISCAS will issue the decision within 20 working days or provide a progress update every 20 working days if the decision is delayed. A report will be made to the patient, the doctor concerned and the IDF.

Further details are available at [Complaints process – ISCAS \(cedr.com\)](https://www.cedr.com/complaints-process)

Our service is registered with and regulated by the Care Quality Commission (CQC).

The CQC cannot get involved in individual complaints about providers but is happy to receive information about our services at any time. You can contact the CQC at:

Care Quality Commission,
National Correspondence,
Citygate,
Gallowgate,
Newcastle upon Tyne
NE1 4PA,

Tel: 03000616161,

Fax: 03000 616171

Monitoring and Learning from Complaints

Meyer Clinic regards all forms of feedback as an opportunity to improve the levels of care offered to patients. Meyer Clinic operates within the 'just culture' framework. This means that employees are not apportioned unconstructive guilt or blame for genuine mistakes,

but that they always remain accountable for deliberate policy deviations. The culture within Meyer Clinic is a supportive one. Where areas of learning are identified following the receipt of feedback, these will be addressed.

In order to ensure that the rest of the business is equally able to learn from feedback received, details of the lessons learned will be shared across the business.

Issues arising from complaints should be a standard agenda item for discussion at the Senior Leadership Team meeting and the Registered Manager should ensure that themes and trends and lessons learned are shared with staff.

Unreasonable Complainant Behaviour

Many complainants are angry and feel very aggrieved, sometimes with good cause. Although most complainants behave appropriately, a small number may make complaints that are vexatious or malicious. This may involve making serial complaints about different matters or persisting with the same complaint when nothing further can be done to assist them.

It is important to distinguish between people who make several complaints, because they genuinely believe something has gone wrong, and people who are simply trying to make life difficult. It is important to remember that complainants will often be frustrated and aggrieved and, as a result, it is important to consider the merits of the complaint rather than their attitude.

The fact that a complainant has made a vexatious complaint in the past does not necessarily mean that the next complaint is automatically vexatious. Each complaint must be considered individually, and a decision made as to whether it is vexatious or genuine. Complainants will be deemed to be vexatious or habitual if they have met two or more of the following criteria:

- persistence with pursuing a complaint despite Meyer Clinic complaints procedure outlined above having been fully exhausted
- frequently bringing up further concerns and questions with a view to prolonging contact with Company. It is important that new issues are not dismissed, if they are significantly different from the original complaint it may be that they can be addressed as a separate complaint
- being unwilling to accept documented evidence of care given as being factual, including denying receipt of an adequate response to their complaint
- being unable to identify specific issues they wish to be investigated despite all reasonable efforts to assist them
- focussing on a trivial matter that is out of proportion to its significance (careful judgement should be used in using this criterion as it requires a subjective judgement)

- threatening or using physical violence towards staff. This criterion on its own will cause verbal contact with the complainant to cease. Any further communication following this should be solely in written format. Any threats of, or use of, violence should be reported on the incident management system
- placing unreasonable demands on Meyer Clinic staff. Discretion is required to determine how many contacts constitute excessive, along with good judgement based on the specific circumstances of each individual case
- harassing or being abusive on more than one occasion to the person dealing with the complaint. If the behaviour is sufficiently severe this may be sufficient to classify it as vexatious
- meetings or conversations are known to have been recorded electronically without the prior knowledge or consent of all parties involved
- displaying unreasonable demands or expectations and failing to accept that these may be unreasonable despite a clear explanation having been provided as to what constitutes unreasonable.

Careful judgement and discretion must be used in applying criteria to identify habitual and vexatious complainants and to decide what action to take. The following actions are available:

- informing the complainant that they are at risk of being classified as habitual or vexatious. A copy of this policy should be sent to them and they should be advised to consider the criteria outlined when dealing with Meyer Clinic in the future
- declining further contact with the complainant, either in person, by telephone, letter, email or whilst ensuring that one route of contact remains available. Alternatively, further contact could be restricted to liaison via a third party
- notify the complainant in writing that the Senior Leadership Team has responded fully to the points raised and has tried to resolve the complaint, that there is nothing more to add and that continuing contact on the matter will serve no useful purpose. Complainants should be notified that correspondence is at an end and that further communications will not be acknowledged or answered
- inform complainants that in extreme circumstances Meyer Clinic reserves the right to refer unreasonable or vexatious complainants to solicitors and, if appropriate, the police.

These measures should only be implemented following agreement by the Senior Leadership Team. The complainant must be notified of the course of action in writing by the Senior Management Team, including the reasons why the complaint has been classified as habitual or vexatious. The letter should be copied for the information of those involved in the complaint.

Habitual or vexatious status can be withdrawn if a complainant demonstrates a more reasonable approach or submits a separate complaint for which the standard complaints

procedure would seem appropriate. Such status should only be withdrawn following discussion between the Senior Management Team.

Support for Staff Involved in a Complaint

The investigation of a complaint involving allegations of malpractice, assault, etc., can be stressful for staff involved. Sensitivity at this time is required. Managers are encouraged to provide support to their staff. However, in order to maintain their more objective role, an independent mentor (e.g., a manager from another area) can be identified to provide advice and support to the staff concerned during this difficult time.

When a complaint investigation takes place, staff can be asked to prepare statements or attend interviews. The Lead Investigator will ensure that:

- a staff member is given guidance as to what areas of information they will require from them in a timely manner, allowing time for staff to gain support from colleagues and/or unions
- good information governance practice is maintained and that information regarding specific individuals is treated confidentially and with respect; sharing will only take place as far as required to conduct the investigation
- conduct interviews in a professional and supportive manner
- ensure that staff know that the review is being conducted as part of a learning and safety culture, as opposed to the apportioning of blame
- keep staff up to date on the review's progress.

Records Management

All feedback paperwork will be retained for a minimum of 6 years. Any archived paper files will be stored in a secure manner, in order to preserve confidentiality. Feedback related correspondence should not, in any circumstances, be retained in the care record of a person; this should only record information that is strictly relevant to their health.

The security and retention of information on the incident management system is the responsibility of the Registered Manager.

Monitoring

The implementation and levels of compliance with this policy will be monitored by 1:1 supervision sessions, with lessons learned shared through this channel as well as the Senior Leadership Team.

Related Meyer Clinic Policies and Procedures

Freedom to Speak Up Policy and Procedure

Duty of Candor

Grievance Policy and Procedure

Information Governance Policy and Procedure

Safeguarding Policy and Procedure

Legislation and Guidance

Compensations Act 2006

Care Act 2014

Data Protection Act 2018

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Human Rights Act 1998

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

A Review of the NHS Hospitals Complaints System Putting Service users Back in the Picture, Clwyd & Hart, October 2013. [Putting Service users Back in the Picture](#)

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Francis, 2013. <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

Complaints Matter, CQC, December 2014 [20141208_complaints_matter_report.pdf \(cqc.org.uk\)](#)

CQC Receiving and acting on Complaints [Regulation 16: Receiving and acting on complaints | Care Quality Commission \(cqc.org.uk\)](#)

Summary of Review

Version	5
Last amended	July 2025
Reason for Review	Annual review
Were changes made?	Yes
Summary of changes	Amended to reflect current process.
Next Review Date	July 2026

Version	4
Last amended	May 2024
Reason for Review	Annual review
Were changes made?	Yes
Summary of changes	<p>Changed policy lead and complaints lead.</p> <p>Removed expired hyperlinks.</p> <p>Removed KLOE compliance section in line with CQC's new single assessment framework.</p> <p>Added details of the CQC's give feedback on care webform to the "how to submit feedback" section.</p> <p>Added 3rd parties as excluded from the complaints policy</p> <p>Added gesture for goodwill is in full and final settlement</p> <p>Added that the complaints policy is not intended to access claims</p>
Next Review Date	May 2025