Complaints Handling Policy

Cosmetic Surgery of The Royal Liver Building

Contact	complaints@cosmeticsurgeryoftheroyalliverbuilding.com

Process at a glance
We follow a three stage process consistent with independent sector good practice. Timelines are measured in working days unless stated otherwise.

Receive complaint	Acknowledge within 3 working days	Stage 1 local resolution, response within 28 working days	Stage 2 internal review within 8 weeks of Stage 1 outcome	Stage 3 external review via ISCAS, within 6 months of Stage 1 final letter	Annual review and learning reported through governance
→	→	→	→	→	

1. Introduction
We aim to provide high quality services that are safe, effective, caring, responsive to people's needs, and well led. If we fall short, we are committed to resolving concerns promptly, fairly, and with compassion. Complaints are treated as an opportunity to learn, improve systems, and strengthen patient safety.

2. Policy purpose
This policy explains how patients and others can raise concerns and complaints, how we investigate and respond, and how we use learning to improve. It sets out roles, timelines, escalation routes, and record keeping standards so that complaints are managed in a consistent, non judgemental, and timely manner.

3. Regulatory and governance alignment
This policy supports compliance with Regulation 16 receiving and acting on complaints and Regulation 20 duty of candour, and it is designed to provide evidence of effective governance under Regulation 17.

It also supports the Accessible Information Standard and equality, privacy, and data protection obligations.

The policy is mapped to the CQC Single Assessment Framework domains and quality statements, particularly those relating to listening to people, responsiveness, openness, learning, and leadership oversight.

4. Scope
This policy applies to all complaints and concerns about services, staff, contractors, and clinicians working within our facilities, including practitioners with practising privileges. It applies to complaints about clinical care, patient experience, communication, billing, premises, and any aspect of the service.

5. Principles of complaint management
1. We promote a just and learning culture, complaints are used to improve systems and practice.
2. We welcome complaints, we encourage early resolution and support patients to raise concerns.
3. We are thorough and fair, investigations are objective, proportionate, and evidence based.
4. We provide accountable responses, we explain outcomes, learning, and actions taken.
5. We respect confidentiality, privacy, and dignity at all times.

6. Who can complain
A complaint can be made by a person who is directly affected by an action or omission.

A complaint can also be made by someone acting on the person's behalf where appropriate consent and authority are confirmed.

7. How to make a complaint and how we support complainants
7.1 How to contact us
Complaints can be raised in person, by telephone, or in writing by email or letter.

We encourage written complaints where possible to ensure accuracy, but we will accept verbal complaints and record them clearly. If a complaint is raised verbally, we will document it and share the written summary with the complainant for confirmation.

Contact details
Clinic Manager,
Cosmetic Surgery of the Royal Liver Building,
The Royal Liver Building,
Pier Head, Liverpool,
L3 1HU.

Telephone 0151 203 0020

7.2 Accessible Information Standard and reasonable adjustments
We will support patients who have information or communication needs because of disability, impairment, or sensory loss.

We can provide alternative formats and communication support where requested. We will make reasonable adjustments so that everyone can raise a complaint fairly and without disadvantage.

7.3 Consent and confidentiality
Where a complaint is raised by a relative, friend, advocate, or representative, we will confirm authority and obtain patient consent before discussing confidential clinical information, unless there is a lawful basis to proceed without consent.

8. Roles and responsibilities
8.1 Registered Manager
The Registered Manager is responsible for ensuring an effective complaints system is in place, overseeing investigations, ensuring learning is captured, and producing an annual complaints review report for governance oversight.

8.2 Clinic Manager
The Clinic Manager is the primary point of contact for receiving, logging, acknowledging, and coordinating complaints, and for maintaining the complaints record and action log.

8.3 Clinical Governance Committee
The Clinical Governance Committee provides oversight of themes, trends, and actions, and reviews the annual complaints report and any high risk issues requiring governance escalation.

8.4 Individual practitioners, including practising privileges
Practitioners are expected to be open and cooperative, provide timely statements and records, attend meetings if required, and use learning from complaints to improve practice. Practitioners must inform the service if relevant concerns are being investigated in other settings that may affect their practice within our facilities.

8.5 Complaints about the Registered Manager, senior leaders, or the Clinic Manager
If a complaint relates to the Registered Manager, the complaint will be overseen by the Chief Executive Officer, or by another senior leader appointed by the Chief Executive Officer, who has not been involved in the matters complained about.

If a complaint relates to the Chief Executive Officer, it will be overseen by the Medical Lead or an appointed independent reviewer, and governance oversight will ensure fairness and independence.

If a complaint relates to the Clinic Manager, the Registered Manager will allocate an alternative investigating lead and will ensure appropriate separation from the subject of the complaint.

9. Complaints process and timelines
9.1 Receipt, triage, and acknowledgement
All complaints are logged on receipt and risk screened.

We acknowledge complaints within 3 working days. We offer to discuss how the complaint will be handled, expected timescales, and the outcome the complainant is seeking.

If a complaint raises an immediate safety risk, safeguarding concern, or a notifiable incident, it is escalated immediately through the appropriate clinical governance and safeguarding routes.

9.2 Stage 1 local resolution
Stage 1 aims to resolve concerns quickly and fairly. Non clinical complaints are led by the Registered Manager or a delegated senior manager.

Clinical complaints are reviewed with the treating clinician and may include an offer of review consultation with the treating clinician or an appropriate independent clinician.

We aim to provide a full written response within 28 working days. If we cannot meet this timeframe, we will explain the reason, confirm revised timescales, and keep the complainant updated. Where a response is delayed, we will provide at least one written update every 10 working days until the final response is issued.

The Stage 1 response will address each issue raised, set out the evidence reviewed, provide conclusions and reasons, confirm any remedial actions, confirm learning and improvement actions, and explain escalation routes if the complainant remains dissatisfied.

9.3 Stage 2 internal review
If the complainant remains dissatisfied after Stage 1, they can request an internal review within 8 weeks of the Stage 1 outcome.

Stage 2 is carried out by a senior person not involved in Stage 1. Stage 2 will review the fairness, completeness, and outcome of Stage 1 and will provide a written response.

9.4 Stage 3 external review via ISCAS
If the complainant remains dissatisfied after Stage 2, they can request an external review via ISCAS. This service is managed by the Centre for Effective Dispute Resolution.

The external review should normally be submitted in writing within 6 months of the Stage 1 final response letter.

We will cooperate with any independent review and provide relevant information within lawful confidentiality and data protection requirements.

ISCAS contact details. Website iscas.cedr.com. Email info@iscas.org.uk. Telephone 020 7536 6091.

9.5 Contacting CQC
The Care Quality Commission does not adjudicate individual complaints, but information people share may be used as intelligence for monitoring and inspection. Patients can contact CQC through its published channels.

10. Time limits and complaints received after 6 months
Normally, a complaint should be made within 6 months of the event, or within 6 months of the matter coming to the complainant's notice.

Where a complaint is received outside this timeframe, the Registered Manager may extend the time limit where there is good reason and it is still possible to investigate fairly and proportionately.

When considering an extension we consider availability of records, reliability of evidence, and whether a fair investigation remains possible. Where we cannot investigate due to the passage of time, we will explain this clearly and signpost the complainant to appropriate options.

11. Duty of candour and apologies
Where an investigation identifies that something went wrong, we will be open and transparent, provide an appropriate apology, and explain what we have learned and changed.

An apology is not an admission of liability, it is part of honest and compassionate communication and a commitment to improvement.

12. Recording, confidentiality, and data protection
Complaints records are kept separate from clinical records and stored securely. Access is restricted to those with a legitimate need.

We comply with UK GDPR and the Data Protection Act 2018, and we respect confidentiality duties and human rights and privacy requirements.

We keep a comprehensive record of the complaint, investigation steps, evidence reviewed, communications, decisions, actions, and closure. Where possible communications are time and date stamped.

13. Unreasonable or persistent complainant behaviour
We recognise that people may be distressed. However, where behaviour becomes aggressive, abusive, or unreasonable, we may apply proportionate contact controls to protect staff and maintain a fair process.

Measures may include a single senior point of contact, limiting contact to one method, limiting frequency and duration, requiring meetings to include a witness, and declining to respond to repeated correspondence about a matter that is closed unless new and material information is provided.

Any restrictions will be explained to the complainant and recorded.

14. Learning from complaints and continuous improvement
Complaints and feedback are reviewed for themes, trends, and learning. Actions are logged, owned, and tracked to completion.

Learning is shared through governance meetings, training, audit updates, and updates to policies and procedures.

Where appropriate, learning is integrated into SentriQ sQ quality management monitoring and assurance.

The Registered Manager produces an annual complaints review report including volume, themes, outcomes, timescales, learning, and improvement actions.

15. Monitoring, assurance, and audit
We monitor complaint acknowledgement times, response times, stage progression, action completion, and recurrence of themes.

Governance oversight reviews both individual high risk complaints and aggregated themes to ensure sustained improvement.

16. References

- Care Quality Commission, Complaints policy requirements for providers.
- Care Quality Commission, Regulation 16 receiving and acting on complaints guidance.
- Care Quality Commission, Assessment framework and Single Assessment Framework domains and quality statements.
- ISCAS, Code of Practice for Complaints Management.
- NHS England, Accessible Information Standard DAPB1605.
- UK GDPR and Data Protection Act 2018.
- Equality Act 2010.

Appendix A Complaint form

- Reference number
- Date received
- Complainant name and relationship to patient
- Patient name and date of birth
- Preferred contact method and accessibility needs
- Summary of complaint
- Immediate actions taken
- Risk screening outcome and escalation if required
- Investigation steps and evidence reviewed
- Findings and conclusions
- Learning and actions, owner and due date
- Stage outcome and sign off
- Date closed