



Complaints Handling

Lone Working

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This handbook has been produced by ACI Training & Consultancy Ltd. to support your mandatory training.

Apart from the statutory mandatory training which is aligned to the UK CSTF, some NHS Trust, Contract Framework agreements require annual training in:

- Complaints Handling
- Lone Worker
- Mental Health Act / Mental Capacity Act – available as a separate training booklet
- Food Hygiene (if appropriate to your role) – available as a separate training booklet

This training pack contains the information for **complaints handling and lone worker**. The other courses are available as separate packs.

Complaints Handling:

The Department of Health specify five principles of good complaints handling for service improvement.

These are:

1. Creating professional relationships
2. Searching for the truth
3. Communicating the truth
4. Managing complaints handling
5. Facilitating learning from complaints



If during the course of your work, you encounter any complaints these should be relayed immediately to your line manager on duty at the time. You should also inform your agency of any complaints. Your agency will have a complaints procedure which complies with local rules and regulations and this must be followed step by step. This may include complaints about you but also complaints that you may have about an organisation.

Further investigation may ensue depending on the type and severity of complaint and you may be required to provide a written statement to the agency, health authority or police etc. You should be aware of your agency's complaints policy and also their whistleblowing policy – please ask them for a copy which they are obliged to provide you with.

In November 2008, the Parliamentary and Health Service Ombudsman published the “Principles of Good Complaint Handling” and the report states:

“Good complaint handling should be led from the top, focused on outcomes, fair and proportionate, and sensitive to complainants’ needs. The process should be clear and straightforward, and readily accessible to customers. It should be well managed throughout so that decisions are taken quickly, things put right where necessary and lessons learnt for service improvement.”

The Patients Association, a lobby group in the UK aims to improve patients’ experience of health care that was set up in 1963, define a complaint as:

“An expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response. There is no difference between a ‘formal’ and an ‘informal’ complaint. Both are expressions of dissatisfaction.”

When managing a complaint, everyone involved in the process should be treated with respect and dignity. It is vital to ensure that you listen carefully to what people have to say and an investigation must be conducted in a fair and objective manner.

At all stages the process must be seen to have been:

- Open, honest and transparent
- Based on facts and evidence
- Comprehensive, taking all necessary details into account
- In a timely fashion
- Proportionate to the seriousness of the complaint raised.

Every organisation that you work within will have a formal complaints policy and it is your responsibility to make yourself familiar with this. This policy should include (but not limited to):

- Details of a name individual within the organisation to which complaints may be referred
- The method required for complaints to be reported e.g. verbal or in writing
- The time scale within which complainants can expect to receive a response
- Definition of complaint categories e.g. low, moderate, high or extreme
- Details of how investigations will take place
- How decisions will be reached and communicated

Although conflicts can occur in any work environment, in healthcare emotions usually run higher and this can act as a catalyst making these situations more common.

Causes of conflict with patients can come about because of:

- Unreasonable demands and expectations by patients, colleagues and managers
- A perceived poor level of service or difficulty in accessing services
- Long waiting times and delays in service provision
- In a health care environment emotions are high often because patients have a heightened sense of vulnerability or anxiety
- Delayed or cancelled appointments
- Patients can also be under the influence of drink or drugs influencing their behaviour which can quickly lead to an escalation of conflict
- New environments, busy, active, crowded treatment areas
- Other agitated or distressed persons
- Effects of medication
- Pain
- Cognitive factors e.g. Communication problems
- Mental Health or Learning Disabilities
- Psychological/emotional factors e.g. fear, anxiety, depression
- Inconsistent staff attitude, awareness and approach
- Staffing levels, skill levels and training
- Restrictions, denial or confrontation e.g. a person wanting to leave, cigarette requests
- Pre-operative period e.g. waiting, nil-by-mouth
- Pressure on staff time so not being available
- Individuals feeling that staff are not listening to them

These are the five stages of conflict:

In the “**Latent Stage**,” the first stage in the five stages of conflict, people may be in conflict without being aware that they are in conflict. An example the Consultant has been held up

with an emergency and will therefore be late in starting their Out Patients Appointments. The OPD and the patient is unaware of the situation.

The “**Perceived Stage**” is when the people involved in a conflict become fully aware that there is a conflict. So the OPD has been made aware that the Consultant will be late and the receptionist will now go over to speak with the patients about it about it.

During the “**Felt Stage**” stress and anxiety are felt by one or more of the participants due to the conflict, the patient does not enjoy causing conflict and the receptionist does not enjoy being under scrutiny.

This will undoubtedly lead to the “**Manifest Stage**,” during which the conflict can be observed. The Manifest Stage can take a number of shapes including: e-mails, phone calls, phone messages, face-to-face meetings, or any situation in which the conflict could be observed. When the receptionist speaks with the patient, others perceive the conflict and it has manifested.

The final stage is the “**Aftermath Stage**,” which takes place when there is some outcome of the conflict, such as a resolution to, or dissolution of, the problem. When the receptionist apologises and explains to the patient that the delay is unavoidable as the Consultant is dealing with an emergency.

Conflict can quickly lead into a challenging situation if not handled timely and sensitively. That is why it is so important to listen to patients’ concerns, comments or complaints and act upon them.

This is covered in far more depth in the NHS Conflict Resolution and Communication course modules of the UK CSTF.

Working in Isolation

Lone working in buildings should be avoided, wherever possible. However, some staff may find they have to work in isolated buildings with few or no other staff immediately on hand. In such circumstances it is recommended that the following precautions be taken:

- Ensure that another professional is present when treating patients who it is known may present a risk and ensure that a plan of action is discussed for dealing with any incidents of violence or aggression
- Where a member of staff is working alone but other colleagues are in the building, ensure that prior arrangements have been made to summon assistance
- Remember, problems do not just occur after dark, and proper measures should be introduced to protect staff working alone in isolated areas during day time hours
- Make full use of any security measures provided, i.e. lock access doors behind you, where appropriate

Advice during a visit to a client /patient / service user:

As with any unfamiliar territory or location please ensure that you feel comfortable and safe before you enter a service user's home and take the following precautions:

- When the door is opened make a quick evaluation of the environment/situation
- If you feel that it is unsafe for you to proceed with the visit, have an excuse ready to say why you cannot proceed with the visit and need to reschedule the appointment e.g. another emergency has occurred which you need to attend to. Then you could arrange another visit but take a colleague with you or arrange for the visit to take place by attending a hospital department or clinic.
- Always try to close the door yourself when you enter a premises so that you can assess what locking devices are on the door in case you need to make an exit in an emergency
- Always know where your exit is and keep it clear – do not allow anything to come between you and the exit that could become an obstruction or a threat.

Appropriate training in how to handle conflict and potential violence and aggression should be available to anyone who works alone.

Advice on travelling alone - By Car

- Keep your car regularly maintained and serviced (if possible, join a breakdown organisation)
- Carry out basic vehicle checks
- Carry a torch, loose change/phone card and useful telephone numbers
- Vary your routine occasionally if you have a regular routine and avoid areas of heavy traffic congestion
- Lock all doors whilst travelling
- Conceal any valuables, e.g. purses, mobile telephones
- Remove any items which identify your sex or profession
- Don't get boxed in whilst driving or stopped in traffic
- Do not pull up directly alongside a vehicle if you feel the driver/occupants are pestering you and AVOID EYE CONTACT

On Foot

- Choose busy, well-lit routes; avoid dark deserted roads, alleyways, waste ground
- Walk in the middle or carriage-way side of the pavement
- Consider crossing the road, rather than using subways
- If need be, try to “tag on” to other people, preferably couples going your way
- Walk facing the traffic. If this is not possible and a car pulls up, turn around and walk in the opposite direction
- Walk deliberately and assertively
- Do not look at maps/A-Z in full view of the public
- Carry your keys, money and means of identification on your person
- GET AWAY. Walking fast is usually safer than trying to run. If you think someone is following you, check by crossing and re-crossing the street. If they persist, move quickly to the nearest place with people and call the police
- If a vehicle stops next to you and you are threatened, turn and move quickly in the opposite direction. You can turn faster than a car. Make for the nearest public place and phone the police

Parking

- Choose somewhere well lit, with plenty of people and public buildings around
- Visualise what your parking space may look like if you have to return in the dark
- Try to avoid multi-storey car parks (if this is impossible try to park near to the attendant, or near to entrance/exit)
- Always reverse into a parking space (the doors will act as a barrier, and it’s quicker for driving away)
- Have a good look around before you get out of your car
- If possible retract your aerial, engage your steering lock
- Conceal any items of clothing or bags, put all valuables in the boot, wind up all windows, secure sun roof, lock all doors, even if for a few seconds, e.g. on a garage forecourt
- Consider carrying a torch and personal alarm
- Have your keys ready on returning to your car
- On approach to your car, check for any persons loitering about your vehicle
- Do not leave bags on the roof or bonnet whilst you open your car door
- Look for any signs of tampering before you get in and check there is no one inside

Taxis

- A taxi should be booked in advance by a reputable company and the passenger should be given the driver’s name and call sign.
- Where a taxi has not been booked in advance, the lone worker should be supplied with and only use numbers for reputable companies, this number should be saved as a speed dial number on the mobile phone. A safe place should be agreed for meeting/waiting
- Be aware of child locks and central locking – black cabs will lock doors during transit
- Never give out personal information to the driver

Personal Safety

The Health and Safety Executive (HSE) define violence as:

"Any incident, in which a member of staff on duty is verbally abused, threatened or assaulted by a patient or member of the public, or another member of staff."

Violence and aggression incidents include verbal or non-verbal abuse (e.g. stalking), threatening behaviour (even if no physical injury results) and physical attack. The following information will help you identify and evaluate your personal safety and suggests controls that could be adopted in order to reduce any risk to you.

Assessing the risks to personal safety

All NHS Trusts will ensure that they have a suitable system in place to be able to assess any risks to personal safety by following the simple process of:

- Identifying any potential violent or aggressive situation/hazards
- Identifying those whose situation might place them at risk
- Evaluating the level of risk and reviewing existing control measures
- Recording any significant findings from risk assessments undertaken
- Taking any appropriate action to suitably manage the risk
- Reviewing the assessment and situation as necessary

However, you have a responsibility to continually assess your working environment and address any concerns about your safety, any hazards you identify that may pose a risk to your health and safety and well-being. You should bring these to the attention for your line manager.

Make sure that you always have a list of numbers you can contact in an emergency and an adequate means to communicate e.g. mobile phone, personal pager, personal attack alarm, 2-way radio contact.

Mobile Phones/Pagers and Personal Alarms:

- Ensure it is always fully charged and that you have signal
- Easily accessible in the event of an emergency
- Make sure if it is not your own phone, that you know how to use it
- Put emergency contacts on speed dial
- Agree code words with colleagues that will convey the nature of any specific threats to you so that you can raise the alarm without suspicion if necessary
- Make sure that you have spare batteries for alarms, pagers, radios etc.
- Always keep alarms/pagers/radios within your reach – preferably attached to your person

If you feel at threat from stalking please ring the national stalking helpline 0300 802 0300 – there is a wealth of information available at the Suzy Lamplugh Trust –

www.suzylamplugh.org.