



## **Customer Care and Complaint Policy**

Review Date 4<sup>th</sup> July 2019  
Next Review Due 4<sup>th</sup> July 2021

**Physiotherapy2fit Ltd is committed to ensuring that, as far as it is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their age, disability, gender, race, religion/belief or sexual orientation. Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) we will do our best to provide this in a format the user is able to access. Physiotherapy2fit Ltd will do its utmost to support and develop equitable access to all policies. The Director is responsible for ensuring staff are aware of Physiotherapy2fit Ltd policies and that staff adhere to them. It is also the Director's responsibility to keep staff up to date with new policy changes.**

**Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on Physiotherapy2fit's main website, and seek out every opportunity to keep up to date with them**

**Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their place of work are aware of Physiotherapy2fit Ltd policies.**

### **Introduction**

Physiotherapy2fit aims to offer a service that is efficient, effective, excellent, equitable and empowering with the patient and their family, friends and carers always at the heart of service provision.

This is reflected in P2Fs mission statement "to provide specialist physiotherapy tailored to your individual needs".

### **Definitions and scope**

P2F regards all those involved in healthcare, including patients and their families, carers and friends, other service users and service providers, as its customers.

Research has indicated that there are a number of areas of customer service that are a priority for people. In particular, delivery, timeliness, information, professionalism and staff attitude are deemed important. Aspects of these key areas include a prompt initial contact with the customer and the ability to keep to agreed timescales; provision of accurate and detailed information with regular development updates, keeping promises and dealing with problems and issues in a professional and timely manner. These key areas have been found to be universal across most industries and are relevant within healthcare for patients and their families, friends and carers.



For the purpose of this policy, *customer(s)* refers to patients, their families, carers and friends, other service users and providers.

Staff must work together in accordance with this policy in order to provide the required service level for external customers.

## **STANDARDS OF CUSTOMER SERVICE**

Throughout all contact with customers, staff should aim to meet their needs through professional, courteous and efficient service. Staff will:

- Treat all customers with respect and courtesy;
- Listen to what customers have to say;
- Personalise service to the needs and circumstances of each service user where practical;
- Always do what they say they are going to do, or update the appropriate people promptly if things change, offering an explanation for the change;
- Respond to enquiries promptly and efficiently;
- Consult customers about their service needs.

Customers should be advised how long a service will take to achieve the expected outcomes. If a delay occurs the customer will be advised, and staff will take action to overcome any possible delays.

### **Telephone, answer machine and voice mail**

P2F will publicise the hours it will answer telephone calls, for example through posters, booklets/leaflets or on the website.

When answering a telephone call staff should greet the caller and identify themselves giving their name. Staff will remain polite at all times and assist the caller where possible. Staff will aim to answer the telephone within three rings if they are available to take the call. If staff are able to answer an unattended ringing telephone they will do so and leave a message for the person concerned. When taking a message from a caller, staff will note the date and time of the call, the caller's name and contact number and the details of the message. Who the message is for must also be clearly indicated. Any relevant notes should be marked on patients notes.

If staff are not able to answer a caller's query immediately, they will take contact details and provide a response within two working days where the query is not of a complex nature. If more than 2 days is required, the caller should be kept informed of progress with their enquiry. In the



case of enquiries for a named person not expected to attend within the following 2 days, then the customer should be advised of the expected timeframe and offered suitable alternatives where possible.

Use of telephone answering machines and voicemail to receive calls will be kept to a minimum. Staff must review the answering machine and/or voice mail greeting regularly to ensure that the announcement is up to date, e.g. advising callers as to when their message will be retrieved and giving details for whom to contact instead if the call is emergency. Staff will respond to messages left on answering machines and voicemail immediately after retrieving the message. If unavailable all day, where possible, an arrangement with colleagues should be made to either take calls or to retrieve any messages at least twice daily. Where possible, messages left out of hours will be responded to on the morning of the next working day.

When attempting to contact a patient by telephone, staff must preserve the patient's confidentiality according to P2F's confidentiality policy. When speaking to the patient or the patient's representative, who has been identified previously by the patient, staff making outgoing calls will identify themselves, where they work and clearly outline the purpose of the call each time. Staff must follow the guidance in P2F's confidentiality policy about leaving answerphone or voicemail messages for patients.

### **Typing – clinical correspondence**

As a minimum, all letters will be transcribed, signed and posted out within 6 working days. In rare circumstances, an extension in response time may be agreed in discussion with the patient.

Contact names and telephone numbers for the department or person sending the communication should be provided in all correspondence.

### **Typing – non-clinical correspondence**

Unless otherwise specified in other policies, for example the policies for complaints, Patient Advice and Liaison Service and freedom of information, a reply to correspondence relating to non-clinical matters should be sent out within 5 days of receipt of the original correspondence. If this is not possible an acknowledgment should be sent explaining the delay.

Contact names and telephone numbers should be provided in all correspondence.

### **E-mail**

All staff are expected to adhere to the *E-mail policy and procedure*.

All e-mails sent to P2F's website about non-clinical matters will be responded to within 24 hours. If a response is going to take longer than two working days to provide, the enquirer will be informed of progress and a realistic time scale set for resolution.



## **Website**

We will aim to make P2F's website available 24 hours a day all year round with a downtime of no more than 1% each year.

### **3.6 Face to face meetings**

Where staff meet face to face with customers, including at reception desks they will greet customers immediately as they present themselves or if the staff member is already engaged with a customer as soon as they are free. Staff should deal with the enquiry/transaction quickly and in a professional, courteous and helpful manner.

Staff required to visit a customer away from P2F premises must make an appointment first. Staff will clearly identify themselves and the purpose of the visit at the start of the appointment. Whenever working away from P2F staff must follow the *Lone worker policy*.

### **Publication of opening hours, response times and quality of customer service**

P2F publicises how users can contact the service, its opening times and its standards for timeliness and its quality of customer service for example on the website or in the service's literature.

## **Referrals**

If a staff member is unable to answer an enquiry every effort should be made to refer the enquirer on to the person best able to help them. A caller should provide a time of expected call back while the e-mail request should be forwarded through the email system to the appropriate person.

Information about customers should be shared promptly with colleagues and partners whenever appropriate to reduce unnecessary contact and to avoid asking the customer the same questions repeatedly. P2F's data protection and confidentiality policies must be followed whenever information is shared.

## **Cover for colleagues**

To maintain service within patient/public-facing teams where there is a limited number of staff with the same role and knowledge, individuals should avoid being on lunch breaks and annual leave at the same time.

Staff are expected to provide cover within their own department. Staff may be expected to work in other departments during times of staff shortage or increased workload to ensure that P2F provides a continued service to its customers.

## **Customer service training**

External Courses can be arranged on staff request or as the Director feels it may be appropriate.



## **Consultation, feedback and suggestions**

P2F conducts regular satisfaction surveys and the feedback is used to enhance services.

Customers should be kept updated about the P2F's strategies, service development plans and outcomes of consultations, using all appropriate communication channels.

P2F considers feedback received through complaints vital in monitoring and improving the quality of its services. Complaints will be managed in accordance with P2F's *Complaints policy and procedure*. How service users can make a complaint or comment on services should be widely publicised including in patient areas for example by leaflet or poster.

## **Confidentiality**

All information gathered or held about customers will be held in accordance with P2F's *Data protection policy and procedure*.

## **Monitoring performance against standards for timeliness and quality of customer service**

P2F monitors standards against the CSP quality assurance and standards tool. These performance results are to be publicised. Services should compare their customer service performance against other similar organisations to encourage learning and possible improvements.

## **Complaints**

If a patient wishes to make a complaint, then this will initially be dealt with by a front-line member of staff by listening to the patient's complaint. Once the patient has been fully listened to if the staff member is able to offer an explanation and they feel this is appropriate they will provide this to the patient. If the patient wishes to continue with a complaint, they will be provided contact information for the managing director of Physiotherapy2fit. The patient will be asked if they are happy to be contacted by a manager and their contact details and the nature of the complaint will be raised with the manager.

The manager will contact the patient and discuss their complaint and also advise the patient of the formal complaint's procedure. If the manager feels it is appropriate, they will advise the patient of any action they will take as a result of their verbal complaint. If the patient is happy with this then it will not proceed to a formal complaints procedure but will be recorded. The patient will then be asked if they wish to make a formal complaint. If the patient wishes to proceed with a formal complaint the below will be action will be taken.

The manager will complete a complaints form, which will identify all of the issues raised in the complaint. All of the staff involved in the complaint will be identified. If a manager is required, then it will be ensured that the staff member has access to management and/or professional support. Physiotherapists are aware to seek further support from the Practice Manager, Director,



or other appropriate authority e.g. CSP or relevant Clinical Interest or Occupational Group (CIOG), Due to the business being small and multiple site clinics will be run this will be in the form of telephone contact. All staff will be made aware of the lead clinician for the day and their contact details in an emergency situation. All staff members must be a member of the Chartered Society of Physiotherapists and this will provide professional support and also legal advice as required. The investigating officer will obtain statements from all staff who were involved and witnesses. If documents are required to investigate the complaint these will be ordered. If medical records are required, the appropriate requests will be made and these will be reviewed. Analysis of all of the information gained will occur and any issues identified will be addressed. Any recommendations from the investigating officer will be raised. The patient will be provided a copy of the complaint form along with the recommendations from the investigating officer. The patient will also be provided with the information as to how to make a complaint to the local CCG or provider that commissioned the service. Physiotherapy2fit will adhere to local commissioner policies and procedures regarding complaints, including the need to inform the commissioner of all relevant complaints. All complaints regarding NHS will be responded to in line with the NHS complaints procedure and the relevant statutory regulatory body, the health professions council in this instance.

**All written complaints are to be addressed to Sarah Booker and sent to : Unit 2 The Courtyard, Holding Street, Rainham, Kent ME8 7HE or email [info@physiotherapy2fit.com](mailto:info@physiotherapy2fit.com) or Telephone 01795 482822**

### **Responsibility for monitoring the effectiveness of this policy**

The Director and Administrative Manager are responsible for monitoring the effectiveness of this policy. Regular reports of performance against the standards set in this document will be invited by the working group from selected service areas on a rolling basis.