

THE PSYCHOLOGY GROUP

Complaints Policy

SECTION 1. INTRODUCTION

1.1 The Psychology Group (TPG) is committed to providing a service that prevents complaints arising by having practice values and an approach that promotes:

- Quality and evidence-based best practice.
- Client focus and centeredness.
- A Dialectical Philosophy (that there are multiple points of view, acceptance of a range of 'truths' and that we do not hold the absolute truth and that a 'win-win' or mutually beneficial outcome is always possible and preferable).
- Mindfulness (Focus/ attention, effectiveness, a non-judgmental approach).
- A recognition that complaints and feedback allow us to constantly improve, develop our service so we receive these openly, without defensiveness.

1.2: Our team members all maintain professional registration or membership of their respective professional bodies. Registered health professionals (and membership of professional associations) means clinicians are trained to support and protect clients and whanau. Because they meet minimum standards of experience, practice and expertise, and have been assessed as being a fit and proper person to deliver work services and adhere to a Code of Conduct and ethics that requires them to have high standards of practice.

This means they should always:

- act with integrity
- be competent
- respect clients
- uphold client rights: the right to decide, to privacy, to confidentiality, to make informed choices.

There is a complaints and disciplinary process for any registered professional who breaches their membership and professional body codes.

1.3: Where complaints occur, The Psychology Group has a commitment to effective complaints handling including a policy where problems are easy to report, and acknowledged and dealt with quickly, sensitively, and fairly.

SECTION 2. SCOPE OF POLICY

2.1: This Policy is intended to apply to any complaint, regardless of who makes it (contractors, funders/ providers, clients, family/ whanau and support people).

2.2: We regard a complaint as any expression of dissatisfaction about our organisation, our staff, our volunteers, our programs, our contracted service providers or anyone else acting on our behalf.

2.3: A complaint may be made by a person to whom we deliver services or who is affected by our services, a partner, a local organisation with which we work, our staff, volunteers, stakeholders or a member of the public.

SECTION 3. PUBLICISING THE POLICY

We let people know that we are ready to receive complaints and put it right through:

3.1: Advertising our complaints policy, processes and how to make complaints via:

- Communication via our website (www.tpgroup.co.nz) regarding concerns
- Posters/pamphlets displayed prominently in our offices including: Our complaints handling policy, HDCA pamphlets, professional body information, client rights.
- Staff and contractors informing clients of their rights and our complaints procedures in initial contacts and/or assessment sessions, ongoing scheduled appointments, and groups or programs.

3.2: Ensuring clients know that they can approach any clinician with concerns, including the CEO and ensuring they are available to receive and process complaints in a timely manner.

SECTION 4. RECEIVING COMPLAINTS

4.1: Complaints may be received in person, by phone, by email or SMS text message, or via our website.

4.2: Once a complaint is received the staff member receiving:

- Thanks the complainant for bringing the problem to our attention.
- Treats the complainant with empathy, courtesy, patience, honesty and fairness.
- Speaks to the complainant in person, and does not rely solely on written complaints, or records of conversations.
- Shows the complainant that we clearly understand their problem by listening and taking notes.
- Investigates the complainant by asking questions to clarify the situation.
- Does not jump to conclusions, apportion blame, or become defensive.
- Summarises back to the complainant the understanding of the problem.
- Responds to the problem quickly, inform and negotiate with the complainant how it will be handled and tell them when they can expect a response.
- Informs the CEO or Clinical Director within 24 hours or immediately for complaints involving risk or potential harm or as negotiated with the complainant (ensuring the complainant is aware that it is The Psychology Group policy for the CEO to be informed).
- Where appropriate, the staff member may receive the complaint and then hand over the investigation to the Office Manager to continue the process.

SECTION 5: HANDLING COMPLAINTS

5.1: Solving the problem

- The complainant is informed of who is taking responsibility for dealing with the problem.
- Any background information is sought/ secured. This could include checking internal records, speaking to staff and checking how this compares with the complainant's version of events.
- A solution-focused approach is engaged by involving the complainant in this process.
- It is ensured that the complainant is happy with the proposed solution before going ahead.
- It is ensured that the solution meets any legal obligations. If the complainant is asking for more than their legal right and it is felt they may be making an unrealistic demand, the law is explained; they can be referred to the Health and Disability Commission/ Advocates or Citizens Advice Bureau to check on their legal rights.
- Where there are no legal obligations, a solution is offered and negotiated that in the circumstances best meets the needs of both parties. A dialectical, mutually agreeable and beneficial solution is secured wherever possible.
- A neutral third party mediator (such as the Health and Disability Advocate) will be engaged if required and the complaint/ issue is not able to be resolved.

- We ensure we do what is promised and do not delay – quick action is more likely to resolve the issue in a mutually acceptable manner. If there is going to be a delay, the complainant is informed.
- The complainant is informed about what we will do to prevent the problem from happening again.

5.2: Following up after the problem

- A record is kept of the complaint, and what we have agreed with the complainant.
- The complainant is invited to inform us promptly if they are not satisfied.
- A record of all problems and complaints raised is kept as per section 6.

SECTION 6: RECORDING AND CLOSING A COMPLAINT

6.1: A complaints and incidents register is maintained with the following information recorded and signed by the CEO and complainant/ client once resolved:

Complaints and incidents record

Client Involved:		Date complaint received:		
Contact details:				
Person receiving the complaint:				
How was the complaint received:	In person	Phone	In writing	Email/Web
TPG Clinician involved:				
Describe the problem/complaint:				
What outcome does the client/complainant want?				
What is the business policy for this complaint?				
What is the agreed solution?				
Action required:		Date action completed:		
Record of action taken including prevention of further incident/complaints:				

Date complaint resolved:

Signature:

6.2: Timeframes

Complaints should be resolved within 7-10 working days. If a complaint cannot be resolved within this time frame for any reason, the complainant will be informed and acknowledged either by telephone or in writing. A 30 day timeframe is considered ample time to address most, even complex complaints with an obligation to update the complainant after 30 days if the complaint has not been resolved.

SECTION 7: REPORTING COMPLAINTS

7.1: Complex or formal complaints, or those that are not able to be remedied following the procedures already outlined will be escalated to the CEO as soon as possible and within 24 hours (or immediately if there is imminent risk to the complainant or others).

7.2: In the presence of such complaints, where applicable, the following will occur:

- Funders and contractors of The Psychology Group will be informed (for example., for Primary Health Organisation clients, the PHO Primary Health Manager will be notified; or ACC clients ACC will be notified).
- The appropriate professional body/ registration board will be informed when appropriate.

SECTION 8: CONFIDENTIALITY:

8.1: Confidentiality of complainants will be maintained as per The Psychology Group's confidentiality policy.

8.2: Surveys, evaluations and other forms of feedback are designed to be able to be received anonymously, however, a culture of willingness to receive feedback, and of transparency and openness is part of TPGs values. Thus, it is hoped the community will feel they can provide open feedback.

8.3: As per professional body codes of ethics, any complaints will not impact clients' current, ongoing or future treatment with The Psychology Group or the individuals concerned. If the individuals concerned feel they cannot maintain a working relationship, another clinician either within The Psychology Group or outside the service can be offered.

SECTION 9: CONTINUOUS IMPROVEMENT

9.1: Complaints, and the complaints and incidents records are utilised to help evaluate the complaints handling and wider practice systems.

9.2: The process will also be utilised to check how well and how quickly The Psychology Group/staff are handling complaints. This information will be used to determine:

- Is there an adequate way of handling each type of complaint?
- Do team members know what our policy is for handling the different types of complaint?
- What training do staff need?
- Whether team members need better information.

