Medicare People

HEALTHCARE STAFFING

Complaints Policy and Process

Policy title	Complaints Policy and Process
Organisation	Medicare People Limited
Service	Healthcare staffing
Policy owner	Managing Director
Version	2.0
Date	01/11/2026
Next review	November 2027

1. Purpose

This process outlines the steps to be followed when addressing any complaints and concerns raised, ensuring Medicare People handle each situation with confidence and fairness, and that all parties are aware of the outcome.

2. Scope

This policy applies to everyone who works for or on behalf of Medicare People: office and management staff, and the nurses, healthcare assistants, support workers and carers we supply to care providers, whether employed, engaged through an umbrella company or self-employed.

3. Responsibilities

- The Managing Director has overall responsibility for this policy and for making sure it is followed and kept up to date.
- Managers and the compliance team make sure staff and workers understand the policy, follow it in practice and get the training and support they need.
- Everyone covered by this policy must follow it and raise any concerns with their manager or the compliance team straight away.

Complaints/Concerns From Temporary Workers Regarding Clients

Agency workers can discuss their concerns with a member of the Nursing Team, who will advise them on handling the issue. Complaints/concerns may initially be verbal or in writing/via email. The person raising the concern will be supported by a named member of the Nursing Team

throughout the process. If a candidate/worker is anxious about the complaint/concern, the Head of Nursing will use the Whistle Blowing Policy.

The Nursing Team will immediately notify the client concerned and request a written statement in response to the complaint. Full written records, including all subsequent actions and correspondence, will be maintained. The Nursing Team will discuss an appropriate course of action with both the staff member and the client, keeping each party fully informed of progress or deterioration of the situation. If a solution cannot be reached to the satisfaction of both parties, the nurse or worker will be temporarily removed from their duties and placed with another client.

Receipt of a Complaint/Concern

All complaints/concerns received by phone, letter, email, or in person must be directed to the Head of Nursing, who will add the complaint details to the central complaints system. Where necessary, the worker may be suspended from work at the discretion of the Head of Nursing. If the client requests that the agency nurse does not work with them until the complaint is resolved, the Head of Nursing will ensure the worker and the booking team are informed, and systems are amended to enforce this exclusion.

Investigation of a Complaint

The Head of Nursing or a designated individual will contact the complainant, and the worker concerned to conduct a fair and sensitive investigation. All complaints will be initially responded to within 2 days of receipt by the Head of Nursing.

Stage 1

- The Head of Nursing's Office will attempt to resolve the issue informally, depending on the clinical nature of the issue.
- The candidate/worker will be informed of the investigation outcome in writing by the Head of Nursing office.
- The Head of Nursing office will update the outcome and ensure the relevant team manager is also informed.
- If the client accepts the informal resolution, no further action is required, provided the staff member does not present a further risk to patients/colleagues.
- The outcome of the complaint will be notified to the client and worker, and the complaint will be closed on the Complaints System.
- If the complaint cannot be resolved to the client's satisfaction in Stage 1, the Head of Nursing will commence a formal investigation and move to Stage 2.

Stage 2

- A balanced approach will be taken to handle the complaint/concern, providing both an account of what happened and, where appropriate, actions taken. The response will focus on the specific issues raised by the client.
- Where there has been a service failing or a clinical practice issue (e.g., drug administration error), a clear apology and an account of corrective actions taken (or to be taken) will be provided within associated time frames.

- If the client is dissatisfied because their expectations exceed the agreed standards and/or entitlement for service delivery, this will be clearly explained.
- The client will be assured that the information provided through their complaint/concern will help identify future priorities and will be used for further involvement in service planning and consultation where appropriate.

Stage 2 Response

- The Stage 2 response will be sent to the client once all investigations are complete. The response will be presented in the pre-agreed manner with the client, which may include a statement and training records or an overview of the complaint/concern with findings from the investigation and actions taken.
- The Head of Nursing Office will aim to investigate and resolve the complaint/concern within 10 working days of receipt. If not resolved within this timeframe, a letter will be sent to the client explaining the delay.
- If further supporting information is required from the client (e.g., witness statements, access for the nurse to review patient notes), it will be requested by the Head of Nursing's Office. It is expected this will be provided within 10 working days of the request.
- An offer to contact the Head of Nursing for further discussion will be made if the client is satisfied with the response but has further queries or is undecided about escalating the complaint to Stage 3.
- If the client/complainant does not provide the requested information within 4 weeks, the Head of Nursing will advise that the case will be closed unless there is a legal reason for the delay. A letter will be sent explaining why the case is being closed and that the matter will remain unresolved.
- Any exclusions of the worker in place by the client/complainant will remain. Agency brand exclusions will be reviewed, and once a risk assessment is completed by the Head of Nursing, the worker will be advised of the outcome and rationale.

Stage 3

- If the client is not satisfied with the response to their complaint, they may request a review of the findings and actions.
- An acknowledgment letter will be sent within 2 working days of receiving a complaint by the Head of Nursing or a nominated deputy for Medicare People, who will undertake the review.

Stage 3 Response

- The Stage 3 Response will be sent to the client when the investigation is complete, providing an overview of the complaint/concern and a full response with findings and recommended actions.
- Complaints/concerns at Stage 3 should be responded to within 5 working days from the date they are received. If this timescale cannot be met, a letter will be sent explaining the delay.

Why We Take This Approach

It is important that the quality of all Stage 2 responses satisfies as many clients as possible to avoid the need for Stage 3 complaints/concerns. However, we recognise that clients may not feel

the issue has been resolved and may wish for a review to be undertaken.

Referral to a Professional Body

If referral to the relevant professional body is required, this will be completed and shared with the client by the Head of Nursing. Any redaction will be clearly identified in the copy provided to the client.

Scotland

Clients and temporary workers in Scotland can also contact the Care Inspectorate with any concerns or complaints they have concerning patient care or the investigation processes. The contact details for the Care Inspectorate are:

Address: Care Inspectorate, 11 Riverside Drive, Dundee, DD14NY

Telephone: 03456009527

Email: enquires@careinspectorate.com

Northern Ireland

Clients and temporary workers in Northern Ireland can also contact the Regulation & Quality Improvement Authority with any concerns or complaints they have concerning patient care or the investigation processes. The contact details for the Regulation & Quality Improvement Authority are

Address: Regulation & Quality Improvement Authority, 9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

Telephone: 02895361111

Email: info@rqia.org.uk

4. Monitoring and review

This policy is reviewed every year, or sooner if legislation, guidance or our services change, or if an incident, complaint or audit shows it needs updating. The review is recorded in the version history below.

5. Legislation and guidance

- Conduct of Employment Agencies and Employment Businesses Regulations 2003
- NMC and HCPC referral guidance
- UK GDPR (complaints about personal data – Data (Use and Access) Act 2025)

Version history

Version	Summary

1.0	Original policy
2.0	1 November 2026 – restyled to the Medicare People brand, structure standardised, legal references updated