White
dental health care
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Complaints Policy (MCHP-Compliant)

Effective Date: 1 January 2026
Applies to: All staff, patients, and service users

Purpose

This policy sets out how complaints are managed in line with the Model Complaints Handling Process (MCHP), which all providers must adopt from January 2026.

Our aim is to handle complaints fairly, promptly, and transparently, and to learn from them to improve our services. We operate a practice complaints procedure for dealing with complaints. Our complaints system meets national criteria set out in The Independent Healthcare Regulations (NI) 2005, and The Minimum standards for Dental Care and Treatment (standard 9).

Our Commitment

At White Dental Healthcare we are committed to providing high-quality dental care to all our patients. We take feedback and complaints seriously and view them as an opportunity to learn, improve our services, and maintain trust and transparency with our patients.

We aim to handle all complaints courteously, efficiently, and promptly so that concerns can be resolved as quickly as possible.

The person responsible for handling all complaints in the practice is Dr Chris Loughridge. If they are unavailable, our Deputy Complaints Officer is Karen Lapping

Principles of Complaints

- **Accessible:** Complaints can be made verbally, in writing, or electronically.
- **Fair:** Everyone will be treated respectfully, without discrimination.
- **Simple:** We will use a clear, two-stage process.
- **Timely:** We will meet the response times set out in the MCHP.
- **Learning-focused:** We use complaints to drive continuous improvement.

Definitions

Complaint: A complaint is any expression of dissatisfaction—whether spoken, written, or made electronically—about the care, treatment, service, or conduct of the practice or its staff, where a response or resolution is explicitly or implicitly expected.

Complainant: The person raising the complaint. This may be a patient, a parent or guardian, a carer, a representative, or someone acting with the patient's consent.

Working Days: Monday to Friday, excluding bank and public holidays in Northern Ireland.

Early Resolution (Stage 1): The first stage of the complaints process, used for straightforward issues that can be resolved quickly, typically within 5 working days, and usually handled by frontline or managerial staff.

Investigation (Stage 2): The second stage of the complaints process, used when a complaint is complex, serious, or not resolved at Stage 1. A formal investigation is carried out, and a written response is normally issued within 20 working days.

How to Make a Complaint

We hope that most issues can be resolved quickly and informally, often at the time they arise and with the person concerned.

If your concern cannot be resolved this way, or you would prefer to make a formal complaint, you may do so verbally, in writing, or by email.

We encourage patients to raise concerns as early as possible so they can be resolved quickly.

Complaints should normally be made within 6 months of the event or within 12 months where the complainant can demonstrate good reason for the delay.

Complaints Made Verbally

If you make a complaint in person or by telephone:

- We will listen to your concerns and, where possible, attempt to resolve them immediately.
- If the Complaints Lead is not available, a team member will record your details and a brief description of your complaint.
- Your complaint will be acknowledged within 3 working days, and arrangements will be made for the Complaints Lead to contact you directly.

Complaints made in writing or by email

Written and emailed complaints will be passed immediately to the Complaints Lead, who will acknowledge receipt within 3 working days of receiving your correspondence.

Complaining on behalf of someone else

Please note that we keep strictly to the rules of clinical confidentiality. If you are complaining on behalf of someone else, we must know that you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of physical and mental illness) of providing this.

Confidentiality

All complaints are treated in the strictest confidence. Patient records will remain confidential, and only those involved in investigating or resolving your complaint will have access to the necessary information.

Two-Stage Complaints Process

Stage 1 – Early Resolution

- Aim: Resolve straightforward complaints within 5 working days.
- Usually handled by frontline staff or manager.
- Examples: appointment delays, communication issues, minor service concerns.
- Outcome: Verbal or written response confirming the resolution.

Stage 2 – Investigation

- Used when:
  - Complaint is complex or serious.
  - Not resolved at Stage 1.
  - Complainant requests escalation.
- Investigation led by the Clinic Manager (or delegated senior staff).
- Full written response provided, normally within **20 working days**.
- If more time is needed, we will update the complainant and agree a new timescale.

Where necessary, we may seek advice from our indemnity provider, insurer, or legal adviser to ensure a fair and compliant response. In such cases, only relevant information will be shared, and confidentiality will be maintained at all times.

What We Cannot Investigate

We are unable to investigate:

Complaints made anonymously – This is a complaint submitted without identifying details. The practice will record and review anonymous complaints but may be limited in the ability to investigate or respond.

Requests made for compensation – these will be handles by our indemnity provider.

Complaints which are already being investigated by a regulatory body.

After Our Response

If the complainant is dissatisfied with our final response, they may escalate the matter to:

- **RQIA** (Regulation and Quality Improvement Authority). Telephone: (028) 9536 1111 Email: info@rqia.org.uk. For more information, visit RQIA's website: www.rqia.org.uk
- **Northern Ireland Public Services Ombudsman (NIPSO)**.
- **GDC (for fitness to practice concerns) Telephone: 0854 222 4141 or 0207 887 3800, Website**: https://contactus.gdc-uk.org/Complaint/Process/13
- NHS-SPPG, 12-22 Linen Hall Street, Belfast, BT2 8BS - 02895363893 - EMAIL - complaints.sppg@hscni.net

We will provide contact details when issuing the final Stage 2 response.

Additional assistance to help raise a complaint

You can get practical help to raise your complaint from the Patient and Client Council (PCC). You can contact the PCC at: Telephone: 0800 917 0222 Email: info.pcc@hscni.net

For more information, visit PCC's website: www.patientclientcouncil.hscni.net

Recording & Monitoring

All complaint records will be stored securely in accordance with GDPR and the UK Data Protection Act 2018 and kept separate from clinical records.

- All complaints (including those resolved at Stage 1) are logged using our Complaints Register (or using the DCME online Complaints Log).
- Each entry includes:
  - Date and details of complaint.
  - Action taken.
  - Outcome and whether resolved.
  - Learning points and improvements.
- Complaints are reviewed/audited every 6 months to identify trends.

Reporting

- To assist practices in meeting the Northern Ireland Public Services Ombudsman (NISPO) requirements, the Strategic Planning and Performance Group (SPPG) have developed a standardised complaints form.
- Monthly submissions of any closed complaints, or NIL complaints received need to be submitted to the SPPG. All practices will have been emailed a link for the submissions.
- Assistance or support with the monthly returns can be found by emailing: complaints.SPPG@hscni.net

Learning & Improvement

- Lessons learned from complaints will be:
  - Discussed at staff meetings.
  - Documented in our complaints log.
  - Used to update policies, procedures, or staff training.
- Changes made as a result of complaints will be communicated to staff and, where appropriate, to patients.
- Training for staff in dealing with complaints under the MCHP can be accessed via: Training Resources | NIPSO
- Complaints are audited as part of our Clinical Audit programme. For us, this is conducted every 6 months. Results of the audit are discussed in team meetings (where appropriate) to ensure we learn from complaints to provide a better service to our patients in the future.

Staff Responsibilities

- **All staff**: Listen, record, and escalate complaints appropriately.
- **Managers**: Ensure complaints are investigated, responses issued, and learning shared.
- **Complaints Lead:** Oversees compliance with MCHP, maintains records, and reports to RQIA if required.

Staff involved in a complaint will be treated fairly, supported throughout the process, and provided with guidance where required.

Accessibility

This policy and complaints leaflet are available:

- On request at reception.
- On our website [if applicable].
- In alternative formats (large print, easy read, or translated versions) if needed.

Review

This policy will be reviewed annually, or sooner if required by regulation or following significant complaints learning.

Document Control

Title:	Complaints Policy (MCHP compliant)
Author/s:	DCME team

Owner:	DCME Team
Approver:	DCME Team
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Next Review Date	12-18 months from the latest review.

Change History				
Version	Status	Date	Author / Editor	Details of Change (Brief detailed summary of all updates/changes)
0.1	Final	September 2025	PG	New policy created to align with the new model complaints procedure.
0.2	Final	February 2026	HD	Information added regarding the monthly complaints submissions and link added for training for staff.
0.3	Final	March 2026	HD	Expanded policy to align with RQIA requirements.

The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If any doubt, please contact the document Author.

Approved By: Chris Loughridge, Karen Lapping, Donal McEvoy
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