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## Summary of Policy

### What is defined as a complaint?

A complaint is defined as an expression of dissatisfaction, both verbal and or written, with any aspect of a service (HIQA, 2016).

### What are your responsibilities?

- ✓ Read the policy. Ensure you understand it.
- ✓ Be familiar with the steps involved in the complaints' procedure according to your job description.
- ✓ Attend training on complaints management when required.

### What are the characteristics of good complaints management?

- ✓ Deal with the complaint through local resolution as far as is practicable.
- ✓ Try to view complaints from the perspective of the resident and /or representative.
- ✓ Understand the concerns of the complainant.
- ✓ Try to resolve it in a timely manner.
- ✓ Have a constructive attitude towards complaining.

- ✓ Lessons are learned and changes are made to systems, practices, or procedures where this is necessary.
- ✓ Complaints procedures are well publicized, easy to access, simple to understand, quick, confidential, and sensitive to the needs of complainants and those complained against, providing suitable remedies and properly resourced (Office of the Ombudsman Ireland, 2008).

### Describe the stages in the Complaints Procedure

**Stage 1:** Point of Contact resolution  
**Stage 2:** Formal Investigation Process.  
**Stage 3:** Internal Review.  
**Stage 4:** Independent Review (by Ombudsman or other professional / regulatory body).

### Who are the Complaints Officers for Orwell Healthcare?

Diana Rose – Director of Care



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## 1.0 Policy Statement

It is the policy of Orwell Healthcare to promote a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. Orwell Healthcare will actively encourage and facilitate resident feedback (including complaints and compliments) through accessible, resident-friendly and clearly communicated processes. Complaints, including anonymous complaints, comments, suggestions, and criticisms about services, whether oral or written will be taken seriously and handled in a sensitive, timely and effective manner that protects the rights, privacy, dignity and confidentiality of all those involved. All feedback will be received openly, listened to and responded to promptly and transparently, and each complaint will be considered on its own merits with the resident (and/or their representative) involved as appropriate throughout the process. Residents will be supported with appropriate information, communication and advocacy supports where required. Staff will be trained, supported and treated with respect when managing feedback and complaints, including ensuring their wellbeing and their right to respond are upheld. Comments and / or complaints will be used to direct continuous quality improvement and risk management of the services provided. Learning from feedback will be used to drive service improvement and accountability through monitoring, reporting and implementation of agreed improvements.

## 2.0 Purpose

The purpose of this policy is to ensure that complaints from residents and / or their representatives are managed in accordance with the relevant legislation and best practice.



## 3.0 Objectives

- 3.1.1 To ensure that Orwell Healthcare staff are aware of the principles for effective management of complaints and concerns about care and / or services from residents and / or their representatives.
- 3.1.2 To ensure that Orwell Healthcare staff are aware of the procedures to be followed for management of complaints and concerns from residents and / or their representatives.
- 3.1.3 To ensure that complaints and concerns are used to inform quality improvement and risk management processes in Orwell Healthcare.

## 4.0 Scope

This policy relates to:

- 4.1 Complaints made directly to a staff member by a resident or a person acting on his/her behalf, about care, services and / or the operation of Orwell Healthcare.
- 4.2 Complaints made about the quality of care and services for residents in Orwell Healthcare to a Designated Officer of the Health Service Inspectorate, which are referred for local resolution from the Designated Officer.
- 4.3 This Policy and Procedure also apply to all complaints relating to services provided by Orwell Healthcare and to all staff involved in the delivery, management, or oversight of those services. This includes complaints made by residents, their family members/representatives, visitors, members of the public, statutory agencies, or other stakeholders regarding any aspect of service delivery.
- 4.4 Matters excluded from this Policy and Procedure include:
  - Addressing of staff complaints and grievances related to their employment (refer to Orwell Healthcare Employee Handbook).
  - Addressing issues relating to allegations of abuse (refer to SS1 Safeguarding Policy).
  - Addressing an incident that is deemed a patient safety incident (refer to SS1 Safeguarding Policy).



## 5.0 Definitions

**5.1 Action:** refers to anything done or omitted to be done by Orwell Healthcare in the provision of the service and care for its clients.

**5.2 Complaint:** an expression of dissatisfaction, both verbal and or written, with any aspect of a service (HIQA, 2016).

*NB: Staff of Orwell Healthcare may receive complaints pertaining to any matter, including the above, however, the appropriate response to and management of complaints will depend on the type of complaint. The protocol and procedures outlined in this policy outline the course of action to be taken for general complaints' handling. Other policies and procedures may refer to specific types of complaints, such as elder abuse; grievance and bullying and harassment and protected disclosures.*

**5.3 Complainant:** Complainant refers to a person making the complaint, specifically:

- (a) a resident
- (b) a spouse, civil partner, a cohabitant, a close relative, or a carer of the resident,
- (c) any person who, by law or by appointment of a court, has the care of the affairs of the resident,
- (d) any legal representative of the resident, or
- (e) any other person with the consent of the resident.

(Health Act 2007 (care and welfare of residents in designated centers for older people) (amendment) regulations 2022 4 (a); (a) to (e).

(f) If a person who would otherwise have been entitled under this section to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative or carer of that person.

(S.I. No. 628 of 2022 & No. 42 of 2004)

Any resident who is or was being provided with a service by the residential home or any person who is seeking or has sought provision of such service may complain about any action of the residential home that: (a) it is claimed, does not accord with fair and sound administrative practice, and (b) adversely affects or affected that person. (No. 42 of 2004)



- 5.4 Complaints officer(s):** A person(s) designated by the facility for the purpose of dealing with complaints. The complaints officer in Orwell Healthcare is responsible for follow-up, investigation and management of complaints that originate from residents, relatives or others, which are related to the quality of care and services provided to residents at Orwell Healthcare. The complaints officer should not be involved in the subject matter of the complaint, and as far as it is practicable, will not be involved in the direct care of the residents.
- 5.5 Independent Advocacy Service:** Independent advocacy service means ‘advocacy support provided by an organization that is free from conflict of interest and is independent of family and service providers’, (Health act 2007 (care and welfare of residents in designated centers for older people) (amendment) regulations 2022, 4 (b))
- 5.6 Advocate:** An Advocate is an individual who supports and/ or represents a resident, or the resident’s family member, when engaging with a healthcare or social care service. An advocate may assist residents to access information, express their views, raise concerns, or make a complaint where required (HSE, 2017).
- 5.7 Incident:** An incident is an event or circumstance which could have resulted, or did result, in unnecessary harm to an individual (HIQA, 2016).
- 5.8 Malicious complaint:** A malicious complaint is one which is spiteful, intentionally destructive, hateful, nasty and / or cruel. All complaints should be considered within the context of the right of each individual to be treated with dignity and fairness. However, where it is decided that there is no case to answer, the complaint should only be dealt with as a malicious complaint, when there are reasonable grounds for doing so. To define a complaint as malicious, the following criteria can be used as guidance:
- The investigation has shown the original complaint to be without foundation.
  - The investigation can demonstrate that the complainant in making his / her complaint knowingly lied to the investigating team.
  - There is enough evidence to demonstrate the above based on the balance of probabilities.



(Guy's and St. Thomas' NHS Foundation Trust, 2007).

- 5.9 Near miss:** A near miss is an incident which did not reach the resident (HIQA, 2016).
- 5.10 Open Disclosure:** Open disclosure is defined as an open, consistent, compassionate and timely approach to communicating with patients and, where appropriate, their relevant person following patient safety incidents. It includes expressing regret for what has happened, keeping the patient informed and providing reassurance in relation to on-going care and treatment, learning and the steps being taken by the health services provider to try to prevent a recurrence of the incident. (HSE 2019).
- 5.11 Protected disclosure:** Protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007 (HIQA, 2016).
- 5.12 Review Officer:** A person nominated by Orwell Healthcare to carry out a review, at the request of the resident, of a decision made by the complaints officer about whether their complaint has been upheld, (Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022)
- 5.13 Risk management:** Risk management is the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organization and individuals (HIQA, 2016).
- 5.14 Verbal complaints:** Complaints that are made verbally (including anonymous verbal complaints) would usually be managed in line with the complaints process as a Stage 1 complaint and may be addressed at the point of contact where possible. Where a verbal complaint cannot be resolved locally, or where the complainant requests it, it will be progressed to formal investigation in line with this policy.
- 5.15 Written complaints:** Complaints may be received in writing in the first instance or



in circumstances where it is not possible to resolve the complaint at Stage 1 to the satisfaction of the complainant, the complainant is offered the opportunity to make a written complaint. *NB: Complaints received via electronic mail (e-mail) are treated as written complaints.*

**5.16 Vexatious Complaints: According to the Health and Safety Executive for Northern Ireland, (2025) ‘By its ordinary meaning, the term ‘vexatious’ refers to activity that “is likely to cause distress or irritation, literally to vex a person to whom it is directed’.**

**5.17 Apology:** An apology in relation to an open disclosure of a notifiable incident/patient safety incident means an expression of sympathy or regret. It is a genuine expression of being sorry for what has happened (HSE, 2025).



## 6.0 Responsibilities

Actions	Responsible
This Policy will be available to all Orwell Healthcare staff: <ol style="list-style-type: none"> <li>1. Online through the Orwell Knowledge Library <a href="https://app.knowledge.care">https://app.knowledge.care</a></li> <li>2. Request a copy from your line manager</li> </ol>	<i>Administration</i>
Read the Policy and answer any quiz questions (if available).	<i>All Staff</i>
Policy acknowledgement is recorded on the Orwell Knowledge Library, and this will be reviewed as part of appraisal meetings.	<i>Administration</i>
Where a new version of this policy is produced, the previous version will be removed and archived.	<i>Administration</i>
A named member of staff will be designated as Complaints Officer. The Complaints Officer is Diana Rose.	<i>DOC</i>
Every new staff member will be given an explanation of this policy as part of his/her induction.	<i>CNM/Mentor</i>
Staff members will be provided with the opportunity to attend updates on complaints management every two years or where there is a signification change to practice in this area.	<i>Education department DOC/PIC</i>
Staff members will receive complaints in accordance with the protocol outlined in this policy.	<i>All Orwell Healthcare staff</i>
All verbal complaints regarding care and service provision will be reported to the nurse manager on duty.	<i>All Orwell Healthcare staff</i>
The nurse manager receiving a complaint will assess the complaint to identify whether or not it is appropriate to resolve of the complaint at the point of contact.	<i>CNM/DON</i>
Verbal complaints not suitable for resolution at the point of contact will be referred to the Complaints Officer.	<i>CNM/DON</i>
The Person in Charge will be informed of all complaints referred to the complaints' officer.	<i>The complaints' officer</i>
All written complaints will be forwarded to the Person in Charge and Complaints Officer(s).	<i>Any staff member who receives a written complaint</i>



<p>Display a copy of the complaint's procedure in a prominent position in the designated Orwell Healthcare, and where the provider has a website, on that website in a format that's suitable for residents and representatives, including the name of the Complaints Officer(s).</p>	<p><i>Person in Charge</i></p>
<p>Residents and their representatives will be given an explanation of the procedures for managing complaints as part of the admission process as soon as it is practicable or within 1 week in the case of emergency admission. This will be provided in the Residents' Guide and followed up with questions and answers as necessary in order to help the complainant to understand the complaints process.</p>	<p><i>Administration</i></p>
<p>All documented complaints will be reviewed as part of the risk management process at the risk management meeting where the complaint relates to the identification of risk to residents, visitors or staff of Orwell Healthcare.</p>	<p><i>Clinical Governance Committee/PIC</i></p>
<p>All residents will have access to independent advocacy services including access to in-person awareness campaigns and access to meet and receive support from such services in the nursing home.</p>	<p><i>Registered Provider delegated to PIC</i></p>
<p>Complaints that cannot be resolved by informal resolution may be referred to the Complaints Officer for further investigation. The Complaints Officer will discuss the complaint with the complainant either face to face or by telephone. They will either uphold the complaint or not and will outline recommended actions.</p> <p><b>The Complaints Officer should:</b></p> <ul style="list-style-type: none"> <li>• Establish and direct an investigation team.</li> <li>• Identify details of the complaint which are not within the remit of Orwell Healthcare. (As outlined in <b>Appendix 2</b>)</li> <li>• Investigate and conclude within 30 working days or inform the complainant if there is a delay.</li> <li>• Update them every 20 days.</li> <li>• Inform relevant parties of the decision to extend or not extend the timeframe.</li> <li>• Use tools such as mediation if it will help to resolve the matter.</li> <li>• Request documents and communicate with relevant people to help with the investigation of the complaint.</li> <li>• If the findings in the report will have an adverse effect on any individual - allow them the opportunity to respond.</li> <li>• Make recommendations for any areas where improvement is required in response to the complaint.</li> </ul>	<p><i>Complaints Officer(s)</i></p>



<ul style="list-style-type: none"> <li>• Provide the Complainant with a written report of the complaint, if requested.</li> <li>• Where the complaint is withdrawn, inform the PIC.</li> <li>• Present the Complaints Report at the Clinical Governance Complaints Management meetings.</li> <li>• Act as Liaison Officer for complaints which have been referred to the Ombudsman.</li> </ul>	
<p>The Complaints Officer who has responsibility for investigating a complaint may determine that the complaint warrants management by the an alternative appropriate person, if they feel that they are not able to investigate the complaint due to reasons such as:</p> <ul style="list-style-type: none"> <li>• Difficulty in remaining impartial and non-biased in the investigation of the complaint.</li> <li>• Extensive previous knowledge of the complaint or the parties involved.</li> <li>• Previous poor interpersonal or working relationships with the people involved.</li> </ul> <p>If the complaint is:</p> <ul style="list-style-type: none"> <li>• In relation to catastrophic outcomes.</li> <li>• In relation to the death of a service user which may have particular significance for the organization, or which may have the potential to acquire significance.</li> <li>• That may attract considerable media attention.</li> <li>• The complainant must be informed immediately upon the assignment of a an alternative person nominated to investigate the complaint. This decision will be made by the DOC/PIC, the nominated person who oversees the management of complaints in conjunction with the Registered Provider Representative.</li> </ul>	<p><i>Alternative Complaints Officer</i></p>



## 7.0 Provision of Information on the Management of Complaints

### 7.1 General Information for Residents, Staff and Visitors

7.1.1 Information about complaints management is provided through the following:

- The complaints procedure is displayed in Orwell Healthcare in a prominent position opposite reception.
- A full copy of Orwell Healthcare Complaints Policy is available on request from reception and is available on the website: [orwellhealthcare.ie](http://orwellhealthcare.ie).
- New residents will be provided with a copy of the Residents' Guide, which contains details of the complaint's procedure. In the case of an emergency admission, this will be given to the individual within the first week of admission.
- Representatives of independent advocacy services, such as those from the **Patient Advocacy Service** invited and facilitated to visit Orwell Healthcare to meet with residents at meetings or in private to raise awareness about their role and services available.
- Complaints procedures are supported by adequate safeguarding and abuse reporting mechanisms in line with Orwell Healthcare safeguarding policy.

### 7.2 Supporting Residents to make a complaint/Raise Concerns

7.2.1 Advocacy champions at Orwell Healthcare are available to any resident who needs assistance in understanding the complaints procedures. This includes information and support to a resident to enable them to:

- understand the complaints process,
- make a complaint in accordance with Orwell Healthcare complaints procedure,
- request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint, or
- refer the matter to an external complaints process, such as the Ombudsman (See **Appendix 1** for contact details of agencies who deal with residential complaints).



**7.2.2** Advocacy champions may, with the agreement of the resident seeking to make a complaint, support the resident to identify another person or independent advocacy service who could assist with the making of the complaint such as the Patient Advocacy Service. This may include Sage Advocacy, the national advocacy service for older people, which supports older people to have their voice heard, their wishes respected, and to be involved in decisions that affect them. Sage Advocacy does not provide advocacy specifically for the complaints process.

Contact details for external advocacy services are available in Appendix 6 (Advocacy Groups).

**7.2.3** The name and contact details of advocacy champions as well as independent advocacy services are displayed at reception. (Also, see **Appendix 6** for list of Advocacy Services).

**7.2.4** All staff should be aware of individual residents' behaviours that may indicate that the resident may be trying to communicate an issue of concern or complaint that the resident may not be able to communicate by other means. Where any staff member feels that a resident may be expressing dissatisfaction or concern through non-verbal means including the resident's behaviour, this should be responded to.

**7.2.5** In any situation where a resident's behaviour may indicate an issue of concern or dissatisfaction the nurse on duty should ensure that the resident is provided with the appropriate supports to communicate his/her concern in accordance with his/her assessed communication needs.

### **7.3 Methods for Making a Complaint**

**7.3.1** Complaints can be made verbally or in writing, including via email.

### **7.4 Timeframe for Making a Complaint**

**7.4.1** A complaint must be made within 12 months of the date of the action giving rise to the complaint or with 12 months of the complainant becoming aware of the action giving rise to the complaint.

**7.4.2** The Complaints Officer may decide to investigate a complaint outside of these timeframes in special circumstances. These include:



- If the Complainant is ill or bereaved.
- If the new relevant, significant, and verifiable information relating to the action becomes available to the complainant.
- If it is considered in the public interest to investigate the complaint.
- If the complaint concerns an issue of such seriousness that it cannot be ignored.
- Diminished capacity of the resident at the time of the experience e.g., mental health, critical/ long-term illness.
- Where extensive support was required to make the complaint, and this took longer than 12 months.

## 8.0 Complaints Officer

**8.1** The Complaints Officer is the person designated by Orwell Healthcare for the purpose of dealing with complaints.

**8.2** The Complaints Officer for Orwell Healthcare is Diana Rose, Director of Care.

**8.3** Complaints that cannot be resolved at the point of contact are referred to the Complaints Officer for further investigation. They will either uphold the complaint or not and will outline recommended actions in the report.

### **8.4 Roles and Responsibilities of the Complaints Officer**

**8.4.1** Receive complaints referred to for investigation.

**8.4.2** Identify any excluded matters as per **Appendix 2**.

**8.4.3** Identify complaints or aspects of a complaint that need to be managed in accordance with an alternative policy/pathway and forward it to the appropriate manager. (For example, incidents, allegations of abuse)

**8.4.4** Contact the complainant and offer to meet if appropriate.

**8.4.5** Provide written acknowledgement of receipt of complaints within 5 working days.

**8.4.6** Establish and direct an investigation team, consisting of all relevant people and staff with expertise and knowledge to carry out the investigation.

**8.4.7** Investigate and conclude complaints within 30 working days

**8.4.8** Inform the complainant if there is any delay in completing the investigation within the 30 days and update the complainant every 20 days.



- 8.4.9 Inform relevant parties of the decision to extend or not extend the timeframe.
- 8.4.10 Use tools such as mediation if it will help to resolve the matter.
- 8.4.11 Request documents needed for an investigation, for example, rosters, correspondence residents' records relevant to the complaint.
- 8.4.12 Maintenance and storage of all records related to each complaint.
- 8.4.13 If the findings in the report will have an adverse effect on any individual - allow them the opportunity to respond.
- 8.4.14 Make recommendations for any areas where improvement is required in response to the complaint.
- 8.4.15 Provide the Complainant with a written report of the complaint, if requested.
- 8.4.16 Where the complaint is withdrawn, inform the Person in Charge to determine if the investigation should continue.
- 8.4.17 Present the Complaints Report at the Clinical Governance Complaints Management meetings.
- 8.4.18 Act as Liaison Officer for complaints which have been referred to the Ombudsman.

## **8.5 Transfer of an investigation to an alternative Complaints Officer**

The Complaints Officer who has responsibility for investigating a complaint may determine that the complaint warrants management by another Complaints Officer, if he/she feels that he/she is not able to investigate the complaint due to reasons such as:

- 8.5.1 Difficulty in remaining impartial and non-biased in the investigation of the complaint.
- 8.5.2 Extensive previous knowledge of the complaint or the parties involved.
- 8.5.3 Previous poor interpersonal or working relationships with the people involved.
- 8.5.4 If the complaint is:
  - In relation to catastrophic outcomes.
  - In relation to the death of a service user which may have particular significance for the organization, or which may have the potential to acquire significance.
  - That may attract considerable media attention.
- 8.5.5 The complainant must be informed immediately upon the assignment of a different Complaints Officer nominated to investigate the complaint. This decision will be made by the DOC/PIC, the nominated person who oversees the management of



complaints in conjunction with the Registered Provider.

## 9.0 Management of Complaints at Point of Contact (Stage 1)

- 9.1.1 A verbal complaint can be received by any member of staff from a resident and/or representative or visitor.
- 9.1.2 Verbal complaints which are usually more frequent and of a less serious nature can often be resolved on the spot.
- 9.1.3 The staff member should aim to address the complaint at the point of contact if this is possible and if it is within their area of responsibility.
- 9.1.4 When receiving a verbal complaint from a resident and/or representative, all staff should:

*When receiving a verbal complaint from a resident and / or representative, all staff should:*

- *Acknowledge the complaint verbally*
- *Be respectful and helpful.*
- *Not attempt to blame, become argumentative or defensive.*
- *Remain calm and positive.*
- *Refer the complaint to the CNM/Complaints officer as per this policy.*
- *Inform the CNM of verbal complaints that have been resolved so that they can be recorded on Care Monitor.*

- 9.1.5 If the staff member has resolved the complaint at the point of contact, he/she should inform the CNM on duty who will record the complaint and outcome on Care Monitor.
- 9.1.6 Where the complaint cannot be resolved by the staff member receiving it **or the staff member is unsure of whether the complaint is within their sphere of responsibility**, the staff member must report it to the CNM.
- 9.1.7 The CNM will:
  - Attempt to find out what the complainant is seeking and try to ascertain what would address his / her concerns.
  - Ascertain if there is anything that can be done immediately.



- Offer apologies or explanations where these are possible and appropriate.
- Explain clearly what can and cannot be done as part of the complaint's procedure.
- Aim for resolution at the point of contact.

## 9.2 Complaints which should not be managed at the point of contact:

### 9.2.1 Complaints that should not be managed at the point of contact include:

- Complaints involving too many issues to resolve at that time.
- Complaints resulting from harm/incident or near miss which require a risk management investigation and / or root cause analysis.
- Complaints involving more than one healthcare discipline.
- Complaints that resulted in a deviation from quality standards, and which require further investigation to identify the reasons for the deviation and any system improvements that may be required.
- Serious complaints resulting from harm/incident or near miss which require a risk management investigation and / or root cause analysis (must be escalated to the PIC or registered provider) at the first available opportunity.
- Any complaints which are outside the scope of Orwell Healthcare as outlined in **Appendix 2**.

9.2.2 All staff receiving complaints should be alert to any indications that abuse may have occurred and must follow the procedure for reporting allegations or suspicions of abuse in accordance with Orwell Healthcare Safeguarding Vulnerable Adults Policy.

9.2.3 Where a complaint cannot be resolved to the satisfaction of the complainant at the point of contact, the complainant will be advised of the need to refer the complaint to the Complaint's Officer, and the staff member will provide information to the complainant on how to make a written complaint.

9.2.4 Should a resident require assistance or advice with making a complaint, an Advocacy Champion can, with the residents' agreement, assist with the complaint or assist them with contacting an external advocate such as the Patient Advocacy Service or the National Advocacy Service for Adults with Disabilities.

9.2.5 Where the complainant does not wish to express their dissatisfaction or concerns to a staff member, they can be provided with:



- complaint form,
- email the complaint to the Complaints Officer,
- or they can speak directly to the Complaints Officer.

### **9.3 Recording Verbal Complaints**

- 9.3.1** All verbal complaints will be recorded electronically in the Complaints section on Care Monitor by the CNM on duty.
- 9.3.2** The Person in Charge will maintain a record of all verbal complaints to inform local quality improvement initiatives.

## **10.0 Management of Written Complaints /Formal Investigation Process (Stage 2)**

- 10.1.1** Where a verbal complaint cannot be resolved to the satisfaction of the complainant at the point of contact, the person should be advised why it cannot be resolved (e.g. the need to get more information) and what they can expect to happen next.
- 10.1.2** If the person is not satisfied with the response to the complaint at the point of contact, they must be offered the opportunity to submit his/her complaint in writing, as a written formal complaint.

### **10.2 Information to be included in a written complaint**

- 10.2.1** The complainant should be advised that their complaint should contain the following information:
- What happened and when. (*Describe what their complaint is about stating relevant dates and times, if applicable*).
  - Who was involved.
  - List their specific concerns starting with the most important concern.
  - Be clear about what they are hoping to achieve (for example an apology, explanation, etc.)
  - Provide any extra information and copies of other relevant documents.
  - State their preferred method of communication e.g., Mobile phone number, letter or email.



**10.2.2** Written complaints can also be submitted at the first point of contact,

**10.2.3** Written complaints received by any member of staff must be brought immediately to the attention of the Complaints Officer.

### **10.3 Consideration of a written complaint (pre-investigation)**

**10.3.1** Prior to any formal investigation, the Complaints Officer will review the complaint to ensure that it is within the sphere of responsibility of Orwell Healthcare; that the person making the complaint is entitled to do so; that a complainant claiming to be acting on behalf of a resident is entitled to do so by virtue of having appropriate authority to make a complaint on behalf of a resident having regard to the requirements for informed consent. Specifically, the complaints officer will:

- Identify any excluded matters as per **Appendix 2**.
- Consider the possibility of an informal resolution to the complaint that would not require a formal investigation and contact the complainant as appropriate to offer to meet him / her.
- Identify complaints or aspects of a complaint that need to be managed in accordance with an alternative policy/pathway and forward it to the appropriate manager. *(For example, incidents, allegations of abuse or HR issues will need to be forwarded for management through the relevant policy and procedures.)*
- Where the complainant claims that they are acting on behalf of the resident, confirm that they are entitled to do so as per **10.3.2 -10.3.3**.
- Identify the need to liaise with relevant managers whose expertise and input may be required, for example the Person in Charge or Registered Provider.

**10.3.2** Any complaint where there may be a Safeguarding concern or any allegation of misconduct by the Registered Provider or any person employed in Orwell Healthcare must be reported to the Chief Inspector of the Social Services Inspectorate in the Health Information and Quality Authority within two working days. (Form NF06 and NF07).

**10.3.3** Where a resident is unable to make a complaint because of age, illness or disability, the complaint may be made on behalf of the resident by:

- a spouse, a civil partner, a cohabitant, a close relative, or a carer of the resident,
- any person who, by law or by appointment of a court, has the care of the affairs of the resident,



- any legal representative of the resident, or
- any other person with the consent of the resident.

*(Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022).*

**10.3.4** In the case of a deceased resident, the complainant is entitled to make a complaint as a close relative or carer, defined by the Health Act, 2004 (Government of Ireland, 2004) if they are the following:

- A parent, guardian, son, daughter or spouse of the other person, or
- Are cohabitating with the other person.

**10.3.5** Legal advice may be sought where there is any lack of clarity about the appropriateness / grounds for a complaint and / or entitlement of a complainant to make the complaint.

**10.3.6** The Complaints Officer may decide not to further investigate the complaint or action related to a complaint, if following the pre-liminary investigation or commencement of a formal investigation, the complaints officer is of the opinion that:

- The subject-matter of the complaint is excluded by Section 48 of the Health Act 2004, as outlined in **Appendix 2**.
- The person making the complaint is not entitled to make the complaint if:
  - The complaint is made more than 12 months after the date of the action giving rise to the complaint or 12 months after the complainant became aware of the action giving rise to the complaint (unless the Complaints Officer decides that special circumstances apply).
  - There are no grounds for the complaint.
- The subject-matter of the complaint is trivial, or
- The complaint is vexatious or not made in good faith, or
- Is satisfied that the complaint has been resolved.

**10.3.7** If a decision is made not to further investigate the complaint, the complaints officer will contact the complainant to inform them of the decision made not to further investigate the complaint and the reason for the decision.

**10.3.8** The outcome of each pre-investigation should be reported to the Person in Charge (PIC) and the next action for managing the complaint should be agreed

## **10.4 Acknowledgement of a complaint**



**10.4.1** The Complaints Officer will provide each complainant with a written acknowledgement of receipt of complaints within 5 working days.

**10.4.2** A risk assessment of the complaint should be carried out to help determine the appropriate course of action.

**10.4.3** As per the Office of Ombudsman (2024), the following is included in response to the initial contact from a complainant:

*“We deal with complaints in accordance with our complaints processes as outlined. Following receipt of our decision on your complaint “We hope that we have been able to resolve your complaint satisfactorily. However, if you remain unhappy with our response then you can refer to your complaint to the Office of the Ombudsman. The Ombudsman is impartial and free to use.”*

**10.4.4** The response should also include the following:

- An offer to meet with the complainant to discuss the complaint.
- An expression of regret for any inconvenience or difficulties experienced.
- An outline of any investigations that need to be undertaken.

**10.4.5** Where the complainant agrees to a meeting, the Complaints Officer will meet with them, listen to their concerns, and ascertain what the complainant wants to happen.

**10.4.6** The Complaints Officer will provide an outline of how the complaint will be investigated and what the complainant can expect to happen next. An outline of expected timeframes will be provided.

## **10.5 Timeframe for Investigation of a Complaint**

**10.5.1** Where a formal investigation is being carried out, the Complaints Officer will endeavour to complete the investigation within 30 working days of the complaint being acknowledged.

**10.5.2** Where it is not possible to carry out the investigation within 20 working days, the complainant must be informed and given an indication of the timeframe required (aim for no longer than 6 months).

**10.5.3** The complainant will be provided with an update of the investigation by the Complaints Officer every 20 working days.

**10.5.4** Where further information is required from the complainant to conduct the investigation, the complainant will be contacted and asked to respond within 10 working days if this is feasible for the complainant.



**10.5.5** Where staff member / members are required to respond to issues raised by the complaint, they will be asked to do so within a reasonable timeframe such as 10 working days.

**10.5.6** Where the complaint involves a staff member no longer employed by Orwell Healthcare, every reasonable effort will be made to contact this person and request a response. However, if after all reasonable efforts, the complaints officer is unable to contact and / or receive a response from this person, the Complaints Officer will proceed to investigate the complaint to the best of their ability with the information available to them.

## **10.6 Complaints about named staff members**

**10.6.1** Where a complaint is made against a named member of staff and has not been resolved at the point of contact, it must be put in writing and signed by the party making the complaint.

**10.6.2** Where a complaint has been made against a named staff member, and requires a formal investigation of the complaint, the staff member will be provided with a statement indicating that a complaint has been received.

**10.6.3** The statement should provide the date and details of the complaint and a summary of key issues / points which the complainant wants addressed.

**10.6.4** The staff member will be requested to provide a report that addresses the key points / issues raised by the complainant.

**10.6.5** A request for a response will comply as far as is practicable with the timeframes outlined (10 days).

**10.6.6** The staff member will be invited to take part in a local investigation of the complaint.

**10.6.7** The staff member will be informed of their right to be accompanied by a relevant support person (e.g., Work colleague / trade union representative etc).

**10.6.8** The staff member will be invited to meet with the Complaints Officer/ Person in Charge to discuss details.

**10.6.9** The named staff member will be provided with advice and support during the investigation and will be kept up to date with the progress of the investigation having regard for the rights to confidentiality of other parties involved.

**10.6.10** It will be considered a disciplinary offence to intimidate or attempt to obstruct the investigation process in any way.



**10.6.11** Great care and consideration will be given to the recording of the complaint or concern with regard to the Defamation Act 2009.

**10.6.12** Complaints or concerns received about named staff members may need to be investigated in conjunction with legal advice.

**10.6.13** No reports will be finalized or “published” without having afforded the person concerned the opportunity to consider the proposed findings or criticism and to make representations in relation to it.

**10.6.14** Where a staff member against whom a complaint was made is unhappy with the findings, Orwell Healthcare grievance and disciplinary procedures outlined in the staff handbook should be followed.

## 11.0 Process for Formal Investigation of a Complaint

### 11.1 The Investigation Plan

**11.1.1** The Complaints Officer should develop an investigation plan to include:

- Decide on the objectives and main terms of reference for the investigation. This will be determined by clarifying the issues arising from each complaint and may require the complaints officer to discuss these with the complainant.
- Identifying all parties involved in the complaint i.e., the complainant and staff members about whom the complaint is being made.
- Advise all parties should be made aware of the decision to carry out a formal investigation of the complaint.
- Decide on who needs to be involved in carrying out the investigation, for example specific expertise may be required for complaints related to care.

**11.1.2** Where other personnel are to be included as part of an investigation, the complainant’s consent to share information should be documented.

### 11.2 Gathering Information



- 11.2.1 All relevant information required to carry out the investigation should be established and gathered.
- 11.2.2 Both the complainant and staff members about whom the complaint is being made should be provided with the opportunity to give their version of events and to provide rationale / explanations for actions taken/omitted.
- 11.2.3 All parties should be informed of their right to be accompanied by a support person / resident advocate at any meetings surrounding the complaint.
- 11.2.4 All parties should be reassured that their rights to fairness, dignity and confidentiality will be maintained.
- 11.2.5 A written record of all communications during the management of a complaint should be kept.

### 11.3 Review Information and Establish Facts

- 11.3.1 Information should be reviewed to establish the facts.
- 11.3.2 A chronology of events leading to the complaint should be established (*Who; What, When, Why*)

### 11.4 Confidentiality

- 11.4.1 All information obtained during complaint management should be treated in a confidential manner and meet the requirements of the records management policy. Personal information should only be used for the purpose for which it was collected.
- 11.4.2 No member of a team investigating a complaint may discuss, communicate or disclose any information obtained except where necessary for the consideration or investigation of the complaint.
- 11.4.3 Where the investigation indicates the need to disclose some or all details of a complaint, as in a criminal investigation / investigation of allegation of abuse, all parties should be informed, and the information directed to the appropriate authorities.
- 11.4.4 Where the complainant is a resident of Orwell Healthcare, all actions should comply with the requirements for consent and advocacy as outlined in the consent and advocacy policy. If the complaint is made against a staff member, the complainant is protected from any interaction with the staff member whom they are making the complaint about.
- 11.4.5 Where there is any doubt about the appropriateness of disclosing information,



the PIC/CO should consult their legal representatives.

## **11.5 Communication With Stakeholders**

**11.5.1** The Complaints Officer must ensure that both the Complainant and others, such as people against whom a complaint was made, are kept up to date with the progress of the investigation.

## **11.6 Findings**

**11.6.1** Having reviewed the information, chronology of events and gaps, conclusions about a complaint can be made.

**11.6.2** Each issue in the complaint and terms of reference must be addressed.

**11.6.3** A completed dated report should be documented after the investigation to include:

- A description of the complaint.
- Reason(s) for actions resulting in the complaint.
- A description of the methods used in the investigation.
- Apology where this is appropriate.
- Findings.
- Recommendations.
- Actions to be taken to resolve the complaint and prevent recurrence.
- Rationale for all the above.

## **11.7 Response to Complainant**

**11.7.1** Following the investigation of a complaint, the Complaints Officer will provide the complainant with a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process and the contact details of the Review Officer.

**11.7.2** All issues raised in the complaint must be comprehensively responded to. All points raised by the service user and agreed at the start of the investigation should therefore be properly considered and fully addressed in response. Any areas of disagreement or varying accounts can be acknowledged, (Office of the Ombudsman, 2015).



- 11.7.3** Where the investigation showed no legitimate grounds for investigation, the report should outline the reasons for this and provide the complainant with information about other bodies to whom the complaint could be referred.
- 11.7.4** Where the complaint was upheld, the report should outline any recommendations to be made as a result of the findings of the investigation including redress for the complainant where deemed appropriate by the investigation.
- 11.7.5** Preventative action to be taken to remove the causes of the complaint or concern or its likelihood for re-occurrence as far as is reasonably possible.

## 12.0 Internal Review

- 12.1** If a complainant is not satisfied with the outcome of their complaint, they can request an internal review. The request can be made to the Complaints Officer.
- 12.2** Where a complainant requests a review of a complaint, the Complaints Officer will send the request to the Review Officer.
- 12.3** The Review Officer shall fulfil their responsibilities within the complaint review process in accordance with the requirements outlined in this Policy and Procedure.
- 12.4** The Review Officer will personally review all complaints as requested and will not nominate another person to undertake this review.
- 12.5** The Review Officer will contact the complainant within 2 working days of the review request and offer to meet with the complainant to resolve the issue if appropriate.
- 12.6** The Review Officer will engage with the complainant as appropriate throughout the review process.
- 12.7** The Review Officer will acknowledge receipt of the referral in writing within 5 days of receipt of same.
- 12.8** The Review Officer will carry out the review within 20 days of the request for the review.
- 12.9** The Review Officer will not be involved in the subject matter of the complaint, and as far as is practicable, will not be involved in the direct care of the resident.
- 12.10** If such an appeal is brought, the Review Officer shall give both parties an opportunity to be heard and to present any evidence relevant to the appeal.
- 12.11** The Review Officer will determine the appropriateness of the findings and recommendations made in the initial complaint investigation report.
- 12.12** On completion of the review, the Review Officer will furnish a report of the review



to the Complaints' Officer who will arrange to meet with the complainant and go through the findings and outcomes of the review, including any recommendations and improvement plans to address these recommendations.

- 12.13** A written Complaint Review Report will be provided to the complainant and to the Complaints Officer, outlining whether the review upholds, varies or makes a new recommendation.
- 12.14** If at any time after an appeal has been initiated, the Review Officer is of opinion that the appeal could be resolved by mediation, he or she shall inform the person who initiates the appeal concerned of that opinion and, if the applicant agrees, refer the matter for mediation.
- 12.15** Where an appeal is resolved by mediation, the mediation officer concerned shall prepare a written record of the resolution arrived at, and the record will be signed by the relevant people involved in the mediation. A copy will be retained and sent to the complainant concerned and the Registered Provider Representative.
- 12.16** If the Review Officer believes there is a conflict of interest, they may recommend that the appeal is dealt with by an external independent investigator chosen by the Review Officer. This person will be an external person who is not an employee of Orwell Healthcare. In the case of this type of appeal, permission/consent will be sought from the complainant for the independent external investigator to access confidential documentation so that a full and proper appeal can be carried out.
- 12.17** The complainant can refer a complaint at any stage in the complaints process to the Chief Inspector/Health Services Executive or the Ombudsman if their place is provided under a contract with the HSE.
- 12.18** Complainants should be made aware that if they are not happy with the outcome of the complaints process, they can contact the Office of the Ombudsman.

## 13.0 Complaints about the Person in Charge or Registered Provider

- 13.1** Complaints about the Person in Charge should be referred to the Complaints Officer who will liaise with the Registered Provider Representative to arrange the response to an investigation of the complaint.
- 13.2** Complaints about the Registered Provider should be referred to the Complaints Officer who will arrange for an independent person (not associated with Orwell



Healthcare) to be part of the response and any investigation.

## 14.0 Anonymous Complaints

Anonymous complaints will be reviewed within the limitations of the information provided to identify any concerns related to the welfare of service users and take appropriate action.

## 15.0 Withdrawal of Complaints

A complainant may at any time decide to withdraw a complaint and in this case the DOC/CO may decide to cease any formal investigation, unless the complaint raises serious issues regarding risk, safety and quality of care.

## 16.0 Management of a Vexatious Complaint

**16.1 Definition of a Vexatious Complainant:** Orwell Healthcare adopts the HSE, (2008) definition of a vexatious complainant, which states that a complainant may be deemed to be vexatious where previous or current contact with them shows that they meet two or more of the following criteria:

***The complainant:***

1. Persists in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted.
2. Persistently changes the substance of a complaint or continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (*Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints*).
3. Is repeatedly unwilling to accept documented evidence given as being factual or deny receipt of adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
4. Repeatedly does not clearly identify the precise issues which they wish to have investigated, despite reasonable efforts of the Complaints Officer to help them specify their concerns, and/or where the concerns identified are not within the remit of Orwell Healthcare to investigate.



5. Regularly focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (*Determining what a trivial matter is can be subjective therefore careful judgement must be used in applying this criterion*).
6. Has threatened or used physical violence towards staff at any time – this will cause personal contact with the complainant and/or their representatives to be discontinued, and the complaint will, thereafter, only be continued through written communication. **All such incidents must be documented.**
7. Has while addressing a registered complaint, had an excessive number of contacts with Orwell Healthcare, placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact may be in person, by telephone, letter, e-mail or fax. *Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case.*
8. Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with the complaint. Staff must recognise that complainants may sometimes act out of character in times of stress, anxiety or distress and will make reasonable allowances for this. **All instances of harassment, abusive or verbally aggressive behaviour must be documented.**
9. Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
10. Display unreasonable demands or expectations and fail to accept that these may be unreasonable (*e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice*).

## **16.2 Process for Responding to Vexatious Complaints**

- 16.2.1 Prior to deciding about a possible vexatious complaint, the Complaints Officer and PIC will satisfy themselves that the complaints procedure has been correctly followed so far as possible, and that no material element of a complaint has been overlooked or inadequately addressed.
- 16.2.2 If the Complaints Officer and PIC still believe that the complainant is vexatious, she/he will contact the Registered Provider.



**16.2.3** The complaints Officer will provide the Registered Provider and Person in Charge with all documentation supporting the designation of the complainant as vexatious. This would include, for example, correspondence to and from the complainant and records of meetings and / or phone calls with the complainant.

**16.2.4** Having discussed the issue with the Complaints Officer and reviewed the supporting documentation, the Registered Provider and PIC will attempt to resolve matters by drawing up a signed “agreement” with the complainant which sets out a code of behavior for the parties involved if Orwell Healthcare is to continue processing the complaint.

**16.2.5** If the terms of the agreement are contravened, consideration will then be given to implementing further actions. These include:

- Decline contact with the complainant either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained.
- Notify the complainant in writing that Orwell Healthcare has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Inform the complainant that in extreme circumstances Orwell Healthcare reserves the right to pass unreasonable or vexatious complaints to its solicitors/report to Gardai if necessary.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice.

**16.2.6** If found to be vexatious, Orwell Healthcare will not pursue the complaint any further. However, this does affect the complainant’s right to an Independent Review.

## **17.0 Unacceptable /Unreasonable Complainant Behaviour**

**17.1** Orwell Healthcare understands that people may act out of character in times of distress or due to frustration, however, If a complainant’s behaviour towards staff becomes unacceptable for example becoming abusive, aggressive or threatening,



we have a duty to protect our staff and as such a decision may be made to restrict or bring to an end communication and access to our premises or staff.

- 17.2** Staff will not be expected to tolerate abusive or threatening behaviour, but all complaints will be given equal consideration in accordance with our complaints process.
- 17.3** Complainants who harass, or have been abusive, aggressive or threatening on one or more occasions towards our staff directly or indirectly, will be considered unreasonable, (HSENI, 2025).
- 17.4** Any threats or acts of violence towards staff will result in direct contact with the complainant to be discontinued. Violence includes behaviour or language (written, oral, or in tone or otherwise) that may cause staff to feel afraid, threatened or abused, (HSENI, 2025).

## 18.0 Recording Complaints

- 18.1** Records of complaints and their outcomes must be kept in addition to and distinct from a resident's individual care plan, (Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022)
- 18.2** All documentation relating to managing and investigating a complaint should comply with the requirements for confidentiality and management of resident information as outlined in the appropriate policies.
- 18.3** All complaints will be recorded electronically in the Complaints section on Care Monitor.
- 18.4** The Person in Charge will maintain a record of all complaints to inform local quality improvement initiatives.
- 18.5** The person receiving the complaint must record the complaint as it was received by them, noting the date, the time, the name of the person making the complaint and a description of the complaint using the complainant's words if possible.
- 18.6** Recording of complaints must be accurate and factual.
- 18.7** Staff must not enter any assumptions or derogatory comments regarding the complaint or complainant.
- 18.8** The staff member must not identify any third parties mentioned – instead state 'a member of staff' or 'another resident'.
- 18.9** The CNM to whom a complaint is referred must also record what action he/she took



on the Complaints form.

- 18.10** The staff member recording the complaint should record any immediate actions taken to resolve the complaint, whether the complaint was resolved and/or when the complaint was referred to the Person in Charge/Complaints Officer.
- 18.11** The nurse completing the Complaints Form must inform the Complaints Officer of the complaint.
- 18.12** Once received by the Complaints Officer, he/she must investigate the complaint and find resolution. The remaining sections of the complaints form should be completed by the Complaints Officer. Any additional information such as emails, letters, faxes, minutes of meetings, etc. should also be retained.
- 18.13** The Complaints Officer is responsible for maintaining the record of each complaint, including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied with the outcome.
- 18.14** A resident who makes a complaint is informed of the outcome of the complaint review and any actions taken.
- 18.15** Records referring to complaints will be retained for a period of not less than seven years after the complaint has been investigated, the complainant informed of the outcome and of the outcome arising from any appeal from the investigation, or seven years after the resident to whom they relate ceases to be a resident or client of Orwell Healthcare, whichever is the longer.

## 19.0 Open Disclosure

- 19.1** We support a culture of openness where residents and/or advocates are encouraged to provide feedback at the Residents' Representative Meeting.
- 19.2** A Suggestion Box is available at reception where residents or their representatives can anonymously leave suggestions or concerns.
- 19.3** An annual survey will provide information which will be used for analysis and for continuous improvement.
- 19.4** There is a culture of "open disclosure" whereby if an adverse event occurs, this will be acknowledged, and the complainant will be given factual information in a truthful manner. When it is clear, following a review of the adverse event, that Orwell Healthcare is responsible for the harm, there will be an acknowledgment of responsibility, and an apology provided as soon as possible.



**19.5** Where an apology is issued to the complainant, an apology should contain:

- an acknowledgement of what has happened and the impact on the relevant person;
- an explanation as to how or why it happened, where this is known;
- the words “I am sorry” which conveys a personal approach and genuine compassion and concern;
- reassurance in relation to the ongoing situation and care; and
- an outline of how the incident and its outcomes will be managed and the service improved to prevent such an incident happening again.

**19.6** Orwell Healthcare recognises the legal protections that apply to information and apologies provided as part of open disclosure, to encourage and support staff in being open and honest about patient safety and notifiable incidents. These protections include that information and an apology provided in an open disclosure meeting:

- shall not constitute an express or implied admission of fault or liability;
- shall not be admissible as evidence of fault or liability in court in relation to the incident or any clinical negligence action arising from the consequences of the incident;
- will not invalidate the indemnity or insurance cover of the health service provider;
- shall not constitute an express or implied admission of fault, professional misconduct, poor professional performance or unfitness to practice, or other failure or omission, in relation to any complaint arising from the consequences of the incident made to a regulatory body; and
- shall not be admissible as evidence in proceedings to determine a complaint, application or allegation concerning fault, professional misconduct, poor professional performance or unfitness to practice or other failure or omission.

## 20.0 Staff Training

**20.1** All staff are given an explanation of the Complaints policy and procedures as part of the induction process.

**20.2** All staff receive training on receiving and responding to complaints, including recognizing complaints (Health Act 2007 (Care and Welfare of Residents in



Designated Centres for Older People) (Amendment) Regulations 2022) as part of the induction process and updated yearly, (Office of the Ombudsman, 2015; Department of Health, 2022).

**20.3** Nominated Complaints Officers, Review Officers, senior members of the nurse management team (DOC, DDOC, DON and ADONs) receive suitable training in dealing with complaints in accordance with the Orwell Healthcare complaints procedures.

## 21.0 Monitoring and Review of Complaints Management

**21.1** Complaints should be recorded in the complaints section of Care Monitor™ and reviewed monthly. They should be discussed as part of Complaints Governance meetings.

**21.2** Actions to address risk / quality improvement issues arising from complaints should be clearly documented, with timeframes and responsible person(s) identified.

**21.3** Adherence to the procedures and processes outlined in this policy should be audited as part of the quality improvement ethos of Orwell Healthcare.

**21.4** Complaints management is reviewed at a quarterly governance meeting to ensure the correct handling of complaints. The nominated person to oversee the record keeping and the management of complaints is Ms Diana Rose, Director of Care.

**21.5** An Annual Complaints Report is compiled of total complaints/ concerns raised for the year as well as details of the level of engagement of independent advocacy services with residents and this is published in the Annual Report which is made available to residents and staff.

**21.6** An annual report is provided to the HSE on the complaints received during the previous year indicating:

- The total number of complaints received
- The Nature of complaints
- The number of complaints resolved informally
- The number of written complaints
- The Outcome of investigations.



## References

1. Health Act 2004 (Complaint or concerns) regulations 2006 S.I. no. 652 of 2006. Part 9A of the Health Act 2004, as inserted by Part 14 of the Health Act 2007.
2. Department of Health (2009) *Handling complaints in the NHS - good practice toolkit for local resolution*, DH, UK.
3. Health Information & Quality Authority (HIQA) (2016) *National Quality Standards for Residential Care Settings for Older People in Ireland*, HIQA, Dublin.
4. Health Information & Quality Authority (2012) *Concerns*, accessed online March 2017 at <https://www.higa.ie/get-touch/report-concern>
5. Government of Ireland (2010) *S.I. No. 415/2013 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013*, Stationery Office, Dublin.
6. Health Complaints Ireland (2012) *How to use health complaints*, Accessed on line 8 May 2012 at [www.healthcomplaints.ie](http://www.healthcomplaints.ie)
7. Health act 2007 (care and welfare of residents in designated centres for older people) (amendment) regulations 2022)
8. Department of Health (2022) Crowe, Review of Nursing Homes Complaints, [www.gov.ie](http://www.gov.ie)
9. Health Information and Quality Authority HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland.
10. The Management of Consumer Feedback to include Comments, Compliments and Complaint in the Health Service Executive (HSE): HSE Advocacy Services 2015
11. The Health and Safety Executive for Northern Ireland Vexatious complaints, enquiries, unreasonable and abusive behaviour policy accessed 012025 @ [Vexatious complaints, enquiries, unreasonable and abusive behaviour policy | Health and Safety Executive for Northern Ireland](#)
12. S.I. 300 of 2015 Ombudsman Act 1980 (Section 1A) (No. 2) Order 2015.
13. HSE Open Disclosure Policy, Communicating with Patients Following Patient



Safety Incidents (HSE) 2019

[https://hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open\\_Disclosure/opendiscFiles/opendiscpolicyoct13.pdf](https://hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/opendiscFiles/opendiscpolicyoct13.pdf) (accessed August 2023)

14. The Patient Advocacy Service website (accessed August 2023)  
[https://www.patientadvocacyservice.ie/?gclid=EAAlaQobChMIxoSs5qG - wIVgt\\_tCh0xYAtQEAAAYASAAEgIUyPD\\_BwE](https://www.patientadvocacyservice.ie/?gclid=EAAlaQobChMIxoSs5qG - wIVgt_tCh0xYAtQEAAAYASAAEgIUyPD_BwE)
15. Model Complaints Systems for Nursing Homes – The Ombudsman  
<https://www.ombudsman.ie/guidance-for-service-providers/model-complaints-system-f/> (accessed August 2023)
16. Health Service Executive, (2017) The Management of Service User Feedback for Comments, Compliments and Complaints accessed August 2023  
<https://www.hse.ie/eng/about/who/complaints/ysysguidance/ysys2017.pdf>
17. Health Service Executive (HSE) (2020) Incident Management Framework and Guidance. Dublin: HSE.
18. Health Service Executive (HSE) (2025) HSE Open Disclosure Policy 2025: Communicating with Patients and Relevant Persons following Patient Safety or Notifiable Incidents. Dublin: HSE.
19. Government of Ireland (2005) Disability Act 2005 (No. 14 of 2005).
20. Government of Ireland (2001) Mental Health Act 2001 (No. 25 of 2001).
21. Health Service Executive (HSE) (2025) HSE Open Disclosure Policy 2025: Communicating with Patients and Relevant Persons following Patient Safety or Notifiable Incidents; Civil Liability (Amendment) Act 2017 (No. 30), Section 10; Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 (No. 10), Section 10.



## Bibliography

1. 'Your Service, Your Say', HSE process to listen and respond to your feedback about services. Your feedback might be a comment, compliment or complaint. (Last reviewed Jan 2023)
2. Office of the Ombudsman, Ireland (2008). Complaints against the Public Health Service accessed at [www.ombudsman.gov.ie](http://www.ombudsman.gov.ie) on 11/06/08.
3. HIQA "We want to Hear from You"-  
<https://www.hiqa.ie/sites/default/files/2019-06/Feedback-Older-peoples-services.pdf>



## Appendix 1: Agencies dealing with complaints relating to Residential and Homecare

**All requests for a HSE review should be forwarded in writing to:  
Complaints Manager, HSE Oak House, Millennium Park, Naas, Co Kildare.  
Telephone (045) 880400**

**Email [yoursay@hse.ie](mailto:yoursay@hse.ie) or by completing an online “Your Service, your Say” feedback form.**

- The Complaints Manager will examine the request for a review and appoint a Review Officer if appropriate to carry out the review of the complaint.
- The Review Officer will review the processes used to carry out the investigation of the complaint and the findings and recommendations made post –investigation.
- The Review Officer will either uphold, vary or make a new finding and recommendation.

### ***When to contact HIQA about your concern***

This is what HIQA say on their website:

*“We welcome information about designated centres for dependent persons, such as nursing homes, or any concerns people may have about the health or social care services they are receiving.*

*While HIQA is unable to investigate individual complaints about a health or social care service under the Health Act 2007, we will listen to what you have to say. We can use your feedback in a number of ways to establish if a service is safe, effective, caring, and well managed.*

*If you wish to contact us regarding a concern about a service, you can:”*

- phone **(021) 2409646**;
- email: [concerns@hiqa.ie](mailto:concerns@hiqa.ie); or
- Post information to: **Concerns about Services, Health Information and Quality Authority, George’s Court, George’s Lane, Smithfield, Dublin 7**

A complaint concerning Orwell Healthcare may relate to a professional, for example a doctor or nurse. In these cases, complaints can be made to the professional body responsible for the regulation of the profession, for example, the General Medical Council for doctors and NMBI for nursing.



## Appendix 2: Matters Excluded from the Right to Complain

**Standard 1.7:** Complaints in the National Quality Standards for Residential Care Settings for Older people in Ireland states that ‘each resident’s complaints and concerns are listened to and acted upon in a timely, supportive and effective manner’. Section 34 of SI 415 of 2013 (Government of Ireland, 2009) sets out the procedures that should be in place at designated care centers.

However, according to the Health Act, 2004 (Government of Ireland, 2004) a person is not entitled to make a complaint to the Health Service Executive about any of the following matters:

- A matter that is or has been the subject of legal proceedings before a court or tribunal.
- A complaint pertaining to a matter of a criminal nature.
- A complaint pertaining to the financial contract between a resident/representative and the proprietor of a Nursing Home.
- A matter relating to the appointment of an employee by the facility or affecting the terms or conditions of a contract of employment.
- A matter relating to the Social Welfare Act.
- A matter that could be the subject of an appeal under section 60 of the Civil Registration Act, 2004.
- A matter that has been brought before any other complaints procedure established under an enactment (legislation).
- A matter relating solely to the Professional Judgment of a person acting on behalf of the Health Service Executive or the facility.
- Where a complaint includes an element relating to the use of professional judgment the element will be excluded from the complaint investigation.
- An action taken by Orwell Healthcare solely on the advice of a person exercising clinical/professional judgment (where the complaint relates solely to that clinical/professional judgment).



- A matter that could prejudice an investigation being undertaken by An Garda Síochána.
- A matter that could be the subject of another complaints procedure established under an enactment (e.g., complaints made under the Disability Act 2005 or the Mental Health Act 2001, where applicable).

**N.B:** Nursing Home staff may receive complaints pertaining to any matter, including the above, however, the appropriate response to and management of complaints will depend on the type of complaint. The protocol and procedures outlined in this policy describe the course of action to be taken for general complaints handling. Other policies and procedures may refer to specific types of complaints such as elder abuse; grievance and bullying and harassment.



## Appendix 3: Orwell Healthcare Complaints Procedure

Orwell Healthcare is committed to dealing effectively with any complaints you may have about the service. We also aim to learn from our mistakes and use the information we gain to improve our services. Our complaints policy is a vital cornerstone of our ethos. Any comments will be an opportunity to continuously enhance the quality of the services we provide and to improve on any aspect of our service that does not meet standards or expectations.

We believe it is best to deal with things as soon as possible and in the easiest and most direct way therefore we will always try and resolve complaints within the spirit of the **Local Resolutions Principle**. If you have a complaint, raise it with the person you are dealing with. He or she will try to resolve it for you there and then. However, they may need time to investigate it- you should get an answer within 5 working days. If a member of staff cannot help, they will explain why, and you can then ask for your complaint to be formally investigated.

### How to complain formally

You can make a complaint in any of the ways below:

1. You can ask for a copy of our Complaints Form-fill it in and submit to the Complaints Officer. Our complaints form is also available from our website at [www.orwellhealthcare.ie](http://www.orwellhealthcare.ie)
2. You can email us at [doc@orwellhealthcare.ie](mailto:doc@orwellhealthcare.ie)
3. You can write a letter to us at the following address: **Complaints Officer, Orwell Healthcare, 112 Orwell Road, Rathgar, Dublin 6**

### What should you include in your complaint?

- Remember to state your name, address and telephone number (email if applicable) and whether you are acting on behalf of someone else.
- Briefly describe what your complaint is about, stating relevant dates and times, if applicable.
- List your specific concerns starting with the most important concern.
- Be clear about what you are hoping to achieve e.g. an apology, explanation etc.
- State your preferred method of communication.



## **Dealing with your complaint**

We will formally acknowledge your complaint within 5 working days and let you know how we intend to deal with it. We will make sure that your dealings with us in the future do not suffer just because you have made a complaint. If you are making a complaint on behalf of somebody else, we will need their agreement to you acting on their behalf.

## **Investigation**

We will tell you who will be investigating your complaint. If it is straightforward, it will usually be investigated in the nursing home, however if it is more serious, we may ask someone from outside the nursing home to investigate. We will clarify with you our understanding of the complaint and the outcome that you are hoping for. The person who is looking at your complaint will need to see your files- if you don't want this to happen, it is important that you tell us. If there is a simple solution to your problem, we may ask you if you are happy to accept it. We aim to resolve concerns as quickly as possible, the majority within 30 working days.

## **Outcome**

We will let you know what we have found using your preferred method of communication. We will explain how and why we came to our conclusions. If we find that we got it wrong, we will apologise and tell you what and why it happened. If we find there is a fault in our systems, we will tell you how we plan to change things to stop it happening again.

## **Putting things Right**

If we didn't do something well, we will aim to put it right. If you have lost out as a result of a mistake on our part, we will try to put you back in the position you would have been in if we had got it right.

## **Ombudsman**

If you have complained to us and you are not satisfied with our decision on your complaint, it is open to you to contact the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service. The Ombudsman's cannot investigate a complaint if it is made more than 12 months after you initially complained of the action or you became aware of that action, unless there are very special circumstances. While the Office of the Ombudsman can examine complaints about



private nursing homes it is unable to investigate claims relating to private health services. The Ombudsman will ask you for details of your complaint and to provide a copy of our final response letter to your complaint.

Before contacting the Office of the Ombudsman, the complainant should be advised that the Ombudsman normally requires that they have complained to the service provider and allowed six weeks to respond, have received a final response (or there has been a long delay), and have used the service provider's appeals process (if available).

**Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773**

**Telephone (01) 6395600**

**Website: Make a Complaint at [www.ombudsman.ie](http://www.ombudsman.ie)**

### **Other Agencies involved in Complaints Management**

You can notify Health Information Quality Authority (HIQA) of a concern. While HIQA does not have the power to investigate individual complaints, they can evaluate whether the information indicates non-compliance with the HIQA Standards and Health Act Regulations.

Health Information Quality Authority (HIQA):

- phone (021) 2409646
- email: [concerns@hiqa.ie](mailto:concerns@hiqa.ie) ; or
- Post information to: Concerns about Services, Health Information and Quality Authority, George's Court, George's Lane, Smithfield, Dublin 7, Ireland.

Residents whose place is provided under a contract with the HSE can submit a complaint under "Your Service, Your Say"

Further information:

- phone 1 800 424 555; email: [yoursay@hse.ie](mailto:yoursay@hse.ie) ;
- Post information to: HSE Your Service Your Say, Oak House, Limetree Avenue, Millennium Park, Naas, County Kildare, W91 KDC2.
- Feedback form: [HSE-YSYS-Adult-Leaflet-Eng](#)



### What if you need our help?

We will aim to help you make your complaint known to us. If you need extra assistance, we can contact services such as the Patient Advocacy Service (PAS) who can support you through the complaints process. PAS are professional, experienced, and bound by code of practice. They offer free, independent and confidential complaint advocacy service to the residents in Private Nursing Homes.

PAS can be contacted by email via their website [www.patientadvocacyservice.ie](http://www.patientadvocacyservice.ie) or by calling the national line 0818 293003.

### What we expect from you

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined. We believe that all complainants have the right to be heard, understood and respected, however we consider that our staff have the same rights. We therefore expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence.

### Who to contact?

The following are the contact details should you require any information or assistance:

**Person in Charge/Director of Care:** Ms Diana Rose, Orwell Healthcare

**Complaints Officer:** Ms Diana Rose

**Nominated Person to oversee Management of Complaints:** Ms Laura Dunne

**Review Officer:** Ms Laura Dunne

Telephone: 01-4999 000

Website: [www.orwellhealthcare.ie](http://www.orwellhealthcare.ie)

Email: [info@orwellhealthcare.ie](mailto:info@orwellhealthcare.ie)

*(A full copy of Orwell Healthcare's Complaints Management Policy is available on request from Reception and on the website ).*

## Appendix 4: Quick Guide to the Management of Complaints

### Stage 1: Point of Contact Resolution.

- Verbal complaint made to staff member.
- Report to the CNM. Acknowledge immediately or within 24 hours.

#### **Complaint resolved at the point of contact.**

**Yes** -> Record outcome and close.

Complaint logged and forms part of risk management process.

Feedback to staff through staff briefings and meetings

**No** -> Proceed to Stage 2

- Request complainant to put verbal complaints formally into writing prior to undertaking an investigation.
- Refer to Complaints Officer (CO)

### Stage 2: Formal Investigation Process.

- Complaint received by Complaints Officer
- Complaint registered and logged on Care Monitor by CO
- CO reviews (pre-investigation) the complaint to confirm the entitlement of the complainant to make the complaint, the need for input of other management/professionals and / or need for alternative pathway.
- Complaint acknowledged in writing within 5 working days and complainant informed of the decisions made and next course of action. Complaints may be made verbally or in writing and do not have to be submitted in writing to be investigated.
- Where the complaint has been deemed appropriate for local investigation, the complaint is risk assessed and investigated internally. If a complaint cannot be resolved at local level, or if the complainant wishes, the complaint may proceed to formal investigation. A pre-investigation assessment may be undertaken to determine the appropriate process.
- Aim for resolution within 30 working days of receipt. Inform the complainant if there is any delay. Update them every 20 days.
- Risk assesses the complaint- if sufficiently serious and/or likely to recur; the



investigator must conduct a root cause analysis.

- Gather and document relevant clinical, factual and other information required to establish facts and chronology of events leading to com
- Clarify with the complainant what his/her expectations of management of the complaint are.
- Where a named person has been implicated, offer them an opportunity to respond to the complaint.
- Agree on an appropriate course of action / response to the complaint.
- Inform complainant in writing of the response to / outcome of the complaint.
- Monitor and review.

**Stage 3 - Review by Internal Review Officer**

- Appeals against the decision, findings or recommendations of the Complaints Officer can be made to the Review Officer.
- The Review Officer will personally review all complaints as requested and will not nominate another person to undertake this review. Permission/consent will be sought where required, to access confidential documentation to facilitate a full and fair review
- The review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review; If the timelines set out cannot be complied a written response should be given with and the reason for any delay in complying with the applicable timeline.
- The Review Officer shall decide in writing in relation to the review affirming, varying or setting aside the finding or recommendation concerned and shall communicate the determination (including the reasons) to the complainant and the Registered Provider (if appropriate).

**Stage 4- Complaints Procedure and the Ombudsman**

If the complainant is not satisfied with the decision on the complaint, they can contact the Office of the Ombudsman.

The complainant can refer a complaint at any stage in the complaints process to the Chief Inspector of the Social Services Inspectorate in the Health Information and Quality Authority/Health Services Executive or to Ombudsman if they are eligible to complain under “Your Service, Your Say”. (Residents whose place is provided under a contract with the HSE).



## Appendix 5: Referral of Issues arising from Pre-investigation

Issue:	Referral:	Comments:	Responsible Person
Safeguarding Concern	Safeguarding policy and procedures	Notifiable to Chief Inspector of the Social Services Inspectorate in the Health Information and Quality Authority within 2 days of incident.	DOC/PIC
Any allegation of misconduct by the registered provider or any person who works in the designated center.	Orwell Healthcare grievance and disciplinary procedures.	Notifiable to Chief Inspector of the Social Services Inspectorate in the Health Information and Quality Authority within 2 days of incident. (NF 07)	DOC/PIC
Matters of a suspected criminal nature Theft, Physical assault etc	An Garda Síochana	Notifiable to Chief inspector of the Social Services Inspectorate in the Health Information and Quality Authority. Any recurring pattern of theft or reported burglary.	DOC/PIC



Bullying and Harassment	Orwell Healthcare grievance and disciplinary procedures	Refer to Orwell Healthcare Employee Handbook	DOC/PIC HR
Clinical Judgment	Incident Management Process	Refer to Incident Management Policy	DOC/PIC
Non- professional misconduct	Orwell Healthcare and disciplinary procedures	Notifiable to Chief Inspector of the Social Services Inspectorate in the Health Information and Quality Authority within 2 days of incident	DOC/PIC HR
Professional misconduct / fitness to practice	Head of specific discipline within the employing organization or the relevant professional body e.g. NMBI	Refer to relevant Professional Bodies i.e. Medical Council, NMBI etc. Any occasion where RP becomes aware that a member of staff is subject of review by a professional body is notifiable to HIQA within 2 days (NF 08)	DOC/PIC HR
Complaints about HR/ recruitment process	Orwell Healthcare grievance and disciplinary procedures	Refer to Orwell Healthcare Employee Handbook	DOC/PIC RPR



## Appendix 6: Advocacy Groups

Advocacy Group	Phone No:	Email address	Postal address
Age Action Ireland <a href="http://www.ageaction.ie">www.ageaction.ie</a>	(01) 475 6989	<a href="mailto:info@ageaction.ie">info@ageaction.ie</a>	30/31 Lower Camden Street, Dublin 2
Acquired Brain Injury Ireland <a href="http://www.abiireland.ie">www.abiireland.ie</a>	(01) 2804164		2nd Floor Block A, Century House, 100 George's St Upper, Dún Laoghaire, Dublin A96 R2V343
Citizens Information Board	0818 079000	<a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a>	George's Quay House 43 Townsend St, Dublin D02 VK65
Equality Authority <a href="http://www.ihrec.ie/">www.ihrec.ie/</a>	(01) 8589601	<a href="mailto:info@ihrec.ie">info@ihrec.ie</a>	16 – 22 Green Street Dublin D07 CR20
Headway <a href="http://www.headway.ie">www.headway.ie</a>	(01) 6040800 Helpline:1800 400 478		Blackhall Green Dublin D07 RX67
Irish Cancer Society <a href="http://www.cancer.ie">www.cancer.ie</a>	Support Helpline 1800 200 700 Mon/Fri 9am- 5pm	<a href="mailto:supportline@irishcancer.ie">supportline@irishcancer.ie</a>	43/45 Northumberland Road, Dublin D04 VX65



Irish Patients Association <a href="http://www.irishpatients.ie">www.irishpatients.ie</a>	Send text or Whatsapp only to 087 6594183	<a href="mailto:info@irishpatients.ie">info@irishpatients.ie</a>	Unit 2, 24 Church Road, Ballybrack, Co Dublin
Irish Senior Citizen's Parliament	085 2604955	<a href="mailto:office@seniors.ie">office@seniors.ie</a>	Willie Bermingham Place, 14 Kilmainham Ln, Saint James', Dublin 8
Mental Health Ireland	(01) 284 1166	<a href="mailto:info@mentalhealthireland.ie">info@mentalhealthireland.ie</a>	Second Floor, Marina House, 11- 13 Clarence St, Dún Laoghaire, Dublin A96 E289
Senior Helpline Third Age	1800 80 45 91 046 955 7766	<a href="http://www.thirdageireland.ie">www.thirdageireland.ie</a>	Third Age Ireland Summerhill, Co Meath
SAGE Rapid Response  SAGE Support & Advocacy Services	0818 719 400  (01) 536 7330	<a href="mailto:info@sageadvocacy.ie">info@sageadvocacy.ie</a>	24-26 Upper Ormond Quay Dublin 7 D07 DAV9
Patient Advocacy service	0818 293003	<a href="http://www.patientadvocacyservice.ie">www.patientadvocacyservice.ie</a>  <a href="mailto:info@patientadvocacyservice.ie">info@patientadvocacyservice.ie</a>	Patient Advocacy Service Level 3 Rear Unit Marshalsea Court Merchant's Quay Dublin 8, D08AEY8



## Appendix 7: Complaints Form

### A: Your details

Name:	
Address:	
Contact Details:	
Email:	Phone:
How would you like us to contact you?	

If our usual way of dealing with complaints makes it difficult for you to use our service, please tell us so that we can discuss how we might help you.

The person who experienced the issue should normally fill in this form. If you are filling this in on behalf of someone else, please fill in section B as well. (\*Please note that before taking forward the complaint we will need to satisfy ourselves that you have the authority and/or consent to act on behalf of the person concerned).

### B: Making a complaint on behalf of someone else: Their details

Their name in full:
Their address:
What is your relationship to them?
Why are you making a complaint on their behalf?



## C: About your complaint

*(Please use a separate sheet(s) if necessary to continue your answers)*

What happened? What do you think we did wrong, or failed to do?
When did it happen (please include date(s) / times?)
Who was Involved?
What is your most important concern?
What are your other concerns (if applicable)?
Describe how you personally or the person you are representing has been affected:
What do you think should be done to put things right?
Have you already put your concern to any staff? If so, please give brief details of how and when you did so.



If you have any documents to support your concern/complaint, please attach them with this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When you have completed this form, please forward it to:**

Diana Rose, Complaints Officer

Orwell Healthcare, 112 Orwell Road, Rathgar, Dublin 6

(or email to [doc@orwellhealthcare.ie](mailto:doc@orwellhealthcare.ie))

We will contact you within 5 working days to discuss the matter.



## Appendix 8: Letter of Acknowledgement of Complaint

Ms./Mr./Mrs.

By email:

Date:

Dear .....,

I would like to acknowledge receipt of your complaint by (verbal, email, letter) which was received on (enter date), by my colleague (name of person receiving complaint) at Orwell Healthcare.

I have informed the Person in Charge and the Registered Provider of your complaint I would like to assure you that we deal with complaints in an open and honest way and in accordance with our complaints process.

Our aim is to resolve this matter to your satisfaction, if we get something wrong, we will apologize and where possible we will try to put things right. We also aim to learn from our mistakes and use the information we gain to improve our services. I would like to confirm that we will communicate with you by email/letter.

We ask complainants what outcome they are hoping for, to ensure we are both working towards the same resolution, if you could reflect on this and please get back to us.

We will aim to resolve your concerns within 30 working days, but we will let you know if it will take longer and give you regular updates.

If we do not succeed in resolving your complaint to your satisfaction or you are not happy with the outcome following our investigation you may appeal the outcome to our Review Officer, Ms. Laura Dunne, or you can refer your complaint to the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service.

Further support on making a formal complaint is available from The Patient Advocacy Service, which is an independent, free and confidential service [www.patientadvocacyservice.ie](http://www.patientadvocacyservice.ie)

If you would like to meet with me to discuss the complaint or if you have any queries, please do not hesitate to contact me at 01-4999000 Ext 5003 or email me at [doc@orwellhealthcare.ie](mailto:doc@orwellhealthcare.ie)

Yours sincerely

Diana Rose

Complaints Officer



## Appendix 9: Complaints Response Letter

Ms./Mr./Mrs.

By email:

Date:

Dear .....,

Further to your (**verbal, written**) complaint on the (**enter date**) concerning, (**enter topic**) I have discussed this complaint with various members of management, and the findings of our investigations are outlined below.

(**investigation details and findings to be detailed**)

We hope you are satisfied with the outcome of the investigation. If you wish to make an appeal, you should do so within 30 days from the date of this notification, the complaint will automatically close after this date.

We hope that we have been able to resolve your complaint satisfactorily. However, if you remain unhappy with our response then you can appeal the outcome to our Review Officer, Ms. Laura Dunne, or you can refer your complaint to the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service.

The Ombudsman will ask you for details of your complaint and to provide a copy of this letter (our final response to your complaint). The best way to do this is through:

- Make A Complaint' at [www.ombudsman.ie](http://www.ombudsman.ie)

You can also write to: Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773 or call 01 639 5600 if you have any queries.

If you have any queries, please do not hesitate to contact me at 01-4999000 Ext 5003 or email me at [doc@orwellhealthcare.ie](mailto:doc@orwellhealthcare.ie)

Yours sincerely

Diana Rose - Complaints Officer



## Key Points

After reading this policy, you should know:

- ✚ What is defined as a complaint?
- ✚ What are your responsibilities regarding the reporting and management of complaints?
- ✚ What are the characteristics of good effective complaints management?
- ✚ What are the stages in the Complaints Procedure?
- ✚ Who is the Complaints Officer at Orwell Healthcare?