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Summary of Policy

✚ What is defined as a complaint?

A complaint is defined as an expression or statement of dissatisfaction that requires a response. Complaints can be verbal or written.

✚ 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 in a timely manner.
- ✓ Have a constructive attitude towards the complaint.

- ✓ Lessons are learned and changes 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: Local resolution

Stage 2: a) Informal b) Formal Investigation

Stage 3: Review by Nominated person.

Stage 4: Review by Internal Appeals Officer. (Investigation by External Independent Investigator if required)

Stage 5: Appeal to the Ombudsman if unhappy with decision.

✚ Who are the Complaints Officers for Orwell Healthcare?

Jennifer Downey, Executive PA,
Darren Lynch, Hospitality Manager



TABLE OF CONTENTS

1.0	Policy Statement	3
2.0	Purpose	3
3.0	Objectives	3
4.0	Scope	3
5.0	Definitions	4
6.0	Responsibilities	6
7.0	General Principles of Complaints Management	8
8.0	Informal Resolution	10
9.0	Complaints Officer.....	10
10.0	Management of Verbal Complaints	12
11.0	Management of Written Complaints	13
12.0	Timeframe for investigation of complaint	16
13.0	Complaints in writing about named staff members	18
14.0	Procedure for Formal Investigation of a Complaint.....	19
15.0	Appealing the Decision of the Complaints Officer.....	21
16.0	Open Disclosure	23
17.0	Staff Training.....	24
18.0	Monitoring and Review of Complaints Management.....	24
	References	26
	Bibliography.....	27
	Appendix 1: Agencies who deal with complaints relating to residential and home care.....	28
	Appendix 2: Matters excluded from the right to complain.....	29
	Appendix 3: Orwell Healthcare Complaints Procedure.....	31
	Appendix 4: Quick Guide to the Management of Complaints	35
	Appendix 5: Referral of Issues arising from pre-investigation.....	38
	Appendix 6: Advocacy Groups.....	40
	Appendix 7: Letter of Acknowledgement of Complaint	42
	Appendix 8: Complaints Response Letter	44
	Key Points	45



1.0 Policy Statement

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. Comments and / or complaints will be used to inform continuous quality improvement and risk management of services provided.

Each resident is encouraged and supported to express any concerns safely and is reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaint's procedure. (1.7.2) National Standards for Residential Care Settings for Older People in Ireland, 2016)

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** 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.
- 3.2** To ensure that Orwell Healthcare staff are aware of the procedures to be followed for management of complaints and concerns.
- 3.3** To ensure that complaints and concerns are used to inform quality improvement and risk management processes in Orwell Healthcare.

4.0 Scope

This policy should be read by all Orwell Healthcare staff.



5.0 Definitions

5.1 Concern: A safety or quality issue regarding any aspect of service provision, raised by a service user, service provider, member of the workforce or general public. (HIQA 7.7.15).

5.2 Complaint: In general terms a complaint is defined as an expression or statement of dissatisfaction that requires a response (Department of Health, 2008). Complaints can be verbal or written. The Health Act, 2004 (Government of Ireland, 2004: p38) states that:

“complaint” means a complaint made under this Part about any action of the Executive or a service provider that—

(a) It is claimed, does not accord with fair or sound administrative practice, and

(b) Adversely affects the person by whom or on whose behalf the complaint is made”.

(c) anything done or omitted to be done by the Executive, or by a Service Provider in connection with the provision of a health or personal social service that is the subject of an arrangement under Section 38 of the Act, or a service in respect of which assistance is given under Section 39 of the Act.”

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

5.4 Complainant: Complainant refers to a person who is entitled under Health Act 2004 section 46 to make a complaint on the person’s own behalf or on behalf of another.

5.5 Open Disclosure: An open, consistent approach to communicating with service users when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse effect.

5.6 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. In order 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.

6.0 Responsibilities

Actions	Responsible
This policy will be available to all Orwell Healthcare staff: 1. Online through The Orwell Academy https://academy.orwellhealthcare.ie 3. Request a copy from your line manager.	<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 Jennifer Downey and Darren Lynch is the Deputy Complaints Officer.	<i>Executive PA Hospitality Manager</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 in charge/nurse manager on duty.	<i>All Orwell Healthcare staff</i>
The nurse in charge/nurse manager receiving a complaint will assess the complaint to identify the appropriateness of resolution of the complaint at the point of contact.	<i>CNM/DON</i>
Complaints not suitable for resolution at the point of contact will be referred to the Person in Charge	<i>CNM/DON</i>
All written complaints will be forwarded to the Person in Charge and Complaints Officers.	<i>Any staff member who receives a written complaint</i>
A copy of the procedure for making complaints will be displayed in a prominent place and suitable format for residents and representatives, including the name of the Complaints Officers.	<i>Person in Charge</i>



<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 is practicable or within 1 week in the case of an emergency admission. This will be provided in the Residents' Guide and followed up with question 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>



7.0 General Principles of Complaints Management

- 7.1** 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.

There is a procedure for making formal complaints. This procedure is consistent with relevant legislation and regulations, local and national policy and takes account of best practice guidelines. Each resident is given Information about how to make a complaint in an accessible and appropriate format which includes the procedure for making a complaint outside the residential service when all other options have been exhausted. (1.7.1) *National Standards for Residential Care Settings for Older People in Ireland, 2016*

- 7.2** The complaints procedure is displayed in Orwell Healthcare in a prominent position opposite Reception. (**See Appendix 3**) A full copy of Orwell Healthcare Complaints Policy is available on request from Reception.
- 7.2.1** Complaints may be made directly to a staff member of Orwell Healthcare by a resident or a person acting on his/her behalf, about care given / services

Each resident is encouraged and supported to express any concerns safely and is reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaint's procedure. (1.7.2) *National Standards for Residential Care Settings for Older People in Ireland, 2016*

provided or omitted in Orwell Healthcare. We encourage residents to avail of opportunities to express their complaints and concerns in the firm knowledge that no adverse action will be taken by the home. (**See Appendix 6** for list of Advocacy Services).

- 7.2.2** Complaints made about Orwell Healthcare to HIQA are referred for local resolution. HIQA are presently unable to investigate individual complaints about a health or social care service under the Health Act 2007.
- 7.2.3** The complainant can refer a complaint at any stage in the complaints process to the Health Services Executive or Ombudsman including the decision or findings of the Appeals Officer. (**See Appendix 1** for contact details of agencies who deal with residential and home care complaints).



7.3 Complaints may be made verbally, written, or by email.

Concerns are addressed and recorded immediately at local level and, where appropriate, without recourse to the formal complaint's procedure, unless the resident wishes otherwise. (1.7.5) *National Standards for Residential Care Settings for Older People in Ireland, 2016*)

7.4 All concerns, verbal and written complaints will be recorded electronically in the Complaints section on Care Monitor (Orwell Private, Orwell Queen of Peace). 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.

7.5 The characteristics of good complaint handling include:

- 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 in a timely manner.
- Have a constructive attitude towards complaints.
- Lessons are learned and changes 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).

7.6 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.



8.0 Informal Resolution

If possible, we believe it is best to deal with things as soon as possible and in the easiest and most direct way. A service user may make a complaint locally and the person receiving the complaint will seek to resolve the issue there and then or pass it on to the relevant person to follow up where necessary. If they need time to look into the concern, they should come back to the complainant within 5 working days.

If there are any lessons to learn from addressing a complaint, the staff member will list them in Care Monitor as action points and discuss them with the team involved. If the staff member can't help, they will explain why, and the complainant can then ask for the complaint to be formally investigated.

9.0 Complaints Officer

9.1 The Complaints Officers are the people designated by Orwell Healthcare for the purpose of dealing with complaints.

9.2 The Complaints Officers for Orwell Healthcare are Jennifer Downey, Executive PA and Darren Lynch Hospitality & Catering Manager

9.3 Complaints that cannot be resolved by informal resolution may be referred to the Complaints Officer for further investigation. The complaints officer will normally 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 in the report.

9.4 Roles and Responsibilities of the Complaints Officers

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

9.4.2 Identify details of the complaint which are not within the remit of Orwell Healthcare. **(As outlined in Appendix 2)**

9.4.3 Investigate and conclude within 30 working days or inform the complainant if there is any delay. Update them every 20 days.

9.4.4 Inform relevant parties of the decision to extend or not extend the timeframe.

9.4.5 Use tools such as mediation if it will help to resolve the matter.



- 9.4.6 Request documents and communicate with relevant people to help with investigation of the complaint. This could include files, notes of conversations, letters, emails or whatever may be relevant to the complaint.
- 9.4.7 If the findings in the report will have an adverse effect on any individual - allow them the opportunity to respond.
- 9.4.8 Make recommendations for any areas where improvement is required in response to the complaint.
- 9.4.9 Provide the Complainant with a written report of the complaint, if requested.
- 9.4.10 Where the complaint is withdrawn, inform the Person in Charge to determine if the investigation should continue.
- 9.4.11 Present the Complaints Report at the Clinical Governance Complaints Management meetings.
- 9.4.12 Act as Liaison Officer for complaints which have been referred to the Ombudsman.

9.5 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:

- 9.5.1 Difficulty in remaining impartial and non-biased in the investigation of the complaint.
- 9.5.2 Extensive previous knowledge of the complaint or the parties involved.
- 9.5.3 Previous poor interpersonal or working relationships with the people involved.
- 9.5.4 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.
- 9.5.5 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.



10.0 Management of Verbal Complaints

- 10.1** A verbal complaint can be received by any member of staff from a resident and/or representative. All staff have a clear delegation to resolve a verbal complaint at the first point of contact where possible.
- 10.2** All staff of Orwell Healthcare have a responsibility to accept any complaint received by them and report it to their line manager and/or Complaints Officer (CO) of Orwell Healthcare at the time the complaint is made.
- 10.3** Verbal complaints are usually more frequent and of a less serious nature and can often be resolved immediately.

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

- ***Be respectful and helpful***
- ***Do not attempt to blame, become argumentative or defensive***
- ***Remain calm and positive***
- ***Refer the complaint to the Nurse in Charge/ Clinical Nurse Manager /Complaints Officer***
- ***Verbal complaints are acknowledged immediately (by staff member) or within 24 hours (by CNM/ADON/DON)***

10.3.1 **When the complainant is not a resident**, the Nurse in Charge/CNM/CO should do the following:

- Ask the person for their contact details and explain that no acknowledgement or outcome can be provided without contact details.
- Attempt to gather as much information as possible about the complaint to assess the seriousness of the complaint and consider the most appropriate response.
- Establish what the complaint is about and try to find out what would fix the person's concerns.
- See if there is anything that can be done immediately.
- Offer an apology or explanation if possible and appropriate.



- Try and resolve the situation there and then.

10.4 Complaints which should not be managed at the point of contact

- If there are 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.
- The complaint involves more than one category.
- The complaint alleged poor standards that required further investigation to find out the reasons and any improvements that may be required.
- Any complaints which are outside the scope of Orwell Healthcare as outlined in Appendix 2.

10.5 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.

10.6 If the person is not satisfied with the response to the complaint, they should be offered the opportunity to submit his/her complaint in writing, as a written formal complaint.

10.7 All verbal and informal complaints should be recorded electronically in Care Monitor™ (Orwell Private, Orwell Queen of Peace) as far as is reasonably practical as part of the overall quality improvement strategy of Orwell Healthcare. By doing this it will help to highlight if a specific trend is emerging in relation to quality of service. It will also highlight areas relating to a risk or safety issues.

11.0 Management of Written Complaints

11.1 Written complaints can be the first point of contact, or they may result if a verbal complaint cannot be resolved satisfactorily.

11.2 Written complaints received by any member of staff must be brought immediately to the attention of the PIC/ CO.

11.3 When a written complaint is received, the PIC/CO will decide on what further steps to take. This will depend on the nature of the complaint, the need for



consent from the complainant and / or other people to whom the complaint relates and the seriousness of the complaint. For example, the complaint was made by a person on behalf of a resident, but the resident may not agree with the complaint.

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

11.5 Consideration of a written complaint (Pre-Investigation): Consideration of a written complaint should include the possibility of an informal resolution to the complaint that would not require a formal investigation.

11.5.1 Prior to any formal investigation, a pre-investigation of the complaint should be made, to establish the following:

- That the complaint is within the 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.

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

11.5.3 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 close relative or carer.
- A person who by law or appointment of a court has the care of the affairs of the resident.
- Any legal representative of the resident.
- Any other person who has the consent of the person.
- Any other person who is appointed as prescribed in the regulations
- A support person appointed through advocacy services (e.g. SAGE or the Patient Advocacy Service).

(Legal advice should be sought where there is any lack of clarity about the



appropriateness and grounds for a complaint and / or entitlement of a complainant to make the complaint).

11.5.4 Pre-investigation of the complaint should also determine that:

- The subject matter is not trivial.
- The complaint is not malicious.
- The complaint is made in good faith.
- The complaint has not already been resolved.
- The complaint should not be addressed by alternate processes or health authority.

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

11.6 The written complaint should be **acknowledged within 5 working days** including the date of the complaint and the date it was received by Orwell Healthcare.

11.7 The written acknowledgment should include an expression of regret for any inconvenience or difficulties experienced; appreciation of feedback; how and when the complaint will be investigated and an opportunity to discuss any of the matters that have arisen.

11.8 Where a complaint is made against a named member of staff and has not been resolved at the point of contact, the complainant must be asked to formally put the complaint in writing and sign the complaint.

11.9 Where it is determined that a complaint has not met enough criteria or grounds for complaint, the Complaints Officer along with the Person in Charge may choose not to proceed with investigation. This decision and the rationale should be given in writing to the complainant. Alternate options for proceeding with the complaint should be provided to the complainant.

11.10 The completion of the pre-investigation may result in the finding that the complaint requires an alternate process to manage the complaint, the PIC /CO should either use the alternate process (as in the case of suspicions / allegations of abuse) or refer the complaint to the appropriate authority (as in the case of professional misconduct / fitness to practice issues. **(See**



Appendix 5)

11.11 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

Each resident who makes a complaint is informed of the outcome of the complaint review and any actions taken. (1.7.7) *National Standards for Residential Care Settings for Older People in Ireland, 2016*) within 30 working days (HSE Complaints Policy May 15)

Inspectorate in the Health Information and Quality Authority within three working days. (Form NF06 and NF07).

12.0 Timeframe for investigation of complaint

- a. Acknowledgement of a written complaint **within 5 working days**.
- b. Where a formal investigation is being carried out, try to complete the investigation **within 30 working days** of the complaint being acknowledged.
- c. Where it is not possible to carry out the investigation within 30 working days, the complainant must be informed and given an indication of the timeframe required (aim for no longer than 6 months).
- d. The complainant should be **provided with an update every 20 working days**. Where further information is required to conduct the investigation, the complainant should be contacted and asked to respond within 10 working days if this is feasible.
- e. Where a staff member/ member is required to respond to issues raised by the complaint, they should be asked to do so within a reasonable timeframe such as 10 working days.
- f. Where the complaint involves a staff member no longer employed by Orwell Healthcare, every reasonable effort should be made to contact this person and request a response. However, if after all reasonable efforts, the investigating person / team are unable to contact and / or receive a response from this person, the investigation person team should proceed to investigate the complaint to the best of their ability with the information available to them.
- g. The response letter should clearly outline the outcome of the investigation and the actions (if any) applicable to resolve the complaint. The response letter will indicate



that the complaint will automatically close after 30 days unless a reply is received from the complainant expressing dissatisfaction with the outcome.

- h. In the event that the complainant refuses to close a complaint, despite the best efforts of Orwell Healthcare, this will be discussed at the Complaints Governance Meetings. If following discussion, it is concluded that the complaint as presented by the complainant has been resolved, and the committee are satisfied that all reasonable efforts have been made to close the complaint as per procedure, the complaint will be closed. The reasons for closing the complaint in this fashion will be clearly outlined in the Complaint record in Care Monitor.



13.0 Complaints in writing about named staff members

- a) Where a complaint has been made against a named staff member, and requires a formal investigation, the complaint and key issues raised should be communicated by the DOC/ PIC/CO to this staff member.
- b) The Person in Charge/CO may interview any person who they feel can assist with the investigation.
- c) Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organization.
- d) It will be considered a disciplinary offence to intimidate or attempt to obstruct the investigation process in any way.
- e) Great care and consideration will be given to the recording of the complaint or concern with regard to the Defamation Act 2009.
- f) Complaints or concerns received about named staff members may need to be investigated in conjunction with legal advice.
- g) The staff member should be provided with a statement indicating that a complaint has been received, giving the date and details of the complaint and a summary of key issues / points which need to be addressed.
- h) The staff member should be requested to provide a response to the issues raised.
- i) A request for a response / report should comply as far as is practicable with the timeframes outlined.
- j) Depending on the incident and at the discretion of the investigator, the staff member may be invited to take part in a local investigation of the complaint.
- k) The staff member should be informed of their right to be accompanied by a relevant support person (e.g. work colleague).
- l) The staff member should be provided with advice and support during the investigation and should always be kept up to date with the progress of the investigation having regard for the rights to confidentiality of other parties involved.
- m) 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.



- n) 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.

14.0 Procedure for Formal Investigation of a Complaint

- 14.1** The investigation procedure should begin by identifying all parties involved in the complaint i.e. the complainant and staff members about whom the complaint is being made.
- 14.2** All parties should be made aware of the decision to carry out a formal investigation of the complaint.
- 14.3** The PIC/CO should decide whether a team should be set up to carry out the investigation and ensure that the team members can conduct the investigation in an unbiased and unprejudiced manner.
- 14.4** Where other personnel are to be included as part of an investigation, the complainant's consent to sharing information should be documented.

The Complaints Procedure identifies the expectations of residents who make a complaint and ensures that these expectations are taken into account and addressed throughout the process. *(1.7.6) National Standards for Residential Care Settings for Older People in Ireland, 2016)*

- 14.5** The scope/terms of reference for the investigation should be agreed with the team members. This should include identification of the key issues or questions raised by the complainant and their expectations.
- 14.6** All relevant information required to carry out the investigation should be established and gathered.
- 14.7** 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 the rationale / explanations for actions taken /omitted.
- 14.8** All parties should be informed of their right to be accompanied by a support



person / resident advocate at any meetings surrounding the complaint.

- 14.9** All parties should be reassured that their rights to fairness, dignity and confidentiality will be maintained.
- 14.10** A written record of all communications during the management of a complaint should be kept.
- 14.11** 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.
- 14.12** 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.
- 14.13** 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.
- 14.14** 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.
- 14.15** Where there is any doubt about the appropriateness of disclosing information, the PIC/CO should consult their legal representatives.
- 14.16** The investigating team should establish and communicate to the relevant parties, timeframes and sequence of events including how the complainant and other relevant parties will be updated on progress of the investigation.
- 14.17** 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.

14.18 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.

14.19 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 were deemed appropriate by the investigation.
- 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.

14.20 All documentation related to managing and investigating a complaint should comply with the requirements for confidentiality and management of resident information as outlined in the appropriate policies.

14.21 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.

15.0 Appealing the Decision of the Complaints Officer

15.1 Appeals against the decision of the Complaints Officer can be made by the complainant to the Appeals Officer.

15.2 If such an appeal is brought, the Appeals Officer shall give both parties an



opportunity to be heard and to present any evidence relevant to the appeal.

- 15.3** An appeal must be initiated within 6 weeks of the date on which the finding or recommendation to which it relates was communicated to the person.
- 15.4** An appeal may be made by furnishing a notice in writing to the Appeals Officer specifying the grounds of appeal.
- 15.5** The period of 6 weeks may be extended by the Appeals Officer at the request in writing by the person making the appeal for a further period not exceeding 12 weeks if the Appeals Officer is satisfied that the person has given reasonable cause for the extension.
- 15.6** The Appeals Officer shall decide in writing in relation to the appeal affirming, varying or setting aside the finding or recommendation concerned and shall communicate the determination (including the reasons) to the complainant and Registered Provider if appropriate.
- 15.7** The Appeals Officer may, for the purpose of his or her functions require a Complaints Officer to make such further inquiries and to furnish him or her with the result of such inquiries or further information as he or she considers necessary within such period as may be specified by him or her, and the officer shall comply with the requirement.
- 15.8** If at any time after an appeal has been initiated, the Appeals 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.
- 15.9** 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.
- 15.10** If the appeal 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 appeal 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.

- 15.11** 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.
- 15.12** 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.

16.0 Open Disclosure

There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and Complaints. These are seen as a valuable source of information and are used to make improvements in the service provided (1.7.4) *National Standards for Residential Care Settings for Older People in Ireland, 2016*)

- 16.1** We support a culture of openness where residents and/or advocates are encouraged to provide feedback at the Residents Representative Meeting.
- 16.2** A Suggestion Box is available at reception where residents or their representatives can anonymously leave suggestions or concerns.
- 16.3** An annual survey will provide information which will be used for analysis and for continuous improvement.
- 16.4** 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

Staff are trained to understand behaviour that indicates an issue of concern or complaint that a resident may not be able to communicate by other means. Such messages are recorded and receive the same positive response as issues of concern and complaints raised by other means. (1.7.8) *National Standards for Residential Care Settings for Older People in Ireland, 2016*)

17.0 Staff Training

- 17.1** All staff receive training in Complaints management and communications as part of their Induction program.

18.0 Monitoring and Review of Complaints Management

- 18.1** Complaints should be recorded in the complaints section of Care Monitor™ (Orwell Private, Orwell Queen of Peace) and reviewed on a monthly basis. They should be discussed as part of Complaints Governance meetings.
- 18.2** Actions to address risk / quality improvement issues arising from complaints should be clearly documented, with timeframes and responsible person(s) identified.
- 18.3** Adherence to the procedures and processes outlined in this policy should be audited as part of the quality improvement ethos of Orwell Healthcare.
- 18.4** 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.
- 18.5** An Annual Complaints Report is compiled of total complaints/ concerns raised for the year and this is published in the Annual Report which is made available to residents and staff.
- 18.6** An annual report is provided to the HSE on the complaints received during the previous year indication:
- 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.

18.7 (See **Appendix 4** for Quick Guide to Management of Complaints)



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.hiqa.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
7. The Management of Consumer Feedback to include Comments, Compliments and Complaint in the Health Service Executive (HSE): HSE Advocacy Services 2015
8. S.I. 300 of 2015 Ombudsman Act 1980 (Section 1A) (No. 2) Order 2015.
9. Open Disclosure –National Policy (HSE) 2013
https://hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/opensdiscFiles/opensdiscpolicyoct13.pdf {Accessed 24th March 2017}
10. The Patient Advocacy Service website (accessed Dec 2022)
https://www.patientadvocacyservice.ie/?gclid=EAlaIQobChMIxoSs5qG-wlVqt_tCh0xYAtQEAAAYASAAEqlUyPD_BwE
11. Model Complaints Systems for Nursing Homes – The Ombudsman
<https://www.ombudsman.ie/guidance-for-service-providers/model-complaints-system-f/> (accessed Dec 2022)
12. HSE “Comments, Compliments and Complaints”
<https://www.hse.ie/eng/about/who/complaints/> (accessed Dec 2022)



13. Health Care Act 2007 (care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 – amendment 1 March 2023 to facilitate the phased rollout of the Patient Advocacy Service (PAS)

Bibliography

1. 'Your Service, Your Say'. The management of Consumer Feedback to include Comments, Compliments and Complaints in the Health Service Executive. HSE Advocacy Service May 2015.
2. Office of the Ombudsman, Ireland (2008). Complaints against the Public Health Service accessed at www.ombudsman.gov.ie on 11/06/08.



Appendix 1: Agencies who deal with complaints relating to residential and home care

**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 Website: www.hse.ie**

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 we do not have the legal power to investigate individual complaint or concerns, we do review all information or concerns about services we receive, and we assess them against the regulations and the standards. If there is a serious risk to the health and welfare of service users, the Authority may decide to take appropriate action in relation to that service. We may also undertake or be required by the Minister of Health to undertake, an investigation into the safety, quality and standard of healthcare services. If you wish to contact us regarding a concern about a service, you can:”

- phone **021) 2409646;**
- email: 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.

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
2. You can get in touch with our Complaints Officers at 01-4999 000 to make your complaint over the phone.
3. You can email us at pa@orwellhealthcare.ie
4. 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 remit relates to complaints about action which occur on or after 24th August 2015. The Ombudsman can only examine complaints which occurred before that date if they relate to residents eligible to complain under "Your Service, Your Say". (Residents whose place is provided under a contract with the HSE).

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

Telephone (01) 6395600

Website: www.ombudsman.ie to complete and submit an online complaints form

Other Agencies involved in Complaints Management

You can also 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. www.healthcomplaints.ie provides information on how to make a complaint or give feedback about health and social care services in Ireland. It also includes information on how to raise concerns with HIQA or the Mental Health Commission and details of advocacy services that will help you make a complaint.

All requests for a HSE review should be forwarded to:

Complaints Manager, HSE Oak House, Millennium Park, Naas, Co Kildare.

Telephone (045) 880400. www.hse.ie

HSE National Information Line 1850 24 1850 (8am to 8pm Monday-Saturday)

Health Complaints, Office of the Ombudsman www.healthcomplaints.ie

Health Information Quality Authority (HIQA):

- phone (021) 2409646;
- email: 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.



What if you need our help?

We will aim to help you make your complaint known to us. If you need extra assistance, we will try and put you in touch with someone who can help.

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 Officers: Ms Jennifer Downey and Mr Darren Lynch

Nominated Person to oversee Management of Complaints: Ms Diana Rose

Appeals Officer: Ms Laura Dunne

Telephone: 01-4999 000

Fax: 01-4903 552

Website: www.orwellhealthcare.ie

Email: info@orwellhealthcare.ie

(A full copy of Orwell Healthcare's Complaints Management Policy is available on request from Reception)

Appendix 4: Quick Guide to the Management of Complaints

Stage 1: Local Resolution at Point of Contact

- Verbal complaint made to staff member.
- Report to the Nurse in Charge/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

- Report to Person in Charge (PIC) and/or designated Complaints Officer (CO)
- Complaint responded to and recorded by Complaints Officer/CNM
- Resolution with the Person in Charge / Complaints Officer.

Stage 2: a) Informal Investigation: b) Formal Investigation

- Request complainant to put verbal complaints formally into writing prior to undertaking an investigation.
- The complaint is immediately brought to the attention of the CNM/ PIC / CO/Provider.
- Complaint registered and logged on Care Monitor by the PIC/ CO.
- PIC/CO confirms the entitlement of the complainant to make the complaint.
- PIC/CO decides whether the complaint should be investigated locally or referred to the appropriate channel.
- Where a decision is made that the complaint should not be investigated locally, take appropriate action as outlined in the policy.
- Complaint acknowledged in writing within 5 working days and complainant informed of the decisions made and next course of action.
- Where the complaint has been deemed appropriate for local investigation, the complaint is risk assessed and investigated internally.
- 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 determine what happened and investigate the complaint.
- 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 – Nominated Person

The nominated person reviews all complaints outcomes to ensure that the complaints policy has been followed correctly. This person will advise the complaints management team, if any deviation from the complaints policy has occurred.

Stage 4 - Review by Appeals Officer

- Appeals against the decision, findings or recommendation of the Complaints Officer can be made to the Appeals Officer.
- The nominated Appeals Officer may appoint an external independent party to conduct the appeal. Permission/consent will be sought to access confidential documentation to enable a full and proper investigation to be carried out.
- An appeal must be initiated within 6 weeks of the date on which the finding or recommendation to which it relates was communicated to the person by furnishing a notice in writing to the Appeals Officer specifying the grounds of appeal. The period of 6 weeks may be extended by the Appeals Officer concerned, at the request in writing by the person making the appeal, for a further period not exceeding 12 weeks, if the Appeals Officer is satisfied that the person has given reasonable cause for the extension.
- The Appeals Officer shall decide in writing in relation to the appeal affirming, varying or setting aside the finding or recommendation concerned and shall communicate the determination (including the reasons) to the complainant and Proprietor (if appropriate).



Stage 5- 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 3 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 3 days of incident. (NF 07)	DOC/PIC
Criminal actions e.g., theft.	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. Reported each year on the following dates: 31 October	DOC/PIC



Bullying and Harassment	Orwell Healthcare grievance and disciplinary procedures	Refer to Orwell Healthcare Employee Handbook	DOC/PIC HR
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 3 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 3 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 www.ageaction.ie	(01) 475 6989	info@ageaction.ie	30/31 Lower Camden Street, Dublin 2
Acquired Brain Injury Ireland www.abiireland.ie	(01) 2804164		2nd Floor Block A, Century House, 100 George's St Upper, Dún Laoghaire, Dublin A96 R2V343
Citizens Information Board	0818 079000	www.citizensinformation.ie	George's Quay House 43 Townsend St, Dublin D02 VK65
Equality Authority www.ihrec.ie/	(01) 8589601	info@ihrec.ie	16 – 22 Green Street Dublin D07 CR20
Headway www.headway.ie	(01) 6040800 Helpline:1800 400 478		Blackhall Green Dublin D07 RX67
Irish Cancer Society www.cancer.ie	Support Helpline 1800 200 700 Mon/Fri 9am-5pm	supportline@irishcancer.ie	43/45 Northumberland Road, Dublin D04 VX65
Irish Patients Association www.irishpatients.ie	Send text or Whatsapp only to	info@irishpatients.ie	Unit 2, 24 Church Road, Ballybrack, Co Dublin



	087 6594183		
Irish Senior Citizen's Parliament	085 2604955	office@seniors.ie	Willie Bermingham Place, 14 Kilmainham Ln, Saint James', Dublin 8
Mental Health Ireland	(01) 284 1166	info@mentalhealthireland.ie	Second Floor, Marina House, 11- 13 Clarence St, Dún Laoghaire, Dublin A96 E289
Senior Helpline Third Age	1800 80 45 91 046 955 7766	www.thirdageireland.ie	Third Age Ireland Summerhill, Co Meath
SAGE Rapid Response SAGE Support & Advocacy Services	0818 719 400 (01) 536 7330	info@sageadvocacy.ie	24-26 Upper Ormond Quay Dublin 7 D07 DAV9



Appendix 7: 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 (written, received) on (enter date), and received 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.

We ask complainants what outcome they are hoping for, in order to ensure we are both working towards the same resolution, if you could think about that 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 appeals officer Ms. Laura Dunne or you may complain to the Ombudsman.

The Ombudsman provides an impartial, independent and free service, if you believe that you have been treated unfairly. The contact details for the Office of the Ombudsman: 6 Earlsfort Terrace, Dublin 2, D02 W773. Call 01-639 5600 or you can make a complaint online www.ombudsman.ie

If you have any queries, please do not hesitate to contact me at 01-4999000 Ext 5003 or email me at pa@orwellhealthcare.ie

Yours sincerely,

Jennifer Downey
Complaints Officer



Appendix 8: 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.

If we have not resolved your complaint to your satisfaction or you are not happy the outcome following our investigation you may appeal the outcome to our Appeals Officer, Ms. Laura Dunne, or you may complain to the Ombudsman.

The Ombudsman provides an impartial independent and free service, if you believe that you have been treated unfairly. The contact details for the Office of the Ombudsman 6 Earlsfort Terrace, D02 W773. Call 01-6395600 or you can make a complaint online <https://www.ombudsman.ie/>

If you have any queries, please do not hesitate to contact me at 01-4999000 Ext 5003 or email me at pa@orwellhealthcare.ie

Yours sincerely

Jennifer Downey - Complaints Officer



Key Points

After reading this SOP, 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 in Orwell Healthcare?



Version No.	Date Amended	Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flow chart, minor amendments etc.)
12	June 2020	10.13.9 added- action when there is no response to letter to complainant. Appendix 7, 8, 9 – suite of written correspondence templates to complainants Deputy Complaints Officer
13	September 2020	10.13.10 added- action where the complainant refuses to close the complaint despite all actions being taken to resolve.
14	December 2020	The removal of Tom Carney as Appeals Officer, (conflict of interest) replaced by Laura Dunne. Management of complaints – Diana Rose
15	Nov 2021	Change of Complaints Officer to Jennifer Downey Exec PA. Removals of MMC as Deputy Complaints Officer
16	Dec 2022	Full review to reflect changes to Health Act 2007 and rollout of Patient Advocacy Service (PAS) effect date 1/03/2023. DL -Hospitality Manager added as a Complaints Officer. Contact details for advocacy groups updated. Appendix 9 removed Appendix 8 – Complaints Response Letter updated to include automatic closure dates of complaint