

<b>Document Code:</b>	PCC 7
<b>Document Title:</b>	Policy on Management of Complaints
<b>Version:</b>	18
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<b>Issue Date:</b>	October 2023
<b>Review date:</b>	October 2026
<b>Authorised by:</b>	Dr. Mary Jones, Medical Director

## 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 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 Review 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  
Deputy - Lisa Connick, Bed Manager



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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. 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.

## 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 from residents and / or their representatives.
- 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 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 received from a complainant, including complaints /concerns by persons working in Orwell Healthcare about the operation of Orwell Healthcare.
- 4.3** Complaints made about the quality of care and services to residents in Orwell



Healthcare to a Designated Officer of the Health Service Inspectorate, which are referred back for local resolution from the Designated Officer.

## 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 client.

**5.2 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).

**5.3 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.*

**5.4 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 centres for older people) (amendment) regulations 2022 4 (a); (a) to (e).

**5.5 Complaints officer(s):** A person(s) designated by the facility for the purpose of dealing with complaints. The complaint's 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 in Orwell Healthcare. The complaints officer should 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.



- 5.6 Independent Advocacy Service:** Independent advocacy service means ‘advocacy support provided by an organisation 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 centres for older people) (amendment) regulations 2022, 4 (b))
- 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. 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.
- (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 or not 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 organisation and individuals (HIQA, 2016).
- 5.14 Verbal complaints:** Complaints that are made verbally (including anonymous verbal complaints) would usually be managed as a stage 1 complaint. A formal investigation of a verbal complaint would be the exception rather than the rule. However, it is important to note that no formal acknowledgement or outcome can be provided to a verbal complaint if the complainant does not provide contact details.
- 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.



## 6.0 Responsibilities

Actions	Responsible
This policy will be available to all Orwell Healthcare staff: 1. Online through The Orwell Academy <a href="https://academy.orwellhealthcare.ie">https://academy.orwellhealthcare.ie</a>  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. The Deputy Complaints Officer is Lisa Connick.	<i>Executive PA Bed 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>
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.	<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>
<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 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> <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> </ul>	<p><i>Complaints Officer Jennifer Downey</i></p>





<ul style="list-style-type: none"> <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 another Complaints Officer, 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 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 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.

**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.

## **8.0 Complaints Officer**

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

**8.2** The Complaints Officer for Orwell Healthcare is Jennifer Downey, Executive PA. The Deputy Complaints Officer is Lisa Connick, Bed Manager.

**8.3** 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.

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

- 8.4.1 Establish and direct an investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation.
- 8.4.2 Identify details of the complaint which are not within the remit of Orwell Healthcare. (As outlined in **Appendix 2**)
- 8.4.3 Investigate and conclude within 30 working days or inform the complainant if there is any delay. Update them every 20 days.
- 8.4.4 Inform relevant parties of the decision to extend or not extend the timeframe.
- 8.4.5 Use tools such as mediation if it will help to resolve the matter.
- 8.4.6 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.
- 8.4.7 If the findings in the report will have an adverse effect on any individual - allow them the opportunity to respond.
- 8.4.8 Make recommendations for any areas where improvement is required in response to the complaint.
- 8.4.9 Provide the Complainant with a written report of the complaint, if requested.
- 8.4.10 Where the complaint is withdrawn, inform the Person in Charge to determine if the investigation should continue.
- 8.4.11 Present the Complaints Report at the Clinical Governance Complaints Management meetings.
- 8.4.12 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 Verbal Complaints (Stage 1)

- 9.1 A verbal complaint can be received by any member of staff from a resident and/or representative or visitor.
- 9.2 Verbal complaints which are usually more frequent and of a less serious nature can often be resolved on the spot.
- 9.3 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.
- 9.4 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 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)***



- 9.5** 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.
- 9.6** Where the complaint cannot be resolved by the staff member receiving it, the staff member must report it to the nurse in charge.
- 9.7** The nurse in charge 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.
- 9.8** 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.
- 9.9** 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.
- 9.10** All verbal and informal complaints should be recorded electronically in Care Monitor™ 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.
- 9.11** **Complaints which should not be managed at the point of contact:**
- 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.**

**9.11.1** 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.

**9.11.2** 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 where they will be offered the opportunity to submit their complaint as a written formal complaint.

**9.11.3** Should the complainant require assistance or advice with making a complaint, an Advocacy Champion can, with the resident's agreement, assist with the complaint or assist them with contacting an external advocate such as the Patient Advocacy Service, Sage (Support and Advocacy Services for Older People) or the National Advocacy Service for Adults with Disabilities.

**9.11.4** 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.

**9.12 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.

### 9.13 Recording Verbal Complaints

- 9.13.1 All verbal complaints will be recorded electronically in the Complaints section on Care Monitor.
- 9.13.2 The Person in Charge will maintain a record of all verbal complaints to inform local quality improvement initiatives.

## 10.0 Management of Written Complaints (Stage 2)

- 10.1 Written complaints can be submitted at the first point of contact, or where a verbal complaint cannot be resolved at the point of contact.
- 10.2 Written complaints received by any member of staff must be brought immediately to the attention of the PIC/ CO. The complaints form should be completed, and the Complaints Officer informed of same.
- 10.3 The Person in Charge/Complaints Officer will consider whether it is appropriate and feasible to conduct a formal investigation of the complaint. This will depend on the nature of the complaint, requirements for consent of the complainant and / or other persons to whom the complaint relates and the seriousness of the complaint. For example, a complaint made by a person on behalf of a resident, but the resident may not agree with the complainant.
- 10.4 A risk assessment of the complaint should be carried out to help determine the appropriate course of action .
- 10.5 As per Office of Ombudsman (2015) the following text must be 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 it will be open to you to contact the Offices of the Ombudsman if you are unhappy with the outcome".*
- 10.6 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 would need to be undertaken.





**10.7** 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.

**10.8** 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.

### **10.9 Consideration of a written complaint (Pre-Investigation)**

**10.9.1** Consideration of a written complaint should include the possibility of an informal resolution to the complaint that would not require a formal investigation.

**10.9.2** Prior to any formal investigation, a pre-investigation of the complaint will be made, to ensure that the complaint 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.

**10.9.3** 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 or any other person who has the consent of the resident as far as is possible.
- A resident's legal representative.
- Legal advice should 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.

**10.9.4** 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.

**10.9.5** 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.

10.9.6 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.

## 11.0 Timeframe for Investigation of a Complaint

11.1 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.

11.2 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.

11.3 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).

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

11.5 Where it is determined that a complaint has not met sufficient criteria or grounds for complaint, Orwell Healthcare may choose not to proceed with investigation. This decision and the reasons behind it will be given in writing to the complainant. Alternate options for proceeding with the complaint should be provided to the complainant.

11.6 The end of the pre-investigation may result in the finding that the complaint requires an alternate process to manage the complaint. In such cases, the Complaints' Officer/Person in Charge will either use the alternate process (as in the case of suspicions / allegations of abuse) or refer the complaint to the appropriate authority such as in the case of professional misconduct / fitness to practice issues (See **Appendix 5**).

11.7 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.

- 11.8** 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.
- 11.9** 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.
- 11.10** 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.
- 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 Inspectorate in the Health Information and Quality Authority within three working days. (Form NF06 and NF07).
- 11.12** 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.



### **11.13 Complaints about named staff members**

- 11.13.1** 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.
- 11.13.2** 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.
- 11.13.3** The statement should provide the date and details of the complaint and a summary of key issues / points which the complainant wants addressed.
- 11.13.4** The staff member will be requested to provide a report that addresses the key points / issues raised by the complainant.
- 11.13.5** A request for a response will comply as far as is practicable with the timeframes outlined (10 days).
- 11.13.6** The staff member will be invited to take part in a local investigation of the complaint.
- 11.13.7** 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).
- 11.13.8** The staff member will be invited to meet with the Complaints Officer/ Person in Charge to discuss details.
- 11.13.9** 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.
- 11.13.10** It will be considered a disciplinary offence to intimidate or attempt to obstruct the investigation process in any way.
- 11.13.11** Great care and consideration will be given to the recording of the complaint or concern with regard to the Defamation Act 2009.
- 11.13.12** Complaints or concerns received about named staff members may need to be investigated in conjunction with legal advice.
- 11.13.13** 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.



**11.13.14** 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.

## 12.0 Procedure for Formal Investigation of a Complaint

**12.1** 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.

**12.2** All parties should be made aware of the decision to carry out a formal investigation of the complaint.

**12.3** 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.

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

**12.5** 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.

**12.6** All relevant information required to carry out the investigation should be established and gathered.

**12.7** 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.

**12.8** All parties should be informed of their right to be accompanied by a support person / resident advocate at any meetings surrounding the complaint.

**12.9** All parties should be reassured that their rights to fairness, dignity and confidentiality will be maintained.

**12.10** A written record of all communications during the management of a complaint should be kept.



- 12.11** 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.
- 12.12** 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.
- 12.13** 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.
- 12.14** 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.
- 12.15** Where there is any doubt about the appropriateness of disclosing information, the PIC/CO should consult their legal representatives.
- 12.16** 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 the progress of the investigation.
- 12.17** 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.

**12.18** 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.

**12.19** 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.

**12.20** 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.

**12.21** 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)

**12.22** 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.

## **12.2 Complaints about the Person in Charge or Registered Provider**

**12.2.1** 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.

**12.2.2** 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.

## 13.0 Internal Review

- 13.1** Appeals against the decision of the Complaints Officer can be made by the complainant to the Review Officer.
- 13.2** Where a complainant requests a review of a complaint, the Review Officer will carry out the review within 20 days of the request for the review.
- 13.3** 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.
- 13.4** 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. 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.
- 13.5** 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.
- 13.6** 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.
- 13.7** 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.
- 13.8** 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.

**13.9** 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.

### **13.10 Withdrawal of Complaints**

**13.11** 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.

## **14.0 Recording Complaints**

**14.1** All complaints will be recorded electronically in the Complaints section on Care Monitor.

**14.2** The Person in Charge will maintain a record of all complaints to inform local quality improvement initiatives.

**14.3** 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.

**14.4** Recording of complaints must be accurate and factual.

**14.5** Staff must not enter any assumptions or derogatory comments regarding the complaint or complainant.

**14.6** The staff member must not identify any third parties mentioned – instead state 'a member of staff' or 'another resident'.

**14.7** The nurse in charge to whom a complaint is referred must also record what action he/she took on the Complaints form.

**14.8** 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.

**14.9** The nurse completing the Complaints Form must inform the Complaints Officer of the complaint.

**14.10** 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.



- 14.11** 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.
- 14.12** A resident who makes a complaint is informed of the outcome of the complaint review and any actions taken.

## 15.0 Open Disclosure

- 15.1** We support a culture of openness where residents and/or advocates are encouraged to provide feedback at the Residents Representative Meeting.
- 15.2** A Suggestion Box is available at reception where residents or their representatives can anonymously leave suggestions or concerns.
- 15.3** An annual survey will provide information which will be used for analysis and for continuous improvement.
- 15.4** 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.

## 16.0 Staff Training

- 16.1** All staff are given an explanation of the Complaints policy and procedures as part of the induction process.
- 16.2** 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).
- 16.3** Nominated Complaints Officers and Review Officers receive suitable training to deal with complaints in accordance with the Orwell Healthcare complaints procedures.



## 17.0 Monitoring and Review of Complaints Management

- 17.1** Complaints should be recorded in the complaints section of Care Monitor™ and reviewed on a monthly basis. They should be discussed as part of Complaints Governance meetings.
- 17.2** Actions to address risk / quality improvement issues arising from complaints should be clearly documented, with timeframes and responsible person(s) identified.
- 17.3** Adherence to the procedures and processes outlined in this policy should be audited as part of the quality improvement ethos of Orwell Healthcare.
- 17.4** 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.
- 17.5** 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.
- 17.6** 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.
- 17.7** (See **Appendix 4** for Quick Guide to Management of Complaints)



## References

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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](http://www.healthcomplaints.ie)
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8. Department of Health (2022) Crowe, Review of Nursing Homes Complaints, [www.gov.ie](http://www.gov.ie)
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10. The Management of Consumer Feedback to include Comments, Compliments and Complaint in the Health Service Executive (HSE): HSE Advocacy Services 2015
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12. 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)
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<https://www.ombudsman.ie/guidance-for-service-providers/model-complaints-system-f/> (accessed August 2023)
15. Health Service Executive, (2017) The Management of Service User Feedback for Comments, Compliments and Complaints accessed August 2023  
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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 who deal 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.

**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 get in touch with our Complaints Officer at 01-4999 000 to make your complaint over the phone.
3. You can email us at [pa@orwellhealthcare.ie](mailto: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 cannot look into 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.

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

**Telephone (01) 6395600**

**Website: [www.ombudsman.ie](http://www.ombudsman.ie)**

**Email [info@ombudsman.ie](mailto:info@ombudsman.ie) to complete and submit an online complaint 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](http://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](http://www.hse.ie)

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

Health Complaints, Office of the Ombudsman [www.healthcomplaints.ie](http://www.healthcomplaints.ie)

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.



### 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) or SAGE advocacy service 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 [info@patientadvocayservice.ie](mailto:info@patientadvocayservice.ie) or by calling the national line 0818 293003. You can also make your query online at [www.patientadvocayservice.ie](http://www.patientadvocayservice.ie)

### 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 Jennifer Downey

**Deputy Complaints Officer:** Lisa Connick

**Nominated Person to oversee Management of Complaints:** Ms Diana Rose

**Review Officer:** Ms Laura Dunne

Telephone: 01-4999 000

Fax: 01-4903 552

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: 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 Internal Review Officer**

- Appeals against the decision, findings or recommendation of the Complaints Officer can be made to the Review Officer.
- The nominated Review Officer may appoint an external independent party to conduct the review. Permission/consent will be sought to access confidential documentation to enable a full and proper investigation to be carried out.
- 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; In the event that 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 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
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
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 <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:**

Jennifer Downey, Complaints Officer

Orwell Healthcare, 112 Orwell Road, Rathgar, Dublin 6

(or email to [pa@orwellhealthcare.ie](mailto:pa@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 (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 Review 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](http://www.ombudsman.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 [pa@orwellhealthcare.ie](mailto:pa@orwellhealthcare.ie)

Yours sincerely,

Jennifer Downey  
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, the reasons for the decision, any improvements recommended and details of the review process; 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 with the outcome following our investigation you may appeal the outcome to our Internal Review Officer, Ms. Laura Dunne. If you do not wish to proceed with the Internal Review process, 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](mailto:pa@orwellhealthcare.ie)

Yours sincerely

Jennifer Downey - 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 in Orwell Healthcare?

<b>Version No.</b>	<b>Date Amended</b>	<b>Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flow chart, minor amendments etc.)</b>
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	Initial review ref proposed changes to Health Act 2007 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
17	May 2023	Full review to reflect changes to Health Act 2007 and rollout of Patient Advocacy Service (PAS) effect date 1/03/2023. Removal of Deputy Complaints Officer
18	Oct 2023	Full review of Policy by Eithne Ni Domhnaill, Nursing Matters; Reinstatement of Deputy Complaints Officer