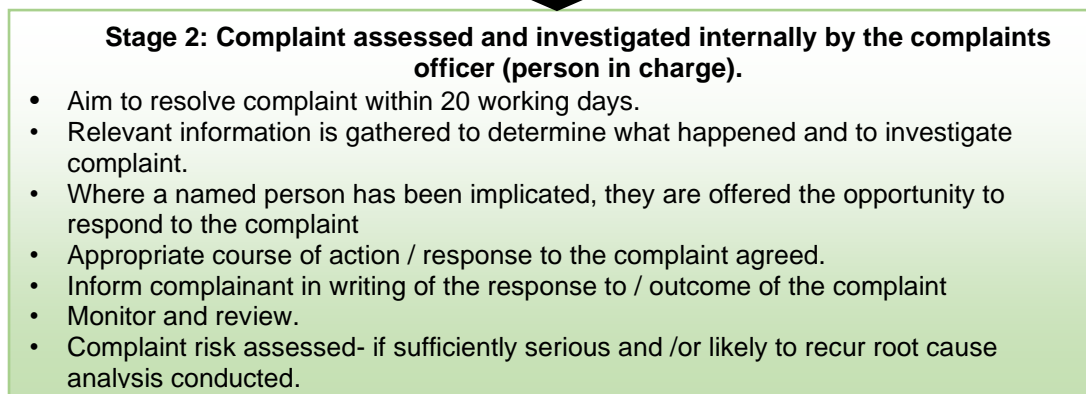
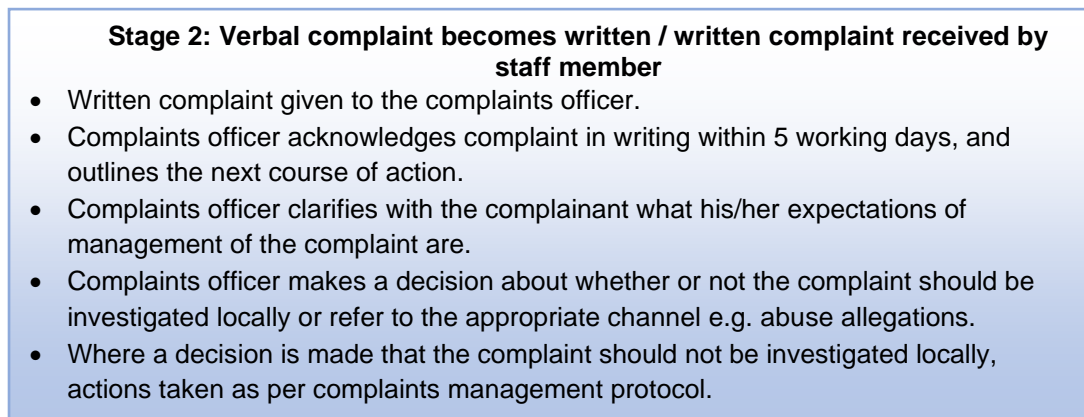
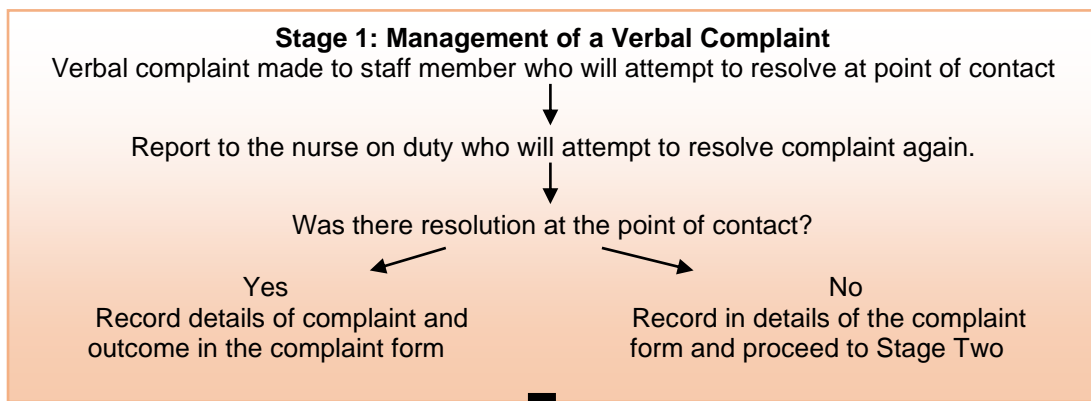


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1.0 Staff Reference Guide to Management of Complaints Policy



**Internal Review of Complaint OR
Independent Appeals Process if Complainant Not Satisfied.**

2.0 Policy Statement

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 care and services in Oaklodge.

3.0 Purpose

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

4.0 Objectives

- 4.1.1 To ensure that all staff employed by Oaklodge are aware of the underlying principles for effective management of complaints and comments about care and/or services from residents and / or their representatives.
- 4.1.2 To ensure that all staff employed by Oaklodge are aware of the procedures to be followed for effective management of complaints and comments from residents and / or their representatives.
- 5.1.3 To ensure that each complaint received is responded to and that accurate records are maintained of same, to include whether or not the complainant is satisfied with the outcome of the complaint.
- 5.1.4 To ensure that complaints and comments are used to inform quality improvement and risk management processes in the Centre.

5.0 Scope

This policy relates to:

- 6.1.1 Complaints made directly to a staff member by a resident or a person acting on his/her behalf, about care given / services provided in or omitted by the Centre.
- 6.1.2 Complaints received from any person, including a staff member about the quality of care and services provided to residents.
- 6.1.3 Complaints made about the quality of care and services to residents in the Centre via the Concerns at HIQA process, which are then referred back to Oaklodge response.

6.0 Definitions.

7.1 Complaint.

A complaint is an expression of dissatisfaction by one or more members of the public about an organization's action or lack of action or about the standard of service provided by or on behalf of the organization (Office of the Ombudsman, 2015).

NB: Staff of The Centre 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.

7.2 Complainant:

Complainant refers to the person making the complaint. Persons entitled to make a complaint are detailed in the complaints management procedure section of this policy.

7.3 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.

7.4 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.

7.5 Complaints officer:

A person designated by the facility for the purpose of dealing with complaints. Grace Esteron Director of Nursing is the designated complaints officer for Oaklodge. The complaint's officer in the Centre 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 the Centre.

7.6 Review officer:

This is a person who complainants can refer their complaint to if they are dissatisfied with the outcome of the investigation by the complaints officer. The review officer for Oaklodge is Diarmuid O' Dalaigh.

7.7 Nominated Person to Oversee Complaints:

This is a person required by legislation to ensure that all complaints are appropriately responded to and that the required records are maintained. The nominated person is Julie Ó Dálaigh.

7.8 Malicious complaint:

A malicious complaint is defined as 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 sufficient evidence to demonstrate the above on the basis of the balance of probabilities.

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

7.0 Responsibilities

Actions	Responsible Person.
This policy will be disseminated to and read by all nursing personnel involved in assessment and care planning for residents.	PIC
A record will be kept of all those who have signed the policy acknowledgement forms.	PIC
Where a new version of this policy is produced, the previous version will be removed and filed away.	Administration Staff
Every new staff member will be given an explanation of this policy as part of his/her induction to include training on how to identify a complaint.	PIC/CNM
Staff members will receive complaints in accordance with the protocol outlined in this policy.	All Oaklodge Staff
All verbal complaints regarding care and service provision will be reported to the nurse on duty.	All Oaklodge Staff
The nurse on duty receiving a complaint will assess the complaint to identify the appropriateness of resolution of the complaint at the point of contact.	All Nursing Staff
Complaints not suitable for resolution at the point of contact will be referred to the complaints officer.	All Oaklodge Staff
All written complaints will be forwarded to the person in charge.	All Oaklodge Staff
A copy of the procedure for making complaints will be displayed in the entrance hall and in a suitable format for residents and representatives, together with posters/ notices containing information on independent advocacy services available to residents and their representatives.	Registered Provider
All prospective residents will be made aware of the complaints policy at the pre-admission assessment/ enquiry stage and all new admissions will receive a copy of the residents' guide and will be directed to the location of the complaints procedure and policy	Registered Provider
Complaints investigations will be handled according to the procedures outlined in this policy.	PIC/Registered Provider
Recording complaints will be factual, accurate and include completion of all relevant sections of the complaints form	All Oaklodge Staff
Residents and their representatives will be given a copy of the residents' guide which details the complaints procedure.	Administration Staff
All procedures related to the management of complaints will be conducted in accordance with the protocol outlined in the policy.	All Oaklodge Staff
All documented complaints will be reviewed as part of the risk management and continuous quality improvement process at the centre.	Oaklodge Management team
The recording of and all documentation related to complaints will be monitored for compliance with the regulations, standards and this policy.	Oaklodge Management team

8.0 Stage 1: Procedure for Management of verbal complaints including anonymous verbal complaints.

- 9.1.1 A verbal complaint can be received by any member of staff from a resident and /or their representative to include a spouse, civil partner, cohabitant, a close relative or any person who, by law or by appointment of a court, has the care of the affairs of the resident, any legal representative of the resident, or any other person with the consent of the resident.
- 9.1.2 Verbal complaints which are usually more frequent and of a less serious nature can often be resolved on the spot.
- 9.1.3 When receiving a verbal complaint from a resident and/or representative, all staff should:
- Be respectful and helpful.
 - Not attempt to lay blame or become argumentative or defensive.
 - Remain calm and positive.
- 9.1.4 The staff member should aim to address the complaint at the point of contact if this is possible and if it is within their area of responsibility.
- 9.1.5 Where the complaint cannot be resolved by the staff member receiving it, the staff member must report it to the nurse on duty.
- 9.1.6 The nurse on duty 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 complaints procedure.
 - Aim for resolution at the point of contact.
 - Ascertain if more information is required to examine the complaint and resolve it. Note this process should take no longer than a maximum of 5 working days

9.1.7 Complaints which should not be managed at the point of contact include:

- Complaints which involve too many issues to resolve at the point of contact.
- 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 healthcare discipline.
- The complaint was as a result of deviation from quality standards and which requires further investigation to identify the reasons for the deviation and any system improvements that may be required.

9.1.8 Where a verbal complaint cannot be resolved at the point of contact to the satisfaction of the complainant, he /she will be offered the opportunity to submit his/her complaint as a written formal complaint, referred to the complaint's officer and managed as a Stage 2 complaint.

9.1.9 Staff members must be sensitive to complainants who may have difficulty putting a complaint in writing and must provide assistance and support where required to enable the effective recording of the complaint. Should the complainant require assistance or advice Nursing Staff can assist the person with making a complaint, understanding the complaints process or help him/her with contacting an external advocate such as Sage (Support and Advocacy Services for Older People) or the National Advocacy Service.

9.1.10 Where the complainant does not wish to express his/her dissatisfaction or concerns to a member of staff he/she can:

- Be furnished with a copy of the complaints form and fill it out at his/her convenience and return it for the attention of the complaint's officer.
- Speak directly to the complaints' officer at Oaklodge
- Email their complaint to don@oaklodgenursinghome.ie
- Write a letter to the complaints' officer at Oaklodge Nursing Home, Churchtown, South Cloyne Co.Cork

9.1.11 The complainant should be advised that their complaints should contain the following information:

- Name, address and telephone number (including email address where applicable) where the complainant is not a resident
- Describe what their complaint is about stating relevant dates and times, if applicable
- 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.)
- State their preferred method of communication e.g. letter or email.

9.1.12 Recording Verbal Complaints

- Verbal complaints should all be documented as far as is reasonably practicable. In particular, where a verbal complaint indicates that a particular trend is emerging, where there is a risk to resident and/or staff health and safety, and/or where possible quality improvements are required, these complaints should be documented and analysed to identify the root causes of the subject matter of the complaint and actions that are required for improvement.
- This information will be recorded in the centre's complaints form and will be kept separate and distinct from the resident's care plan.
- The Person in Charge will maintain a record of all verbal complaints to inform local quality improvement initiatives and these records will be stored for a minimum of four years from the date of their making.

9.0 Stage 2: Procedure for Management of a Written Complaint

10.1.1 Written complaints can originate from the first contact or where a verbal complaint cannot be resolved at the point of contact.

10.1.2 Written complaints received by any member of staff must be given to the complaints officer. The complaints form should be completed and the complaints officer informed of same.

10.1.3 Where a complaint is made against the registered provider or person in charge, this will be referred on to Ms Julie Ó Dálaigh who will establish an investigation team to address the complaint.

10.1.4 The complaints officer will consider whether or not 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 be made by a person on behalf of a resident, but the resident may not agree with the complainant.

10.1.5 The complaint's officer will acknowledge the written complaint within 5 working days and include the following in the correspondence:

- 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".

- *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.*
- *Expected Timeframes (usually 30 working days unless the complaint is more complex).*

10.1.6 Where the complainant agrees to a meeting, the complaint's officer will meet with them, listen to their concerns and ascertain what the complainant wants to happen.

10.1.7 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.

10.2 **Consideration of a written complaint (pre-investigation):**

10.2.1 Consideration of a written complaint will include the possibility of an informal resolution to the complaint that would not require a formal investigation.

10.2.2 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 the centre.; 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.***

10.2.3 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 as:

- Is a parent, guardian of the other person, or
- Is cohabitating with the other person

10.2.4 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.

- 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.

10.2.5 Pre-investigation of the complaint will be aimed at determining 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 authorities.
- that the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.

10.3 Timeframes for Stage Two:

- 10.3.1 Acknowledgement of a written complaint will be provided by the complaints officer to the complainant within 5 working days.
- 10.3.2 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.
- 10.3.3 Where a complaint is made against a named member of staff and has not been resolved at the point of contact, it must be put in writing and signed by the party making the complaint.
- 10.3.4 Where it is determined that a complaint has not met sufficient criteria or grounds for complaint, the centre 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.
- 10.3.5 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 (as in the case of professional misconduct / fitness to practice issues).
- 10.3.6 Where it is not possible to carry out the investigation within 30 working days, the complainant will be informed of this in writing by the complaints officer and given an indication of the timeframe required to complete the investigation (aim for no longer than 6 months).
- 10.3.7 The complainant will be provided with an update of the investigation by the complaints officer every 30 working days thereafter until conclusion.
- 10.3.8 Where further information is required from the complainant to conduct the investigation, the complainant will be contacted and asked to respond within 10 working days if this is feasible for the complainant.
- 10.3.9 Where a staff member / members are required to respond to issues raised by the complaint, they will be asked to do so within a reasonable timeframe such as 10 working days.
- 10.3.10 Where the complaint involves a staff member no longer employed by the centre., every reasonable effort will be made to contact this person and request a

response. However, if after all reasonable efforts, the complaints officer is unable to contact and / or receive a response from this person, the complaints officer will proceed to investigate the complaint to the best of their ability with the information available to them.

10.4 Complaints about named staff members.

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

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

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

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

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

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

10.4.7 The staff member will be invited to meet with the person in charge to discuss details.

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

10.0 Procedure for Formal Investigation of a Complaint

- 11.1.1 The investigation procedure begins by identifying all parties involved in the complaint i.e. the complainant and staff members about whom the complaint is being made.
- 11.1.2 All parties are to be made aware of the decision to carry out a formal investigation of the complaint and the registered provider shall ensure that a resident:
- (a) has access to records and information in relation to the complaint, subject to the law, and
 - (b) is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant or not.
- 11.1.3 The complaints officer will conduct formal investigations of complaints.
- 11.1.4 Where other personnel are to be included as part of an investigation, the complainants consent to sharing information will be documented.
- 11.1.5 The scope/terms of reference for the investigation will be agreed with the complainant. This will include identification of the key issues or questions raised by the complainant.
- 11.1.6 All relevant information required to carry out the investigation will be established and gathered.
- 11.1.7 Both the complainant and staff members about whom the complaint is being made will be provided with the opportunity to give their version of events and to provide the rationale / explanations for actions taken /omitted.
- 11.1.8 All parties will be informed of their right to be accompanied by a support person such as a staff representative or family member for residents at any meetings surrounding the complaint.
- 11.1.9 All parties will be reassured that their rights to fairness, dignity and confidentiality will be maintained.
- 11.1.10 A written record of all communications during the management of a complaint will be kept.
- 11.1.11 All information obtained during the course of complaint management will be treated in a confidential manner and meet the requirements of the records management policy. Personal information will only be used for the purpose for which it was collected.
- 11.1.12 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.

- 11.1.13 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 will be informed and the information directed to the appropriate authorities.
- 11.1.14 Where the complainant is a resident of the centre, all actions will comply with the requirements for consent and advocacy. Where there is any doubt about the appropriateness of disclosing information, the centre will consult their legal representatives.
- 11.1.15 A completed complaints form will be documented post 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 of the above.
- 11.1.16 Where the investigation showed no legitimate grounds for investigation, the report will outline the reasons for this and provide the complainant with information about other bodies to whom the complaint could be referred.
- 11.1.17 Where the complaint was substantiated, the report will outline what actions will be taken to address the findings and details of any redress to be provided to the complainant.
- 11.1.18 Where a staff member against whom a complaint was made is unhappy with the findings, the centre grievance and disciplinary procedures will be followed.
- 11.1.19 All documentation related to managing and investigating a complaint will comply with the requirements for confidentiality and management of resident information.
- 11.1.20 Following investigation of the complaint, the complaints officer should write to the complainant to inform him/her of the findings of the investigation and provide details of the choice of either an independent review by the nursing home or the option of contacting the independent appeals process through the Office of the Ombudsman. As per Offices of Ombudsman (2015) the following text must be included in the response to the complainant

“If you are not happy with this complaint outcome you may contact the Offices of the Ombudsman. The contact details are as follows:

*The Office of the Ombudsman
18 Lower Leeson Street*

Dublin 2

Phone LoCall 1890 22 30 30 or 01 639 5600

Email: ombudsman@ombudsman.gov.ie

You can also complain online using the online complaint form www.ombudsman.gov.ie".

11.2 Withdrawal of Complaints:

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

12.0 Review Process

12.1.1 Where the complainant is dissatisfied with the outcome of the investigation, they should be offered the option of utilising the nursing home's independent review process or contacting the Office of the Ombudsman directly. Contact details for both options should be provided within the complaint outcome letter.

Nominated Review Officer Details: Mr. Diarmuid O' Dalaigh

Email: dod@oaklodgenursinghome.ie

12.1.2 The role of the independent review person is to complete a thorough and independent investigation of the original complaint from scratch and formulate a complaint outcome which will be forwarded again to complainants in the form of a written response, no later than 20 days following the request for a review. The review officer will consider the investigation carried out by the complaints officer and identify if there are any changes to the outcome or recommendations therein.

12.1.3 Alternatively, if the complaint is in relation to a concern about care or support or a safeguarding concern the complainant may wish to contact:

Health Information & Quality Authority

Unit 1301,

City Gate,

Mahon,

Co. Cork

Phone No: 021 240 9646

Email: concerns@hiqa.ie

Health Service Executive

**Safeguarding and Protection
Team**

CHO Area South 4

Mr.Darragh Bergin, Unit 24/25

Doughcloyne Industrial Estate,

Wilton, Cork. Eircode T12Y821

Complainants should be informed that HIQA is unable to investigate individual complaints under the Health Act 2007 but will use information received to establish if a service is safe, effective, caring and well managed.

Similarly, the HSE safeguarding and protection teams currently do not have any legal right of entry to private nursing homes but can be invited in by the Provider.

Both organisations will request further information from the Provider to respond to the matters raised.

13.0 Monitoring and Review of Complaints Management.

- 13.1.1 General complaints, subject to confidentiality requirements should be reviewed at each clinical governance committee meeting.
- 13.1.2 Actions to address risk / quality improvement issues arising from complaints should be clearly documented by the clinical governance committee with timeframes and responsible persons identified.
- 13.1.3 Documentation related to complaints will be monitored by the clinical governance committee. Specifically, records will be audited on a <insert timeframe/ frequency as per your audit schedule>. Any deviations from this policy or gaps in documentation will be identified and a corrective action plan will be developed with timeframes and responsible persons identified.
- 13.1.4 Julie Ó Dálaigh is the nominated person with the responsibility to ensure that all complaints are appropriately responded to and that accurate, contemporaneous records are kept. Such records shall include details of any investigation into the complaint, the outcome of the complaint and whether or not the complainant is satisfied. They will also ensure that no resident who has made a complaint will be adversely affected by reason of the complaint having been made.
- 13.1.5 Information on complaints received will also be analysed on an ongoing basis to identify if there are any trends emerging that may indicate a need for further investigation. This information will then form part of the Oaklodge Annual Review Report and will be accessible to residents/ others on request to ensure transparency and openness in our processes.
- 13.1.6 Learning from complaints management audits and review mechanisms will be identified and associated information will be disseminated to all staff commensurate with their respective roles and responsibilities
- 13.1.7 Information on the following will form part of the annual review:
 - (i) the level of engagement of independent advocacy services with residents, and
 - (ii) complaints received, including reviews conducted

13.2 Recording Complaints.

- 13.2.1 All complaints must be recorded on the Complaints Form which must be kept separate and distinct from the residents' records.
- 13.2.2 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.
- 13.2.3 Recording of complaints must be accurate and factual.
- 13.2.4 Staff must not enter any assumptions or derogatory comments regarding the complaint or complainant.
- 13.2.5 The staff member must not identify any third parties mentioned – instead state 'a member of staff' or 'another resident'.
- 13.2.6 The nurse in charge to whom a complaint is referred must also record what action he/she took on the Complaints form
- 13.2.7 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.
- 13.2.8 The nurse completing the Complaints Form must inform the complaints officer of the complaint.
- 13.2.9 Once received by the complaints officer, 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.

14.0 References.

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2. Office of the Ombudsman (2015) Complaint Policy Template for Nursing Homes. Dublin. Dublin
3. Office of the Ombudsman (2015) Complaint Form Template for Nursing Homes. Dublin
4. Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People in Ireland, Regulations 2013.
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7. Health Information and Quality Authority (2018) Guidance for the assessment of centres for older people. Updated September 2020. www.hiqa.ie
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11. Office of the Ombudsman, Ireland. Complaints against the Public Health Service accessed at www.ombudsman.gov.ie on 11/06/08.
12. Social Services Inspectorate (2011) Guidance on Complaints for Registered Providers. Provider Newsletter. Issue 4