

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 1 of 12	
POLICY ON Complaints		

Title of Policy: Policy. Policy on Complaints	
Description of the Policy: This Policy has been developed for the staff in The Village Residence based on the HSE Your Service Your Say Policy Document (2017)	
Ratification Details: Immediate implementation	
Developed by: Drogheda Services for Older People.	Date Developed: Revised February 2011 Revised August 2014 Review Date: January 2018. Reviewed November 2020, Sept 2023
Developed By: Nursing Department.	Date Approved: February 2011, August 2014, January 2018, January 2020, November 2020, Sept 2023
Implementation Date: February 2011	Next Review Date: Sept 2026
Policy Reference Number: DSOP	No. of Pages:10
Status of the Policy: Final	

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 2 of 12	
POLICY ON Complaints		

1.0 Guideline Introduction and Context

- 1.1 The Village Residence is committed to ensuring best practice in relation to the management of complaints. This policy emphasises that staff should work to resolve issues as quickly and as close to the point of contact as possible. All staff have a responsibility to effectively manage a complaint received by them and to demonstrate to residents, relatives and other staff that this is their service and the service is listening to what they say.
- 1.2 This document has been developed, considering the key principle of Person Centeredness in providing a service that is respectful of the people we care for and in respecting their differences as set out in the document “Your Service, Your Say” (2017).
- 1.3 This document has been developed considering current best practice.
- 1.4 The principle underlying this policy is to promote the fact that, Complaints, Criticisms or Suggestions, issues or concerns whether oral or written will be taken seriously, handled appropriately and sensitively. The essential elements of the Centre’s complaints system will be those that ensure:
 - coherent and comprehensive coverage;
 - consistent approach;
 - customer and service provider focus;
 - fairness and impartiality;
 - accessibility, flexibility and transparency;
 - a quality and safe service;
 - optimum leadership, culture and governance;

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 3 of 12	
POLICY ON Complaints		

- the provision of just remedies;
- improvements in service as a result of learning from complaints from service users.

2.0 Policy Purpose and Objectives

The purpose of this document is to detail the guiding principles, statutory requirements and the policy of this Centre in relation to the management of complaints.

*The Health Act 2004 states that a **Complaint** means a complaint made about any action of the Executive, or a Service Provider that, it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom, or on whose behalf, the complaint is made.*

An action does not accord with fair and sound administrative practice if it is:

- taken without proper authority,
- taken on irrelevant grounds,
- the result of negligence or carelessness,
- based on erroneous or incomplete information,
- improperly discriminatory,
- based on undesirable administrative practice, or
- in any other respect contrary to fair or sound administration

2.1 It is important to note that this

Policy has been developed to complement all relevant policies, procedures and guidelines already developed by the HSE to date e.g. Trust in Care, Dignity at Work, Safeguarding Vulnerable People at Risk of Abuse etc., and that matters appropriate for these other procedures will continue to be treated in the same manner and in accordance with these agreed procedures.

2.2 Principles of Best Practice Complaints Management

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 4 of 12	
POLICY ON Complaints		

The following are the principles of best practice complaint management that the Centre aspires to deliver in relation to dealing with complaints:

2.2.1. Organisational Commitment

All persons within the Centre must embrace and be committed to the effective management of complaints and be committed to ensuring organisational learning and quality improvements as a result of complaints.

2.2.2 Leadership

Administration and Nursing Management are committed to demonstrating strong leadership in all aspects of the complaints handling process. Line Managers must demonstrate leadership by ensuring that complaints are dealt with at local level where possible.

2.2.3 The rights of residents and consumers to complain

All patients/service users must know of their right to complain and of their rights throughout the complaints management process. The Centre must ensure that people are aware of their rights.

2.2.4 Fairness

The complaints handling process should be implemented without fear, favour or prejudice towards the complainant, the person or service about which the complaint was made. Neither the complainant nor the subject of the complaint should have a **fear of recrimination** of any kind at any stage of the process. Any staff member found, after proper investigation, to be engaging or have engaged in victimising, punishing or exacting retribution on any complainant will be subject to serious disciplinary sanctions.

2.2.5 Equity

A consistent and standardised approach is adopted for the management of all complaints.

The complainant and the service provider have an equal voice and are of equal importance in this process.

3.0 Scope of Policy

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 5 of 12	
POLICY ON Complaints		

- 3.1 This policy applies to all staff working within these services.
- 3.2 This policy applies to all residents and visitors to the Services who wish to make a complaint.

4.0. Definitions

For the purpose of this document a **Complaint** means a complaint made about any action of the Executive, or a Service Provider(Drogheda Services for Older People) that, it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom, or on whose behalf, the complaint is made (The Health Act 2004).

5.0 Procedure to follow in carrying out an investigation

5.1 Who can receive a complaint made to or about this Centre?

A complaint may be received by any member of staff, who must then determine the most appropriate process for dealing with the complaint.

All staff have a responsibility to accept any complaint received by them and to endeavour to manage and resolve the complaint at the point of contact or, where more appropriate, to refer the complaint to their Line Manager.

If the complaint is dealt with by the staff member, it must be recorded on the **Point of Contact Complaint Resolution Form** (Appendix 1) as well as the local issues/concerns/complaints form (Appendix 2)

If the complaint is to be escalated to a manager, it must be referred on the **Point of Contact Complaint Escalation Form**. (Appendix 3)

A complaint may also be made directly to a designated Complaints Officer.

The Complaints Officer for Drogheda Services for Older People is Michael McCaul who may be contacted at 041-9893203 or at seamus.mccaul@hse.ie.

5.1.2 Complainants must be assured that their complaint and their personal details will be treated in confidence to the greatest extent possible, consistent with the public interest and the right to privacy. Complaints information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 6 of 12	
POLICY ON Complaints		

5.1.3. When a complaint is made on behalf of a third party staff must endeavor to ensure that the complaint is being made with the consent of the third party.

5.1.4 When accepting a complaint on behalf of a third party, staff must ensure that it is appropriate for the complainant to make a complaint as detailed in section 46 (3) and (4) of the Health Act 2004 and that the identity of the complainant is validated.

5.1.5 When a complaint is made on behalf of an incapacitated person, staff must ensure that this person who, by law or by appointment of a court, has the care of the affairs of that person.

5.1.6 An objectively reasonable approach to this issue will usually prevail with each situation being considered on an individual basis.

5.1.7 Stage 1 of the complaints management process is the stage of the process where the recipient of a **verbal** complaint endeavours to manage and resolve the complaint at the **point of contact**.

All staff can receive a verbal complaint about any aspect of the health service at any time. A practical approach must be adopted to verbal complaints which are usually more frequent, of a less serious nature than written complaints and are often resolvable on the spot.

5.1.8 When receiving a verbal complaint from a complainant, the recipient of the complaint should:

- be respectful and helpful towards the complainant
- give the complainant his / her individual attention
- not attempt to lay blame, be defensive or argue
- remain positive
- not take anger as a personal attack

5.2. Listen:

- Listen carefully to the issues being raised by the complainant

5.2.1. Identify:

- Identify if there are multiple issues relevant to the complaint and separate each issue. Attempt to identify any hidden or underlying issues that may exist.

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 7 of 12	
POLICY ON Complaints		

- Find out from the complainant what they want to happen as a result of their complaint.

5.2.2. Summarise:

- Summarise the issues to clarify and check that you understand what the person is telling you.
- Ask the patient / service user to confirm that they agree with your interpretation of their complaint

5.2.3. Thank the person

- Thank the person for taking the time to make the complaint

5.2.4. Empathise and Explain:

- Empathise and acknowledge the feelings of the complainant.
- Explain to the complainant that there will be no negative repercussions
- Explain what will happen next e.g. you may need to contact your manager

Expression of regret or apology:

- An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint

5.2.5. Now Act:

- Assess the verbal complaint
- Once a verbal complaint is received by staff, the person receiving the complaint must ensure that they get as much information as possible about the complaint to assist them in assessing the seriousness and/or the complexity of the complaint. This in turn assists staff in determining if the complaint should be resolved at the point of contact or if the complaint should be referred to the Clinical Nurse Manager, Line Manager or Director of Nursing.

Staff should only attempt to manage complaints received at the point of contact if due care has been taken to establish that all issues can be addressed appropriately at the point of contact.

5.3 The person receiving the complaint must determine the most appropriate process for the management of the complaint.

5.3.1 These options are:

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 8 of 12	
POLICY ON Complaints		

1. The complaint is received by front line staff member/Clinical Nurse Manager who determines that it is appropriate to manage the complaint at the point of contact with a view to resolving the complaint.

2. The staff member/ Line Manager/ who receives the verbal complaint decides that the complaint cannot be resolved or should not be resolved at the point of contact and the complainant is advised to submit their complaint as a formal written complaint for investigation. (See Appendix One for Complaints Form).

5.4 Every effort should be made to resolve a verbal complaint immediately or within 24 hours of receiving the verbal complaint if it is deemed appropriate to manage the complaint, with a view to resolution, at the first point of contact.

5.5 Best practice complaints management indicates that both verbal and informal complaints should be documented.

- Verbal or informal complaints should be documented as far as is reasonably practicable. In particular, where a verbal or informal complaint indicates that a particular trend is emerging, where there is a risk to patient and 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 data should be collected and submitted to the Complaints Officer. The Complaints Officer will determine the need for an Independent Investigator of Complaints.

- Line Managers should maintain a record of all verbal complaints to inform local quality improvement initiatives.

6.0. Written Complaints.

Written complaints may originate from two sources:

1. where a verbal complaint cannot or should not be resolved at the point of contact and the complainant has been advised to submit the complaint as a written complaint for investigation; or
2. the first contact from the complainant is in the form of a written complaint.

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 9 of 12	
POLICY ON Complaints		

6.1. Written complaints may be directed to any member of staff including front line staff and the Director of Nursing. At this stage, the person receiving the written complaint has two options:

1. Before commencing a formal investigation, to consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding a resolution through informal means.
2. If the Line Manager receives the complaint, they must contact the Director of Nursing Office.
3. The Director of Nursing will make a decision based on all information received, as to whether they will make contact with the complainant, or having received all the relevant information, that it would be more appropriate for the Line Manager to resolve the complaint informally.
4. The Director of Nursing should then be kept informed of the outcome and if necessary will decide whether to commence a formal investigation of the complaint.
5. If the Director of Nursing makes a decision to commence a formal investigation, that is commenced as she is also the Complaints Officer.
6. The Complaints Officer will proceed to carry out a pre-investigation of the complaint as detailed in the following sections.
7. The Complaints Officer follows the following procedure, and all staff should be aware of this procedure in the event that residents or visitors making a complaint are aware of what procedures occur, once a complaint becomes formal.

An acknowledgement letter must be sent within 5 working days of receipt of the complaint.

When acknowledging a written complaint, the acknowledgement will:

- Acknowledge the receipt of the complaint, acknowledging the date it was written and informing the complainant of the date it was received by the organisation.
- Discuss the health service's appreciation of consumer feedback as a means of improving systems and service delivery.
- Express regret for any inconvenience or difficulties that the complainant experienced.

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 10 of 12	
POLICY ON Complaints		

- Advise the complainant when the health service will contact them again and that they will be kept informed of their complaint process.
 - Inform the complainant that patient confidential files may have to be accessed by authorised personnel to fully investigate the complaint.
 - Inform the complainant that they must contact the Complaints Officer immediately (within 5 working days) if they do not wish for patient confidential files to be accessed.
- If the Complaints Officer does not receive any contact from the complainant within 5 working days (complainant may be on holidays) he/she should endeavour to contact the complainant.
- Offer the opportunity for the complainant to contact you to discuss any of the matters above.
 - Close the letter.

7.0. Timeframes for the Investigation of the complaint

- Where the Complaints Officer determines that the complaint does not meet the criteria detailed in 7.4.1 to 7.4.5, the Complaints Officer will inform the complainant in writing, **within 5 working days** of making the decision/determination, that the complaint will not be investigated and the reasons for it.
 - Where the complaint will be investigated, the Complaints Officer must endeavour to investigate and conclude the complaint within **30 working days** of it being acknowledged. The Complaints Officer will refer the complaint to an Independent Investigator for investigation and resolution of the complaint in line with Regulations.
- Marie Butler, Director of Nursing for Saint Oliver's Nursing Community Unit may act as an independent investigator for issues that cannot be managed by this service.
- Otherwise Ms. Maura Ward through the office of the General Manager will appoint an independent investigator.
- If the investigation cannot be investigated and concluded within 30 working days then the Complaints Officer must communicate this to the complainant and the relevant service/staff member **within 30 working days** of acknowledging the complaint and give an indication of the time it will take to complete the investigation.

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 11 of 12	
POLICY ON Complaints		

- The Complaints Officer must update the complainant and the relevant staff/ service member **every 20 working days**.

8.0 Responsibilities

- 8.1** The Line Manager is responsible for ensuring that all relevant staff working in the unit have read and understand this document, and sign the “policy/guideline read and understood sheet to illustrate this.
- 8.2** Staff are responsible for being familiar with the contents of this policy.
- 8.3** It is the responsibility of each RGN to continually update their skills as per An Bord Altranais guidelines on dealing with complaints.
- 8.4** Staff are responsible for adhering to this policy. In the event where a staff member feels that by adhering to this policy that they are placing the patient or themselves at risk, they should seek **immediately seek** advice from their line manager.

9 Communications Plan

The Director of Nursing in will ensure that:

- 9.2** All staff will be informed of the development of this document by memo, by
- 9.3** All current staff are inducted to the document in advance of the implementation date (/ / 08), and sign the policy / guideline read and understood” sheet to this effect.
- 9.4** All current staff complete the HSE North Eastern Area approved training awareness programme if required in advance of the guideline implementation date.
- 9.5** This version of the document will be placed in the Policy, Procedure and

The Village Residence	POLICY NO:	
	Date reviewed	November 2020, Sept 2023
	Page 12 of 12	
POLICY ON Complaints		

Guideline folder in each unit, available to all staff, in all care areas, on the date of implementation.