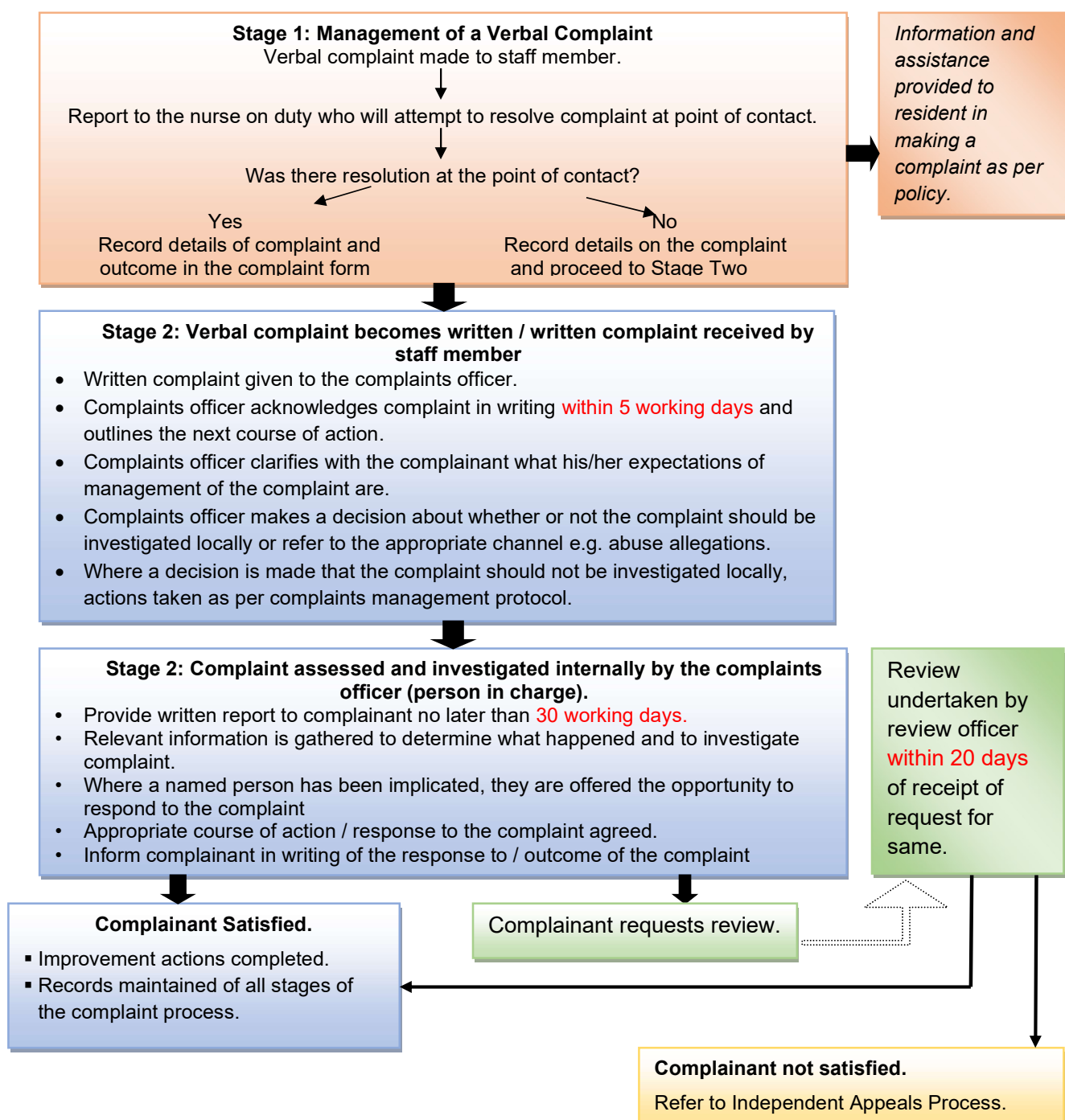


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<b>Authors:</b>	<b>Prepared by Nursing Matters &amp; Associates Ltd.</b>
<b>Adapted for local use by:</b>	<b>Directors of Nursing</b>
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<b>Authorised by:</b>	<b>COM</b>

**Fig 1: Staff Quick Reference Guide to Management of Complaints Policy**



## **1.0 Policy Statement**

It is the policy of the nursing home to promote a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. Complaints, comments, suggestions, and criticisms about services, whether verbal 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 the nursing home.

## **2.0 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.

## **3.0 Objectives**

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

## **4.0 Scope**

This policy relates to:

- 4.1.1 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 the centre.
- 4.1.2 Complaints received from a complainant, including complaints by persons working in the centre about the operation of the centre.
- 4.1.3 Complaints made about the quality of care and services to residents in the centre 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 Complaint.**

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

*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.*

## **5.2 Complainant:**

Complainant refers to the person making the complaint, specifically:

- a) a resident,
- b) a spouse, a 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))

## **5.3 Complaints officer:**

The person in charge is the designated by the facility for the purpose of dealing with complaints. 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. *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.*

## **5.4 Review Officer.**

The Clinical Operations Manager is the nominated person 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)

## **5.5 Incident:**

An incident is an event or circumstance which could have resulted, or did result, in unnecessary harm to an individual (HIQA, 2016).

## **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 Near miss:**

A near miss is an incident which did not reach the resident (HIQA, 2016).

### **5.8 Malicious complaint: (Guy's and St. Thomas' NHS Foundation Trust, 2007).**

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.

### **5.9 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).

### **5.10 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).

### **5.11 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.

### **5.12 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 Person.
This policy will be disseminated to and read by all personnel working in the centre.	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.	PIC
Every new staff member will be given an explanation of this policy as part of his/her induction.	PIC
All staff will receive training in complaints management in accordance with their roles.	PIC
Staff members will receive complaints in accordance with the protocol outlined in this policy.	PIC
All verbal complaints regarding care and service provision will be reported to the nurse on duty.	PIC
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.	PIC
Complaints not suitable for resolution at the point of contact will be referred to the complaints officer.	PIC
All written complaints will be forwarded to the person in charge.	PIC
A copy of the procedure for making complaints will be displayed in the entrance hall and in a suitable format for residents and representatives.	PIC
Complaints investigations will be handled according to the procedures outlined in this policy.	PIC
Reviews, on request from residents of decisions made following an investigation will be carried out within 20 working days of receipt of the request.	PIC
Recording complaints will be factual, accurate and include completion of all relevant sections of the complaints form	PIC
Residents and their representatives will be given a copy of the residents' guide which details the complaints procedure.	PIC
All procedures related to the management of complaints will be conducted in accordance with the protocol outlined in the policy.	PIC
All documented complaints will be reviewed as part of the risk management and continuous quality improvement process at the centre.	PIC
The recording of and all documentation related to complaints will be monitored for compliance with the regulations, standards and this policy.	PIC

## **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 at reception
- Information about making a complaint and the complaints procedure is included in the residents' guide.
- The Person in Charge will meet with new residents and/or representatives to discuss the complaints procedures and answer any questions.
- Information about independent advocacy services are provided in the statement of purpose, residents' guide and on display in reception
- Representatives of independent advocacy services are facilitated to visit the centre 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 the safeguarding policy.

### **7.2 Supporting Residents to make a Complaint/Raise Concerns.**

7.2.1 A nominated staff member, the Person in Charge is available to any resident who needs assistance in understanding the complaints procedures This includes information and support to a resident to enable him/her

- understand the complaints process,
- make a complaint in accordance with the centre's 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;

7.2.2 The the Person in Charge may, with 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.

7.2.3 The name and contact details of the above-named person as well as independent advocacy services are displayed in the reception

7.2.4 Advocacy services are available to residents and details are displayed throughout the centre.

## **8.0 Complaints Procedures.**

### **8.1 Procedure for Management of Verbal Complaints including Anonymous Verbal Complaints (Stage One).**

- 8.1.1 A verbal complaint can be received by any member of staff from a resident and /or representative or visitor.
- 8.1.2 Verbal complaints which are usually more frequent and of a less serious nature can often be resolved on the spot.
- 8.1.3 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.
- 8.1.4 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.
- 8.1.5 Where the complaint cannot be resolved by the staff member receiving it, the staff member must report it to the nurse on duty.
- 8.1.6 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 complaint's procedure.
  - Aim for resolution at the point of contact.

### **8.2 Behaviours that may indicate a concern or complaint.**

- 8.2.1 Staff should be aware of individual residents' behaviours that may indicate 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 in accordance with 9.1.1 to 9.1.6 inclusive.
- 8.2.2 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.



### **8.3 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.

#### **8.3.1 *Serious complaints such as those resulting from harm/incident or a near miss that could have resulted in a serious incident must be escalated to the person in charge at the first available opportunity.***

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

8.3.3 Where a complaint cannot be resolved to the satisfaction of the complainant by the nurse on duty, the complainant will be advised of the need to refer the complaint to the complaint's office.

8.3.4 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.

8.3.5 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 person in charge can, with the resident's agreement, assist the person with making a complaint or help him/her with contacting an external advocate such as Sage (Support and Advocacy Services for Older People) or the National Advocacy Service for Adults with Disabilities.

8.3.6 Where the complainant does not wish to express his/her dissatisfaction or concerns to a staff member 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.
- Email their complaint to the person in charge

8.4 Write a letter to the complaints' officer.

8.5 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.

## **8.6 Recording Verbal Complaints**

- 8.6.1 Verbal complaints should 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.
  - The Person in Charge will maintain a record of all verbal complaints to inform local quality improvement initiatives.

## **8.7 Procedure for Management of a Written Complaint (Stage Two)**

- 8.7.1 Written complaints can originate from the first contact or where a verbal complaint cannot be resolved at the point of contact.
- 8.7.2 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.
- 8.7.3 Where a complaint is made against the registered provider or person in charge, this will be referred on to Clinical Operations Manager who will establish an investigation team to address the complaint.
- 8.7.4 The 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 be made by a person on behalf of a resident, but the resident may not agree with the complainant.
- 8.7.5 The complaint's officer will acknowledge the written complaint within 5 working days and include the following in the correspondence:
- 8.7.6 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”.*

8.7.7 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.*
- *Expected Timeframes (usually 20 working days unless the complaint is more complex).*

8.7.8 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.

8.7.9 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.

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

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

8.8.2 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 and **5.2** .

8.8.3 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.

8.8.4 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.

**8.9 Timeframes for Stage Two:**

- 8.9.1 Acknowledgement of a written complaint will be provided by the complaints officer to the complainant within 5 working days.
- 8.9.2 Where a formal investigation is being carried out, the complaints officer will complete the investigation within 30 days.
- 8.9.3 On conclusion of the investigation, a written response must be provided by the complaints officer to the complainant. as soon as possible and in any case no later than 30 working days after receipt of the complaint, (S.I. No. 628 of 2022)
- 8.9.4 The provision of a written response will include 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, (S.I. No. 628 of 2022)
- 8.9.5 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.
- 8.9.6 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.
- 8.9.7 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).
- 8.9.8 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.
- 8.9.9 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.
- 8.9.10 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.

**8.10 Complaints about named staff members.**

- 8.10.1 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.
- 8.10.2 The statement should provide the date and details of the complaint and a summary of key issues / points which the complainant wants addressed.
- 8.10.3 The staff member will be requested to provide a report that addresses the key points / issues raised by the complainant.
- 8.10.4 A request for a response will comply as far as is practicable with the timeframes outlined (10 days).
- 8.10.5 The staff member will be invited to take part in a local investigation of the complaint.
- 8.10.6 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).
- 8.10.7 The staff member will be invited to meet with the complaints officer/ person in charge to discuss details.
- 8.10.8 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.

**8.11 Procedure for Formal Investigation of a Complaint**

- 8.11.1 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.
- 8.11.2 All parties are to be made aware of the decision to carry out a formal investigation of the complaint.
- 8.11.3 The complaints officer will conduct formal investigations of complaints.
- 8.11.4 Where other personnel are to be included as part of an investigation, the complainant's consent to sharing information will be documented.
- 8.11.5 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.
- 8.11.6 All relevant information required to carry out the investigation will be established and gathered.
- 8.11.7 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.
- 8.11.8 All parties will be informed of their right to be accompanied by a support person such as a staff representative or family member /independent advocate for residents at any meetings surrounding the complaint.
- 8.11.9 All parties will be reassured that their rights to fairness, dignity and confidentiality will be maintained.

- 8.11.10 A written record of all communications during the management of a complaint will be kept.
- 8.11.11 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.
- 8.11.12 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.
- 8.11.13 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.
- 8.11.14 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.
- 8.11.15 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.
- 8.11.16 Following the investigation of a complaint, the complaints officer will provide the complainant with a written response no later than **30 working day**, 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. As per Offices of Ombudsman (2015) the following text must be included in the response to the complainant.

The Clinical Operations Manager is the nominated person 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).The review undertaken by the review officer will take place **within 20 working days** of receipt of request for same.

8.11.17

*"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

6 Earlsfort Terrace

Dublin 2

D02W773

Phone LoCall 1890 22 30 30 or 01 639 5600

Email: [ombudsman@ombudsman.gov.ie](mailto:ombudsman@ombudsman.gov.ie)

You can also complain online using the online complaint form [www.ombudsman.gov.ie](http://www.ombudsman.gov.ie)".

8.11.18 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.

8.11.19 The person in charge will take steps to ensure that any improvements identified in the reports of both the complaints and review officer are carried out within a timely manner in accordance with the urgency of the need for improvement actions and the scale of improvement required.

8.11.20 Where a staff member against whom a complaint was made is unhappy with the findings, the centre's grievance and disciplinary procedures will be followed.

8.11.21 The complaints officer will maintain a record of

- all complaints received,
- The investigation of each complaint,
- the outcomes of any investigations into complaints, including whether the complainant was satisfied,
- any actions taken on foot of a complaint, any
- reviews requested and the outcomes of any reviews.

8.11.22 The above records should be maintained in a file which also contains complete and accurate records of all contact regarding a complaint and ensure that this information is easily accessible. The file should contain information such as the service user's details, the issues raised and the action taken. It should also contain, in chronological order, any correspondence (*including emails*) about the complaint, notes of meetings and telephone calls (*both external and internal*), (Office of the Ombudsman, 2015).

8.11.23 Records of complaints and their outcomes must be kept 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)

8.11.24 All documentation related to managing and investigating a complaint will comply with the requirements for confidentiality and management of resident information.

## **8.12 Review Process.**

- 8.12.1 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.
- 8.12.2 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.
- 8.12.3 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.

## **8.13 Withdrawal of Complaints:**

- 8.13.1 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.



## **9.0 Recording Complaints.**

- 9.1.1 All complaints must be recorded on the Complaints Form.
- 9.1.2 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.
- 9.1.3 Recording of complaints must be accurate and factual.
- 9.1.4 Staff must not enter any assumptions or derogatory comments regarding the complaint or complainant.
- 9.1.5 The staff member must not identify any third parties mentioned – instead state 'a member of staff' or 'another resident'.
- 9.1.6 The nurse in charge to whom a complaint is referred must also record what action he/she took on the Complaints form.
- 9.1.7 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.
- 9.1.8 The nurse completing the Complaints Form must inform the complaints officer of the complaint.
- 9.1.9 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.
- 9.1.10 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.
- 9.1.11 A resident who makes a complaint is informed of the outcome of the complaint review and any actions taken.

## **10.0 Monitoring and Review of Complaints Management.**

- 10.1.1 The person in charge is responsible for ensuring that:
  - all complaints are appropriately responded to; and that
  - a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied are maintained in accordance with 8.10.20 to 8.10.23.
- 10.1.2 General complaints, subject to confidentiality requirements will be reviewed at each clinical governance committee meeting.

- 10.1.3 The person in charge will complete trending and analysis of complaints on a *quarterly* schedule.
- 10.1.4 Actions to address risk / quality improvement issues arising from complaints will be clearly documented at the clinical governance meeting committee with timeframes and responsible persons identified.
- 10.1.5 The Annual Review of the centre will include information about the level of engagement of independent advocacy services with residents, and complaints received, including reviews conducted.

## **11.0 Staff Education and Training**

- 11.1.1 All staff are given an explanation of the Complaints policy and procedures as part of the induction process.
- 11.1.2 All staff receive training on receiving and responding to complaints, including recognising 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).
- 11.1.3 Nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures,

## 12.0 References.

1. Office of the Ombudsman (2015) Model Complaints System for Nursing Homes. Dublin.
2. Department of Health and Children (2013) Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People in Ireland, Regulations 2013,
3. Health act 2007 (care and welfare of residents in designated centres for older people) (amendment) regulations 2022)
4. Department of Health (2022) Crowe, Review of Nursing Homes Complaints, [www.gov.ie](http://www.gov.ie)
5. Health Information and Quality Authority HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland.
6. Health Information and Quality Authority HIQA (2016) Supporting people's autonomy: a guidance document.
7. Health Service Executive, (2017) The Management of Service User Feedback for Comments, Compliments and Complaints accessed 21/02/2023 @ <https://www.hse.ie/eng/about/who/complaints/ysysguidance/ysys2017.pdf>

### 13.0 Review Schedule.

Date of review	Summary of changes:	Comments:
21/02/2023	<p><i>Updated in accordance with the Department of Health (2022) Crowe, Review of Nursing Homes Complaints, Health act 2007 (care and welfare of residents in designated centres for older people) (amendment) regulations 2022)</i></p> <ul style="list-style-type: none"><li>■ Addition to policy statement.</li><li>■ Addition to definitions.</li><li>■ Addition of the review process.</li><li>■ Addition of the requirement for independent advocacy services.</li><li>■ Addition for requirement of information about independent advocacy services and complaints in Annual Review.</li><li>■ Updated references.</li><li>■ Changes to individual steps of the complaints management process,</li></ul>	
04/03/2024	<p><i>Change of requirement to complete investigation from 20 to 30 days as per S.I. No. 628 of 2022</i></p>	