

<b>Title</b>	<b>Responding to Complaints</b>	<b>Reference No:</b>	<b>RR 017</b>
<b>Author</b>	<b>Director of Clinical Governance, Quality and Risk</b>	<b>Revision No.</b>	<b>20</b>
<b>Approved By</b>	<b>RPR Team</b>	<b>Effective From:</b>	<b>28/01/2025</b>
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## 1.0 Policy

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 Definitions

2.1 Complaint: In general terms a complaint is defined as an expression or statement of dissatisfaction that requires a response:

A complaint means a complaint made about any action of the Executive or 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.

2.2 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,
- In any other respect contrary to fair or sound administration.

2.3 Who can make a complaint?

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.

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:

- a) Is a parent, guardian, son, daughter, or spouse of the other person, or
- b) Is cohabitating with the other person?

*NB: 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 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.*

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

2.5 Effective complaints management: The characteristics of good complaint handling include:

- Dealt with through local resolution as far as is practicable.
- Endeavouring to view complaints from the perspective of the resident and / or representative.
- Concerns of the complainant understood.
- Timely resolution.

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- Constructive attitude towards complaints.
- Lessons are learned and changes made to systems, practices, or procedures where this is necessary.
- Complaints procedures are well publicized, easy to access, simple to understand, quick, confidential, and sensitive to the needs of complainants and those complained against, providing suitable remedies and properly resourced.

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

### **3.0 Responsibility**

- 3.1 All Staff: Local resolution of complaints where possible.
- 3.2 All Staff: Reporting of the complaint to the Staff Nurse on Duty.
- 3.3 Staff Nurse On Duty: Reporting of complaint to the Person in Charge (PIC).
- 3.4 Assistant Director of Nursing: Management of the complaints in the absence of the PIC.
- 3.5 **Person in Charge / Nominated Complaints Officer:**
  - Management of the complaints process. Recording of all complaints.
  - Notification of complaint to Registered Provider, Director of Governance, Quality and Risk.
  - Reporting of Notifiable Event to HIQA (NF)
  - Complaints to be acknowledged within 5 working days (either in writing or verbally, a record of which is maintained). The complainant will be informed of the next steps in the process.
  - The Person in Charge shall respond to the complaint no later than 30 days after receipt. If the 30 day timeframe cannot be met, you will receive a written response informing you of the expected response date, along with a reason for the delay. Additionally, you may be invited to a meeting to discuss the outcome.

### **4.0 Principles**

- 4.1 All complaints, criticisms, or suggestions, whether oral or written shall be taken seriously, handled appropriately and sensitively.
- 4.2 The nursing home commits to safeguarding the rights and dignity of the service user and staff members in the implementation of the complaints process.
- 4.3 The nursing home shall adhere to the following principles of best practice complaint management that the nursing home shall aspire to deliver in relation to dealing with complaints:
  - Organisational Commitment to the effective management of complaints
  - Leadership and commitment to all aspects of the complaints management process
  - Residents shall be aware of their right to complain
  - The complaints process shall be implemented without fear, favour or prejudice towards the complainant nor the subject of the complaint
  - A consistent and standardised approach will be adopted for the management of all complaints
  - The complaints system shall be well publicised and be accessible to residents, service users, their families, and representatives
  - The complaints system shall endeavour to effectively resolve all complaints for both the complainant and those who deliver the service about which the complaint was made.
  - The emphasis must be on resolving complaints effectively and in a timely manner without compromising other principles.
  - All complaints shall be dealt with in an impartial manner.
  - All complaints shall be acknowledged and addressed promptly and sensitively.

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- All information obtained through the course of complaint management shall be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988 and 2003 and the Freedom of Information Act 1997 and 2003.
- The complaints process shall be flexible to meet the changing demands of the residential home
- Staff responsibility in the management of complaint procedures shall be clearly defined.
- (HSE 2008)
- **Safeguarding Concerns:** Complaints that involve safeguarding concerns shall be treated with the highest level of priority and seriousness. These complaints must be investigated in accordance with safeguarding policy, and appropriate actions must be taken to ensure the safety and well-being of all individuals involved, as well as compliance with regulatory standards.

4.4 This process addresses the management of complaints made by residents, relative/representatives and/or visitors about some aspect of the nursing home service. It does not address employee complaints and grievance related to their employment. Any such complaint or grievance shall be addressed by the HR Manager.

**Please Note:**

If the complaint is about the PIC, the group Review Officer Blathnaid Hart PPIM will investigate as per the process below. The Review officer if required in this situation would be the group COO, process as per point 7.

## 5.0 Responding to Complaints

Procedure for Management of Complaints

- 5.1 All staff in the nursing home have a responsibility to accept any complaint received by them and report it to the Staff Nurse on Duty at the time the complaint is made. The Staff Nurse on Duty will report the complaint to the Person in Charge using the COMPLAINT LOG on EPIC CARE. The complaint log can be viewed by Director of Clinical Governance, Quality and Risk either by soft or hardcopy.
- 5.2 When receiving a complaint from a resident and/or representative, all staff should:
- Use the ASSIST model (Acknowledge, Sorry, Story, Inquire, Solutions, Travel/Feedback), ensuring that the complainant feels heard, supported, and that a resolution is achieved.
  - Be respectful and helpful.
  - Not attempt to lay blame or become argumentative or defensive.
  - Remain calm and positive.
  - Refer the complaint to the Staff Nurse On Duty / Person in Charge
  - The Person in Charge is the nominated Complaints Officer
- 5.3 Ask the complainant for his/her contact details.
- 5.4 Document as much information as possible about the complaint on the Complaint Log record.
- 5.5 The Person in Charge will attempt to find out what the complainant is seeking and try to ascertain what would address his / her concerns.  
The Person in Charge will inform the Registered Provider and Director of Clinical Governance, Quality and Risk using the review section on the Complaint Log.
- 5.6 A log of all complaints recorded, and the actions taken in response to each complaint is kept informing the risk management and quality improvement strategy.
- 5.7 Using the "Complaint Received Template Letter", all written complaints will be acknowledged within 5 working days, and the Person in Charge will respond to the complainant no later than 30 days after receipt. If the 30 day timeframe cannot be complied with, you will receive written response informing you when you will receive a response and a reason for the delay. You may be invited to attend a meeting to discuss the outcome.

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- 5.8 All complaints should be fully investigated by the Person in Charge / Nominated Complaints Officer. Investigations shall document the following: WHO, WHAT, WHY, WHERE, HOW, ensuring full transparency and accountability.
- 5.9 Once the complaint is fully investigated and an outcome realised the Person in Charge is to write to the complainant to request a meeting to discuss the findings of the investigation. If no meeting takes place at the request of the complainant a letter is sent detailing the outcome of the Investigation.
- 5.10 The Person in Charge MUST ascertain if the complainant is satisfied with the outcome and informed of the appeals process.
- 5.11 Complaints not resolved at this stage can be referred to the Review Officer

## 6.0 Outcomes

- All outcomes should be recorded in the Complaints Log, including:
- What action was required?
  - What the learning outcomes were?
  - What recommendations have been made?

### Please note:

All outcomes will be documented in a letter to the complainant, and they will be invited to a feedback review meeting with the PIC.

As per the Ombudsman you must include the following:

"If you are not happy with this complaint outcome you may contact the Office of the Ombudsman. The Contact Details are as follows:

Office of the Ombudsman  
18 Lower Leeson Street  
Dublin 2  
Phone: 01 639 5600 or 1890 223030  
Email: [ombudsman@ombudsman.gov.ie](mailto:ombudsman@ombudsman.gov.ie)

Part of the outcome is that all complaints are reviewed monthly by the Director of Clinical Governance, Quality and Risk, to ensure that complaints management procedures have been followed and that actions have been completed.

## 7.0 Review Officer

- 7.1 Where resolution of the complaint with the Person In Charge is not possible, or if you are unhappy with the outcome, the complainant has recourse to bring the complaint to the **Review Officer, Ms Blathnaid Hart**.  
A letter of appeal should be directed to the Review Officer and all information & documentation should be included.
- 7.2 Permission / consent will be sought from the complainant for the Review Officer to access confidential documentation to enable a full and proper appeal to be carried out.
- 7.3 A review may be made by furnishing a notice in writing to the Review Officer specifying the grounds for review.
- 7.4 The Review Officer will present the findings of the review in a written response, as soon as possible and in any case no later than 20 working days after receipt of the request. If the 20 working day timeframe cannot be complied with, you will receive a written response informing you when you will receive a response and reason for the delay.

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- 7.5 If at any time after a review has been initiated, the Review Officer is of the opinion that the review could be resolved by mediation, they shall inform the person who initiates the review concerned of that opinion and, if the applicant agrees, refer the matter for mediation.
- 7.6 The complainant can refer a complaint any stage in the complaints process to the Ombudsman including the decision or findings of the Review Officer.
- 7.7 In the absence of Ms. Blathnaid Hart, a member of the Clinical Governance Team will act as the Review Officer.

## **8.0 Complaints Procedure and the Ombudsman**

- 8.1 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. By the law the Ombudsman can examine complaints about any of our administrative actions or procedures as well as delays or inaction in our dealings with you. The Ombudsman's remit relates to complaints about actions which occur on or after 24<sup>th</sup> August 2015. The Ombudsman cannot examine complaints about actions which occurred before that date with the exception of complaints from residents eligible to complain under "Your Service Your Say" (Residents whose place is provided under a contract with the HSE).

Contact details:  
Office of the Ombudsman  
18 Lower Leeson Street  
Dublin 2  
Phone: 01 639 5600 or 1890 223030  
Email: [ombudsman@ombudsman.gov.ie](mailto:ombudsman@ombudsman.gov.ie)

## **9.0 Confidentiality and Data Protection**

- 9.1 The confidentiality of the complainant shall be maintained through the investigation process.
- 9.2 Residents and relative/representatives shall be informed that the complaints process shall maintain their confidentiality at all times.
- 9.3 Residents shall have access to all records pertaining to them as per IM-003 Resident Access to Personal Records (incorporating the Data Protection Act)

## **10.0 Communication with the Resident**

- 10.1 Residents shall be aware of the complaints process and how to make a complaint.
- 10.2 The complaints process, and details of how to make a complaint, shall be detailed in the Resident Guide.
- 10.3 Details of the complaints process, and details of how to make a complaint, shall be prominently displayed in the nursing home.

## **11.0 Concerns**

- 11.1 All residents and families and visitors can also raise concerns on our website [www.silverstream.ie](http://www.silverstream.ie)

**These concerns are directed immediately to the Silver Stream head office and will be reviewed by the Group Clinical Governance Team.**

- 11.2 When receiving a complaint from a resident and/or representative, The Clinical Governance Team should:
- Be respectful and helpful.
  - Not attempt to lay blame or become argumentative or defensive.
  - Remain calm and positive.

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- Refer the complaint to the Staff Nurse On Duty/ Person in Charge.

11.3 Document as much information as possible about the complaint

11.4 Inform the Person in Charge of the complaint.

## **12.0 Advocacy**

12.1 All residents shall have the right to access advocacy services to facilitate their participation in the complaints process.

12.2 Advocacy services shall be available to all residents and displayed within the Nursing Home.

12.3 Communication of Complaints Data

12.4 Details of all complaints, and any resulting actions, shall be communicated to staff via team meetings.

12.5 Complaints data shall be analysed monthly at the Clinical Governance Meeting.

## **13.0 External Referral of Complaints**

If at any stage you are dissatisfied with the decision made in relation to your complaint, you can refer the matter to an external complaints process, such as the Ombudsman.

13.1 Office of the Ombudsman

Office of the Ombudsman  
18 Lower Leeson Street  
Dublin 2  
Phone: 01 639 5600 or 1890 223030  
Email: [ombudsman@ombudsman.gov.ie](mailto:ombudsman@ombudsman.gov.ie)

13.2 **Health Service Executive** (only for residents with contracted bed / receives additional funding from the HSE)

If you wish to make a complaint to the Health Service Executive, you can do so through their online comments service. <http://www.hse.ie/eng/services/yourhealthservice>.

## **13.3 The Health Information & Quality Authority**

When to contact HIQA about your concern?

HIQA 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 do not have the legal power to investigate individual complaints, they do review all information or concerns about services they receive and assess them against the regulations and the standards.

If there is a serious risk to the health and welfare of service users, the Authority may decide to take appropriate action in relation to that service. The Authority may also undertake or be required by the Minister of Health to undertake, an investigation into the safety, quality and standard of healthcare services.

If you wish to contact us regarding a concern about a service, please contact:

Concerns about Services  
Health Information and Quality Authority  
George's Court, George's Lane  
Smithfield, Dublin 7  
Ireland

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Tel: 021 240 9646  
Email: concerns@hiqa.ie

#### **14.0 Staff Education**

- 14.1 All staff shall receive education regarding the management of complaints, and the local resolution of complaints.
- 14.2 All staff shall receive education on assisting a resident or family member/representative to make a complaint should local resolution not be achieved.

#### **15.0 Records**

- 15.1 Resident Records.
- 15.2 Correspondence pertinent to the complaint.
- 15.3 Register of all complaints including details of investigation and any actions taken.

#### **16.0 Audit and Evaluation**

An annual audit shall be undertaken to determine compliance to this policy and procedure. This shall be carried out by the Person in Charge via a review of records and incident reports. The evaluation shall aim to determine adherence to the process including:

- 16.1 Inform residents of the right to complain.
- 16.2 Local resolution attempted when complaint received.
- 16.3 Investigation of complaint undertaken.
- 16.4 Complainant informed of outcome of investigation.

Results of these audits are submitted to the Management Team.

#### **17.0 References**

GM-010 Incident Reporting – Identification, Documentation, Rectification, Review and Communication  
IM-003 Resident Access to Personal Records (incorporating the Data Protection Act)  
RR-007 Provision of Advocacy Services for Residents.  
Data Protection Act (1988) and (2003)  
Health Information and Quality Authority (2008) National Quality Standards for Residential Care Settings for Older People in Ireland. Dublin: Health Information and Quality Authority  
Health Act (2004), Part 9  
Health Act : SI Amendments SI-628-2022