

Sunbeam House Services Policy Document	Complaints Policy
	10th July 2017



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1.0	MD in capacity as Organisational Complaints Lead	Review	SMT
2.0	MD Office	Section 10.0: Complaints Officer/ Organisational Complaints Lead- Non-compliance action assigned by HIQA under Outcome 01	SMT/ All in SHS
3.0	A/QCT as Complaints now under QCT Remit	Section 10.0: Complaints Officer / Organisational Complaints Lead reassigned to QCT Team	SMT / All in SHS

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1.0 COMPLAINTS POLICY:

This Complaints Policy is written in accordance with Part 9 of the Health Act 2004 (Complaints) Regulations 2006 (The Act). Referral should be made to this Act for more detailed information. Easy to read versions of this policy are available in each Sunbeam House Services location.

2.0 SCOPE:

Sunbeam House Services (SHS) welcomes feedback from the people we support, families, guardians, advocates, visitors and the community about the services provided by us. Any comment or complaint will be viewed as an opportunity to continuously improve the quality of the services that we provide, and to learn lessons in order to prevent similar occurrences in the future. Complaints, criticisms or suggestions, whether oral or written, will be taken seriously, and handled appropriately and sensitively, and in accordance with this policy. SHS commits to safe-guarding the rights and dignity of the the people we support and staff members in the implementation of this policy and associated supporting documents

3.0 ROLES & RESPONSIBILITIES:

All Staff working in SHS are responsible for complying with the policy. It is the responsibility of the Complaints Officer in their capacity of Organisational Complaints Lead (OCL) to implement this policy. Revision and review of this policy is the responsibility of the OCL and the Senior Management Team

Notice showing contact details for Local Complaints Officer (LCO) (Appendix 1) should be prominently displayed in each location, in an area where it is clearly visible to the people we support and their families, and staff. An ‘easy to read’ version of this Complaints Policy Notice should be kept on the location and made available if required.

4.0 PURPOSE

The purpose of this Complaints Policy is:-

- To ensure that the people we support in this organisation, and those acting on their behalf, are provided with the guiding principles, statutory requirements and

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- policies in relation to the making and management of complaints, and are assured of an effective and fair system of redress if they wish to complain; and
- To ensure that staff work quickly to resolve issues, manage complaints effectively and demonstrate to the people we support and their advocates that their complaint will receive the open, honest and effective response it deserves.

5.0 DEFINITIONS

A 'Complaint' is defined as ***'A complaint made about any action 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' is defined as ***'Anything done or omitted to be done in connection with the provision of a health or personal social service that is the subject of an arrangement under Section 38 of the Act, or a service in respect of which assistance is given under Section 39 of the Act.'***

A Complainant is defined as any person who is or was provided with a health or personal social service by SHS or who is seeking or has sought provision of such service may complain, in accordance with the procedures established under Section 46 of the Health Act 2004 about any action of the Service that :

- (a) It is claimed, does not accord with fair or sound administrative practice, and***
- (b) Adversely affects the person by whom or on whose behalf the complaint is made.***

6.0 EXCLUDED COMPLAINTS

The following matters are excluded as per Part 9 of the Health Act 2004:-

- a. A matter that is or has been the subject of legal proceedings before a court or tribunal;
- b. A matter relating solely to the exercise of clinical judgment by a person acting on behalf of SHS;
- c. An action taken by SHS solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b);
- d. A matter relating to the recruitment or appointment of an employee by SHS;
- e. A matter relating to or affecting the terms or conditions of a contract of employment that SHS proposes to enter into, or a contract with an advisor that SHS proposes to enter into under Section 24;
- f. A matter relating to the Social Welfare Acts;
- g. A matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;

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- h. A matter that could prejudice an investigation being undertaken by An Garda Siochana;
- i. A matter that has been brought before any other complaints procedure established under an enactment.

In the instance where complaints fall into the categories outlined above, SHS will either proceed to investigate the complaint using appropriate procedures, or will inform the complainant of the appropriate channels through which their complaint should be referred.

SHS will not tolerate vexatious, malicious or frivolous complaints, and processes will be put in place to deal with such complainants. However, this does not remove the complainant's right to submit their complaint to independent agencies such as the Ombudsman.

7.0 WHO CAN MAKE A COMPLAINT

Any person who is being or was provided with a health or personal social service by SHS, or who is seeking or has sought provision of such service, may complain, in accordance with the procedures established under Part 9, about any action that:-

- (a) it is claimed, does not accord with fair and sound administrative practice, and
- (b) adversely affects or affected that person.

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by:-

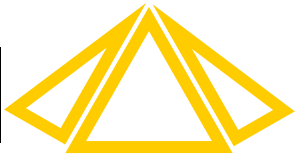
- (a) a spouse, a parent, a close relative or a carer.
- (b) a guardian or a person acting *in loco parentis*.
- (c) a legal representative.
- (d) a personal advocate assigned by Comhairle (may include a willing neutral SHS Staff member).
- (e) any person who, by law or by appointment of a court, has the care of the affairs of that person.
- (f) any other person with the consent of the person.
- (g) any other person who is appointed as prescribed in the regulations.

8.0 ADVOCACY

All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint. The Citizen Information Board (2005) previously Comhairle) defines advocacy as a means of empowering people by supporting them to assert their views

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and claim their entitlements and where necessary, representation and negotiating on their behalf. See Appendix 3 for contact details on National Advocacy Service.

9.0 HOW COMPLAINTS CAN BE MADE

The preferred form of complaint is in writing. Complaints may be made using any of the following methods:-

- Verbally to any staff member, Client Services Manager, Senior Services Manager or Managing Director.
- Written (letter, email or fax) to the Client Services Manager, Senior Services Manager or Managing Director.
- By completion of a Complaint Report Form.
- By cassette tape or video tape/DVD or other electronic media.
- By sign language.
- Sunbeam website www.sunbeam.ie

10.0 COMPLAINTS OFFICER /ORGANISATIONAL COMPLAINTS LEAD

The Complaints Officer is the Organisational Complaints Lead (OCL). The Complaints Officer is situated within the Quality, Compliance and Training Team.

Within Sunbeam House Services the Manager of each centre/location will be deemed the Local Complaints Officer (LCO) for the relevant centre/location.

Each CSM must ensure that Local Complaints Officer Poster (Appendix one) is up to date and displayed prominently within their centre/location along with the easy to read version of this policy.

Senior Services Managers are deemed to be Review Officers (Appendix two) and can be delegated a complaint for review by the Complaints Officer

If a complaint is made against a local Complaints Officer or a Review Officer, the Organisational Complaints Lead will appoint an internal investigator to deal with this complaint.

If a complaint is made against any member of the Executive or the Board of Directors an external agent will be appointed by the chairperson of the Board of Directors to manage and investigate this, using this policy to guide that investigation.

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11.0 STAFF RESPONSIBILITIES

The people we support or their families who complain about the care or treatment they receive have a right to expect a prompt and appropriate response. As a staff member employed by a caring organisation, you have a responsibility to deal with complaints constructively and honestly. You, as a staff member, have a duty to do something about the complaint and to ensure that the complainant is advised of the action which will follow.

If for any reason an individual in your care has suffered harm, through misadventure or for any other reason, you must act immediately to put matters right, if that is possible. Staff should explain fully to the individual and family what has happened, and you must be able to put family in contact with someone who will advise them of any likely long-term effects. If appropriate, you should offer an apology to the individual and family. Complaints dealt with expeditiously, as close to the time when first made, are resolved more satisfactorily than those which are left for a prolonged period.

- You must not allow an individual's complaint to prejudice the care or treatment, which you provide to that individual.
- You must co-operate fully with any enquiry into the treatment of an individual.
- You should not withhold any relevant information.
- You must assist, in whatever way you can, those involved in any enquiry.

No complaint made by a person we support or relative should be regarded as trivial. To them, every complaint is serious and it must be treated in this way by the staff concerned. In many situations, relatives, especially, will be unwilling to mention names in their complaint. It should be pointed out to them that in fairness to everybody concerned, the complaint cannot be properly pursued without having all of the details to hand.

When dealing with a Complaint, the following are some essential pointers:

- Endeavouring to deal with a problem at an early stage is easily the best way to reduce difficulties.
- Know when to seek the advice of senior colleagues. Staff must always inform the Client Services Manager.
- Know when the problem is too difficult to deal with and when it should be handed over to more senior colleagues and management for action.
- The most effective way to prevent complaints is to ensure that the practices and procedures in any location are of a high standard.

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- People we support and relatives should not be discouraged from making complaints, but rather they should be advised of the complaints policy and procedures.
- When a staff member addresses a complaint, the relative should be contacted at a later date to ensure that they are happy with the way the complaint was dealt with and/or resolved.

Staff have a duty to immediately pass on all complaints, whether verbal or written, to their Local Complaints Officer (LCO) and log on Client Information Database (CID). If they are matters of seriousness and complexity the LCO should seek advice from their Senior Services Manager (SSM) when making a decision regarding escalation or resolution. Staff should only attempt to manage verbal 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. Verbal and informal complaints should be documented **as far as is reasonably practical**. Copy of documentation should be forwarded to the Senior Services Manager via CID.

12.0 STAFF SUPPORT

Sensitivity must be shown to staff that are the subject of a complaint. The staff member's Client Services Manager must ensure that he/she is supported and assisted in every way possible during the investigation of a complaint. The staff member must also be advised of their right to representation and be informed of any support networks and people available to assist them in responding to complaints, e.g. union officials, local representatives, professional bodies, human resource managers and staff support persons. The Senior Services Manager must assure the subject(s) of the complaint that the complaint management processes are fair and transparent and must ensure that support is provided to the subject(s) of the complaint in the form of:-

- Time to deal with and respond to the complaint.
- An unbiased forum for giving their side of story and an opportunity to be accompanied by an appropriate person during the course of the investigation of the complaint.
- An emphasis on resolution as opposed to blame.
- Emphasis on process improvement.
- Knowledge of their rights.
- Employee assistance.

Staff should always be kept informed and updated on progress of complaint investigation.

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13.0 ACKNOWLEDGEMENT OF COMPLAINTS

Upon a complaint being received by or assigned to an Review Officer (including a referral under section 48(2)), he/she shall notify, within 5 working days, the complainant, in writing, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.

Where the Review Officer decides that a complaint is not one which falls under the provision of Part 9 of the Act, he/she shall notify the person concerned in writing, within 5 working days, of his/her decision and the reasons for it.

In keeping with good practice, if possible and when required, inform the individual and/or parent/family member/advocate that information from his/her personal file may need to be disclosed to the relevant investigating staff member. If either the individual /parent/family/advocate objects to this, then the effect on the processing of the complaint will need to be explained.

14.0 STAGES OF THE COMPLAINTS MANAGEMENT PROCESS

Stage 1 – Local resolution of verbal complaints at point of contact (informal).

Stage 2 – Investigation of written and serious complaints (informal resolution/formal investigation).

Stage 3 – Complaints Review by the Health Service Executive (HSE).

Stage 4 – Independent Review (Ombudsman).

14.1 Stage 1 – Local resolution of verbal complaints at the point of contact

Staff have clear delegations to resolve verbal complaints at first point of contact wherever possible. Where a complaint is resolved at the point of contact, the complaint must be examined to identify any quality improvements that should be implemented as a result. Where complaints cannot or should not be resolved at the first point of contact due to their seriousness or complexity, these complaints must be escalated to the Organisational Complaints Lead (OCL) whereby a Complaints Review Officer will be appointed. Complainants may not accept the outcome of the management of the complaint at the point of contact and may seek a review of their complaint at Stage 2 of the process. (See Appendix 4)

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14.2 Stage 2 – Investigation of written and serious complaints (informal resolution/formal investigation)

Complaints that could not be resolved at Stage 1 or should not be resolved at the first point of contact due to their seriousness or complexity are escalated to OCL whereby a Review Officer will be appointed for resolution by informal means or through a formal investigation. The Review Officer will carry out a pre-investigation to check the validity of the complaint and the appropriate processes to be used to manage the complaint. The Review Officer may 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 find an informal method of resolution of the complaint by the parties concerned. Mediation may be used to attempt resolution of the complaint at Stage 2, if both parties agree.

Where informal resolution was not attempted or was not successful, the Review Officer will initiate a formal investigation of the complaint, in consultation with the Organisational Complaints Lead (OCL). The OCL will appoint a Review Officer (RO) to carry out and examine the complaint. The RO will review the processes used to carry out the investigation of the complaint, the findings and recommendations made post-investigation. The RO will either uphold, vary or make a new finding and recommend that a local re-investigation of the complaint be carried out by a person independent of the initial investigation team. Alternatively the RO may determine that further processing of the complaint is required, and will make recommendations to the OCL in this respect. The OCL will make a decision as to the appropriate management of the complaint. Staff have an obligation to participate and support the investigation of any complaint where requested. (see Appendix 5)

14.3 Investigations

Investigations will be carried out as per the Trust in Care Policy and outlined in the Sections below.

Some complaints will not be suitable for investigation and will be returned to the complainant with an explanation as to why the complaint cannot be investigated or with details of the correct process for the management of their complaint.

All requests for an SHS formal investigation should be forwarded to:-

The Complaints Officer,
Sunbeam House Services,
Cedar Estate,
Killarney Road,
Bray, Co. Wicklow

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The complainant will be informed within one week of any decision of the Review Officer (RO), and may accept the recommendations made or can seek a review of the complaint by the HSE Complaints Review Process at Stage 3.

14.4 Stage 3 – Complaints review by the Health Service Executive (HSE)

The complainant may seek a review of the outcome of the investigation at Stage 2 by the HSE Complaints Review Process, within 30 working days of the date on which the report was signed and dated at Stage 2. When a request for a review is received beyond that period, the HSE Head of Consumer Affairs or designated officer may extend the time limit for requesting a review if he/she determines that special circumstances make it appropriate to do so. The HSE have designated authority to appoint Review Officers as per the Health Act 2004 (Complaints) Regulations 2006, and all requests for a HSE Complaints Review should be forwarded to:-

Greg Price
Director of Advocacy
Quality & Patient Safety Division
Health Service Executive
Oak House
Millennium Park
Naas
Co Kildare

Tel: 045 880400
Mob: 087 8515381
Fax: 1890 200 894
Email: greg.price@hse.ie

The complainant will be informed of any decision of the Reviewer within 20 working days of the request being received, or will be advised of the additional time required to complete the review. The complainant may accept any recommendations made or can seek a review of the complaint by the Ombudsman.

14.5 Stage 4 – Independent review (Ombudsman)

If the complainant is not satisfied with the outcome of the HSE Complaints Management Process, he/she may seek a review of the complaint by the Ombudsman. SHS must inform the complainant that they also have a right at any time to have their complaint reviewed by the Ombudsman. However, they must be made aware that the Ombudsman will, in most cases, require that the SHS Complaints Management Process be exhausted before they will initiate a review of the complaint. A request for review of a complaint may be made to:-

Office of the Ombudsman,
18 Lr. Leeson Street,
Dublin 2.
Tel: +353-1-639 5600

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Lo-call: 1890 223030
Fax: (01) 639 5674

14.6 Report

On completion of the Investigation/Review the Complaints/Review Officer will send the Complaints Officer (OCL) and all parties to the complaint the report.

The final report will include any recommendations needed to resolve the matter. The complaints officer will invite everyone involved to contact them with questions about any issues and will advise the complainant of their right to review.

The complainant should be advised that they must request a review of the complaint within 30 days of the investigation report being sent to them by the complaints/review officer.

15.0 CONDUCTING THE INVESTIGATION

Principles governing the investigation process

- The investigation will be conducted thoroughly and objectively in strict accordance with the terms of reference and with due respect for the rights of the complainant and the rights of the employee to be treated in accordance with the principles of natural justice.
- The investigation team will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the investigation team may request appropriately qualified persons to carry out clinical assessments, validation exercises, etc.
- Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation.
- A written record will be kept of all meetings and treated in the strictest confidence.
- The investigation team may interview any person who they feel can assist with the investigation. All SHS employees are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.
- Employees who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way, or for any breach in confidentiality in respect of any issue within the complaint.

16.0 STEPS IN CONDUCTING THE INVESTIGATION

- The investigation will be conducted by the designated person(s) agreed between the parties.

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- The investigation will be governed by clear terms of reference based on the written complaint and any other matters relevant to the complaint. The terms of reference shall specify the following:
- The investigation will be conducted in accordance with the Trust in Care Policy;
- The timescale within which the investigation will be completed;
- The investigation team may set time limits for completion of various stages of the procedure to ensure the overall timescale is adhered to;
- Scope of the investigation i.e. the investigation team will determine whether or not the complaint has been upheld and may make recommendations (other than disciplinary sanction) where appropriate;
- The employee against whom the complaint is made will be advised of the right to representation and given copies of all relevant documentation prior to and during the investigation process, i.e. Complaint and Witness statements (if any)
- The investigation team will interview any witnesses and other relevant persons. Confidentiality will be maintained as far as practicable.
- Persons may be required to attend further meetings to respond to new evidence or provide clarification on any of the issues raised.
- The investigation team will form preliminary conclusions based on the evidence gathered in the course of the investigation and invite any person adversely affected by these conclusions to provide additional information or challenge any aspect of the evidence.
- On completion of the investigation, the investigation team will form its final conclusions based on the balance of probabilities and submit a written report of its findings and recommendations to senior management.
- The staff member against whom the complaint is made will be given a copy of the investigation report and an opportunity to comment before any action is decided upon by management.

If the complaint is upheld, the matter will be referred to the designated Senior Manager who is empowered to take disciplinary action up to and including dismissal.

Persons who are authorised to make decisions regarding disciplinary action are not precluded from participating on the investigation team.

17.0 MANAGEMENT OF COMPLAINTS

The issue of procedural fairness must be considered at all times when investigation any complaint. Procedural fairness must ensure that :

- Complaint handling allows all parties involved in the complaint (including specified employees) the opportunity to respond.
- Where an action could adversely affect somebody, the person that may be affected must have the chance to state their point of view before the action is taken.
- The process should be fair to all parties. The Complaints/Review Officer must be impartial, prejudice free and unbiased in their decision making.

18.0 CONFIDENTIALITY

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

However, where the screening and/or investigation of the complaint indicates that there is a requirement to disclose some or all the details of the complaint e.g. there is evidence of abuse that must be reported in accordance with the Trust in Care Policy, the complainant will be informed immediately and the information will be directed to the appropriate personnel.

19.0 THE FREEDOM OF INFORMATION ACT 1997 & 2003

The Freedom of Information Act confers on all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. It is imperative that all staff is cognisant of the right of the complainant to access any information held by Sunbeam House Services in relation to the management of their complaint. Thus staff must ensure that they adhere to the principles of the Data Protection Act 1988 & 2002, that consent to access service user confidential information is obtained where required and that decisions made during the complaint management process are supported by facts and evidence.

20.0 VEXATIOUS OR MALICIOUS COMPLAINTS

Vexatious or malicious complaints are complaints that are intentionally troublesome. Vexatious or malicious complaints are excluded under Part 9 of the Health Act 2004. However, this does not remove the complainants' right to submit their complaint to independent agencies such as the HSE under the HSE Review Process or the Office of the Ombudsman.

If a complaint is found to be vexatious or malicious, no record of the complaint is to be retained in the file of the staff member/service about which the complaint was made.

Before the complaint is deemed vexatious or malicious the Local Complaints Officer (LCO) must bring it to the attention of the Complaints Officer (Organisational Complaints Lead)

21.0 ANONYMOUS COMPLAINTS

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All anonymous complaints, both written and verbal, should be brought to the attention of the Complaints Officer (Organisation Complaints Lead), for a decision as to whether investigation and/or quality improvements are required on the basis of the complaint.

It is the policy of Sunbeam House Services that complainants must provide contact details when making a complaint against the SHS to enable appropriate validation, follow up and investigation of that complaint unless there is good and sufficient reason for withholding this information.

22.0 TIME LIMITS FOR MAKING A COMPLAINT

The Local Complaints Officer or the Organisational Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint, or within 12 months of the complainant becoming aware of the action giving rise to the complaint.

An Local Complaints Officer or the Organisational Complaints Officer may extend the time limit for making a complaint if, in his/her opinion, special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:-

- If the complainant is ill or bereaved.
- If new relevant, significant and verifiable information relating to the action becomes available to the complainant.
- If it is considered in the public interest to investigate the complaint.
- If the complaint concerns an issue of such seriousness that it cannot be ignored.
- Diminished capacity of the individual at the time of the experience, e.g. mental health, critical/long-term illness.
- Where extensive support was required to make the complaint and this took longer than 12 months to arrange.

A Local Complaints Officer or the Organisational Complaints Lead must notify the complainant of the decision to extend/not extend time limits within 5 working days.

23.0 TIMEFRAMES INVOLVED ONCE A COMPLAINT IS RECEIVED

- 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.

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- For written complaints, the Local Complaints Officer and the Review Officer must endeavour to investigate and conclude the investigation of a complaint within 30 working days of it being acknowledged.
- If the matter cannot be investigated and concluded within 30 working days, this must be communicated to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint, and an indication given of the time it will take to complete the investigation.
 - The Local Complaints Officer and the Review Officer must endeavour to conclude the investigation of the complaint within 6 months of receipt of the complaint. If this timeframe cannot be met, the complainant must be informed that the investigation is taking longer than 6 months, give an explanation why, and outline the options open to the complainant. He/she should encourage the complainant to be patient with the process, while informing them that they may seek a review of their complaint by the Ombudsman.
 - The Local Complaints Officer and the Review Officer must update the complainant and the relevant staff/service member every 20 working days during the course of the investigation.
 - The Local Complaints Officer and the Review Officer will inform the complainant in writing, within 5 working days of making the decision/determination, if the complaint will not be investigated, and the reasons for it.

24.0 REDRESS

An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the people we support in of SHS. It will have a positive effect on staff morale and improve our relations with the public. It will also provide useful feedback and enable us to review current procedures and systems which may be giving rise to complaints.

Redress should be consistent and fair for both the complainant and the service. SHS may offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress might include:

- An apology.
- An explanation.
- A refund.
- An admission of fault.
- A change of decision.
- Replacement.
- Repair/rework.

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- Correction of misleading or incorrect records.
- Technical or financial assistance.
- Recommendation to make a change to a relevant policy or law.
- A waiver of debt.

A Local Complaints Officer or Review Officer may not, following the investigation of a complaint, make a recommendation of which the implementation would require or cause:-

- SHS to make a material amendment to its approved service plan, or
- SHS to make a material amendment to an arrangement under Section 38.

If, in the opinion of the relevant person, such a recommendation is made, that person shall either:-

- Amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
- Reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates, as the relevant person considers appropriate

25.0 ADVERSE FINDINGS

A Complaints/Review Officer will not make a finding or a criticism in his or her report adverse to a person without having afforded the person concerned the opportunity to consider the proposed findings or criticism and to make representations in relation to it. This is a legislative requirement. The regulations state:

(8) A Complaints/Review Officer shall not make a finding or criticism in his or her proposed report, adverse to a person, without first having afforded the person concerned the opportunity to consider the finding or criticism and to make representations, which shall be considered, in relation to it.

26.0 REPORTS

26.1 SHS as a service provider who has established a complaints procedure by agreement with the HSE shall provide the HSE with a general report on the complaints received by SHS during the previous year , indicating:-

- The total number of complaints received.
- The nature of the complaints.
- The number of complaints resolved by informal means.
- The outcome of any investigations into the complaints

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- 26.2** Every six months a trend report of complaints utilising the above analysis will be considered by the Protection and Safeguarding Committee along with all other adverse events.

- 26.3** On a regular basis the administration of complaints will be reviewed by the Complaints Officer and the Senior Management Team.

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Appendix 1



INFORMATION ON COMPLAINTS PROCEDURE



We want to hear
what you have to say

CSM:

Location:



Phone:



Email:



Complaints Officer, Lisa Flynn

Other ways to make a complaint:



Letter addressed to SHS, Southern Cross House, Southern Cross Business Park, Bray, Co. Wicklow



Phone: 086 020 3150 (Lisa Flynn)



Email: lisa.flynn@sunbeam.ie



Fax: 01-2760367



Through a contact form on the SHS Website: www.sunbeam.ie



Appendix 2

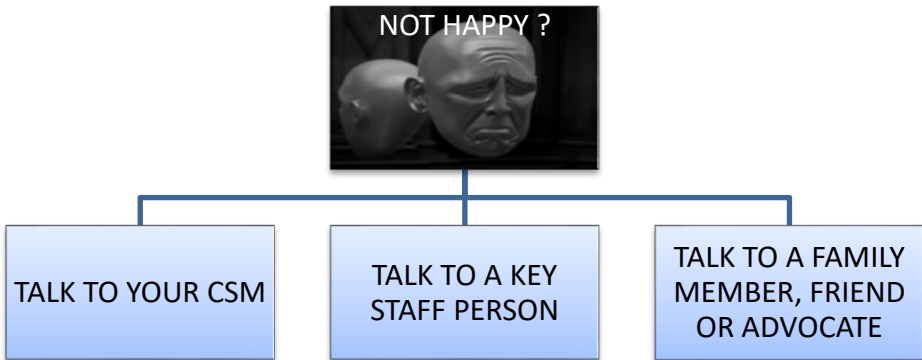
SHS Complaints Policy (easy to read version)

In SHS we hope to provide a good service.
 If you have any problems or complaints about the service or the staff you have the right to make a complaint.
 You can make a complaint to the Client Service Manager, your Key Worker or any member of the staff you feel you can talk to.
 You also have the right to make a complaint to senior management.

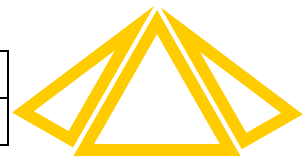
If you are afraid to make a complaint you can ask your family or a friend or someone you trust to help you.
 You can write a letter of complaint if you want to.
 If your complaint is genuine you will not get into trouble or be treated bad.

Your complaint will be taken seriously and something will be done about it if possible.
 Also if there is something in SHS you think we could do better or improve on we would be happy to hear your suggestion.

Remember our door is always open for you to talk to us.



This easy to read version of this policy was drawn up by self-advocates.



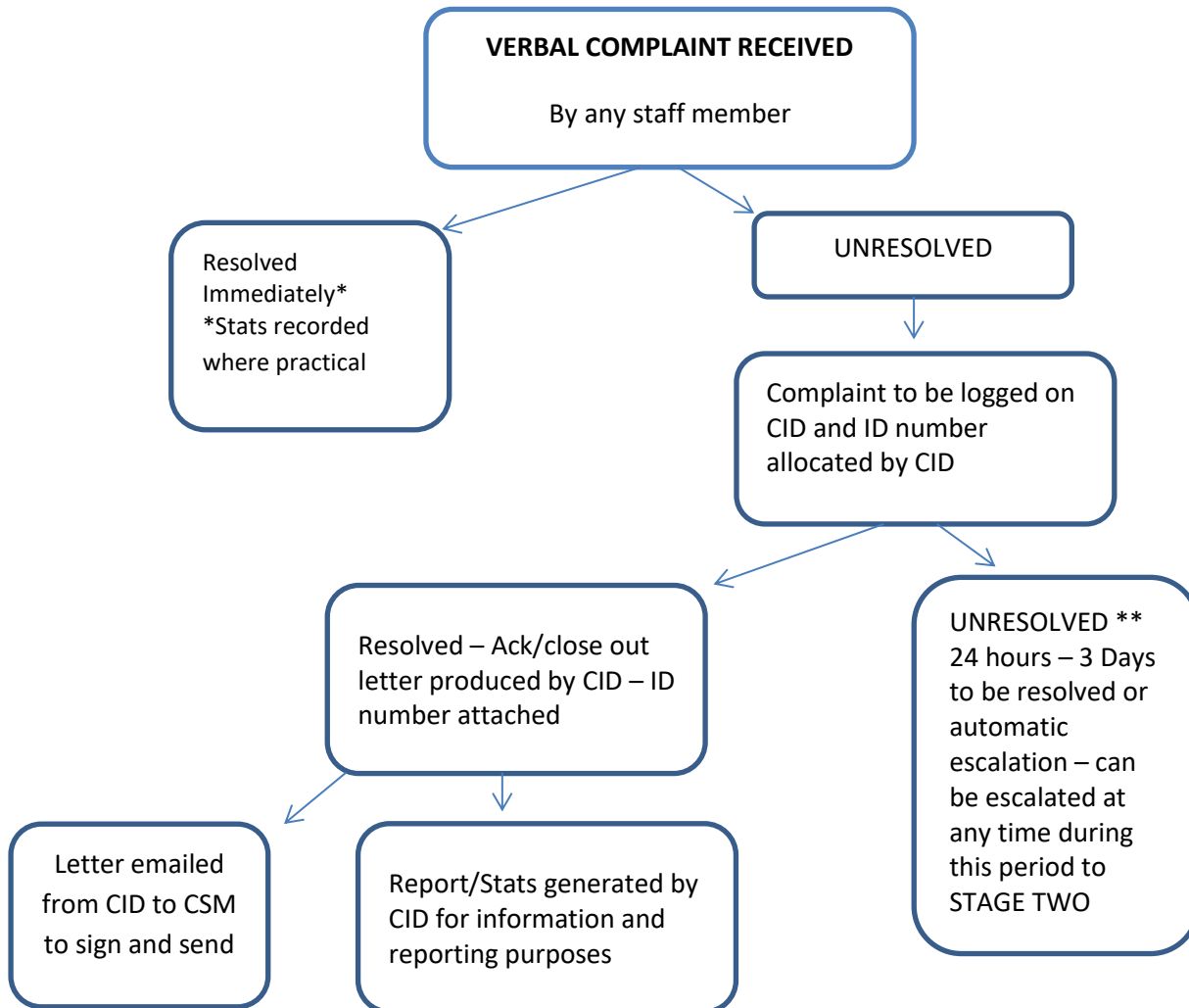
Appendix 3

Useful Contact details

Advocacy Group	Phone Number	Fax Number	Contact Name	Email Address	Postal Address
Citizens Information Board (previously Comhairle)	01 6059000	01 6059099	Helen Lahert, Manager Advocacy and Accessibility	Helen.lahert@ciboard.ie	Citizens Information Board, 7 th Floor, Hume House, Ballsbridge, Dublin 4
Equality Authority	01 4173333	01 4173336	Aoife Joyce	Ajoyce@equality.ie	The Equality Authority, 2 Clonmel Street, Dublin 2
Irish Advocacy Newtork	047 38918 (087 7540763)		Collette Nolan	admin@irishadvocacynetwork.com	Irish Advocacy Network, C/O Health Care Unit, Rooskey, Monaghan
Office of the Ombudsman	01-639 5600 Lo-call: 1890 223030	1-639 5674		ombudsman@ombudsman.gov.ie	18 Lower Leeson Street, Dublin 2

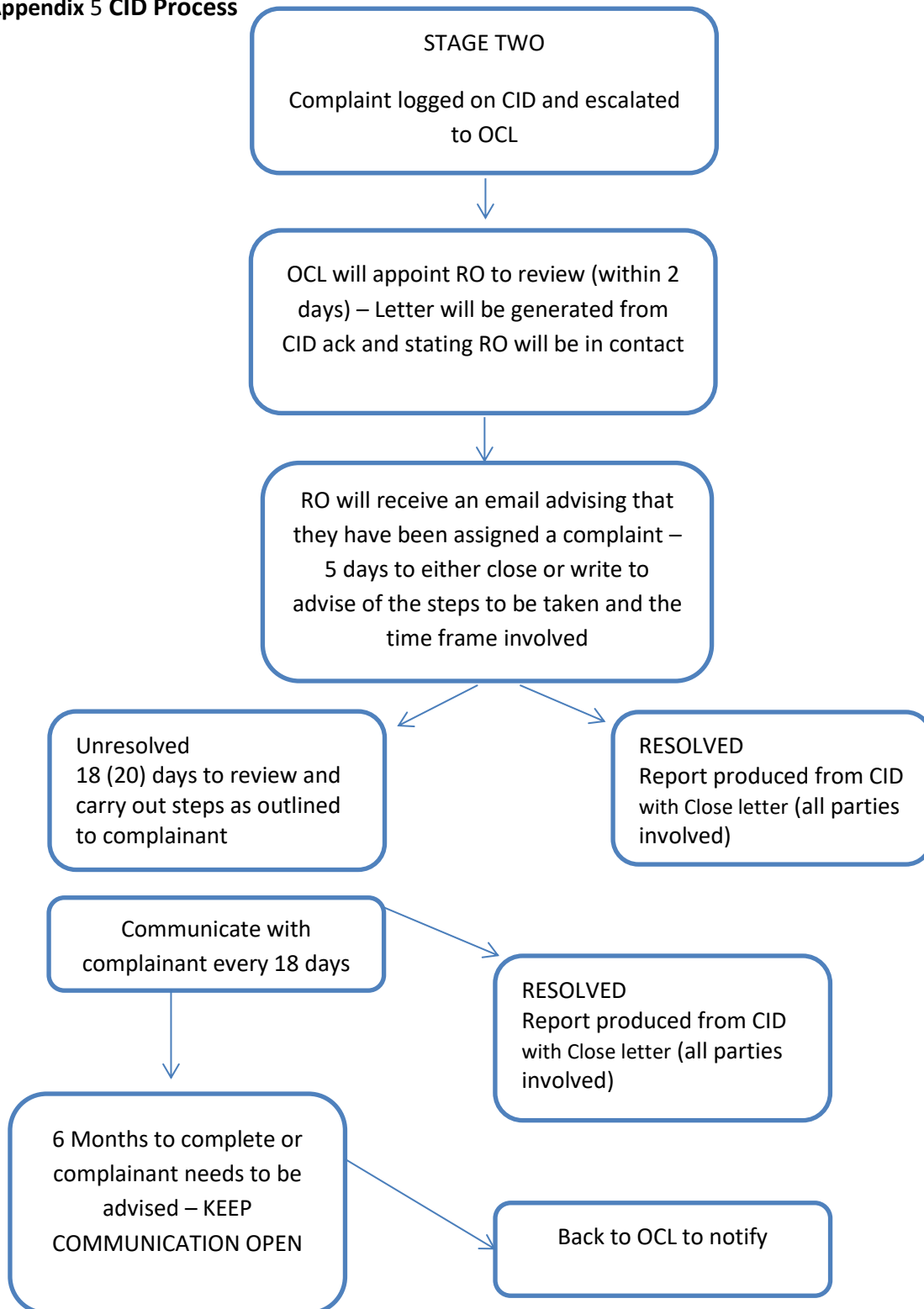


Appendix 4 CID Process





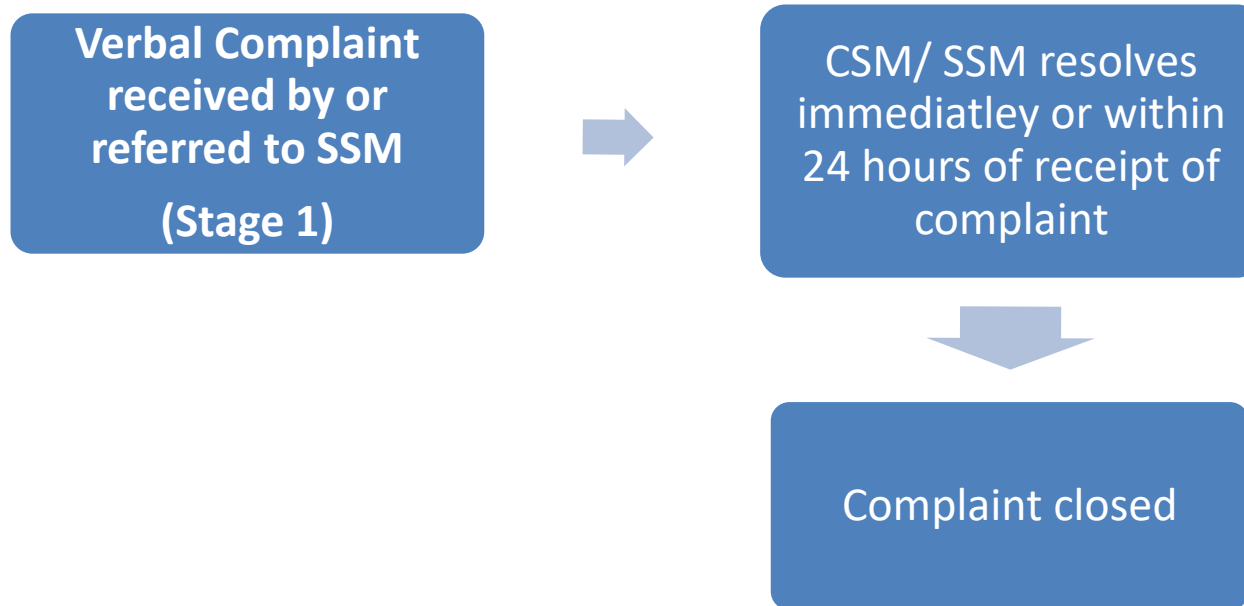
Appendix 5 CID Process





STAGE 1:

Local resolution of verbal complaints at point of contact:

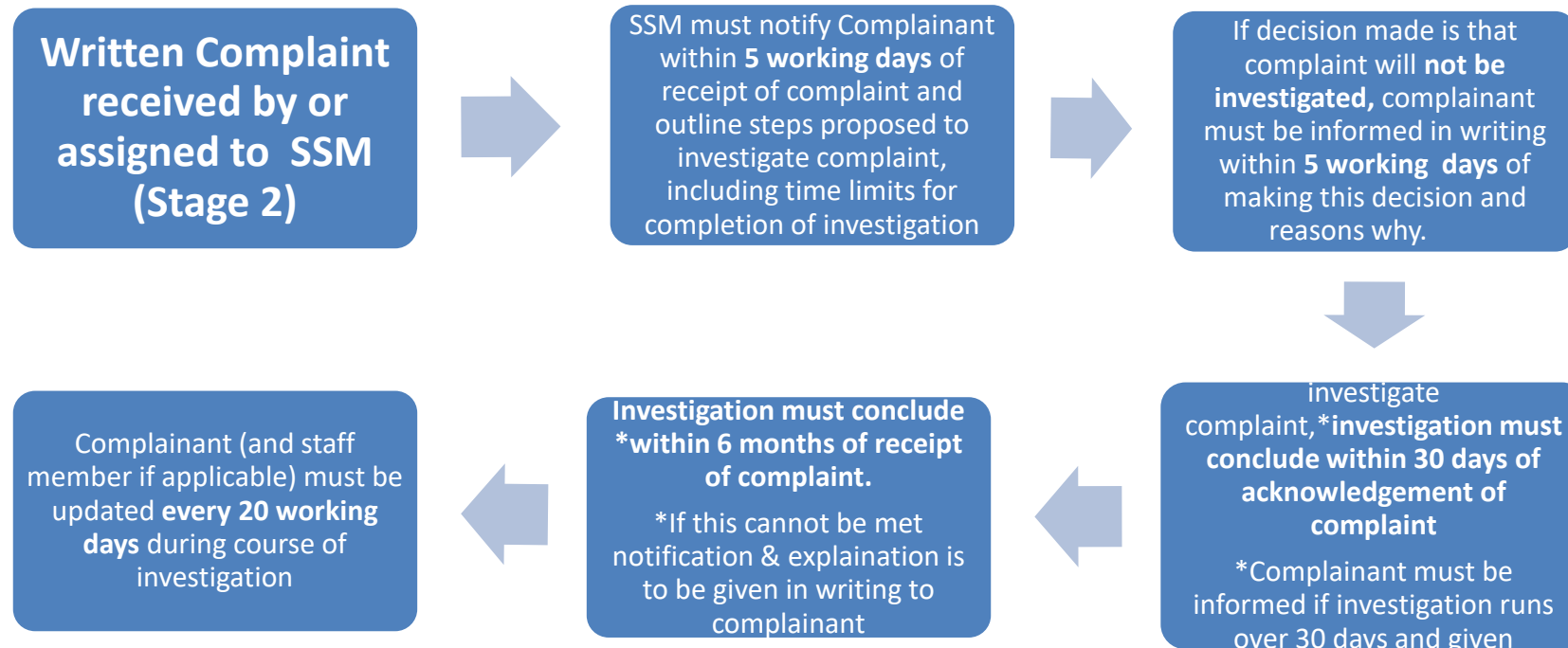


***NB: SSM must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint, or within 12 months of the complainant becoming aware of the action giving rise to the complaint.**



STAGE 2:

Local investigation of written and serious complaints (informal resolution/ formal investigation):



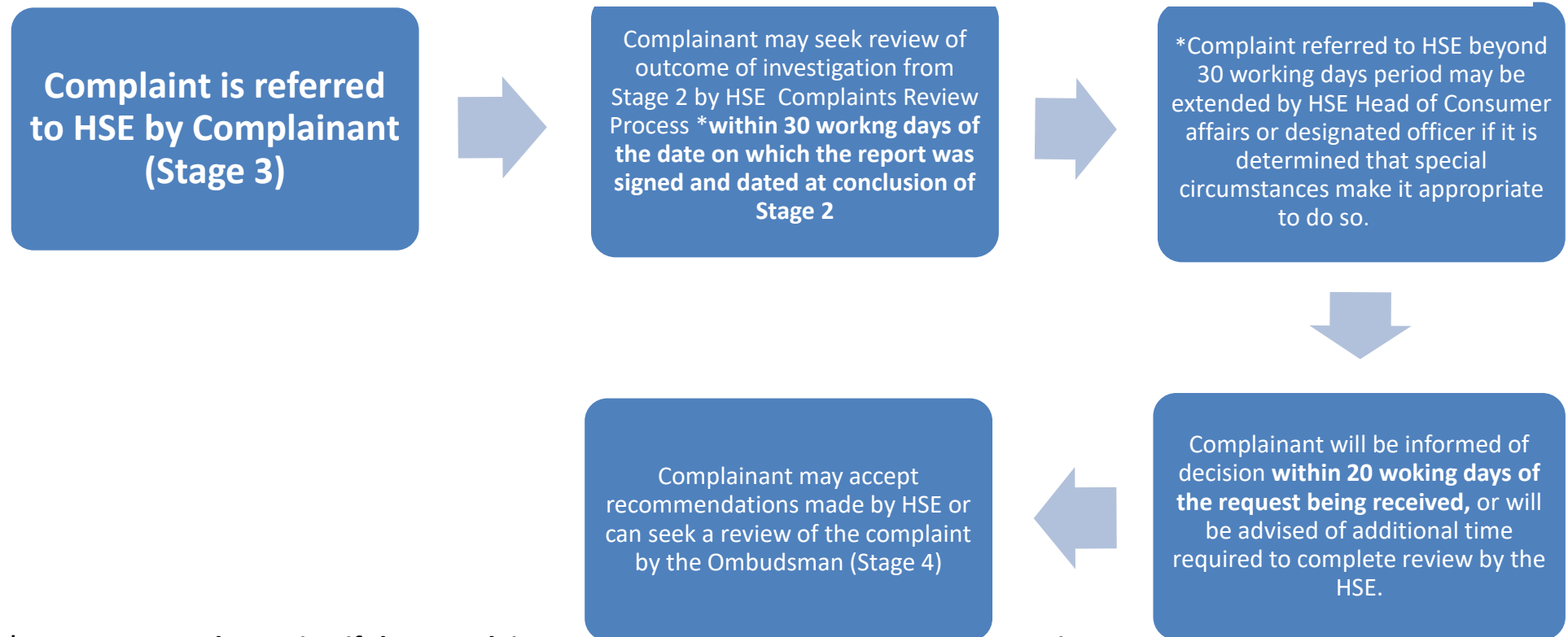
***NB: SSM must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint, or within 12 months of the complainant becoming aware of the action giving rise to the complaint.**

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STAGE 3:

Complaints Review by the Health Service Executive (HSE):

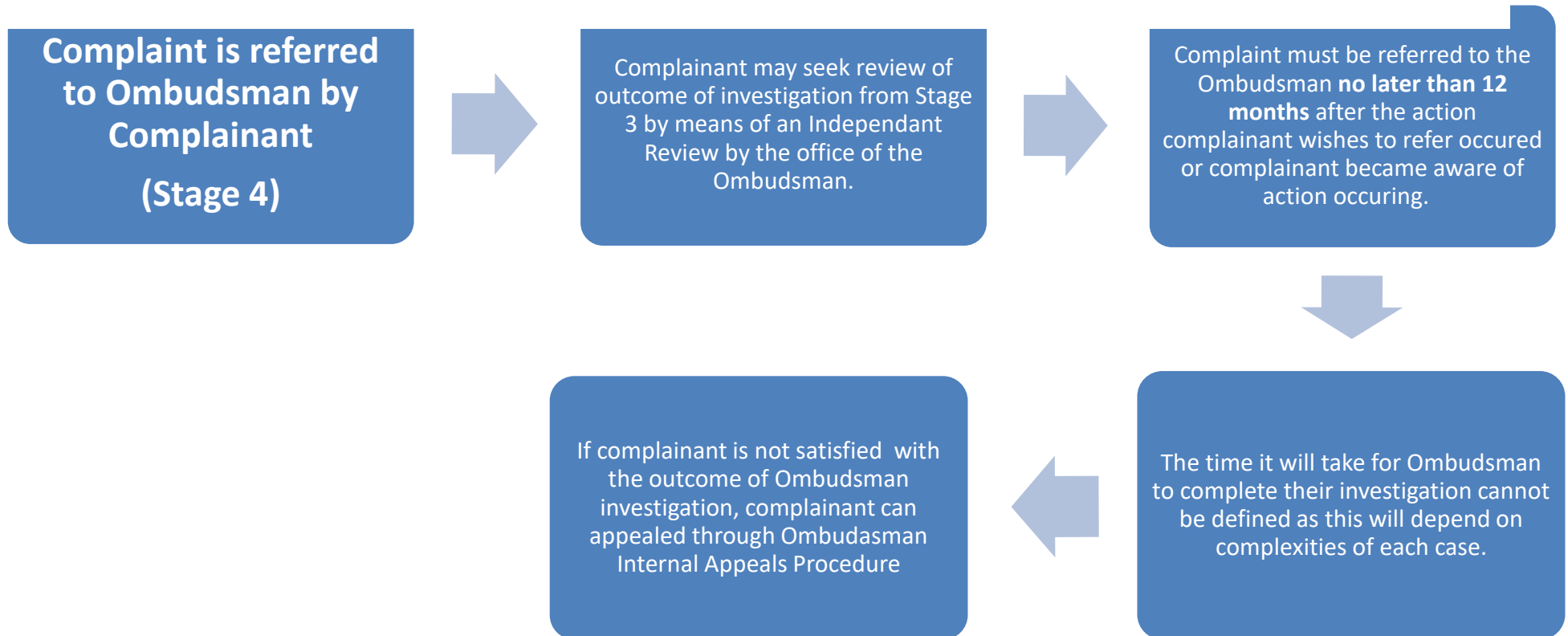


***NB: SSM must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint, or within 12 months of the complainant becoming aware of the action giving rise to the complaint.**



STAGE 4:

Independent Review – Ombudsman:



***NB: SSM must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint, or within 12 months of the complainant becoming aware of the action giving rise to the complaint.**