

Sunbeam House Services Policy Document	Complaints, Compliments and Feedback Policy
	23 rd June 2020



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VERSION CONTROL:

Version Number:	Owner:	Description:	Circulation:
6.0	Complaints and Compliments Coordinator	Separation of policy and procedure into two standalone documents	All in SHS
7.0	Complaints and Compliments Coordinator	Third party complaints added SSM responsibilities amended	All in SHS

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1. DOCUMENT ASSOCIATION

List of other document/standards/forms etc. that reference/relate to this procedure:

- SHS Complaints Procedure PRO 017.077
- SHS Easy to Read Complaints Policy 017.077
- SHS Family/ Advocate Complaints Information Booklet 017.077
- SHS Location Statement of Purpose and Function
- SHS Location Complaints Poster
- HSE "Your Service, Your Say"
- Health Act 2004 (Complaints) Regulations 2006

2. ACRONYMS/ ABBREVIATIONS:

Listing of abbreviations used within this document:

SHS	Sunbeam House Services
QCT	Quality, Compliance and Training
CSM	Client Services Managers
DCSM	Deputy Client Services Manager
SSM	Senior Services Managers
SMT	Senior Management Team
LCO	Local Complaints Officer
CCC	Complaints & Compliments Coordinator
BOD	Board of Directors
CEO	Chief Executive Officer
CID	Central Information Date
HSE	Health Service Executive

3. LIST OF APPENDICES: Please note, all information which supports this policy can be found within SHS e-learning site and available to the public on SHS website www.sunbeam.ie "FEEDBACK" page

4. LIST OF TABLES:

- **Table 1** - Stages in the complaint's management process

5. NOTES:

- In this policy, business working days are defined as Monday to Friday of each week and are not inclusive of Saturday, Sunday or Bank Holiday Mondays.
- All complaints and compliments and related supporting documents disclosed to SHS must be recorded on inhouse CID database.
- SHS accepts complaints, compliments and feedback in any format including but not limited to face to face, phone call; written letter, e-mail; audio recording; video recording; sign language.

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6. PURPOSE:

The purpose of this document is to support management and staff to meet HSE and HIQA regulatory and compliance requirements in line with the Health Act 2004 (Complaints) Regulation 2006, and Section 10 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, (HIQA).

SHS operates the “**No wrong door**” approach to complaints management. This means that a complaint can be disclosed to any SHS staff member the complainant chooses to make their complaint to. All SHS staff are trained to receive, report and respond to complaints when they are disclosed.

Under the Health Act 2004 (Complaints) Regulation 2006, a complaint can be made about: any action of SHS that—

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

If a person entitled under section 9 of the Act to make a complaint is unable to do so because of age, illness or disability, the complaint may be made on that person’s behalf by—

- (a) a close relative or carer of the person,
- (b) any person who, by law or by appointment of a court, has the care of the affairs of that person,
- (c) any legal representative of the person,
- (d) any other person with the consent of the person, or
- (e) any other person who is appointed as prescribed in the regulations.

7. Third party complaints

A third party complainant is defined as any person who makes a complaint on behalf of a client who is in receipt of one or more service by Sunbeam House Services.

In accordance with the Assisted Decision Making (Capacity) Act 2015 all clients are deemed to have capacity and so consent must be sought from the respective client for a complaint to be investigated. Once a complaint is received the complaints officer (local or organisational) must discuss the complaint with the client and where appropriate obtain written consent to proceed. Where written consent cannot be obtained this can be given verbally and documented by the complaints officer. If the service user does not give consent a third party complaint will not be investigated.

Should the client be deemed to lack capacity in the area of complaints as outlined within the Assisted Decision Making (Capacity) Act 2015, then persons outlined under section 9 of the Health Act 2004, as outlined above are entitled to do so on their behalf.

If consent is not granted by the service user, SHS may conduct a review arising from a third party complaint should it pose a significant concern. These finding will not be shared with the original complainant without consent from the service user.

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8. SCOPE:

Feedback (complaints, compliments and comments) may be given to any member of staff. It is therefore important that all frontline staff and management welcome feedback and are trained to respond appropriately to feedback from service users and their advocates. It is important that all staff see this as an opportunity to improve services.

9. DEFINITIONS

- Complaint – Expression of dissatisfaction
- Compliment – Expression of positive service user experience
- Feedback – Comments or suggestions made in respect of services by a person permitted to do so under Section 9 of the Health Act 2004.

9. ROLES AND RESPONSIBILITIES:

9.1: Frontline and support staff :

- All SHS employees must deal with complaints made to them using the guidance outlined in this policy and associated procedure documents. All SHS staff must endeavour, where appropriate, to resolve the complaint locally and informally, i.e. Stage 1 of this process.
- If the staff member believes they cannot deal with the complaint they must refer the matter to their CSM/ DCSM while ensuring they record the matter in CID complaints workflow and assign to the appropriate person.
- All SHS employees must support service users and their advocates to access the SHS complaints policy and procedure.
- All SHS employees have a responsibility to act as an advocate for service users who cannot self advocate to raise issues which are the result of unfair or unsound administrative practice, and/ or which have has an adverse effect on the individual.
- All employees must participate in Complaints Management Training. This training will inform staff on legal requirements of the policy and the process; how to make an apology to complainants; collection of relevant data and practical application of the policy and procedure.

Additionally, employees may be required to:

- Partake in any investigation of a complaint where necessary,
- Be involved in improvement initiatives within their service,
- Provide complaints data and information when requested.

9.2: Client Service Manager (CSM)/ Deputy Client Services Manager (DCSM) (Where DCSM appointed)

The CSM and DCSM, in locations where a DCSM has been appointed, are the Local Complaints Officer (LCO) for their location or department. If the CSM is unavailable and no DCSM is in situ, a complaint that cannot be resolved by staff must be referred to the relevant SSM who can also fulfil the role of LCO.

The role of LCO requires the the CSM/ DCSM to perform the following tasks:

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- Ensure all staff, including themselves, have received training in respect of the complaints policy, procedure and CID database for handling complaints.
- To assess each complaint upon receipt to ensure the complaints policy is the applicable policy for handling the information which has been disclosed by the complainant.
- To ensure all complaints are handled in an effective, empathic and caring manner, with a swift resolution where possible.
- To refer the complaint to CCC for assessment should the CSM/ DCSM believe formal review or formal investigation be warranted.
- To refer the complaint to the CCC for assessment in cases where the CSM/ DCSM or SSM have been directly involved in the complaint. If any doubt or concern is raised by any involved party regarding the reviewer/ investigator appointed to manage a complaint, this must be referred to the CCC. In such cases, the CCC will liaise with the QCT Senior Manager and if required, the CEO, to determine who the appropriate internal investigator should be.
- To maintain formal communication with the complainant throughout the complaints process within the specified timelines as defined under the Health Act 2004, only for complaints the CSM/ DCSM have been assigned to manage.
- Provide updates and supporting information regarding complaints to the CCC when requested
- Provide formal response regarding outcome/ recommendations/ action plan/ redress (which ever is applicable to the complaint), to all parties involved. Please note, dignity and respect of all involved must be observed when providing this information. Information must be provided on a need to know basis with full response provided to complainant.
- To meet with those involved for feedback, discussion and agreement of outcomes and actions of complaint.
- To ensure all agreed recommendations/ action plan/ redress, are implemented as a matter of priority and within timeframes as set out. Where timeframes require extension, the CCC must be notified of this and reason provided explaining why original date cannot be met.
- Ensure all records which evidence and support the complaint review, recommendations and actions, are uploaded to relevant CID workflow.

9.3: Senior Services Manager (SSM):

- Each SSM is responsible to oversee complaints across their locations through the CID system. They will liaise with CSM / DCSM to ensure the proper processes are being followed, timeline adhered to and actions completed inline with policy timeline (Table 1).
- As a member of the SMT, each SSM has the responsibility to analyse the complaints report which is provided on a quarterly basis by the CCC to the SMT and to take learning from this report. This analysis will assist the CCC and SMT in the identification of patterns of complaints that may be specific to a location, a staff member or a person supported within the service, and which may indicate further review or investigation.
- Where an SSM is required to review/ investigate an issue, pattern or recurring complaint, the CCC will provide details of complaint/s to the relevant SSM outside of SMT meeting.

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The SSM must then follow up the issue with the relevant CSM and provide an update and decision to the CCC in respect of the matter.

- The SSM will fulfil the role of LCO if CSM/ DCSM are unavailable. In cases where the SSM has been directly involved in a complaint matter which has been reported, the CCC in conjunction with QCT Senior Manager and if required, the CEO, will determine who the appropriate internal investigator should be.

9.4: Senior Management Team (SMT):

- The SMT are required to collectively analyse the complaints report which is provided on a quarterly basis by the CCC and to take learning from this report.
- To discuss and agree resource provision identified through the complaints process.
- To ensure the effective management of complaints is included as part of CSM/ DCSM supervision and annual appraisal.

9.5: Complaints and Compliments Cordinator (CCC) :

- Working as part of QCT Team in developing a close working relationship with frontline staff and managers to ensure impartial, personal, effective and efficient complaints service is provided to any person raising an issue.
- Training and advising frontline staff in the receipt, management and response to complaints, comments and concerns raised in line with SHS complaints policy and procedures within recognised best practice.
- Working closely in an advisory and review capacity with staff and managers to resolve complaints, comments and concerns in a timely and efficient way and in line with SHS Complaints Policy, to achieve the best possible outcomes for complainants and services concerned.
- To support SHS in ensuring it learns from feedback, comments, complaints and concerns in order to continually improve the quality of our services.
- Participate in meetings held following, or in respect of complaints, offering support to any of the parties involved including service users, families and staff members when requested or appropriate to do so.
- The CCC will investigate complaints only when and where it is deemed appropriate or necessary.
- The CCC performs oversight and monitoring of all complaints to ensure due and fair process is followed as per SHS complaints policy and the HSE’s “Your Service Your Say” policy. This may require CCC to request complaints updates and evidence supporting complaint review, investigation and action, or clarification of information recorded on CID when necessary.
- Will, in consultation with QCT Senior Manager and CEO if required, appoint an appropriate internal or external complaints investigator in cases where this is warranted.

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- Oversee the implementation and completion of action plans which are agreed as part of resolution to complaint made.
- Ensure all communications relating to a complaint occur within recommended timeframes set out by the HSE under “Your Service, Your Say”.

9.6: Board of Directors (BOD):

- The BOD are required to collectively review the anonymised complaints report which is provided on a quarterly basis by the CCC to the BOD and to take learning from this report.

10. TIME LIMITS FOR MAKING A COMPLAINT:

10.1. The LCO/ CCC in SHS 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.”- HSE Your Service, Your Say, 2017.*

10.2: The LCO/ CCC may extend the time limit for making a complaint if they are of the opinion that special circumstances make it appropriate to do so. These special circumstances include but are not limited to the following:

- If the complainant or person involved in the complaint investigation 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 service user at the time of the experience e.g. mental health, critical/long term illness.
- Where extensive support was required to make a complaint and this took longer than 12 months.
- The LCO/ CCC must notify the complainant of a decision to extend/not extend time limits within 5 business working days.

11. ADVOCACY:

All complainants have a right to appoint an external or internal advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint.

An advocate can be a family member, a friend, a trusted member of staff or a professional advocate through the National Advocacy Service or other external advocacy agency.

SHS will support people who use the service and who wish to make a complaint but who otherwise would find it difficult or impossible to make such a complaint themselves, to source appropriate advocacy services e.g. The National Advocacy Service for People with Disabilities.

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12. VEXATIOUS OR MALICIOUS COMPLAINTS:

12.1: SHS has the discretion to refuse to deal with a complaint if it is clear that the complainant is acting in a vexatious or malicious manner. Confirmation that a complaint is deemed to be of a vexatious or malicious status is made by the CCC. The actions to be taken to manage such complaints are then discussed and agreed by the CCC with the QCT Senior Manager and the CEO prior to implementation.

SHS will provide support through application of appropriate HR or client support processes to a person or service within the organisation where it is deemed that a complaint has been made:

- without sufficient grounds.
- with the conscious desire to cause harm to that person or service.
- where it is apparent that the complainant is pursuing a complaint without merit and intends.
- to cause inconvenience, harassment or expense to the organisation.

12.2: If a complaint is found to be vexatious or malicious, SHS will not pursue the complaint any further and inform the complainant of such.

A complaint may be deemed to be vexatious or malicious where previous or current contact with the complainant shows that they meet two or more of the following criteria:

Where complainant:

- Persists in pursuing a complaint and the SHS complaints procedure has been fully and properly implemented and exhausted;
- Persistently changes the substance of a complaint or continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints;
- Are repeatedly unwilling to accept documented evidence given as being factual or deny receipt of adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed;
- Repeatedly does not clearly identify the precise issues which they wish to have investigated despite the reasonable efforts of SHS to help them specify their concerns, and/or where the concerns identified are not within the remit of SHS to investigate;
- Regularly focuses on a trivial matter to an extent which is out of proportion to its significance and continues to focus on this point. Determining what a trivial matter is can be subjective therefore careful judgement must be used in applying this criterion;
- Have threatened or used physical violence towards staff at any time – this will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued and

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the complaint will, thereafter only be continued through written communication. All such incidents must be documented;

- Have in the course of addressing a complaint, had an excessive number of contacts with SHS, placing unreasonable demands on staff. For the purposes of determining an excessive number, a contact may be in person, by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case;
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with the complaint. Staff must recognise that complainants may sometimes act out of character in times of stress, anxiety or distress and will make reasonable allowances for this. All instances of harassment, abusive or verbally aggressive behaviour must be documented;
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved;
- Display unreasonable demands or expectations and fails to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

13. ANONYMOUS COMPLAINTS:

People making a complaint should provide their contact details to the SHS to ensure that we can validate the details of the complaint and properly follow up and investigate the matter.

In general, anonymous complaints made against a named employee cannot be investigated as there is a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld.

All anonymous complaints, must be referred to the CCC for review and assessment. The CCC can decide to investigate an anonymous complaint if what has been disclosed is deemed serious or where there is the possibility that a person supported by SHS may be in danger of physical, emotional, mental or financial abuse or harm only where the service user or location can be identified from information provided.

There may be a good reason in certain cases for carrying out some follow-up of the complaint to identify if any areas of poor quality have been highlighted that require quality improvement.

If the complaint is made verbally the employee taking the complaint will encourage the caller to provide a name and telephone number at which they may be contacted. The complainant should be informed that, unless they provide their name and contact details, it may not be possible to investigate the complaint.

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14. COMPLIMENTS:

As with complaints, it is equally important to recognise when we do things well and to acknowledge when and where high standards of service provision have been delivered, and where engagement with our staff has been a positive experience.

Many people acknowledge verbally and in writing the good services and supports received by them or a family member/ advocate.

Expressions of satisfaction must also be recorded by SHS staff in CID “Compliments” workflow”.

SHS staff must also ensure that all compliments received are responded to.

Table 1: Stages in the complaints process:

Stage:	Description:	When to use:	Time period:	Person responsible:
1	Point of contact resolution (Informal)	A complaint that is easily and quickly resolved and with the agreement of all parties involved/ named in the the complaint (Verbal). At this point the complaint may/ may not be escalated to a senior manager and if clinical issue, relveant clinician must be included.	As soon as possible but must be within 48 hours	All staff
2	Formal Investigation process	A complaint that will be managed through formal investigation.	Within 30 days and if not possible, with updates every 20 days	CCC or External Investigator
3	HSE Review	HSE formal review of management of complaint investigation, outcome and action plan proposed to complainant. This is invoked by the complainant or an advocate acting on behalf of the complainant.	At any time	HSE
4	Ombudsman Review	Formal review carried out by the Office of the Ombudsman into management of complaint investigation, outcome and action plan proposed to complainant. This is invoked by the complainant or an advocate acting on behalf of the complainant.	At any time	Ombudsman

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