

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name Complaints, Compliments and Feedback Policy

Effective Date 04 April 2023

Document Control

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Version Control

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6.0	QCT Manager	Separation of policy and procedure into two standalone documents	All SHS
7.0	QCT Manager	Third party complaints added SSM responsibilities amended	All SHS
8.0	QCT Manager	Addition of Raiseaconcern.com Clarification of stage 1 timeline	All SHS
9.0	QCT Manager	Redesign of policy in line with HSE – YSYS Vexatious criteria moved to procedure. Clarity of anonymous complaints. Additions to policy. <ul style="list-style-type: none">• Complaints Review Officer - role and Responsibility• Time limits on making complaints.• Refusal to investigate.• Exclusions• Redress	All SHS

Policy Sign Off

CEO Name	CEO Signature	Date
John McCormack (Interim CEO)		04 April 2023

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 1 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
-------------	---

Effective Date	04 April 2023
----------------	---------------

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

1. 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
CRO	Complaints Review Officer
BOD	Board of Directors
CEO	Chief Executive Officer
CID	Central Information Date
HSE	Health Service Executive

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.

2. 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 clients and their advocates. It is important that all staff see this as an opportunity to improve services.

3. DEFINITIONS

- Complaint – Expression of dissatisfaction
- Compliment – Expression of positive client 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.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 2 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

4. NOTES:

1. 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.
2. All complaints and compliments and related supporting documents disclosed to SHS must be recorded on inhouse CID database.

5. 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.

6.1: Definition of a complaint.

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.

6.2: Who can make a complaint.

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.

6.3: How complaints can be made.

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.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 3 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
-------------	---

Effective Date	04 April 2023
----------------	---------------

6. 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.

7.1 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 client 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 client, SHS may conduct a review arising from a third-party complaint should it pose a significant concern. These findings will not be shared with the original complainant without consent from the client.

7. STAGES OF THE COMPLAINTS MANAGEMENT PROCESS

The full description of the Complaints Management Process can be found in the Complaints Management Procedure documents i.e., Stage 1, Stage 2 and Stage 3.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 4 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name Complaints, Compliments and Feedback Policy

Effective Date 04 April 2023

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 complaint (Verbal or written). At this point the complaint may/ may not be escalated to a senior manager (acting as LCO) and if a clinical issue, relevant clinician must be included.	Within 48 hours (2 working days) or if longer, escalate to LCO (CSM / DCSM) Acknowledge within 5 days and every 20 days with updates	All staff
2	Formal Investigation process	A complaint that will be managed through formal investigation. If requested by complainant refer to Stage 2 for investigation.	Within 30 days and if not possible, with updates every 20 days.	CCC or other as appointed by CEO.
3	Internal Complaint Review	Formal review of management of a complaint investigation, outcome and action plan proposed to complainant. This is invoked by the complainant or an advocate acting on behalf of the complainant.	Within 30 days of receiving outcome of stage 2 investigation. CRO has 20 days to complete review.	Complaint Review Officer (CRO)
4	Independent 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

8. TIMEFRAMES INVOLVED ONCE A COMPLAINT IS RECEIVED

Complainant timeframes				
To Make a complaint	12 months			
Withdraw complaint	At any stage			
Request a review of a complaint	30 working days (From receipt of outcome)			
Refer complaint to Ombudsman	At any stage			
All Staff				
Respond to request for information	10 working days			
All staff - At Point of Contact				
Acknowledge complaint	5 working days			
Point of Contact Resolution	Immediately / < 48 hours* – where possible			
Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 5 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

Point of Contact Resolution – Line Manager	< 48 hours* – where possible If not possible contact every 20 working days
Complaints Officer Timeframes	
Notify Complainant of decision to extend/not extend 12 months timeframe	5 working days
If complaint does not meet criteria for investigation – inform Complainant	5 working days
Acknowledgment	5 working days from receipt of complaint
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 30 day due date
Investigate and conclude (Report)	30 working days from date of Acknowledgement Letter
Conclude at latest	6 months
Review Officer Timeframes	
Notify Complainant of decision to extend/not extend 30 days timeframe	5 working days
Review Officer should contact Complainant & explain process	< 48 hours* – if appropriate
Acknowledgement Letter	5 working days from receipt of review request in HSE
If complaint does not meet criteria for review – inform Complainant	5 working days
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 20 day due date
Investigate and conclude (Report)	20 working days from date of Acknowledgement Letter

* 2 working days

10. ROLES AND RESPONSIBILITIES:

10.1: 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 within 48hrs (2 days) they must refer the matter to their CSM/ DCSM while ensuring they record the matter in the CID complaints workflow and assign it to the appropriate person.
- All SHS employees must support clients and their advocates to access the SHS complaints policy and procedure.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 6 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
-------------	---

Effective Date	04 April 2023
----------------	---------------

- All SHS employees have a responsibility to act as an advocate for clients who cannot self advocate to raise issues which are the result of unfair or unsound administrative practice, and/ or which have an adverse effect on the individual.
- All employees must participate in Complaints Management Training. This training will inform staff on 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.

10.2: 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 CSM/ DCSM to perform the following tasks:

- 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 the 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 outlined in section 12.
- 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.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 7 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

- To meet (where appropriate) 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 the original date cannot be met.
- Ensure all records which evidence and support the complaint review, recommendations and actions, are uploaded to relevant CID workflow.

10.3: 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 the policy timeline (Table 1).
- 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 the SMT meeting. 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 the 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.

10.4: 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. 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.
- 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.

10.5: Complaints and Compliments Coordinator (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.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 8 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
-------------	---

Effective Date	04 April 2023
----------------	---------------

- 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 clients, 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.
- 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".

10.6: Complaints Review Officer (CRO):

On receipt of a review request the CEO will appoint the appropriate Senior Manager or if appropriate assign externally. The CRO will,

- Engage with the Complainant as appropriate throughout the review process.
- Determine the appropriateness of the recommendations by reviewing the processes used to investigate the complaint and having regard to all aspects of the complaint and its investigation.
- Uphold, vary or make a new recommendation.
- Complete the review within 20 working days. A Review Officer may request in writing an extension and indicate the additional time considered necessary for completion.
- Prepare a report on the review and circulate same as appropriate.
- Advise a person if a finding in the report is adverse to that person and afford them the opportunity to consider the finding and to make representations in relation to it.
- Advise the complainant that they may seek a further review of the complaint by contacting the Office of the Ombudsman.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 9 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

10.7 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.

11. TIME LIMITS FOR MAKING A COMPLAINT:

The LCO/ CCC must determine if the complaint meets the time frames as set out in Section 12. 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 client 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.

12. VEXATIOUS OR MALICIOUS COMPLAINTS:

If during a complaint review the LCO believes the complaint to be vexatious or malicious in nature, (full outline in the Complaints Procedure Document) the complaint must be referred to the CCC for review. The CCC along with the QCT manager and the CEO will review, discuss, and agree if the criteria is met. In such circumstances the LCO / CCC will not pursue the complaint any further and the complainant will be informed within 5 working days. This does not remove the Complainant's right to submit their complaint to independent agencies such as the Ombudsman.

If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made. Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the CEO and all parties must be satisfied that the complaint meets the vexatious criteria as set out in the Complaints Procedure Document.

If the complaint does not meet the vexatious complaint criteria, the complaint will be assigned to the appropriate LCO to complete.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 10 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

13. MATTERS EXCLUDED (as per Part 9 of the Health Act)

A person is not entitled to make a complaint about any of the following matters:

- 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 either the Executive or a service provider;
- c) an action taken by the Executive or a service provider 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 the Executive or a service provider;
- e) a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into or of a contract with an adviser that the Executive 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;
- h) a matter that could prejudice an investigation being undertaken by the Garda Síochána;
- i) a matter that has been brought before any other complaints procedure established under an enactment.

However, this does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman and that is referred to SHS.

14. REFUSAL TO INVESTIGATE OR FURTHER INVESTIGATE COMPLAINTS

SHS will may not investigate or further investigate a complaint unless the following criteria is met.

- The person is entitled to make the complaint (section 6.2).
- The complaint is made within the given timeframe (section 9).
- The complaint is not excluded (section 13)
- The complaint is not vexatious and is made in good faith (section 12).

Should SHS decide not to investigate the complaint the complainant will be notified in writing and the reasons for this.

15. REDRESS

Redress should be consistent and fair for both the complainant and SHS.

SHS should 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 could include:

- Apology

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 11 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
-------------	---

Effective Date	04 April 2023
----------------	---------------

- An explanation
- Refund
- Admission of fault
- Change of decision
- Replacement
- Repair /rework
- Correction of misleading or incorrect records
- Technical or financial assistance
- Recommendation to make a change to a relevant policy.
- A waiver of debt

16. ANONYMOUS COMPLAINTS:

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

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 will review the complaint within the limitations of the information provided to assure that the health and wellbeing of the clients is not at risk and that action is taken, as appropriate. 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 client or location can be identified from information provided.

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.

17. INDEPENDENT EXTERNAL RECIPIENT OF COMPLAINTS

Some Complainants are reluctant to come forward because:

- they fear penalisation or retribution from management or staff,
- they do not want to be seen as a 'snitch' or to be personally associated with raising issues or creating trouble for others, or
- they simply do not have the courage or confidence to come forward or articulate their concern.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 12 of 13

SUNBEAM HOUSE SERVICES POLICY DOCUMENT



Policy Name	Complaints, Compliments and Feedback Policy
Effective Date	04 April 2023

SHS wants to encourage and facilitate anyone who has an issue to raise it. For this reason, SHS has retained the services of Raiseaconcern to be available to anyone who does not wish to use the internal complaints process. While Raiseaconcern are retained and remunerated by SHS, they are a totally independent specialist firm who specialise in this service and will,

- Deal with complainants or disclosers by telephone, by email, by letter or, in exceptional or serious cases, by meeting the complainant or discloser.
- Provide an independent helpline to SHS Workers, Clients and/or their families (or others nominated by SHS) to discuss concerns and provide guidance and information on their options for raising concerns.
- Provide an alternative for those wishing to raise concerns or make a complaint.
- Assist in documenting and agreeing the complaint or disclosure.
- Process and evaluate the complaint or disclosure made to them.
- Pass the complaint or disclosure to the SHS Compliments & Complaints Coordinator to decide on necessary action (if any).
- Protect the identity of the person making the complaint or disclosure and not pass the identity to SHS unless the complainant agrees, or (exceptionally) Raiseaconcern are required by law or court order to do so (in which case they will inform the complainant).
- Act as trusted intermediary between the complainant or discloser and SHS for requests for further information, the provision of updates and of feedback when the matter has been dealt with

Contact details for Raiseaconcern can be found on the SHS Website under Feedback.

18. COMPLIMENTS:

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.

Department No.	Policy No.	Version No.	Full Policy No.	Page
017	077	9.0	017.077.9.0	Page 13 of 13