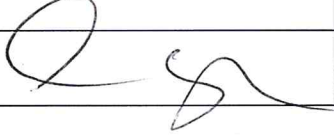
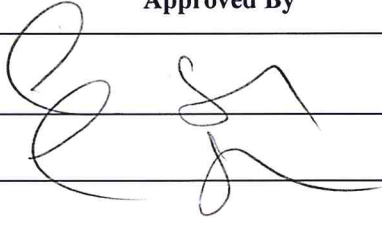


SOS Kilkenny clg



Policy & Procedures for the Management of Complaints

Developed By:	Authorised By:	Date:
Kathleen Sherry Stephanie Downs Irene Davitt	Mr Francis Coughlan Chief Executive Officer	27/02/2014
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Part 1 S.O.S. Policy for the Management of Complaints

1.1 Purpose

The purpose of this document is to set out a framework for the handling of complaints including complaints from the people we support, their families and the general public.

If standards of care, treatment or practice do not meet the needs of the people we support and their families it is essential the people we support, their family or member of the public can make a complaint that is received in a professional manner, dealt with swiftly and receive redress where appropriate.

1.2 Aims

- 1.2.1 Subject to regulations made under Part 9 of the Health Act 2007 the registered provider will make adequate arrangements for dealing with complaints made by or on behalf of persons seeking or receiving any services of the service provider.
- 1.2.2 This document aims to define what constitutes a complaint for the purpose of this policy and procedure;
- 1.2.3 To provide complainants with an easy and effective procedure for dealing with their complaints;
- 1.2.4 To ensure that complaints are taken seriously and impartially;
- 1.2.5 To ensure that every effort is made to resolve complaints as quickly as possible.
- 1.2.6 To promote the ethos of improvement and quality of the service provided.
- 1.2.7 To promote a transparent and accountable service that encourages a “let us know” culture.
- 1.2.8 To keep records of complaints and outcomes.
- 1.2.9 When necessary to notify the appropriate authorities, i.e. HSE.

1.3 Definitions

The following definition is taken from the Health Act 2004 Section 9

1.3.1 Complaint

A complaint means any action of S.O.S Kilkenny clg that:

- It is claimed does not accord with fair or sound administrative practice,
- Adversely affects the person by whom or on whose behalf the complaint is made.
- A complaint is an expression of dissatisfaction that requires a response.

1.3.2 Action

An action does not represent fair or sound administrative practice if it is:

- Taken without proper permission or authority,
- Taken for unnecessary reasons,
- The result of negligence or carelessness,
- Based on incorrect or incomplete information,
- Discriminatory
- Based on bad administrative practice

1.4 Scope

1.4.1 This document applies to all the people we support availing of the services provided by S.O.S Kilkenny clg and to all staff, students on placement, staff from Government related schemes e.g. CES and volunteers.

1.4.2 This document applies to complaints about services provided or omitted by S.O.S Kilkenny clg. Not all complaints received by S.O.S Kilkenny clg may be investigated using the procedures outlined in this document. The Residential Manager must upon initial examination of the complaint, determine if the complaint or aspects of the complaint requires management under another policy/procedure, e.g. an allegation or complaint of abuse, or complaint about a recruitment process.

1.5 The Organisation Structure within S.O.S. for the investigation and management of Complaints is:

1.5.1 All Residential Managers are the nominated Complaints Officers for their area of responsibility.

1.5.2 The Senior Social Worker is the nominated Lead Complaints Officer for S.O.S.

1.5.3 The Quality Officer will record, monitor and audit complaints as they arise and present the findings to the Residential Manager, Assistant Director of Services, Director of Services the CEO and Board of Management on an annual basis.

1.6 Roles and Responsibility:

It is the role and responsibility of the C.E.O and management team:

1.6.1 To ensure that S.O.S is compliant with Part 9 of the Health Act 2004;

1.6.2 To ensure that the people we support are aware of the complaints policy, have been given and have had an opportunity to have the Easy Read version of the complaints policy explained to them.

1.6.3 Have access to the Comment/Compliment cards at all times at all locations.

1.6.4 Have the support and access to an advocate for the purpose of making a complaint.

- 1.6.5 To ensure all Lead Complaints Officer, Managers/Complaints Officers and staff are aware of and comply with the complaints management policy and procedures;
- 1.6.6 To ensure that there is effective recording, monitoring and evaluation of the complaints system on an quarterly basis;
- 1.6.7 To ensure all complaint logs are maintained and monitored within all designated centres;
- 1.6.8 To ensure that organisational improvements are implemented in response to complaints received as far as is reasonably practicable and in line with the requirements of Part 9 of the Health Act 2004.

It is the role and responsibility of the Lead Complaints Officer to:

- 1.6.9 Acknowledge the receipt of a complaint;
- 1.6.10 Enter complaint into the complaints log appendix 1[Doc 012a/01] in the designated centre;
- 1.6.11 Upon a complaint being received by the Lead Complaints Officer in charge, he or she shall notify within 5 working days, the complainant, in writing, that the complaint has been so received and outline the steps that he or she proposes to take investigating the complaint and the time limits for the completion of the investigation. (Health Act 2004);
- 1.6.12 Receive all complaints received by Residential Managers;
- 1.6.13 Conduct a PRE – INVESTIGATION of the complaint to determine the validity of the complaint. (In accordance with section 50 of the Health Act, 2004);
- 1.6.14 Co-ordinate all complaints data in S.O.S and collate annual reports and forward this information to the C.E.O and the H.S.E;
- 1.6.15 To ensure that the rights of the people we support and Staff are protected in the implementation of this policy and procedure.

It is the Role and Responsibility of Complaints Officers/Residential Managers:

- 1.6.16 To ensure that this policy and procedure is implemented and adhered to in their area of responsibility;
- 1.6.17 To ensure that front – line staff are supported to effectively manage complaints at the first point of contact;
- 1.6.18 Co-ordinate education and training for staff in complaints handling and monitor the implementation of the policy and procedure;
- 1.6.19 Ensure the rights of the people we support and staff are protected in the implementation of this policy and procedure;
To provide feedback at all stages of the process to the complainant;
- 1.6.20 Acknowledge a complaint being received by or assigned to him/her within 5 working days;
- 1.6.21 Conduct a PRE – INVESTIGATION Appendix 2 [Doc 012a/02] of the complaint to determine the validity of the complaint. (In accordance with section 50 of the Health Act, 2004);
- 1.6.22 Determine if a complaint falls within the scope of this policy and procedure or if it requires management under an alternative policy/process;

- 1.6.23 Investigate the complaint where appropriate and within the appropriate time frames;
- 1.6.24 Prepare a report on the investigation at the conclusion of the investigation or at any time during the investigation if requested by the lead complaints officer or the C.E.O.;
- 1.6.25 Where appropriate and practicable, endeavour to resolve the complaint with consent of both parties for e.g. using mediation;
- 1.6.26 Ensure timeliness, quality and consistency in complaints management;
- 1.6.27 Co-ordinate the collection of complaints data and forward to the lead complaints officer on a bi-annual basis;
- 1.6.28 Alert the C.E.O and Senior Manager to possible major and catastrophic complaints as they arise.

The Roles and Responsibilities of Frontline staff

- 1.6.29 All staff have an obligation to effectively deal with complaints made to them either by dealing with them at the point of contact and by referring to their Residential Manager.
- 1.6.30 Enter complaints received in to Complaints Log [Doc 012a/01] at the designated centre, however minor the complaint may seem.
- 1.6.31 Provide support and feedback to the complainant throughout the complaints process if appropriate.
- 1.6.32 Notify their Residential Manager of any complaints received.
- 1.6.33 Participate in complaints management training.
- 1.6.34 Partake in any investigation of a complaint where necessary;
- 1.6.35 Be involved in improvement initiatives within their service;
- 1.6.36 Provide data relevant to complaints to their Residential Manager.

The Role and Responsibility of the Quality Officer

- 1.6.37 Will receive the original copy of the complaint, record all relevant information pertaining to the complaint.
- 1.6.38 Return the original copy of the complaint to the residence / department (day service only) ensure the Person In Charge receives a duplicate of the complaint for his/her records.
- 1.6.39 Will maintain a record of all complaints including details of the type of complaint, location, whether it was resolved, learning from the complaint.
- 1.6.40 Prepare an annual report for the Person In Charge, CEO and Board of Directors, identifying trends, measuring outcomes, determining quality Improvements, and present on a quarterly basis.

1.7 Policy Statement

- 1.7.1 It is the policy of S.O.S to elicit views from the people we support and their families about the service provided by S.O.S. Any complaint will be viewed as an opportunity to **inform service provision to continuously improve the quality of the services that we provide and to learn lessons so as to prevent similar occurrences in the future;**
- 1.7.2 Complaints, criticisms or suggestions & compliments, whether oral or written will be taken seriously, handled appropriately and sensitively;

- 1.7.3 S.O.S commits to safeguarding the rights and dignity of the people we support and staff members in the implementation of this policy and accompanying procedures;
- 1.7.4 S.O.S aims to promote the ethos of improvement and quality where complaints are seen as an important aspect of service enhancement. Effective and efficient handling of complaints provides an opportunity to put things right for the complainants and to improve the service.
- 1.7.5 Complaints can be a useful means of monitoring the quality of services to people.

1.8 Statutory Framework

- 1.8.1 This policy and accompanying procedures are guided primarily by the statutory requirement of part 9 of the Health Act 2004 (Disabilities Act 2005).

1.9 Principles of Best Practice in Complaints Management

The following are the principles of best practice complaint management that S.O.S aspires to deliver in relation to dealing with complaints:

1.9.1 Organisational Commitment

All staff must embrace and be committed to the effective management of complaints and be committed to ensuring quality improvements as a result of complaints.

1.9.2 Accessibility

The complaints system must be known throughout the agency. It must be easy to access for all people of different abilities. SOS Kilkenny Clg will provide all policies in an Easy Read format and provide ongoing training and support to the people we support to ensure that they are aware of their rights and procedures with regard to complaints.

1.9.3 Confidentiality

Each complaint will be treated in a confidential and respectful manner. Complaints information required for reporting and statistical purposes will be anonymous and all identifiable data will be removed.

1.9.4 Effectiveness and Efficiency

The emphasis must be on resolving complaints effectively and efficiently and in timely manner without compromising other principles.

1.9.5 Equity and fairness

Each complaint and complainant will be treated equally and fairly. All parties involved in the complaint will be shown respect and support. The rights of all parties will be respected at all times.

1.9.6 **Informative**

Each complainant will receive comprehensive feedback, outlining the facts, in relation to their complaint.

1.9.7 **Impartiality**

It is essential that all complaints are dealt with in an impartial manner. Complainants must have the opportunity to be heard and the complaints must be investigated without prejudice to either the complainant or staff member/service implicated.

1.9.8 **Responsibility**

S.O.S will ensure there is clarity in relation to the responsibility for responding to each complaint by staff within the service. Each manager is responsible for managing complaints that arise in their area.

1.9.9 **Apology**

An apology where appropriate, will be given for any mistakes made and S.O.S will endeavor to ensure they do not reoccur.

2.0 Complaints That Do Not Come Under This Policy and Procedure.

- 2.0.1 Complaints that would be appropriately dealt with under the Guidelines for the Investigation and Management of Allegations of Abuse.
- 2.0.2 Complaints appropriate to the S.O.S. staff grievance and disciplinary procedures.
- 2.0.3 Complaints appropriate to the procedures for dealing with issues relating to professional fitness to practice.
- 2.0.4 Complaints appropriate to the S.O.S admissions policy.
- 2.0.5 Complaints that relate to recruitment, appointment or employment conditions of employees.
- 2.0.6 Complaints that are the subject of legal proceedings.
- 2.0.7 Complaints of Criminal Misconduct that would prejudice an investigation by the Gardai.

If a complaint is appropriate to any of those other procedures then it is through those other procedures that the complaint is managed.

Part 2 Procedures for the Management of Complaints in S.O.S Kilkenny clg

2.1. Introduction

- 2.1.1 S.O.S Kilkenny clg Complaints Procedure aims to deal with complaints in an effective and efficient manner.
- 2.1.2 It will deal with all complaints other than those listed above. (Sect 1.9/ pg 6)
- 2.1.3 The complaints procedure will not deal with a complaint where the incident or the matter occurred over twelve months previous to the complaint. The Complaints Officer may extend this time in special circumstances.
- 2.1.4 On receiving a complaint, staff will assess if the complaint is appropriate to the complaints procedure.
- 2.1.5 Given the difficulties complainants can experience in making a complaint, each complaint will be responded to within the Principles of Best Practice in Complaints Management. (Section 1.8 /pg 5)

2.2 Who can receive a complaint made to S.O.S?

- 2.2.1 A complaint may be received by any member of staff who must then determine the most appropriate process for dealing with the complaint;
- 2.2.2 All staff have a responsibility to accept any complaint received by them and to try to manage and resolve the complaint at the point of contact and to refer the complaint to their Residential Manager/Complaints Officer;
- 2.2.3 A complaint may also be made directly to the Residential Manager / Complaints Officer.

2.3 How can a complaint be made?

- 2.3.1 Complaints can be made either verbally or in written format;
- 2.3.2 Complaints can be made by filling in a Complaint/Comment Sheet;
- 2.3.3 Complaints can be made by an advocate on behalf of a person we support or family.
- 2.3.4 Complaints may be made electronically by Email;
- 2.3.5 Complaints that may be resolved at the point of contact may be made verbally, face to face or by telephone;
- 2.3.6 Complainants must be allowed the flexibility to lodge a complaint with any staff member or with a Complaints Officer;
- 2.3.7 Staff members must be sensitive to complainants who may have poor literacy and /or expressive (verbal) skills and must provide assistance and support where required to enable the effective recording of the complaint.

2.4 Advocacy

- 2.4.1 Comhairle (2005) defines advocacy as a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf;

2.4.2 A staff member or a trusted person may be an advocate for people we support wishing to make a complaint if it is possible to do so within the principles of advocacy as listed below.

Comhairle (2005) outlines the principles of advocacy as: -

- Empowerment of the person where possible;
- Respect for the person and his/her best wishes;
- Acting in the person's best interest;
- Acting independently;
- Maintaining confidentiality;
- Acting with diligence and competence.

2.4.3 Before deciding to advocate on behalf of a complainant staff must ensure that they are in a position to advocate impartially and fairly.

2.5 Managing Complaints in S.O.S: General Overview

2.5.1 Once a complaint is received, it is important to respond promptly and, wherever possible to resolve the complaint locally;

2.5.2 All staff are responsible for handling complaints so that the system is realistic, workable and responsive to the needs of the complainant and of the people we support in general;

2.5.3 Immediate response to all complaints may not be possible as some will require management's careful consideration. However speed of response is essential to reassure complainants that the complaint is being taken seriously.

2.5.4 Complainants are informed if there is a delay in resolving the complaint however complainants will be kept up to date on all proceedings.

2.6 Ensuring Procedural Fairness in the Management of Complaints.

2.6.1 Procedural fairness must be considered at all times when investigating any complaint.

2.6.2 It must ensure that:

- All parties involved have the opportunity to respond;
- The process should be fair to all parties;
- The Complaints Officer must be impartial, prejudice free and unbiased in their decision-making.

2.7 Stages in the S.O.S Complaints Management Process.

2.7.1 **Stage 1** Informal verbal complaints resolved at the point of contact.

2.7.2 **Stage 2** Formal/Written Resolution of the complaints at the point of contact by the Manager / Complaints Officer.

2.7.3 **Stage 3** Formal Investigation of written complaints by Lead Complaints Officer

2.7.4 **Stage 4** Internal Review [CEO]

2.7.5 **Stage 5** Independent Review [HSE]

2.7.1 Stage 1: Informal verbal complaints resolved at the point of contact.

2.7.1a On receipt of a verbal complaint the recipient endeavours to manage and resolve the complaint at the point of contact;

- All complaints are reported to Residential Managers.
- All staff can receive a verbal complaint;
- A practical approach must be adopted to verbal complaints which are often resolvable on the spot.
- All complaints should be documented on the Complaints Log [Doc 021a/01] at each designated centre.

2.7.1b Upon receipt of a verbal complaint from a complainant, the recipient should:

- Be respectful and helpful towards the complainant;
- Give the complainant his / her individual attention;
- Not attempt to lay blame, be defensive or argue;
- Remain positive;
- Not take anger as a personal attack;
- **Note:** In the course of receiving a verbal complaint a staff member is not expected to tolerate personal abuse or aggressive behaviors from the complainant.
- Listen carefully to the issues being raised by the complainant;
- Clarify the issues being raised by the complainant;
- Find out from the complainant what they want to happen as a result of their complaint;
- Empathies and acknowledge the feelings of the complainant.
- Expression of regret or apology: (**where appropriate**)
Research indicates that an early expression of regret or apology can minimize the possibility of a verbal complaint becoming a formal written complaint.
- Thank the complainant for taking the time to make the complaint;
- Explain to the complainant that there will be no negative repercussions for the person that we support in question?
- Assess the verbal complaint:
The person receiving the complaint must ensure they get as much information as possible about the complaint to assist in assessing the seriousness and /or the complexity of the complaint. This in turn assists staff in determining if the complaint should be resolved at the point of contact or referred to their Residential Manager for management under stage 2 of the complaints management process.

Note:

Staff should only attempt to manage complaints received at this point if due care has been taken to establish that all issues can be addressed appropriately at the point of contact. Inform Residential Manager of complaint.

2.7.1c Timeframes for the Management of a Verbal Complaint.

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.

2.7.1d When should a complaint not be managed at Stage 1?

There are a variety of reasons why a complaint should not be managed at Stage 1 of the process.

The key reasons include:

- The complaint involves too many issues to resolve at the point of contact;
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes;
- The complaint was as a result of poor practice or poor standards that require further investigating to identify the reasons and if there are any system improvements required.

2.7.1e If the Complaint cannot be resolved at Stage 1

If it is not possible to resolve the complaint to the satisfaction of the complainant at the first point of contact, the person receiving the complaint must advise the complainant:

- The reasons why the complaint cannot be resolved at the point of contact;
- That they may submit the complaint as a formal written complaint and explain the process for this;
- What will happen next with their complaint;
- If requested by the complainant, the staff member/Complaints Officer may provide assistance to the complainant to make a written complaint.

2.7.2 Stage 2 Formal Resolution of the complaints at the point of contact by the Manager / Complaints Officer.

2.7.2a Recording Verbal or Informal Complaints

- Best practice complaints management indicates that both verbal and written complaints should be documented in the Complaints Log [021a/01] and if required on the complaints form [021a/02] at each designated centre.
- This documentation may indicate where a particular trend is emerging, where there is a risk to the service user and staff health and safety, and/or where possible quality improvements are required;
- Complaints should be documented and analysed to identify the root causes of the subject matter of the complaint and actions that are required for improvement;

- This data should be collected and submitted to the H.S.E. on a bi-annual basis.

2.7.2b Managing a Written Complaint

Written complaints may originate from two sources:

- Where a verbal complaint cannot or should not be resolved at the point of contact and the complainant has been advised to submit the complaint in writing for investigation [021a/02];
- Where the first contact from the complainant is in the form of a written complaint.

2.7.2c Receiving a written complaint

- Any written complaints received by a staff member must be brought immediately to the attention of their Residential Manager;
- If the Residential Manager who receives the complaint is not the relevant manager to deal with the complaint then they must notify the relevant Residential Manager/Complaints Officer who can deal with the complaint.
- The Residential Manager must inform the Lead Complaints Officer of the complaint and provide him/her with a copy of the written complaint and any additional details / information that accompanied the complaint.
- The Complaints Officer documents a receipt of the complaint and formally acknowledges the complaint in writing within **5 working days**;
- The Complaints Officer will consider the complaint and will determine that:
 - He/she should investigate the complaint or
 - The complaint may be assigned to another Residential Manager.
- The Complaints Officer will carry out a **pre-investigation** [021a/02] of the complaint.

2.7.2d Pre-investigation Criteria

As part of the pre-investigation process, the Complaints Officer must also determine that:

- The subject matter of the complaint is **not** trivial,
- The complaint is **not** vexatious,
- The complaint is made in good faith,
- The complaint has **not** already been resolved.

Where the above criteria are not met, either during the pre-investigation or the investigation, the Complaints Officer may decide not to investigate or further investigate the complaint.

2.7.2e Information Gathering

During the Pre – investigation stage the complaints officer may need to write to or meet the complainant, staff members or ex-staff members to gather information about the complaint.

2.7.2f Process upon completion of the Pre-Investigation

Where the Complaints Officer determines that the complaint does not meet the criteria listed above the Complaints Officer will inform the complainant in writing, **within 5 working days** of making the decision/determination, that the complaint will not be investigated and the reasons for it.

Where alternative processes are appropriate for the management of such complaints, the Complaints Officer will either investigate the complaint using the alternative process or will refer the complaint to the appropriate manager.

2.7.2g Eligibility of Complainant to make Complaint

In accordance with Section 46, Part 9 of the Health Act 2004, the following are entitled to make a complaint:

- Individuals who are receiving or have received a service from S.O.S.
- Individuals who are seeking or have sought services from S.O.S.
- 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:
 1. A close relative or carer of the person,
 2. Any person who, by law or by appointment of a court, has the care of the affairs of that person,
 3. Any legal representative of the person,
 4. Any other person with the consent of the person.

2.7.2h Time limits for making a complaint

The Complaints Officer must determine if the complaint meets the timeframes as set out in Section 47, Part 9 of the Health Act 2004 which requires that a complaint must be made within 12 months:

1. Of the date of the action giving rise to the complaint or
2. Of the complainant becoming aware of the action giving rise to the complaint

A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints Officer special circumstances make it appropriate to do so.

- 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 person we support 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.
- If the complainant was living abroad and unable to make the complaint within the 12 month timeframe.
- Where reasons other than the above are provided by the complainant for making a complaint after the 12 month period, the Complaints Officer will make a decision as to whether or not to extend the timeframe after consultation with the Lead Complaints Officer/Relevant Senior Manager/C.E.O.

2.7.2i Decision to extend/not extend the 12 month timeframe

- Where a decision has been made to either extend or not to extend the 12 month timeframe, the Complaints Officer will inform the complainant within **5 working days** of the decision having being made.
- Where the decision has been made by the Complaints Officer not to extend the 12 months time frame, the complainant may request a review of this decision through the relevant Senior Manager.

2.7.2j Informing Relevant Senior Manager/CEO

The relevant Senior Manager and the C.E.O. should be notified by the relevant Residential Manager, when a complaint is not resolved locally and/or when a written complaint is received.

2.7.2k Informal Resolution of a written complaint.

- If a complaint is deemed valid and an investigation may proceed the complaints officer may seek an informal resolution to the complaint by the parties involved. An informal resolution process such as mediation may be considered.
- The Complaints Officer must record the process and the outcome, whether this is successful resolution or failure to resolve.

2.7.2l Complaints about named staff members.

Complaints received relating to concerns of abuse received about named staff members must be investigated in conjunction with Trust in Care, the Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients /Clients and the Policy and Procedure for the Safeguarding of Vulnerable Adults.

2.7.2m Process for formal Investigation of a written Complaint.

Where a complaint is deemed valid and where a formal investigation is required the following steps should be followed.

- Time frames must be adhered to as set out below.
- The Lead Complaints Officer will initiate the investigation of the complaint once ensuring that all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made.
- The Lead Complaints Officer may request any documents and communicate with any persons as he or she reasonably believes can assist with the investigation of the complaint.
- The Lead Complaints Officer will establish an investigation team consisting of all relevant persons. The size and membership of this investigation team will be dependent on each complaint and will be determined by the Lead Complaints Officer and the relevant Senior Manager and C.E.O.
- The investigation team will identify the terms of reference of the team and this will be signed by all people involved. The terms of reference determine the objectives of the investigation team and the limits of its responsibility and authority.
- Confidentiality must be maintained.

2.7.3 Stage 3: Lead Complaints Officer investigation of the complaint

2.7.3a Timeframe

Where the complaint will be investigated, the Lead Complaints Officer must endeavour to investigate and conclude the complaint within **30 working days** of it being acknowledged.

- If the investigation cannot be concluded within 30 working days then the Lead Complaints Officer must communicate this to the complainant and the relevant staff including the Director of Services and C.E.O. within 30 working days and give an indication of the time it will take to complete the investigation.
- The Lead Complaints Officer must update the complainant and the relevant staff/ service member **every 20 working days**.
- Where the 30 working days timeframe cannot be met despite every best effort, the Lead Complaints Officer must endeavor to conclude the investigation of the complaint within **6 months** of the receipt of the complaint.
- If this timeframe cannot be met, the Lead Complaints Officer must inform the complainant that the investigation is taking longer than 6 months, give an explanation for this and outline the options open to the complainant.

- He/She should encourage the complainant to stay with the S.O.S. complaints management process while informing them that they may seek a review of their complaint by the Ombudsman.

2.7.3b Principles Governing the Investigation Process

The principles governing the complaint investigation process have been adapted from Trust in Care (2005)

- The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the service/staff members to be treated in accordance with the principles of natural justice.
- The Complaints Officer will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Complaints Officer 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 fair investigation.
- A written record will be kept of all meetings and treated in the strictest confidence.
- The Complaints Officer may interview any person who they feel can assist with the investigation. Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.
- Staff 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.

2.7.3c The Investigation Process

The following are the steps in the investigation process:

The Lead Complaints Officer will:

- Identify all parties involved in the complaint (e.g. complainant and staff members).
- Advise all parties involved in the complaint of the decision to carry out a formal investigation.
- In consultation with the relevant Senior Manager and C.E.O. to determine if an investigation team is required to support the investigation of the complaint and identify the members of the investigation team.
- Ensure that all members of the investigation team can support the investigation in an unbiased and unprejudiced manner.
- Develop terms of reference with the investigation team members

- Gather all relevant evidence to support the investigation process.
- As part of the investigation, both the complainant and the service/staff members about whom the complaint was made will be provided with the opportunity to give their version of events and to provide evidence/explanations in relation to their actions.
- All parties must be informed of their right to be accompanied by a support person/trade union representative etc at any meetings.
- The complainant is to be given the opportunity to identify what they would like to happen as a result of making the complaint.
- The complaints officer must ensure that the expectations of the complaint are managed and that the complainant is clear about what can and cannot be achieved through the investigation.
- The investigation is to determine the sequence of events leading to the complaint and the root causes of the complaint.
- Conclusion about the complaint must not be made unless there is a logical flow to the root causes of the complaint.
- As stated previously, a complainant may make written representations in support of his/her complaint and such representations will be considered by the investigation team.
- A Complaints 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.
- A Complaints Officer will decide on any recommendations to be made as a result of the findings of the investigation. These recommendations include:
 - Redress for the complainant where deemed appropriate by the investigation
 - Action to be taken to remove the causes of the complaint or its likelihood for re-occurrence as far as it is reasonably possible where deemed necessary by the investigation.
 - Post investigation of the complaint the Complaints Officer will prepare a signed and dated report (see below) which will include:
 - His/Her findings
 - Any recommendations which he or she considers appropriate
 - The reasons for such findings and recommendations.

2.7.3d Employee Related Issues

Where the investigation of the complaint highlights that the complaint or part of the complaint indicates an employee related issue, then this issue is referred by the Complaints Officer to their Residential Manager and Human Resources.

2.7.3e Reporting Following Investigation.

The Lead Complaints Officer will try at all times to make recommendations designed to resolve the complaint, and to ensure effective quality

improvements. The report must contain the findings and recommendations and the reasons for such findings and recommendations.

2.7.3f Implementation of Recommendations made by The Lead Complaints officer

- The lead Complaints Officer will forward a report of the investigation to the C.E.O / relevant Senior Manager.
- The C.E.O will determine if the individual recommendations will be implemented, amended or rejected or if alternative measures are to be taken.
- Within 30 working days of receiving the report the C.E.O will notify steps being taken to implement any recommendation made or amendments or where alternative measures are being taken.
- The C.E.O must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and time frames are to be identified.
- The Lead Complaints Officer and relevant Managers and will support this plan.
- The implementation of the action plan is to be monitored and evaluated by the lead Complaints Officer..
- Where a complainant has requested a review of the outcome of the investigation, the C.E.O or designated officer will suspend the implementation of this action plan.

2.7.4 Stage 4 Internal Review

2.7.4a Appeal

- Where a complainant is dissatisfied with recommendations made by a complaints officer, he/she may apply for a review of the recommendations to the C.E.O within 30 working days of the date on which the recommendations were received by the complainant.
- Where a request is received outside the time frame the C.E.O can extend the time –limit if circumstances make it appropriate to do so. If it is decided not to extend the time frame the complainant must be notified within 5 working days of this decision being made and recorded.
- Where the request for a review is accepted, the C.E.O may carry out the review independently or appoint a review team.
- The process used to implement the investigation and the recommendations from this will be reviewed.
- This review should be completed within 20 working days of the request being received. If additional time is required the complainant should be notified of this.

The review officer may:

- Uphold the original recommendations from the investigation
- Vary the recommendations or make new recommendations

- Recommend that the investigation be repeated locally by the complaints officers' managers independent of the first investigation.
- Recommended re-investigation of the complaint by a Complaints Officer from another agency/service.
- The C.E.O / Review Officer will not make a finding in his / her report; adverse to a person without first having given the person concerned an opportunity to consider the finding or criticisms and to make representations in relation to it.

2.7.5 Stage 5 – Independent Review

2.7.5a Independent Review

At all stages of the process, complainants must always be made aware by S.O.S of their right to an independent review of their complaint by the HSE or the Ombudsman.

The Ombudsman may decide not to investigate a complaint if sufficient steps were not taken by the complainant to try to seek local investigation and redress from S.O.S

2.7.5b Redress

An effective complaints system, which offers a range of timely and appropriate remedies, will enhance the quality of the service of S.O.S. It will have a positive effect on staff moral and improve S.O.S relations with all stakeholders. It will also provide useful feedback to S.O.S and enable it 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 against which the complaint was made. S.O.S 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:

- An apology
- 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

2.7.5c Report following Investigation

The Residential Manager / Complaints officer will try at all times to make recommendations designed to resolve the complaint and to ensure effective quality improvements. The report must contain the findings and recommendations and the reasons for such findings and recommendations.

2.7.5d In detail, the contents of the report should include:

1. A description of the complaint;
2. Reason(s) for actions resulting in the complaint;
3. A description of the investigation process to assure the complainant that their complaint has been fully and fairly investigated;
4. The complaints officer's findings;
5. An apology when the investigation showed that S.O.S. was at fault;
6. If the investigation showed that there were no legitimate grounds for the complaint and the complaint was not substantiated, the report will outline the reasons why this decision was reached;
7. Where the complaint was substantiated, the report will detail recommendations considered appropriate by the complaints officer to:
 - Prevent re-occurrence of the causes of the complaint and for quality improvement.
 - Details of any redress to be provided to the complainant where appropriate.

The Residential Manager / Complaints officer will forward the report as soon as practicable to the complainant, the relevant Residential Manager/Staff Member and to the relevant Senior Manager and C.E.O.

The report forwarded to the complainant will also advise that he/she may request a review of the outcome of the investigation of their complaint and will provide the complainant with details of how to request a review.

The recipients of the report will be invited to contact the Residential Manager/Complaints Officer to clarify any issues in the report.

2.7.5e Confidentiality

Confidentiality must be considered at all times for all involved. The Residential Manager/Complaints officer may need to consider anonymising parts of the report to protect the identity of the complainant or the staff member when deemed appropriate by the Residential Manager/Complaints officer. Where there is uncertainty as to the proper identification and management of confidentiality issues, the Residential Manager/Complaints officer should contact the C.E.O. or seek legal advice on any Freedom of Information or Data Protection Issues.

2.7.5f Mediation

When resolution at the point of service is inappropriate or if previous attempts to resolve an issue have failed;

When all people involved agree to participate in the mediation process;
When the complainant requires an explanation of what happened and why.

2.7.5g Withdrawal of Complaints

A Complainant may, at any time, withdraw a complaint and, on advice of such withdrawal, the complaints officer may cease to investigate or review the complaint.

However, where the Complaints Officer has reasonable grounds for believing that a service user's best interest or S.O.S.'s best interest or public interest would best be served by the continuation of the investigation or review, he/she must refer the matter to the relevant Senior Manager and the C.E.O. for a decision on the matter.

This Policy should be read in conjunction with the following policies:

- The SOS Kilkenny clg Data Protection Policy
- The SOS Kilkenny clg Data Breach Policy



SOS Kilkenny Clg

COMPLAINT LOG

Policy 012a

Date	Name of Complainant	Name of person Receiving Complaint	Role	Type of complaint Please Specify [See below]	Complaint resolved Yes/No Brief Explanation	Complaints form Completed Yes/No 012a/2
<i>Immediate Action Taken</i>						

<i>Strategies in place to prevent recurrence</i>						

Was the person satisfied with the Outcome? YES NO If Not Why: _____

Date	Name of Complainant	Name of person Receiving Complaint	Role	Type of complaint Please Specify [See below]	Complaint resolved Yes/No Brief Explanation	Complaints form Completed Yes/No 012a/2
<i>Immediate Action Taken</i>						

<i>Strategies in place to prevent recurrence</i>						

Was the person satisfied with the Outcome? YES NO If Not Why: _____

Type of Complaint	Treatment/Service Delivery	Communication	Staff attitude Manner	Facilities, Buildings	Vexatious Complaints	Other
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SOS Kilkenny Clg

COMPLAINT LOG

Policy 012a

Date	Name of Complainant	Name of person Receiving Complaint	Role	Type of complaint Please Specify [See below]	Complaint resolved Yes/No Brief Explanation	Complaints form Completed Yes/No 012a/2
<i>Immediate Action Taken</i>	<hr/> <hr/> <hr/>					
<i>Strategies in place to prevent recurrence</i>	<hr/> <hr/> <hr/>					








Was the person satisfied with the Outcome? YES NO If Not Why: _____

Date	Name of Complainant	Name of person Receiving Complaint	Role	Type of complaint Please Specify [See below]	Complaint resolved Yes/No Brief Explanation	Complaints form Completed Yes/No 012a/2
<i>Immediate Action Taken</i>	<hr/> <hr/> <hr/>					
<i>Strategies in place to prevent recurrence</i>	<hr/> <hr/> <hr/>					

Was the person satisfied with the Outcome? YES NO If Not Why: _____








Type of Complaint	Treatment/Service Delivery	Communication	Staff attitude Manner	Facilities, Buildings	Vexatious Complaints	Other
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I Would Like To Talk

		Tick
	Francis Coughlan	<input type="checkbox"/>
	Stephanie Downes	<input type="checkbox"/>
	Workshop Manager	<input type="checkbox"/>
	Social Worker	<input type="checkbox"/>
	Transport & Maintenance	<input type="checkbox"/>
	Health Care	<input type="checkbox"/>
	Accounts	<input type="checkbox"/>
OTHER		<input type="checkbox"/>

Comment Card
Sight Specific

I Would Like To Talk

		Tick
	I'm Happy	<input type="checkbox"/>
	I'm Not Happy	<input type="checkbox"/>
	I'm Worried	<input type="checkbox"/>
	I Have A Question	<input type="checkbox"/>
	Maintenance	<input type="checkbox"/>
	Money	<input type="checkbox"/>
	Your Health	<input type="checkbox"/>
Date:	Name:	

Comment Card
Sight Specific

Comment, Compliment or Complaint Form

1. *If you wish to make a comment, compliment or complaint, then please fill in this form.*

Name of person supporting the service user to make the complaint _____

Name _____ Address _____

Telephone _____ Date _____

2. For the purposes of investigation of my complaint, I grant permission to SOS to access my personal confidential information. This may be necessary in some cases to fully investigate your complaint.

Yes No

3. Details

Name of individual / Service about which you want to make a comment, compliment, complaint, compliment: _____

4. Please give full details of your comment, compliment or the nature of your complaint in the space provided

5. Investigations

6. Date Comment, compliment or complaint received: _____

7. Investigation Carried out by: Name: _____ Title: _____

Date: _____ 8. Comment, compliment or complaint: Resolved YES NO

9. Further Action Required _____

10. Complaint by Type: please tick: Service Delivery _ Communication _ Staff Attitude _ Accommodation _

Clinical Judgment _ Other: _____

Was the person Satisfied with the outcome Yes No If not why _____

11. Attach extra pages if necessary. **Doc 021a/02**

References:

- Health Act 2007 [section 9] [Health Act 2004]
- Comhairle 2005
- HSE “Your Service Your Say”
- HSE “Trust In Care” [2005]

