

Complaints Policy

In Eliza Care all comments or complaints shall be viewed as an opportunity to inform service provision and to continually improve the quality of care and service provided to the resident. Residents and their relative/representatives shall be confident that making a complaint will not jeopardize the quality of care provided to the resident in any way.

The aim of this document is to set out the methodology for making a complaint or concern at Eliza Care and the means by which the complaint or concern is managed and feedback provided to the complainant in a timely and effective manner.

The law covering Complaints or Concerns requires a Policy and Procedure as stipulated in the **Health Act 2013 SI 415**.

1.0 Scope

- 1.1 This policy is designed to provide quality and consistent responses to complaints so that there may be a concerted effort by all staff to endeavour to resolve complaints as close to the point of contact as possible.
- 1.2 The procedure sets out to ensure that the complaint or concerns of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective Appeals procedure
- 1.3 This Procedure covers Complaints or Concerns made by residents, relatives, visitors or representatives to the management of Eliza Care.
- 1.4 Complaints or Concerns from staff members are not covered in this procedure but are covered in relevant HR Procedures.
- 1.5 Responsibility for dealing with Complaint or Concerns rests with all staff. Staff will know how to receive and deal initially with Complaint or Concerns.
- 1.6 Verbal complaint or concerns will be referred to the Senior Nurse on duty who has clear authority to resolve verbal complaint or concern at first point of contact. A record of this is maintained on V care under **Family Communication. All verbal complaints will also be captured on the Complaints and on XYEA**
- 1.7 Complaints of a formal (written) nature will be recorded on XYEA and brought to the attention of the PIC and subsequently for analysis at the Management Meetings.
- 1.8 The Registered Provider shall nominate a person to ensure that
 - All complaints are appropriately responded to.
 - The Person nominated maintains the record. **SI415Part10S34(3)**

3.0 Responsibility

All Staff are asked to make local resolution of complaints where possible.

Person in Charge/DON responsible for management of the complaints process where a written complaint is received

- 3.1 It is the responsibility of **all staff** to ensure that all complaints are acted upon, recorded and management are informed as soon as possible.

- 3.2 It is the responsibility of the **DON** to ensure that there is a clear complaints procedure in an accessible format and prominently displayed.
- 3.3 The **DON** will ensure that any complaints and findings are raised at quarterly team meeting for feedback and future learning and measures required for improvement are put in place.
- 3.4 It is the responsibility of the DON to ensure that there is a documented resolution and complainant satisfaction recorded on the Complaints Log and on XYE A
- 3.5 The satisfaction and resolution will be monitored by PPIM (Complaints Officer for Eliza Care Group)

4.1 Principles

- 4.1 In Eliza Care we take all complaints, criticisms or suggestions, whether oral or written seriously, we strive to handle them appropriately and sensitively.
 - 4.1.1 Residents shall be aware of their right to complain
 - 4.1.2 The complaints system shall be well publicized and be accessible to residents, service users, their families and representatives
 - 4.1.3 All complaints will be acknowledged and addressed promptly and sensitively.
 - 4.1.4 Advocacy will be organized for residents if they have difficulties making a complaint.

5.0 Complaints Process

- 5.1 Complaints may be made by any resident, family member/representative or visitor to the residential home.
- 5.2 Complaints may be made verbally or in writing. Complaints may be made to any member of staff in the residential home.
- 5.3 The staff member shall attempt to resolve the complaint immediately and locally where possible. They may require input from their Line Manager to do so.
- 5.4 Where complaints are resolved locally, details of the complaint are documented in the resident record on Vcare system. This will be documented under Family Communication on VCare and further documented in Xyea and Complaints Log
- 5.5 Where complaints are not resolved locally, they shall proceed to the next phase. Where they are written, they shall be forwarded to the Person in Charge
- 5.6 Where they are verbal, they are documented by the staff member receiving the complaint. At a minimum, the name of the resident, the time, and a description of the complaint shall be recorded. The complaint shall be documented in a factual, objective manner.
- 5.7 Where the complaint implicates the Person in Charge it will be forwarded to the management team.
- 5.7 The complaint shall be reviewed by the Person in Charge and/or the management team.

- 5.8 A letter of acknowledgement shall be sent to the complainant within five days of the receipt of a written complaint. (HSE 2008)
- 5.9 The Person in Charge shall undertake an investigation of the complaint. During the investigation, the Person in Charge shall gather evidence to determine if the complaint is warranted. The investigation may take different forms depending on the nature of the complaint, with the Person in Charge determining the level of investigation required.
- 5.10 This shall be completed within 30 days of receipt of written complaint. Where the investigation takes greater than 30 days, the Person in Charge shall liaise with the complainant and inform them of same. (HSE 2008)
- 5.11 When the investigation is completed, the Person in Charge shall determine if the complaint has been verified or not. Where the complaint has not been verified, the outcome shall be documented and communicated to the complainant.
- 5.12 The complainant is informed of the outcome.
- 5.13 Where the complainant is satisfied, the outcome is documented.
- 5.14 Where the complainant is not satisfied with the outcome, they are advised regarding the independent appeals process and referred to the Company Complaints' Officer

Stephen Tabb, Group General Manager, Eliza Care.

Mobile 0873523633. Email Stephen@elizacare.ie.

- 5.15 In the event that the complainant remains unsatisfied at this stage then they will have their complaint referred to the Independent Appeals Officer for the company. All referrals to the Independent Appeals Officer (IAO) should be made in writing and directed to

Healthcare Informed
The Square, Headford, Co Galway, H91 P8H4
Telephone + 353 (0) 9336126
HCI Support 1890 424 999
Email; info@elizacare.ie

6.0 Complaint Procedures and the Ombudsman

If you have complained to us and you're not satisfied with our decision on your complaint it is open to you to contact the Office of the Ombudsman. The Ombudsman provides an impartial, independent and free service. By law the Ombudsman can examine complaints about any of our administrative actions or procedures as well as delays or inaction in our dealings with you. The Ombudsman's remit relates to complaints about actions which occur on or after 24 August 2015. The Ombudsman cannot examine complaints about actions which occurred before that date with the exception of complaints from residents eligible to complain under "Your Service Your Say" (Residents whose place is provided under a contract with the HSE).

THE OFFICE OF THE OMBUDSMAN

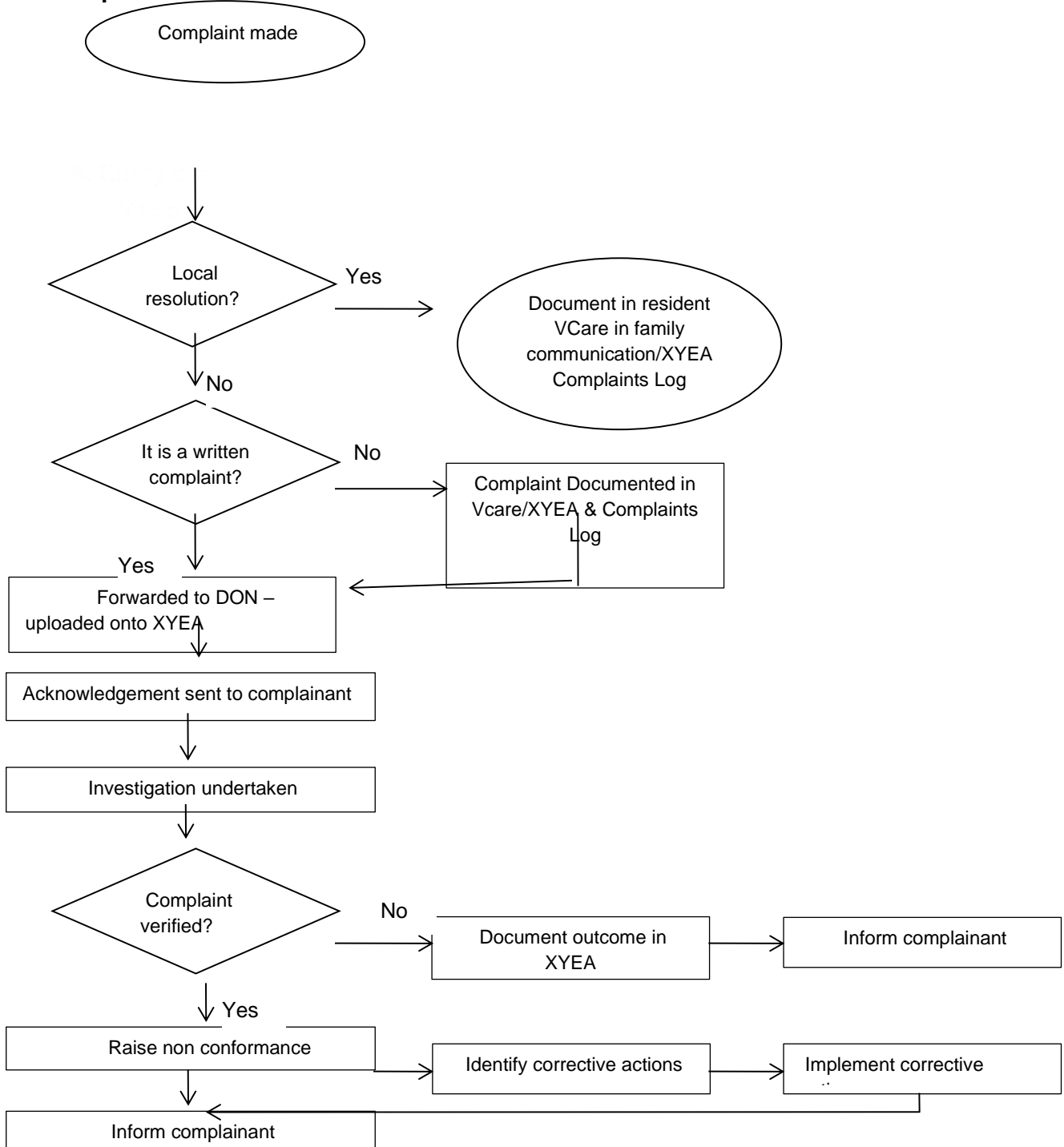
18 Lower Leeson Street
Dublin 2.

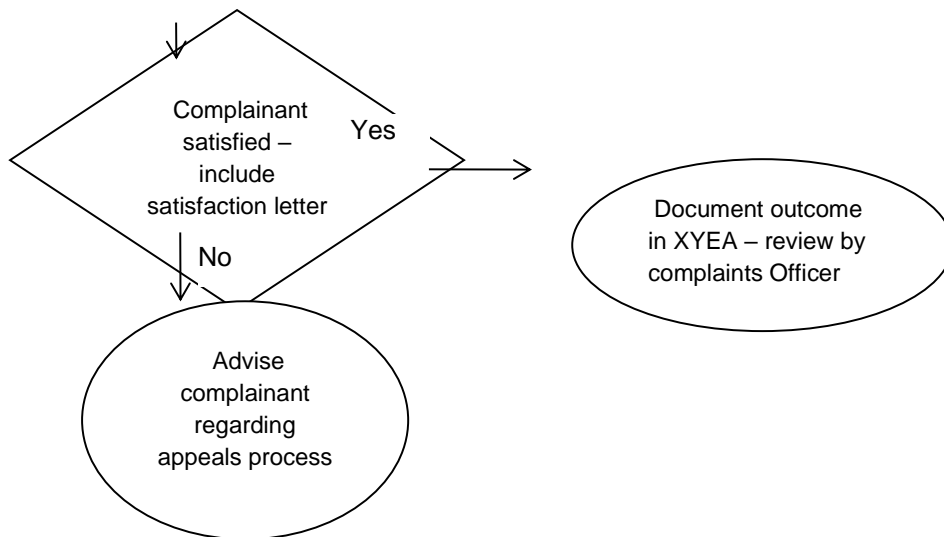
Phone: LoCall 1890 22 30 30 or (01) 639 5600

Email: ombudsman@ombudsman.gov.ie

You can also make a complaint online using the online complaint form www.ombudsman.gov.ie

Complaints Process





SAGE Support and Advocacy Service for Older People

24-28 Upper Ormond Quay, Dublin 7
 Phone: 01 536 7330
 Email: info@sage.thirdageireland.ie

Information & Advice / Rapid Response Service
 Phone: 1850 71 94 00
 Email: anne.harris@sage.thirdageireland.ie

The Health Information & Quality Authority
 Mahon Gate
 Cork

Tel: +353 21 240 9646
 Email: concerns@hiqa.ie

7.0 Confidentiality and Data Protection

- 7.1 The confidentiality of the complainant shall be maintained through the investigation process.
- 7.2 Residents and relative/representatives will be informed that the complaints process will maintain their confidentiality at all times
- 7.3 Residents will have access to all records pertaining to them

8.0 Communicating with resident

- 8.1 Residents shall be aware of the complaints process and how to make a complaint.
- 8.2 The complaints process, and details of how to make a complaint, shall be detailed in the Resident Guide.
- 8.3 Details of the complaints process, and details of how to make a complaint, shall be prominently displayed and easily available

9.0 Advocacy

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

10.0 Communication of Complaints Data

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

Complaints data shall be analyzed twice per year. Details of this analysis shall be presented to the management team for review

11.0 Staff Education

All staff shall receive education regarding the management of complaints, and the local resolution of complaints – in orientation training

All staff shall receive education on assisting a resident or family member/representative to make a complaint should local resolution not be achieved.

12.0 Audit and Evaluation

Complaints will be audited quarterly by the Group General Manager using the attached Complaints Audit tool

- Informing residents of the right to complain
- Local resolution attempted when complaint received
- Acknowledgement letter sent within five days of receipt of written complaint
- Investigation of complaint undertaken
- Complainant informed of outcome of investigation

Results of these audits are presented to the Management Team.

