

<p>Status: Standard Procedure – specifies the procedures to be followed, only in exceptional circumstances should these not be followed</p>	<p>Policy No: SQ 07 Revision No: 0 Date Approved: Oct 09 Review Date: Oct 10</p>
<p>Title: Complaints Management Procedures</p>	
<p>Written by: Complaints Management Working Group</p>	
<p>Approved by:</p>	
<p>Cross Reference: Adult protection Framework; Complaints Management Policy; Human Resources Grievance Procedure; Supporting Advocacy in Cheshire Services Handbook; Confidentiality Policy, Dignity at Work Policy for the Health Services.</p>	

A. Introduction

These procedures are applicable to the reporting and management of all kinds of complaints and feedback within Cheshire Ireland and are for use by:

- service users living within or availing of Cheshire Ireland services.
- family members, advocates and the general public.
- staff members on behalf of individuals using a Cheshire service.

Cheshire Ireland actively encourages and welcomes feedback regarding service provision and is committed to continuous quality improvement. Cheshire Ireland will strive to respond promptly to all complaints and attempt at all times to resolve the complaint locally. Procedural fairness will be maintained, with all parties given the opportunity to respond. Confidentiality will be maintained and respected throughout the investigation. Cheshire Ireland will always work to ensure an impartial, fair and unbiased investigation will be carried out. Cheshire Ireland will actively strive to communicate relevant feedback to individuals throughout and following the investigation process.

B. Principles of the Complaints Management Process

The essential elements of the process will be those that facilitate / ensure:

- Individualised focus
- Dignity, Confidentiality and the Safeguarding of Rights
- Consistency
- Responsiveness and Efficiency
- Fairness and Impartiality
- Accessibility, Flexibility
- Openness, Transparency and Accountability
- Quality and Safety

- Coherency
- Optimum Leadership and Governance
- Satisfactory outcomes / Effectiveness
- Improvements in service as a result of organisational learning

C. Purpose of the Complaints Management Process

- To safeguard the rights and dignity of the people using Cheshire Ireland services.
- To ensure that Cheshire Ireland fosters a culture that supports individuals to “speak out” and have their say about issues related to the service they receive which are impacting on their lives. It provides the basis for a positive culture of acceptance of complaints about their service.
- To ensure that the views and experiences of people using our services are captured and utilised.
- To ensure individuals using Cheshire services have a mechanism to have their complaints and feedback voiced and responded to.
- To ensure a high quality of service provision therefore improving the lives of individuals living in Cheshire Services.
- As a means of continuously improving services, with organisational change and improvement as their core objective.
- To assure a uniformly high quality and standardised approach to the management of complaints.
- To promote continuous quality improvement within the services provided i.e. mechanism to learn lessons to prevent similar occurrences in the future.
- As a mechanism to inform service provision.
- To create a culture of accountability and governance.
- To represent the core values of Cheshire Ireland.
- To ensure complaints are managed in a sensitive, respectful and confidential manner.
- To meet our statutory requirements under the Health Act 2004.

D. What is a Complaint?

A complaint is an expression of dissatisfaction with any aspect of the organisation or service provided by Cheshire Ireland that is made by people using the service, their families, advocates and the general public for which a remedy/response is sought and that needs the involvement of management and staff.

The Health Act 2004, defines a complaint as any action that it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom or on whose behalf the complaint is made (Health Act 2004).

What is Feedback:

Feedback means the return of information about the result of a process or activity (thefreedictionary.com). In organisational terms, feedback can express either satisfaction or dissatisfaction with any aspect of the organisation or service provided by Cheshire Ireland or it can be a neutral statement of fact.

E. How can a complaint be made?

A complaint can be made in writing by using the Complaints and Feedback Form (available in each service) or by writing a letter. Complaints can also be made to Cheshire Ireland verbally (in person or by telephone), or electronically depending on the nature of the complaint. Cheshire Ireland will strive to resolve all complaints at the point of contact.

F. Who can make a complaint ?

The following groups of individuals are eligible to make a complaint using the complaints management system

- Individuals living within the services
- A staff member on behalf of an individual using a Cheshire service (in consultation with the service user)
- Family member
- Friend
- Advocate
- Member of the general public

G. Timeframes for making a complaint:

While there is no time limit within which a complaint can be made, Cheshire Ireland would encourage individuals to voice concerns or report complaints as soon as possible following the action / incident. All complaints will be taken seriously and investigated irrespective of when they occurred or were reported. However, in order to ensure the most thorough investigation possible, incidents / complaints should be reported within the shortest possible timeframe.

H. Matters that cannot be dealt with using the Complaints Management System

- Any complaint relating to the exercise of clinical judgment of a staff member working on behalf of Cheshire Ireland
- Any complaint that is or has been the subject of legal proceedings
- Any complaint that could prejudice an investigation being undertaken by the Garda Siochana
- Any matter that has been investigated previously under a different policy or framework
- A complaint regarding the recruitment or employment of an employee of Cheshire Ireland

These matters are dealt with through other mechanisms for example An Bord Altranais; Cheshire Ireland's Adult Protection Framework, Cheshire Ireland's Grievance Procedures.

I. Confidentiality

All personal information will be held under strict ethical obligations of confidentiality, in line with Cheshire Ireland's Confidentiality policy. Complaints information for reporting and statistics will be anonymised. Consent will be required to access any personal information necessary and will only be made available on a strictly need to know basis.

Complaints regarding staff members should be named, in writing and signed by the complainant. While anonymous complaints are not encouraged, they will be dealt with on a case by case basis.

J. Advocacy

Cheshire Ireland endeavour to ensure that the voice of the people we serve is heard and a culture of acceptance for advocacy will be promoted and fostered in all our services. Cheshire Ireland use advocacy as a way of supporting people that use its services to speak out. All complainants have the right to access an independent or professional advocate (refer to the "Supporting Advocacy in Cheshire Services" handbook).

The role of the advocate is to act independently in the best interests of the individual and respect the complainants' wishes. Information on advocacy options will be made available to all individuals and Cheshire Ireland will

endeavour to ensure all staff and volunteers have an understanding of advocacy and are encouraged to support people to speak up. Cheshire Ireland will also endeavour to react in a timely and respectful way in responding to advocacy and ensure that staff recognise when a person may require an advocate.

If staff are raising a concern on a person's behalf, they must ensure they are in a position to act fairly and impartially and must have no previous involvement in actions relating to the complaint or the investigation.

K. Supporting people using the Complaints Management System

- Cheshire Ireland will provide support and information for complainants throughout the entire process.
- Individuals will be informed about the complaints system through a variety of different methods.
- Information and awareness training will also be provided to individuals eligible to use the process to ensure awareness and promote feedback on all aspects of service provision.
- An Information booklet regarding people's right to complain about the service they receive and how to make a complaint will be provided.
- Confidentiality will be maintained throughout the process.
- The appropriate policies, procedures and guidelines will be widely available and accessible and provided in a variety of formats.
- Assistance with the completion of forms will be available for those requiring it and information regarding advocacy will be provided.
- Continuous updates will be made available throughout the investigation processes.

L. Supporting Staff using the Complaints Management System

- Cheshire Ireland will provide information and support to all staff to ensure they understand their responsibilities in relation to the complaints management system.
- Fair and transparent processes will be in place regarding the management of complaints.
- Adequate time will be given to deal with and respond to any complaint.
- Confidentiality will be maintained in the management of complaints.
- Staff will be afforded the opportunity to be accompanied by an appropriate support person during the investigation process.
- Emphasis will be placed on resolution rather than blame, with the focus of the investigation on service improvement.

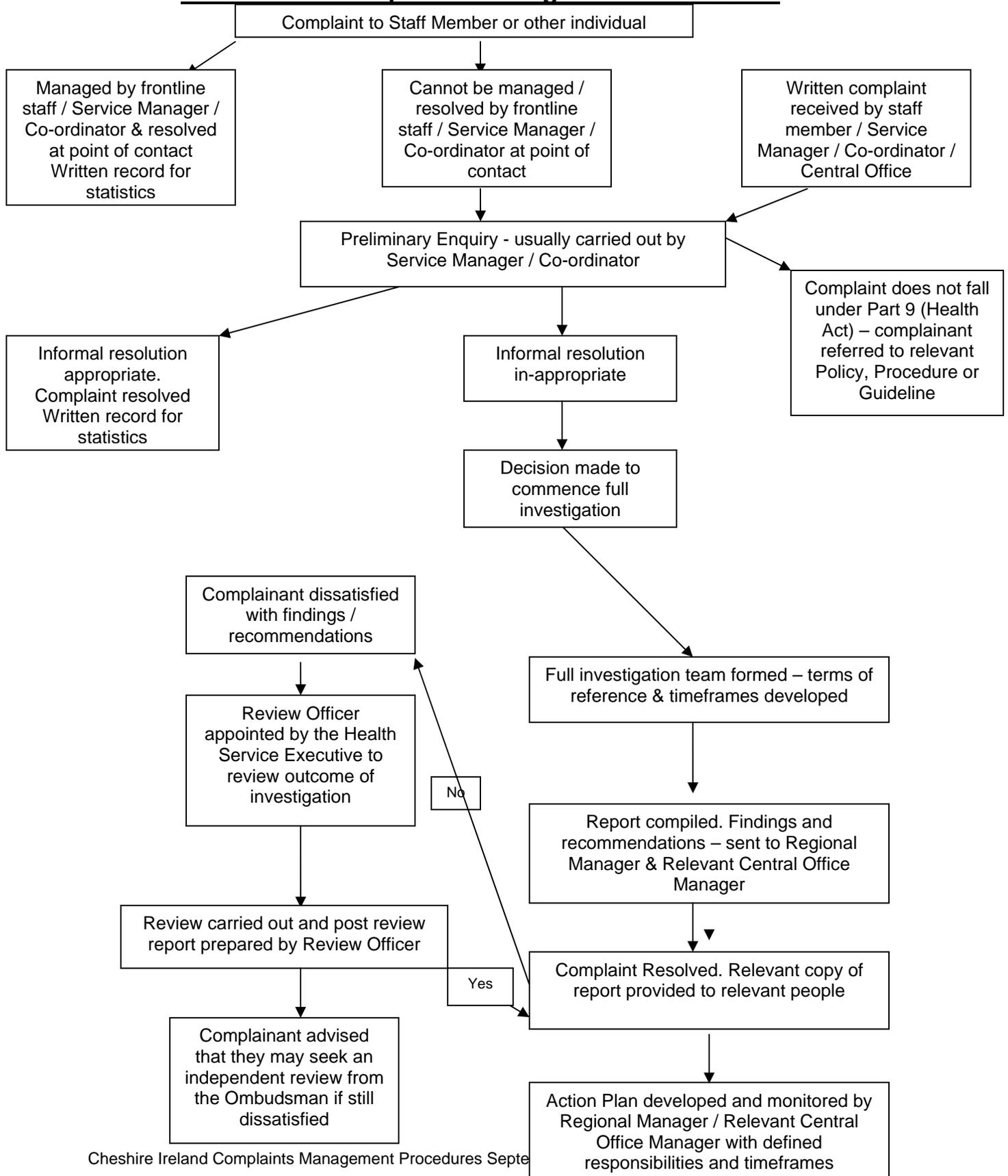
- The Service Manager / Co-ordinator or Line Manager will continue to support staff in their role following completion of the investigation process.
- Human Resources support and the Employee Assistance Programme will also be available for those who require it.

Stages in the Management of Complaints

The complaints Management process in Cheshire Ireland is comprised of 5 stages:

- Stage 1: Local informal resolution of Complaints
- Stage 2: Preliminary Enquiry of Complaints
- Stage 3: Formal Investigation of Complaints
- Stage 4: Review
- Stage 5: Independent Review

Overview of Complaints Management Procedures



1. Stage 1 Local Informal Resolution of Complaints:

1.1 Responding to complaints

People receiving a Cheshire service are encouraged and supported to make a complaint or provide feedback in relation to any aspect of the service they receive. Complaints or feedback can be provided in verbal or written format.

The recipient of a complaint should acknowledge the complaint and attempt to manage and resolve the complaint at the point of contact. Local resolution should be considered when the complaint is more frequently occurring and less serious in nature; however this must still be documented in the Complaint and Feedback Form. Staff should only attempt resolution at this stage if it is established that all issues can be addressed appropriately and if the complaint does not involve the actions of another staff member.

Examples of normal resolution would be to provide an apology and/or explanation to resolve the issue. Resolution could also be in the form of a meeting facilitated by the Service Manager / Co-ordinator or a senior member of the staff team between the parties involved as soon as possible after the incident. Often when meetings like this are held in a respectful, safe and non judgemental manner, the issue or difficulty can be resolved to the satisfaction of all concerned.

The recipient of the complaint must be respectful and helpful, provide recognition and individual attention and remain positive at all times. The recipient must not lay blame, be defensive or view the complaint as a personal attack.

1.2 Management of Complaints at Stage 1

When a complaint is received, it must be documented on the Complaint and Feedback Form and brought to the attention of the Service Manager / Co-ordinator. In the absence of the Service Manager / Co-ordinator, the matter must be reported to the designated shift leader, who must report it to the Service Manager / Co-ordinator at the earliest opportunity.

At this stage a complaint can usually be managed by the recipient of the complaint or the Service Manager / Co-ordinator (depending on the nature and seriousness of the complaint). Every effort will be made to resolve a complaint immediately or within the shortest possible timeframe.

The Service Manager / Co-ordinator may decide that the complaint cannot be resolved in this manner. If this is the case a preliminary enquiry will be commenced (Stage 2).

1.3 Complaints not managed at Stage 1

A Complaint should not be managed at Stage 1 when:

- Harm or an incident or a near miss occurred requiring further investigation
- The complaint was the result of deviation from Cheshire Ireland Policies or Quality Standards and requires investigation
- The complaint involves multiple services or disciplines or several different issues
- The staff member deems it to be of a serious nature

If any of these issues occur the complainant must be advised of the reasons why the complaint will not be managed at Stage 1 and what will happen (i.e. a preliminary enquiry will commence).

1.4 Documenting a Complaint

All complaints should be documented using the Complaint and Feedback Form. Written complaints (in letter or e-mail format) and any other written documentation should also be attached to this form.

1.5 Data Monitoring

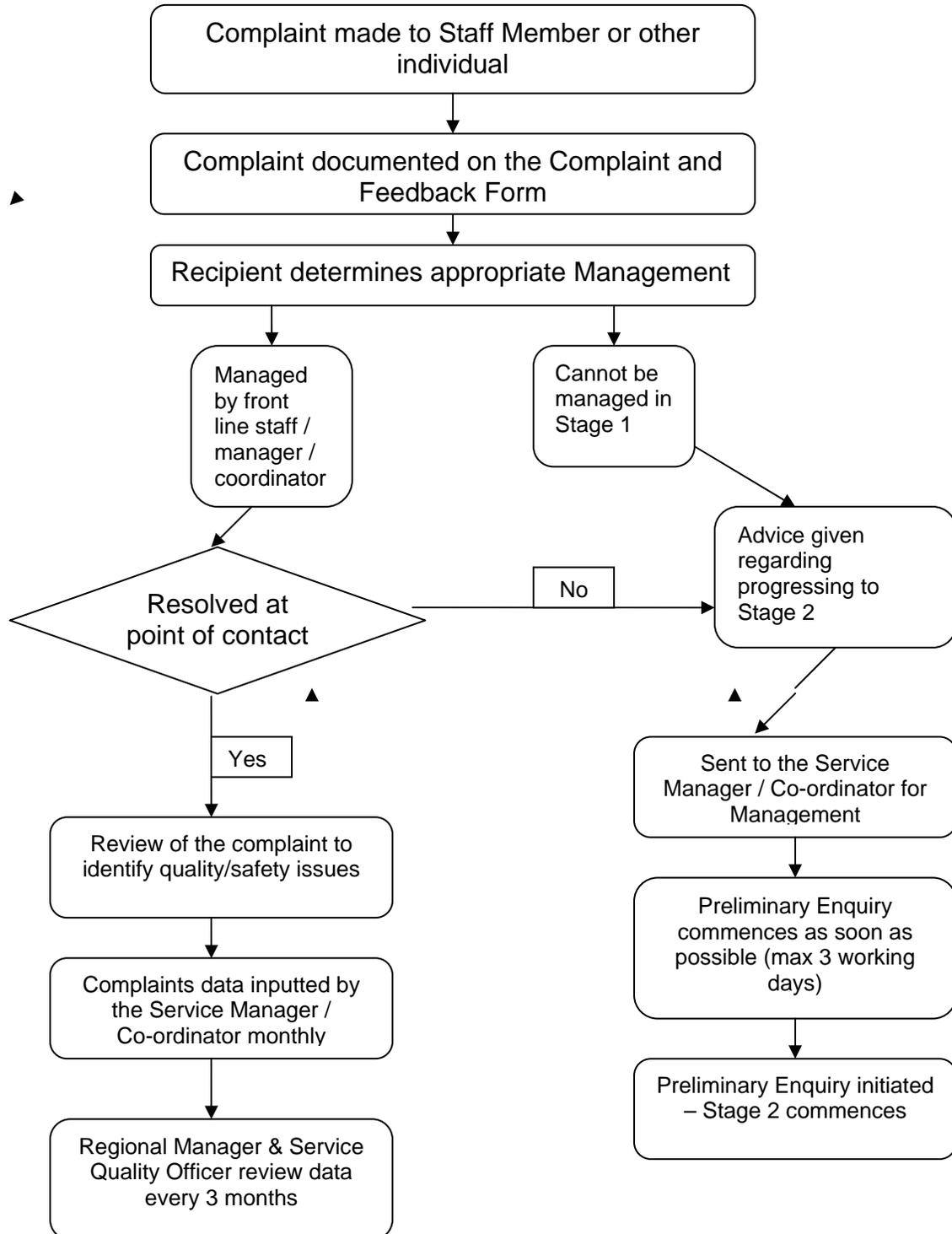
All complaints must be documented. Information and statistics regarding complaints will be inputted by the Service Manager / Co-ordinator (via the Cheshire Ireland website) on a monthly basis. The Regional Manager and Regional Service Quality Officer will review the data every 3 months to ensure organisational learning and continuous quality improvement.

1.6 Annual Report to the HSE

Cheshire Ireland will annually produce a report for the HSE on the complaints received during the previous year which will indicate the following:

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

Stage 1 – Process Flowchart



2. Stage 2 Preliminary Enquiry of Complaint

2.1 Managing the Preliminary Enquiry Process

Complaints managed using Stage 2 of the process originate from complaints that could not be managed informally using Stage 1.

When a complaint cannot be managed at Stage 1, this is noted in the initial action required on the Complaints and Feedback Form. Any immediate threat to the complainant must immediately be removed and any harm must be treated. The Service Manager / Co-ordinator must notify the Regional Manager of the complaint as soon as possible. Where there is no Regional Manager in place, the complaint should be reported to the Service Quality Manager.

The Regional Manager, in consultation with the Service Manager / Co-ordinator and relevant Central Office staff will agree who conducts the preliminary enquiry. In most cases the preliminary enquiry will be conducted by the Service Manager / Co-ordinator. The preliminary enquiry starts as soon as possible from the date of the decision to proceed to Stage 2 (maximum within 3 working days).

2.2 Timeframes for the Preliminary Enquiry

All individuals must be informed as soon as possible (maximum within 3 working days) of the commencement of the preliminary enquiry by the Service Manager / Co-ordinator. The preliminary enquiry should be concluded and the report written within 7 working days. If it cannot be concluded within this timeframe, communication must be made with the complainant within 5 working days of commencement indicating the estimated length of time it will take. The complainant will be updated every 5 working days and the Service Manager / Co-ordinator must endeavor to conclude the preliminary enquiry within 20 days. If this timeframe cannot be met, the Service Manager / Co-ordinator must inform the complainant as to why and indicate when the process will be completed. The Service Manager / Co-ordinator is also responsible for eliciting a response from staff and may contact Senior Management in the organisation directly if they require their involvement. They must record the date of notification and inform the staff member that they are required to provide an account of the event (on the Account Recording Form). If the staff member is no longer employed in the service, the Service Manager / Co-ordinator must endeavor to contact the staff member immediately and invite a response. Efforts must be made to comply with all time frames; however, if they are unable to obtain a response, they must attempt to proceed with the preliminary enquiry to the best of their ability.

2.3 The Preliminary Enquiry Process

The Service Manager / Co-ordinator must determine if the complaint falls under Part 9 of the Health Act. During this preliminary enquiry, they must determine that the complaint is not trivial, not vexatious, made in good faith, and has not already been resolved. If the complaint does not meet criteria for an enquiry under the complaints policy and procedures, they must inform the complainant within 5 working days. Where alternative complaints processes are applicable, the complainant must be referred directly to the relevant policy, procedures and guidelines or investigate the complaint under the applicable process (i.e. Cheshire Irelands Adult Protection Framework).

Having determined that the complaint should be managed under the Complaints Management Procedures, the Service Manager / Co-ordinator contacts all individuals involved (complainant, person complaint is being made against, witnesses etc) and asks them to provide a written account of their recollection of the facts involved (to be documented on the Account Recording form). All relevant documentation is also reviewed by the Service Manager / Co-ordinator.

Based on the information collated, the Service Manager / Co-ordinator compiles a Preliminary Enquiry Report. The report should include: the background to the incident, actions taken to date, their preliminary findings and outcomes (i.e. whether the complaint should progress to a formal investigation). The Service Manager / Co-ordinator is responsible for sending their report to the Regional Manager and relevant Central Office (i.e. Head of Human Resources or Service Quality Manager) as appropriate.

2.4 Transfer of a Preliminary Enquiry from the Service Manager / Co-ordinator to an alternative person

The Preliminary Enquiry will be carried out by an alternative person if:

- The Service Manager / Co-ordinator has difficulty remaining impartial or may be perceived as having some conflict of interest
- The complaint is made against the Service Manager / Co-ordinator
- Poor previous relationships exist with the parties involved
- The complaint resulted in serious consequences, death, particular significance to the organisation, is complex in nature, involves large numbers of locations and services or is likely to attract considerable media attention.
- The complaint relates to a more senior member of staff.

2.5 Informal Resolution:

If it is determined that the complaint should not progress to a formal investigation, mediation is one process which can be utilised to achieve a resolution, if all parties involved agree. Mediation should only be utilised if the situation is appropriate. This will be considered on a case by case basis and mediation services will be sourced from external providers. This process will be carried out in accordance with best practice and will involve a neutral third party to identify issues, develop options, consider alternatives and endeavor to reach an agreement. It will be a collaborative process and will aim to achieve mutual satisfactory outcomes; however, it is not legally binding. If the process is successful, a report will be produced outlining the process used, outcomes achieved and recommendations made. If this process fails, information regarding the attempts made will be documented and will provide reasons for the failure. At all times the complainant is given the opportunity to agree or object.

2.6 Progression to Formal Investigation

If the matter is resolved as a result of the Preliminary enquiry, the Service Manager / Co-ordinator is responsible for communicating the outcome to all parties. Upon receiving the preliminary enquiry report and if the matter is not resolved, a decision is then reached by the Regional Manager in consultation with the Service Manager / Co-ordinator and relevant Central Office Manager regarding whether to progress to a formal investigation. Prior to the commencement of the investigation, the individual who conducted the preliminary enquiry (i.e. Service Manager / Co-ordinator) must ensure that any immediate harm is treated and any immediate threats have been removed.

3. Stage 3 Formal Investigation

3.1 Commencement of a Formal Investigation

The formal investigation will commence as soon as possible following the decision to progress (max 5 working days). An investigation team will be established and, terms of reference will be developed by the Regional Manager and relevant Central Office Manager. The terms of reference will set objectives and responsibilities, a timeframe for completion, resources required and the composition of the investigation team. All parties involved in the investigation must be contacted and informed of the decision to commence a formal investigation within 5 working days by the investigation team.

The investigation team will nominate one member to take the lead role in the writing of the report, with regular input from the other team members. This individual also takes responsibility for the maintenance of all documentation involved in the investigation to ensure safety and confidentiality. The team will also nominate one member, whose responsibility it is to maintain communication with all parties involved in the process at all times and provide them with regular updates.

3.2 The Investigation Process

The investigation process will commence by identifying all parties involved and advising them on the decision to investigate the complaint. The investigation team will then thoroughly consider all the relevant facts and information pertaining to the complaint. Each party will be asked to review their written account of the complaint (on the Account Reporting form). The complainant will be given a written copy of the complaint made against them together with other relevant information prior to the commencement. The investigation team will meet with all parties each of whom can bring somebody to accompany them to the meeting. This person's role is to act as a support for the individual; however, they will not be permitted to answer any of the investigation teams questions.

The team will endeavor to conclude the investigation within 30 working days. If it cannot be concluded within this timeframe, communication must be made with the complainant within 30 working days of acknowledgment of the complaint indicating the estimated length of time it will take. The complainant will be updated every 20 working days and the investigation team must endeavour to conclude the investigation within 6 months. If this timeframe cannot be met, the investigation team must advise the complainant to continue with the investigation process.

Following the collation and analysis of all facts and information, the investigation team prepares a signed and dated report outlining their findings and recommendations in line with the Terms of Reference.

The investigation team will forward the report to the Regional Manager and relevant Central Office Manager. The investigation team notifies all parties of their findings and recommendations.

The report will then be forwarded to the complainant, the subject of the complaint, and the Service and Regional Managers. Consideration will also be given by the investigation team to anonymising parts of the report where appropriate.

3.3 Withdrawal of complaints

This can occur by the complainant at any time. However, if the Regional Manager in conjunction with relevant Central Office Manager decides proceeding is in the best public interest, the process may continue.

3.4 Vexatious complaints

If a complaint is found to be vexatious, Cheshire Ireland will not pursue the complaint any further. However, this does not remove the right of the complainant to submit their complaint to independent agencies, for example the Ombudsman. If the complaint is found to be vexatious, no record of the complaint will be made in the file of the staff member / service user about whom the complaint was made. Vexatious complaints will be dealt with in a serious manner and records of these may be kept in the complaints file.

3.5 Implementing Recommendations

The Regional Manager, Service Manager / Co-ordinator and Service Quality team will put an action plan in place for the implementation of recommendations. This action plan will include persons responsible and timeframes. This action plan is monitored by the Regional Manager, Service Quality Manager and Service Quality team. The closed complaints file is forwarded to Central Office for storing, recording of statistical data, and monitoring of recommendations.

Where a complaint regarding a staff member is upheld, the staff disciplinary procedure may be evoked at the appropriate stage relevant to the findings and the matter will be referred to the HR department for follow up. Where evidence exists that professional misconduct may have taken place by a staff member, this should be reported to the body or bodies responsible for professional regulation for example An Bord Altranais (in the case of nurses) and other registration bodies where established.

The Service Manager / Co-ordinator is responsible for holding a final meeting with each of the parties involved to discuss the findings and recommendations. They are also responsible for monitoring the on-going relationships between the individuals involved.

3.6 Redress

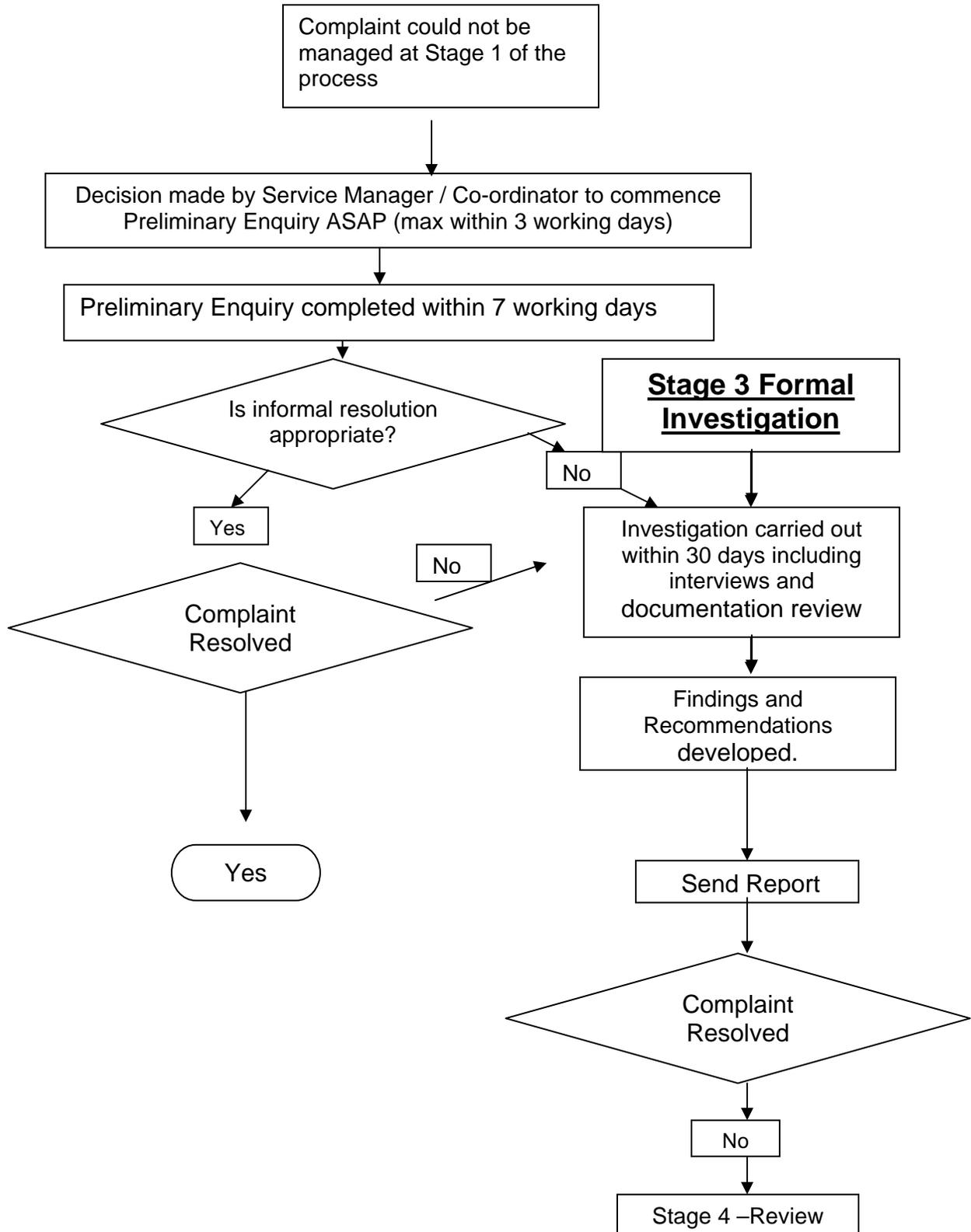
Cheshire Ireland will endeavour to ensure that redress will be consistent and fair for both the complainant and the person or service against which the complaint was made. Cheshire Ireland propose to offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the complainant personally. Examples of redress could include:

- An apology (orally or in writing either from the Service Manager / Co-ordinator, Regional Manager or CEO)
- An explanation
- An admission of fault
- A change of decision
- Changes to the environment
 - Correction of misleading or incorrect records
- Replacement
- Repair / Rework
- Changes to Support Levels
- Recommendation to make a change to a relevant policy

If it occurs that the complainant should receive an apology / explanation, it should include the following:

- The reason why Cheshire Ireland were wrong
- An apology for any hurt or inconvenience caused
- An acceptance of responsibility for the fault which has occurred

Stages 2 & 3 – Process Flowchart



4. Stage 4 Review

4.1 Review Process

A review occurs if the complainant is dissatisfied with the recommendations made during the formal investigation. Under Part 9 of the Health Act (2007), the Health Service Executive will appoint a Review Officer, who will carry out this review in conjunction with Senior Management in Cheshire Ireland.

4.2 Role of the Review Officer

The role of the HSE Review Officer is to review the outcome of the investigation teams report including the recommendations and formal investigation process. The review officer may request all documentation relevant to the complaint. The review officer may also appoint a review team. The Review Officer may uphold the original recommendations, vary the original recommendations, recommend a repeat investigation locally by the complaints officer or recommend a repeat investigation at regional level. Following the review, the review officer will prepare a post review report which will include the review officers' name and details of the process and recommendations made. If the original investigation did not adequately investigate, the report will outline where and why this occurred.

All applications for internal review must be carried out by the HSE and should be addressed to:

Mary Culliton
Head of Consumer Affairs
Health Service Executive
Oak House
Millennium Park
Naas
Co. Kildare

Cheshire Ireland also request that they be notified in the event of an application for internal review.

5. Stage 5 Independent Review

At all stages, the complainant must be made aware of their right to an independent review by the Ombudsman. The process used by the Health Ombudsman to investigate complaints will not be described in this set of procedures.

Office of the Ombudsman
18 Lr. Leeson Street, Dublin 2.
Tel: +353-1-639 5600
Lo-call: 1890 223030
Fax: (01) 639 5674

Ombudsman for Children's Office
Millennium House
52-56 Great Strand Street
Dublin 1
Tel: 01-8656800

Stages 4 and 5 – Process Flowchart

