

TITLE: Responding to Complaints	REFERENCE NO: RR - 017
AUTHOR (OWNER): Tricia Parkes, Manager	REVISION NO: 6
APPROVED BY (LEAD): John O'Keefe, Registered Provider	EFFECTIVE FROM: 12/04/24
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TITLE: Responding to Complaints

SCOPE: Aras Mhuire Nursing Home, All Areas

AUTHOR(S)/ (OWNER): Tricia Parkes: Manager

DATE: 28th October, 2014

APPROVED BY/ (LEAD): John O'Keefe, Registered Provider

DATE: 12TH April 2024

Approved by: : Eileen Walsh, Chairperson

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1.0 Policy

Aras Mhuire Nursing Home welcomes suggestions and complaints from residents, relative/representatives and visitors. 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 relatives/representatives shall be confident that making a complaint will not jeopardise the quality of care provided to the resident in any way.

2.0 Definitions

Complaint: An expression of dissatisfaction with any aspect of a service (HIQA 2009)

Complainant: Person(s) making the complaint (HSE, 2008)

3.0 Responsibility

3.1 Complaints Officer is Trish Parkes, Person in Charge or Kay Bryant ADON in her absence and they are responsible for investigation of all complaints. Ms Parkes/Bryant can be contacted by phone on 068-21470 or via email: Info@arasmhuirenursinghome.com

3.2 Review Officer is Eileen Walsh she is responsible for reviewing at the request of a complainant, the decision whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process. Please contact 068-21470.

3.3 All Staff: Local resolution of complaints where possible. Assist immediately resolving a complaint.

4.0 Principles

4.1 All complaints, criticisms or suggestions, whether oral or written shall be taken seriously, handled appropriately and sensitively and documented in the complaints log.

4.2 Aras Mhuire Nursing Home commits to safeguarding the rights and dignity of the service user and staff members in the implementation of the complaints process (PR – 010 Resident Rights – Development, Review, Approval and Communication and HR – 025 Dignity at Work and the prevention of Bullying and Harassment).

4.3 Aras Mhuire Nursing Home shall adhere to the following principles of best practice complaint management that Aras Mhuire Nursing Home shall aspire to deliver in relation to dealing with complaints.

4.4

- Organisational commitment to the effective management of complaints.

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- Leadership and commitment to all aspects of the complaints management process.
- Residents shall be aware of their right to complain.
- The complaints process shall be implemented without fear, favour or prejudice towards either the complainant or the subject of complaint.
- A consistent and standardised approach will be adopted for the management of all complaints.
- The complaints system shall be well publicised, prominently displayed and be accessible to the residents, service users, their relatives and representatives.
- Aras Mhuire Nursing Home shall clearly nominate a staff member who is responsible for the management of complaints.
- A complaint should be made within 12 months of the date of the event concerned, or within 12 months of becoming aware of the complaint (HSE, 2010). Where the complaint exceeds the recommended 12 month time frame, senior management shall review the complaint to determine an appropriate response.
- The complaints system shall endeavour to effectively resolve all complaints for both the complainant and those who deliver the service about which the complaint was made.
- The emphasis must be on resolving complaints effectively and in a timely manner without compromising other principles.
- All complaints shall be dealt with in an impartial manner.
- All complaints shall be acknowledged and addressed promptly and sensitively.
- The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned, and display a copy of the complaints procedure in a prominent position in the conservatory,
- Written acknowledgement of receipt of written complaints shall be sent within 5 working days of receipt of the complaint
- Complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint;
- The provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process;
- The nomination of a review officer to review, at the request of a complainant, the outcome of the complaint. This review is conducted and concluded, as soon as

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possible and no later than 20 working days after the receipt of the request for review;

- The review officer will ensure the provision a written response informing the complainant of the outcome of the review;
- If the above timelines cannot be met for any reason the complainant will receive, in writing , a projected timeline in the event that the timelines set out above cannot be complied with and the reason for any delay in complying with the applicable timeline.
- The person whom the allegation is made against will, so far as is practicable, not be involved in the care of the complainant until the process is completed.
- The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.
- The registered provider shall ensure that
 - a resident has access to records and information in relation to the complaint, subject to the law, and is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant
- The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to
 - understand the complaints process,
 - make a complaint in accordance with this policy
 - request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint,
 - or refer the matter to an external complaints process, such as the Ombudsman;
- The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.
- The registered provider shall ensure that: all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any

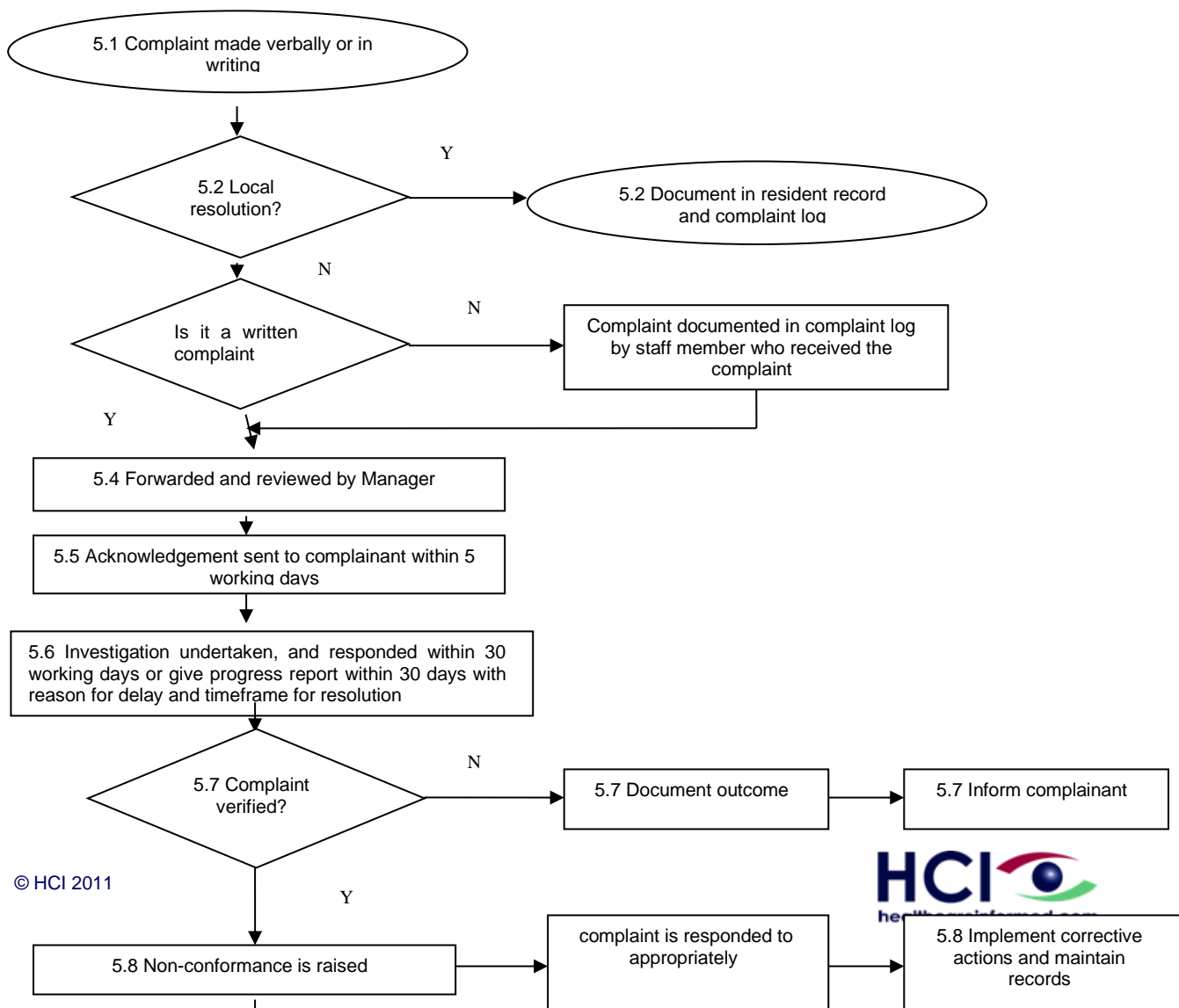
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reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan; and included as part of the designated centre's annual review The level of engagement of independent advocacy services with residents, and complaints received, including reviews conducted.

- The registered provider shall ensure that nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures,
- All information obtained through the course of complaint management shall be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988 and 2003 and the freedom of Information Act 1997 and 2003.
- Staff responsibility in the management of complaint procedures shall be clearly defined (HSE, 2008)

5.0 Responding to Complaints

Aras Mhuire Nursing Home shall respond to complaints as per the process outlined in Fig 1.0



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6.0 Confidentiality and Data Protection

- 6.1 The confidentiality of the complainant shall be maintained through the investigation process.
- 6.2 Residents and relatives/representatives shall be informed that the complaints process shall maintain their confidentiality at all times.
- 6.3 Residents shall have access to all records pertaining to them as per IM – 003 Resident Access to Personal Records (Incorporating the Data Protection Act.)
- 6.4 Records of complaints shall be retained for a period of not less than 7 years after the complaint has been investigated (S.I. No. 236 of 2009, Article 39) (as per IM – 002 Service User Record – Storage, Security & Destruction).

7.0 Communication with the Resident

- 7.1 Residents shall be aware of the complaints process and how to make a complaint. Information shall be provided with this information in accordance to RR – 001 Resident Information an Educational Material – Development, Review and Approval and communicated to the resident in accordance to RR – 003 Availability and Communication of Information to the Resident.
- 7.2 The complaints process, and details of how to make a complaint, shall be detailed in Aras Mhuire Nursing Home Resident Guide.
- 7.3 Details of the complaints process, and details of how to make a complaint, shall be prominently displayed in Aras Mhuire Nursing Home.

8.0 Advocacy

- 8.1 All residents shall have the right to access advocacy services to facilitate their participation in the complaints process.
- 8.2 Advocacy services shall be available to all residents as per RR – 007 Provision of Advocacy Services for Residents. Resident advocacy services are provided through Third Age Services.

9.0 Communication of Complaints Data

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

10.0 Staff Education

- 10.1 All staff shall receive education regarding the management of complains and the local resolution of complaints.
- 10.2 All staff shall receive education on assisting a resident or relative/representative to make a complaint should local resolution not be achieved.

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AUTHOR (OWNER): Tricia Joy, Director of Nursing	REVISION NO: 5
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- 11.0 Records
- 11.1 Resident Records.
- 11.2 Correspondence pertinent to the complaint.
- 11.3 Register of all complaints including details of investigation and any actions taken.
- 11.4 Incident Reports.

12.0 Audit and Evaluation

An annual audit shall be undertaken to determine compliance to this policy and procedure. The Director of Nursing shall complete this via a review of relevant records, including incident reports, through observation and by utilising the appropriate audit tool. Results of these audits are presented to the Management Team.

13.0 References

- GM-010** Incident Reporting – Identification, Documentation, Rectification, Review and Communication.
- HR – 025** Dignity at work and the Prevention of Bullying and Harassment.
- HR – 026** Grievance Management.
- IM – 002** Service User Record – Storage, Security & Destruction.
- IM – 003** Resident Access to Personal Records (Incorporating the Data Protection Act.)
- RR – 001** Resident Information and Education Material – Development, Review and Approval
- RR – 003** Availability and Communication of Information to the Resident.
- RR – 007** Provision of Advocacy Services for Residents.

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