

TITLE: Patient / Resident Feedback for Comments, Compliments and Complaints	REFERENCE NO: OLH-GN-003
AUTHOR: Pat Pierce, Complaints Officer	REVISION NO: 05
APPROVED BY: Mary Flanagan, Interim CEO	EFFECTIVE FROM: July 2009
REVIEW DATE: Sept 2025	Page 1 of 11

TITLE: Patient / Resident Feedback for Comments, Compliments and Complaints

AREA: All Areas

REFERENCE NO: OLH-GN-003

REVISION NO: 05

AUTHOR (OWNER): Pat Pierce, Complaints Officer

SIGNATURE: *Patricia Pierce.*

DATE: June 20th 2023

APPROVED BY: Mary Flanagan, Interim C.E.O.

SIGNATURE: *Mary Flanagan*

DATE: June 20th 2023

EFFECTIVE FROM: July 1st 2009

REVIEWED DATE: June 2023

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1.0 Policy

Our Lady's Hospice & Care Services shall actively seek resident/patient feedback to assist in the ongoing improvement of the care and service provided. All complaints are received, documented, rectified, reviewed and appropriately communicated. The policy is in compliance of Health Act 2004 (Complaints) Regulations 2006.

2.0 Purpose

The purpose of the policy is to ensure that complaints are dealt with as quickly and efficiently as possible. It allows a process whereby patients'/residents' concerns are heard and rectified, if possible, and provides a learning function for the organisation to ensure issues are not repeated, and gives opportunity for trend analysis.

3.0 Scope

This policy applies to all staff in Our Lady's Hospice & Care Services.

4.0 Definition

A 'complaint' means a complaint made under the Health Act 2004 about any action of Our Lady's Hospice & Care Services that

- (a) it is claimed, does not accord with fair or sound administrative practice, and
- (b) adversely affects the person by whom, or on whose behalf the complaint is made.

5.0 Criteria

'Complainants' refers to a person who is entitled to make a complaint (see below) on their own behalf or on behalf of another, i.e.

any person who is or was under the care of Our Lady's Hospice & Care Services, or who is seeking or has sought provision of such care may complain about any action that:

it is claimed, does not accord with fair and sound administrative practice, and adversely affects or affected that person.

5.1 It does not accord with fair and sound administrative practice if it is

- taken without proper authority
- taken on irrelevant grounds
- the result of negligence or carelessness
- based on erroneous or incomplete information
- improperly discriminatory
- based on undesirable administrative practice, or
- in any other respect contrary to fair or sound administration.

5.2 If a person entitled to make a complaint is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by

- A close relative or carer of the person

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- Any person who, by law or by appointment of a court, has the care of the affairs of that person,
- Any legal representative of the person
- Any other person with the consent of the person, or
- Any other person who is appointed as prescribed in the regulations.

5.3 If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative or carer of that person.

- 5.4 A person is not entitled to make a complaint about any of the following matters:
- (a) A matter that is or has been the subject of legal proceedings before a Court or Tribunal;
 - (b) A matter relating solely to the exercise of clinical judgement by a person acting on behalf of Our Lady's Hospice & Care Services;
 - (c) An action taken by Our Lady's Hospice & Care Services solely on the advice of a person exercising clinical judgement in the circumstances in (b);
 - (d) A matter relating to the recruitment or appointment of an employee by Our Lady's Hospice;
 - (e) A matter relating to or affecting the terms or conditions of a contract of employment that Our Lady's Hospice & Care Services proposes to enter into or of a contract with an adviser that Our Lady's Hospice & Care Services proposes to enter into;
 - (f) A matter relating to the Social Welfare Acts;
 - (g) A matter that could be the subject of an appeal under the Civil Registration Act 2004 (Section 60);
 - (h) A matter that could prejudice an investigation being undertaken by the Garda Síochána;
 - (i) A matter that has been brought before any other complaints procedure established under an enactment;

Subsection 5.4 (i) does not prevent a Complaints Officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a Complaints Officer.

5.5 The Complaints Officer must determine if the complaint meets the time frames (Table 9), Part 9 of the Health Act 2004 which requires that:
A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant become aware of the action giving rise to the complaint.

5.6 A Complaints Officer may extend the time limit for making a complaint if in their opinion special circumstances make it appropriate to do so. These special circumstances include, but are not exclusive, to the following:
If the complainant is ill or bereaved;
If new relevant, significant and verifiable information relating to the action becomes available to the complainant;
If it is considered in the public interest to investigate the complaint;

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Diminished capacity of the service user 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;
A Complaints Officer must notify the complainant of decision to extend/not extend time limits within 5 working days.

- 5.7 Complaints can be made verbally, written or e-mailed.
- 5.8 Upon a complaint being received by or assigned to the Complaints Officer, the complainant will be notified within 5 working days in writing that the complaint has been received or assigned, and the steps proposed along with the expected timelines for completion of the necessary investigation or enquiry.
- 5.9 All complainants have the right to appoint an advocate who, if a person is unable to make a complaint themselves, can assist them in making the complaint. The Citizen Information (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.
- 5.10 The stages of the complaints management process are as follows:
 - o Point of contact resolution (local resolution)
 - o Formal Investigation Process
 - o Implementation of Recommendations made by Complaints Officer
If the complainant is unsatisfied at this stage, further stages include
 - o Review
 - o Implementation of Recommendations made by Review Officers
If the complainant is unsatisfied at this stage, further stage includes
 - o Independent Review
(Refer to 7 Complaints Process below).

6.0 Responsibility

- 6.1 All Staff – Actively seek feedback through daily interaction with residents/patients and adherence to this policy for all complaints.
- 6.2 Complaints Officer - Collation and analysis of resident/patient feedback, communication to relevant department heads and senior management team where appropriate.
- 6.3 Line Managers – Review and action feedback and complaints as appropriate.

7.0 Proactive Feedback

- 7.1 Communication to and from residents/patients occurs formally and informally on an ongoing basis. Table 1.0 outlines some of the communication channels to and from residents/patients in Our Lady's Hospice & Care Services.

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Table 1.0 – Communication to and from residents/patients

Communications to resident/patient	Communications from resident/patient
Ongoing communication from staff	Ongoing communication to staff
Individual 1:1 meetings	Individual 1:1 meetings
Family meetings	Family meetings
Residents Forum	Residents Forum / Patients' Focus Group
Mission Committee meeting / minutes	Mission Committee representation
Quality & Safety Committee – quality review	Quality & Safety representation
Menus	Catering Comment Cards
Hospice Herald	Residents Committee
Notice Boards	Suggestion boxes
Information Leaflets	Organisational Survey (every 2 years)
Letters (e.g., from CEO)	Input sought on Capital Projects
Intranet	
Complaints posters across the Organisation (Ref HIQA standards)	
Board of Directors walkabouts	Opportunity to meet with Board

- 7.2 The Residents Forum at Our Lady's Hospice & Care Services meets monthly. When feasible, there is a representative from each Care of Older Persons ward on the Residents Committee.
- 7.3 The residents set the agenda for the committee meetings and the minutes are circulated to the management team.
- 7.4 Suggestion boxes are placed in each ward. They are reviewed by the Ward Manager and escalated as deemed appropriate by the Ward Manager.
- 7.5 Staff at Our Lady's Hospice & Care Services receive ongoing training in the complaints process.

8.0 Complaints Process

Stage 1: Local Resolution

- 8.1 A member of staff may receive a complaint from a resident/patient verbally or in written format. Complaints can be made verbally, written, by e-mail or fax. All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint. The Complaints Officer must consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution to the complaint by the parties concerned. Mediation may be used to attempt resolution of the complaint if both parties agree.

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Where informal resolution is not successful, or is deemed inappropriate, the Complaints Officer will initiate a formal investigation of the complaint.

- 8.2 If possible, the complaint shall be dealt with immediately and locally. The member of staff shall take action to rectify immediately. (All written complaints should be sent to Complaints Officer, Pat Pierce, CEO's Office; Tel: 4068725; E-mail: ppierce@olh.ie)

Stage 2: Information Resolution / Formal Investigation

- 8.3 Unresolved complaints shall be logged by the Ward Manager, the Line Manager advised immediately, and the ADON for each speciality area may refer to the Complaints Officer. The ADON for each speciality area provides the Complaints Officer with an update on logged verbal complaints monthly. More serious, or complex matters may need to be addressed immediately under Stage 2 and there may be a need for investigation and action(s) as appropriate.
- 8.4 The Line Manager notifies the Complaints Officer of written complaints. At a minimum, the name of the resident/patient, the time, and a description of the complaint shall be recorded. The complaint shall be documented in a factual, subjective manner.
- 8.5 All significant issues, even if dealt with immediately and resolved locally, shall be reported to the Line Manager and the Complaints Officer. The Complaints Officer analyses verbal complaints for trends in occurrence and ensure they are investigated appropriately, and that, when possible, the complainant is satisfied with the outcome.

Stage 3: Review

- 8.6 The Complaints Officer is responsible for carrying out the formal investigation of the complaint, but will draw on appropriate expertise, skills etc, including the relevant Department Head or member of the management team (including the CEO) depending on the nature of the complaint. Staff have an obligation to participate and support the investigation of any complaint where requested. Where the investigation fails to resolve the complaint, the complainant may seek a review of their complaint by the Internal process (Stage 4)
- 8.7 The Department Head shall investigate the complaint and documents it in an Incident Report form (Reference OLH-GN-033 Incident Reporting).
- 8.8 During the investigation, the Department Head 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 Department Head determining the level of investigation required (Ref section 7 for timelines) In the event that there is no evidence to support the complaint, the complaints coordinator shall be notified of the outcome of the investigation.
- 8.9 If there is evidence to support the complaint, the Department Head shall determine the appropriate action. Other personnel and departments shall be involved as deemed necessary. The identified actions shall then be implemented.

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- 8.10 Feedback on the outcome shall be provided to the resident/patient, and feedback on the complainant's satisfaction will be recorded. The complaint is then closed.

Stage 4: Internal Review

- 8.11 If the complaint is not resolved satisfactorily, it will be referred to Chief Executive Officer for internal review of the process – (Ms. Mary Flanagan, Interim CEO, CEO's Office; Tel: 4068724).

Stage 4: Independent Review

- 8.12 If the complainant is not satisfied with the outcome of the complaints management process s/he may seek a review of the complaint by the Ombudsman / Ombudsman for Children.
Referral of a complaint to the Office of the Ombudsman should be forwarded to: Office of the Ombudsman, 18 Lr. Leeson Street, Dublin 2. Tel: 6395600 / Fax: 6395674.

The complainant must be informed of their right to seek an independent review from the Ombudsman at any stage of the complaint management process. or be referred for independent review to the Office of the Ombudsman.
(Office of the Ombudsman, 18 Lr. Leeson Street, Dublin 2. Tel: 6395600 / Fax: 6395674)

The complainant may also avail of the Patient Advocacy Service (PAS). PAS is an independent free and confidential service. PAS can provide support with making a complaint about the care received, or support with the aftermath of a patient safety incident.
(Patient Advocacy Service: patientadvocacyservice.ie/contact-us / Tel: 0818 293003).

9.0 Timelines

Timeframes involved once a complaint is received
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<i>Service User / Complainant Timeframes</i>	
To make a complaint	12 months
If Complainant does not wish patient confidential information to be accessed	5 working days from date of acknowledgement letter
Withdraw complaint	At any stage
Request a review of a complaint	30 working days
Refer complaint to Ombudsman	At any stage
<i>All Staff</i>	
Respond to request for information	10 working days
<i>All staff at point of contact</i>	
Point of contact resolution	Immediately (<48hrs where possible)
Point of Contact Resolution – Line Manager	<48 hours where possible
<i>Complaints Officer timeframes</i>	
Notify Complainant of decision to extent / not extend 12 months timeframe	5 working days
Complaints Officer (& Snr Manager)	<48hrs if appropriate

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Resolution	
Notification Letter to Senior Manager	On receipt of complaint – if appropriate
If complaint does not meet criteria for investigation – inform Complainant	5 working days
Acknowledgement letter	5 working days from receipt of complaint
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 30 day due date
Investigate and conclude report	30 working days from date of acknowledgement letter
Conclude at latest	6 months
Internal Review Officer Timeframes	
Notify Complainant of decision to extend/not extend 30 days timeframe	5 working days
Review Officer should make contact with Complainant and explain process	<48 hours if appropriate
Acknowledgement letter	5 working days from receipt of review request
If complaint does not meet criteria for review – inform Complainant	5 working days
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 20 day due date
Investigate and conclude report	20 working days from date of acknowledgement letter

10.0 Exclusion Criteria

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

- (a) A matter that is or has been the subject of legal proceedings before a court or tribunal;
- (b) A matter relating solely to the exercise of the clinical judgement by a person acting on behalf of Our Lady's Hospice Ltd;
- (c) An action taken by Our Lady's Hospice Ltd solely on the advice of a person exercising clinical judgement in the circumstances described in (b);
- (d) A matter relating to the recruitment or appointment of an employee by Our Lady's Hospice Ltd;
- (e) A matter relating to or affecting the terms or conditions of a contract of employment (including terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures) that Our Lady's Hospice Ltd proposes to enter into or of a contract with an adviser that Our Lady's Hospice proposes to enter into;
- (f) A matter relating to the Social Welfare Acts;
- (g) A matter that could be subject of an appeal under section 60 of the Civil Registration Act 2004;
- (h) A matter that could prejudice an investigation being undertaken by the Garda Síochána;

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- (i) A matter that has been brought before any other complaints procedure established under an enactment.

10.2 The Complaints Officer will not investigate a complaint if:

- i) The person who made the complaint is not entitled under Criteria (above) or do so either on the person's own behalf or on behalf of another;
- ii) The complaint is made after the expiry of the period specified under Time Limits (above) or any extension of that period allowed by the Complaints Officer.

10.3 The Complaints Officer must determine if the complaint meets the time frames (Table 9), Part 9 of the Health Act 2004 which requires that:
A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant become aware of the action giving rise to the complaint.

10.4 A Complaints Officer may extend the time limit for making a complaint if in their opinion special circumstances make it appropriate to do so. These special circumstances include, but are not exclusive, to the following:

- If the complainant is ill or bereaved;
- If new relevant, significant and verifiable information relating to the action becomes available to the complainant;
- If it is considered in the public interest to investigate the complaint;
- Diminished capacity of the service user 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;
- A Complaints Officer must notify the complainant of decision to extend/not extend time limits within 5 working days.

10.5 The Complaints Officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, the Officer is of the opinion that:

- i) The complaint does not disclose a ground of complaint
- ii) The subject matter of the complaint is excluded (see above)
- iii) The subject matter of the complaint is trivial, or
- iv) The complaint is vexatious or not made in good faith, or
- v) Is satisfied that the complaint has been resolved.

10.6 The Complaints Officer shall, as soon as practicable after determining that investigation is prohibited from investigating a complaint or after deciding not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it.

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- 10.7 Our Lady's Hospice & Care Services will advise complainants if the complaint is considered to be vexatious or not made in good faith, and the rationale for that decision, in writing within 5 days of receipt of the complaint. The complainant will be advised of their right to review the decision to the HSE National Advocacy Unit if they are not happy with the outcome of the complaint.

11 Audit and Evaluation

The Chief Executive Officer is responsible for overseeing that all complaints are appropriately responded to; and the Complaints Officer maintains a record of all complaints, actions and outcomes.

All complaints shall be monitored on an ongoing basis by Senior Management in Our Lady's Hospice & Care Services. Ward Managers and Department Heads shall continually review the Incidents relative to their department and monitor for any trends (Reference OLH-GN-018 Incident Reporting).

Our Lady's Hospice & Care Services, having established a complaints procedure by agreement with the HSE must provide the HSE with a general report on the complaints received during the previous year, indicating:

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

12 Redress

Redress will be consistent and fair for both the complainant and Our Lady's Hospice & Care Services. Redress will form offers that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage is suffered or sustained by the claimant personally. The redress shall 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.

13 References



Respite Harold's Cross
Rehabilitation Blackrock
Reassurance Wicklow

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OLH-GN-001 Residents'/Patients' Rights – Development, Review, Approval and Communication

OLH-GN-033 Safety Incident Management Policy

"Your Service, Your Say", The Policy and Procedures for the Management of Consumer Feedback for Comments, Compliments and Complaints in the Health Service Executive (HSE), HSE Consumer Affairs, 2017

National Standards for Residential Care Settings for Older People in Ireland, Health Information and Quality Authority (HIQA), 03 May 2016