



Saint John of God Community Services Limited

**Policy on The
Management of
Consumer Feedback to
include Comments,
Compliments and
Complaints**

17

This policy remains in force until such time as it is reviewed and approved by the Board of Community Services CLG.

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1. Purpose of Policy

Saint John of God Community Services Limited is committed to providing a quality service for service-users, relatives and visitors. Compliments and complaints are regarded as an important source of information for improving services.

This policy enables complaints to be brought to the attention of the Service and enables an investigation of these complaints with the aim of finding a satisfactory resolution and overall improvement of services.

It is the policy of Saint John of God Community Services Limited to deal with all complaints in line with the procedures set out in this document.

Saint John of God Community Services Limited categorises complaints as:

1. Complaints that can be resolved locally.

- It is the policy of Saint John of God Community Services Limited to resolve complaints at a local level where possible.
- This local resolution process is coordinated by the Person in Charge (PIC)/Local Manager.

2. Formal Complaints that cannot be resolved locally.

- When local resolution is not possible the complaint is escalated to the Complaint Officer (CO) i.e. Operations Managers/Administrative Manager, Director of Nursing/Programme Manager, where actions are agreed to address the complaint.
- An appeals process is available if the person who makes the complaint is unhappy with the outcome. (Refer to Stage 3 or 4 of Procedure P14).

Saint John of God Community Services Limited aims to:

- Ensure complaints are taken seriously and are addressed in a fair, timely, confidential and transparent manner.
- Inform complainants of the outcome of their complaint as quickly as possible.
- Learn from complaints by reviewing them regularly.
- Assure the person making the complaint that they will not be adversely affected because they have made a complaint.

Additionally this policy is developed to ensure that Saint John of God Community Services Limited is in line with:

- Health Service Executive (HSE) best practice as outlined in “Your Service Your Say”
- HSE National Service Plan 2016
- National Standards for Residential Services for Children and Adults with Disabilities (Health Information & Quality Standards (HIQA) 2013).
- Mental Health Act 2001 (Approved Centres) Regulations 2006
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

2. Scope

This policy is applicable to all compliments and complaints received from service-user / patient perspective across Saint John of God Community Services Limited.

This policy should be read in conjunction with the following policy documents as appropriate:

- Safeguarding Vulnerable Persons at Risk of Abuse National Policy, National Policy & Procedures, HSE, December 2014.
<http://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>
- Policy & Procedures for Safeguarding Vulnerable People – Adult Mental Health Services, May 2010 - Saint John of God Hospital Limited; Saint John of God Community
- Policy & Procedures for Safeguarding Vulnerable People – Child and Adolescent Mental Health Services, May 2010 - Saint John of God Hospital Limited and Saint John of God Community Services Limited.
- Children First: National Guidance for the Protection and Welfare of Children (2011)

This policy is guided by the following statutory requirements:

- Health Act 2004, Part 9
- Health Act 2004 (Complaints) Regulations 2006
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.
- ‘Your Service Your Say’ 2015 The Policy for the Management of Consumer Feedback to include Comments, Compliments and Complaints, HSE Advocacy Services.

- Children First Act 2015
- Mental Health Act 2001.

3. Definitions

3.1 Complaint

The Health Act (2004) defines a 'complaint' as any complaint about an action of a service provider, that it is claimed;-

- (A) Does not accord with fair or sound administrative practice, and/or
- (B) Adversely affects the person by whom or on whose behalf the complaint is made.

In other words a complaint is when someone tells Saint John of God Community Services Limited that something is wrong with the service or someone says that they are not happy with the service.

There are a number of exclusions to this policy listed under the Health Act (see Section 10 of this document).

3.2 Complainant

Complainant means any person who is or was provided with a health or personal social service by the Service, or who is seeking, or has sought, provision of such service, who has complained, in accordance with the procedures established under Section 46 of the Health Act 2004 about any action of the Service 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.

3.3 Compliment

A compliment is when someone tells Saint John of God Community Services Limited that something is good about the service or that they are really happy with the service.

3.4 The Complaints Officer

Within Saint John of God Community Services Limited, the Operations Manager /Administrative Manager or Programme Manager /Director of Nursing of each centre /location will be deemed the Complaints Officer (CO) for the relevant centre or location.

3.5 Person in Charge (PIC)

In relation to Designated Centres, provided within Intellectual Disability Services, the PIC is the person appointed as the Person in Charge of the Designated Centre pursuant to Regulation 14 of the *Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disabilities) Regulations, 2013*, and named in the certificate of registration issued in respect of the designated centre (residential service).

3.6 Designated Lead Complaints Officer

In accordance with the Health Act 2004 the Designated Lead Complaints Officer (DLCO) within each Service is the Regional Director /General Manager of Services.

3.7 National Incident Management System (NIMS) Complaints Form

The National Incident Management System (NIMS) is a core enabling system to improve patient and service user safety. **The complaint form is one of four forms now in use to record incidents and complaints** (See Appendix I).

3.8 Service-user Complaint Form

This complaint form is contained in Appendix III.

3.9 The Complaints Register

A Complaints Register (Log) is maintained by the PIC/Local Manager and Complaints Officer in each location which demonstrates:

- Date complaint was made;
- Name of complainant & name of advocate if applicable
- Brief overview of complaint and any investigation into a complaint;
- Date complaint was resolved;
- Outcome of the complaint;
- Whether or not the service-user or other were satisfied with the outcome of the complaint.
- Was complainant advised of the appeals processes available?

4. Timeframes

4.1 Local resolution by PIC/Local Manager

- Local complaint resolution by the PIC/Local Manager should be prompt and in line with complainant's request.
- The Complaints Register clearly records the timeframes of complaint(s) resolution and a record is sent to the Complaints Officer.

4.2 Timeframes once formal investigation of a complaint has begun

When a complaint cannot be resolved locally the complaint is escalated to the Complaints Officer for review.

Following review, if the complaint is not going to be investigated then 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 the complaint is going to be investigated the Complaints Officer will acknowledge receipt of the complaint within 5 working days and must endeavour to investigate within 30 working days of the complaint being acknowledged.

If the investigation cannot be concluded within 30 working days then the Complaints Officer must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.

The Complaints Officer must update the complainant and the relevant staff member every 20 working days.

The Complaints Officer must endeavour to investigate complaints within 30 working days. However, where the 30 working days timeframe cannot be met despite every best effort, the Complaints Officer must endeavour to conclude the investigation of the complaint within 6 months of the receipt of the complaint.

If this timeframe cannot be met, the Complaints Officer must inform the complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. She/he should inform the complainant that they may seek a review of their complaint through the HSE Review Process or from the Ombudsman/ Ombudsman for Children.

4.3 Time limit extensions for making a complaint

- 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
- If the complaint concerns an issue of such seriousness that it cannot be ignored
- 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.
- If the complainant was living abroad and unable to make the complaint within the 12 month timeframe.

A Complaints Officer must notify the complainant of the decision to extend/not extend time frames within 5 working days.

5. Roles and Responsibilities

5.1 Person in Charge/Local Manager

The Person in Charge /Local Manager is responsible for receiving complaints at local level and trying to resolve them.

The PIC /Local Manager is responsible for maintaining a Complaints Register of all locally resolved complaints and sends a record of these to the Complaints Officer each month.

Where complaints are not resolved at local level the Person in Charge/ Local Manager escalates these to the Complaints Officer.

The Person in Charge/Local Manager will ensure that:

- All staff members in the location are aware of the Policy on The Management of Consumer Feedback to include Comments, Compliments and Complaints
- Service-users have access to advocacy services for the purposes of making a complaint.

- An accessible copy, which is in a format meaningful to the service users in that location, of the Policy on The Management of Consumer Feedback to include Comments, Compliments and Complaints is displayed in a prominent position in the centre.
- Each service-user and their family are aware of the Policy on The Management of Consumer Feedback to include Comments, Compliments and Complaints.

5.2 Frontline Staff

All staff must be familiar with the contents of this policy. If a frontline staff receives a complaint/compliment they must follow the steps outlined in this policy. Staff must do the following:

- Listen to the complaint/compliment carefully.
- Record details of the complaint on the NIMS Form (Appendix I).
- Record details of the complaint on the Service-user Complaint Form (Appendix III). Completed Service-user Complaint Form to be retained in the location's Compliments & Complaints Folder - forward copy to Complaints Officer.
- Tell the person making the complaint/compliment who they are going to report the complaint/compliment to.
- Report the complaint/compliment to the Person in Charge /Local Manager.

5.3 The Complaints Officer

Within Saint John of God Community Services Limited, the Operations Manager /Administrative Manager or Programme Manager /Director of Nursing of each centre /location will be deemed the Complaints Officer for the relevant centre or location.

The Complaints Officer is responsible for maintaining the necessary documents relating to complaints. The NIMS Complaint Form must be completed for each complaint received (Appendix I). The Service-user Complaint Form must also be completed for each complaint received (Appendix III); however, this is retained at a local level.

The Complaints Officer will ensure that:

- All complaints are investigated promptly.
- Complainants are assisted to understand the complaints procedure.
- Complainants are informed promptly of the outcome.
- Records are maintained of all complaints including:

- Details of any investigation(s).
- Outcome of the investigation(s)
- Recommendations following outcome of any investigation(s) and actions taken to implement recommendations
- The complainant's level of satisfaction following the outcome of the complaint.

5.4 Regional Director

The Regional Director is responsible for ensuring all complaints not resolved locally are managed in line with this policy.

The Regional Director will ensure that any person who has made a complaint is not adversely affected by reason of the complaint having been made.

If a complaint is made against a Complaints Officer the complaint is escalated to the Designated Lead Complaints Officer (DLCO) for review.

The DLCO (Regional Director) acts as the appeals officer.

5.5 Complaints Co-ordinator

The Complaints Co-ordinator will be appointed and will be available to service-users to ensure that:

- All complaints are appropriately responded to in line with timeframes outlined in section 4.
- Records of complaints are maintained in line with responsibilities outlined in section 3.9 (Complaints Register contents) and section 5.3.
- The Complaints Co-ordinator shall conduct an evaluation and audit of the Complaints process at regular intervals or on an annual basis.

6. Advocacy

All complainants have the right to appoint an advocate. If a person is unable to make a complaint themselves then an advocate can assist them in making the complaint.

The National Advocacy Service established in March 2011 provides representative advocacy for people with disabilities between the ages of 18 and 65. It provides an independent, confidential and free representative advocacy service that works exclusively

for the person using the service.

The national contact number for the National Advocacy Service (NAS) is: 075 103000 and can be used between the hours of 1000h to 1600h, Monday to Friday.

7. How complaints can be made

A complaint can be made using whatever means the person communicates best in e.g. verbal, written, using gesture and sign, through an aided device etc.

If the person cannot write, a staff member will write the complaint with the person using the **NIMS Complaint Form** (Appendix I) and by completing the **Service User Complaint Form** (Appendix III), which is retained in the location's Compliments & Complaints Folder. The Staff member will ensure that information being used is accessible to the person and the person understands what is being recorded.

8. Stages of the complaints procedure

Stage 1 - Local Resolution at point of contact: by Complainant and staff member / PIC / Local Manager

Management of a Complaint at the Point of Contact

- Staff members have clear delegation to resolve verbal complaints at first point of contact, wherever possible. A NIMS complaint Form (Appendix 1) should be completed by the person who receives the complaint at first point of contact.
- Where a complaint is resolved at the point of contact, the PIC/Local Manager documents the complaint in the local Complaints Register and sends a copy to the local Complaints Officer.
- Where complaints cannot be resolved at the first point of contact due to persons involved, their seriousness or complexity, these complaints must be referred to the Complaints Officer for investigation at Stage 2. A NIMS Complaints Form (Appendix 1) is written by or on behalf of the person.
- Where Complainants do not accept the outcome of the management of the complaint at the point of contact they may seek a review of their complaint at Stage 2 of the procedure.

Stage 2 - Formal Registration of Complaint:

Stage 2a: Informal Resolution

Stage 2b: Formal Investigation

Stage 2a: Informal Resolution

- Complaints that could not be resolved at Stage 1 or should not be resolved at the first point of contact due to their seriousness or complexity are then escalated to the Complaints Officer for resolution by informal means or through a formal investigation.
- The Complaints Officer will carry out a pre-investigation to check the validity of the complaint and the appropriate processes to be used to manage the complaint. Some complaints will not be suitable for investigation by the Complaints Officer and must either be referred to the appropriate Department/Manager or body for investigation or returned to the complainant with an explanation as to why the complaint cannot be investigated or with details of the correct process for the management of their complaint.
- The Complaints Officer may consider whether it would be practicable, having regard to the nature and the circumstances of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates, to find an informal resolution of the complaint. Mediation may be used to attempt resolution of the complaint at Stage 2 if both parties agree.

Stage 2b: Formal Investigation of a written complaint

Where informal resolution was not attempted or was not successful:

- The Complaints Officer will initiate a formal investigation of the complaint.
- The Complaints Officer is responsible for carrying out the formal investigation of the complaint at Stage 2 but may draw on appropriate expertise, skills etc. as required. Staff have an obligation to participate and support the investigation of any complaint where requested.
- Where the investigation at Stage 2 fails to resolve the complaint, the complainant may seek a review of their complaint by the HSE Internal Review Process at Stage 3 or make a complaint directly to the Office of the Ombudsman.

9. Report

At the end of the investigation, the Complaints Officer must write a report of their investigation and give a copy of the report to the complainant and the Regional Director and the CEO. The final report will include any recommendations needed to resolve the matter.

Stage 3 - H.S.E. Review

Complainants have 30 working days from the date of the final report sent by Saint John of God Community Services Limited to request a review by the HSE. The Director of Advocacy will examine the request for review and appoint a Review Officer to carry out the review of the complaint if appropriate.

Stage 4 - Ombudsman

At all stages of the process, complainants must always be made aware by Saint John of God Community Services Limited of their right to an independent review of their complaint by the Ombudsman or the Ombudsman for Children.

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

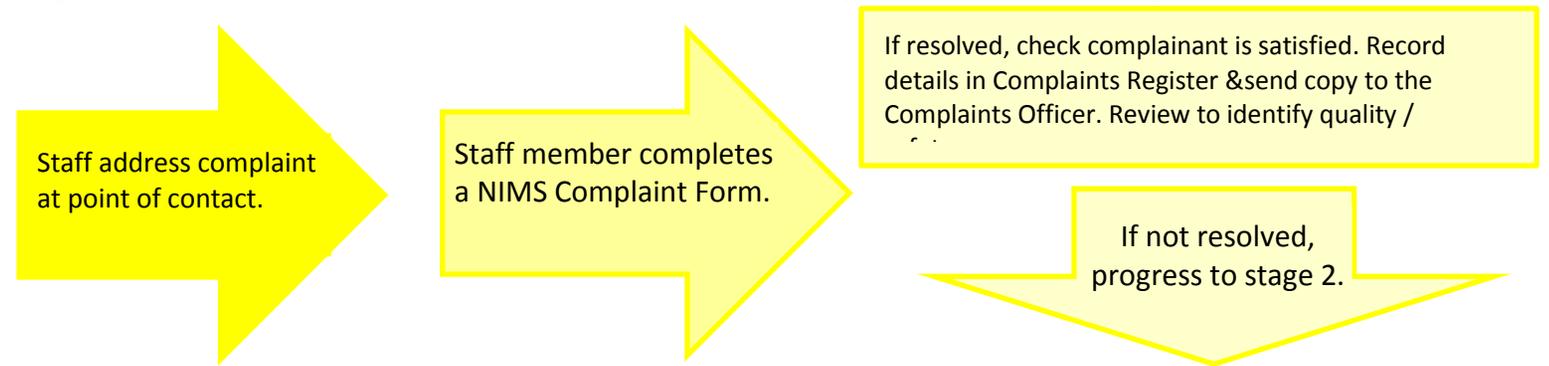
Additional information on both the Ombudsman and the Ombudsman for Children can be found on the following website www.ombudsman.ie or www.oco.ie.

Staff member receives complaint.
All complaints whether written or verbal where possible should be resolved locally and recorded on a National Incident Management System (NIMS) complaint Form

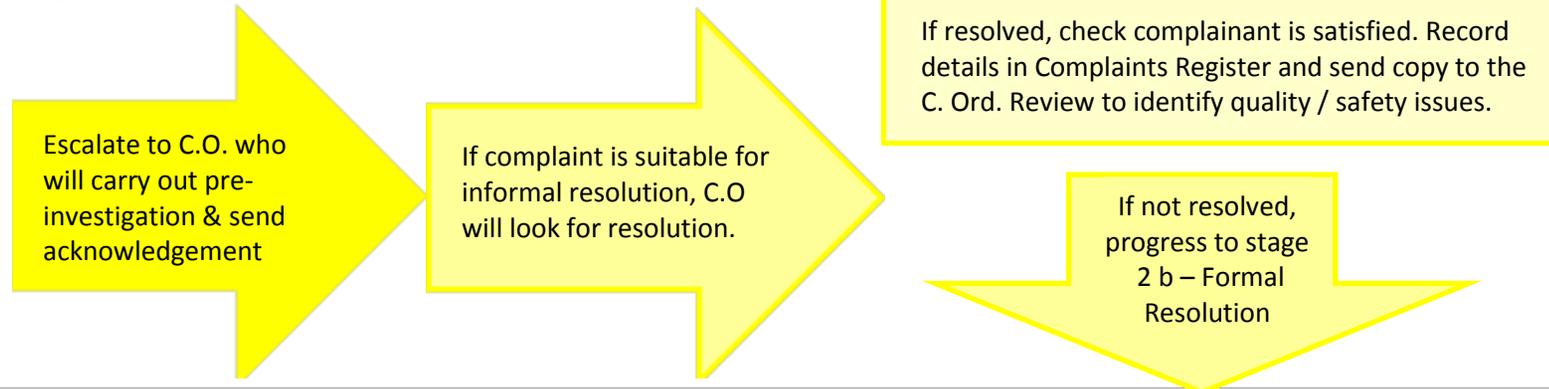
- All Complaints must be handled with respect and discretion.
- **Listen** to the complainant
- **Identify** the issues
- **Summarise** the issues
- **Thank** the complainant
- **Explain** what will happen next
- **Act now** – determine the appropriate action

C.O. = Complaints Officer
C. Ord = Complaints Co-ordinator.
Complaints Coordinator is to be available to residents / service users to ensure records are completed and maintained as required.

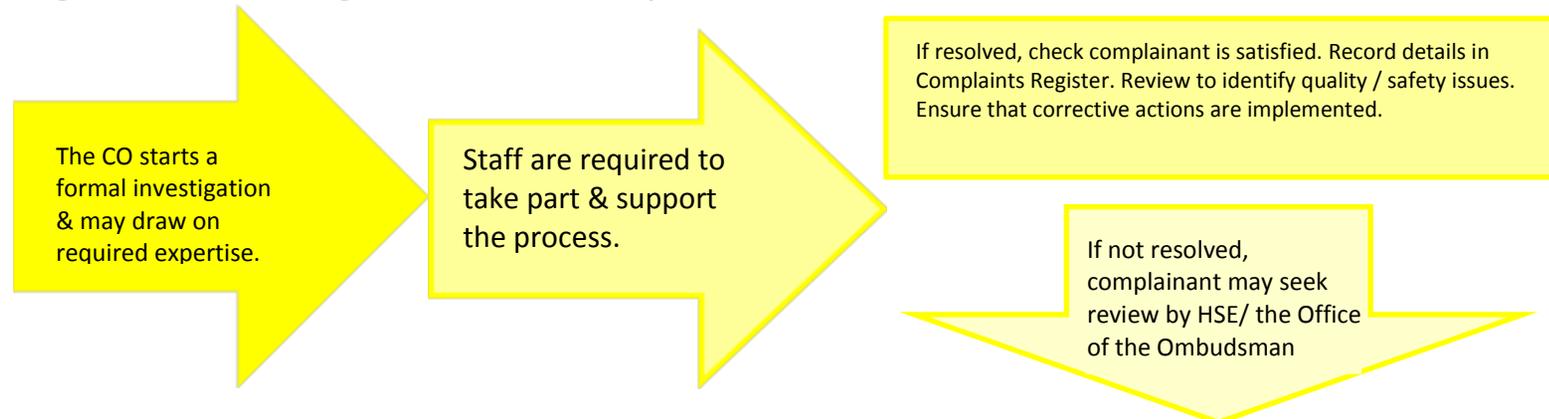
Stage 1: Local Resolution at the Point of Contact coordinated by the PIC or Local Manager



Stage 2 a: Informal Resolution. Timeframe:



Stage 2 b: Formal Investigation of a written complaint



10. Matters excluded from right to complain

Section 48 of the Health Act 2004 (1) outlines that 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 of tribunal.
- (b) A matter relating solely to the exercise of clinical judgement by a person acting on behalf of either the Executive (HSE) or a service provider.
- (c) An action taken by the Executive (HSE) or a service provider solely on the advice of a person exercising clinical judgement in the circumstances outlined in (b) above.
- (d) A matter relating to the recruitment or appointment of an employee by the Executive (HSE) or a service provider.
- (e) A matter relating to or affecting the terms or conditions of a contract of employment that the Executive (HSE) or a service provider proposes to enter into or of a contract with an adviser that the Executive (HSE) proposes to enter into (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures).
- (f) A matter relating to the Social Welfare Act.
- (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.
- (i) A matter that has been brought before any other complaints procedure established under an enactment (e.g. complaints made under Part 2 of the Disability Act, 2005).

11. Children or Young People wishing to make a Complaint

Children of sufficient, age, reason and understanding may also make a complaint about any aspect of the service they have received by the HSE or relevant Service Providers. Their complaints must always be taken seriously and responded to appropriately.

The process for dealing with complaints from children will follow the same procedures as outlined in this policy. However, a formal procedure may not always be the most appealing way for children to air grievances. Therefore local complaints procedures must place adequate emphasis on informal ways of dealing with complaints from children where required.

12. Confidentiality

Complainants must be assured that their complaint and their personal details will be treated in confidence to the greatest extent possible consistent with public interest and the right to privacy. Complainant's information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

13. Vexatious Complaints

Vexatious complaints are complaints that are intentionally troublesome. Vexatious complaints are excluded under Part 9 of the Health Act 2004. However, this does not remove the complainant's right to submit their complaint to independent agencies such as the Health Information & Quality Authority (HIQA), HSE under the HSE Review Process or the Ombudsman/Ombudsman for Children.

If a complaint is found to be vexatious or malicious, no record of the complaint is to be retained in the file of the staff member / service user about which the complaint was made.

Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the Designated Lead Complaints Officer.

14. Anonymous Complaints

All anonymous complaints, both written and verbal, should be documented on the appropriate complaint reporting forms and brought to the attention of the relevant PIC / Local Manager for a decision as to whether an investigation and/or quality improvements are required on the basis of the complaint.

It is the policy of Saint John of God Community Services Limited that complainants must provide contact details when making a complaint against the Service to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information.

Anonymous complaints will not normally be investigated as there is always a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld. Notwithstanding the fact the anonymous complaints cannot be the subject of a formal investigation unless there is supporting evidence, management should assure themselves that the systems in place are robust and the welfare of service-users is not at risk.

If the complaint is made by phone, or by person, the member of staff taking the complaint should encourage the caller to provide a name and telephone number at which they may be contacted. The caller should be advised that unless they provide their name and contact

details, it may not be possible to investigate the complaint if the disclosure of identity is regarded as essential to facilitate a full and proper investigation of the complaint.

If an anonymous complainant provides details that enable the identification of individual staff members, these details must be anonymised and there must be no record of an anonymous complaint on the file of any individual staff members.

16. Withdrawal of Complaint

A complainant may, at any time, withdraw a complaint made and, on being advised 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 public interest would best be served by the continuation of the investigation or review, he or she must refer the matter to the Regional Director/General Manager for a decision on the matter.

17. Monthly Report to HSE

The number of complaints received each month together with the type of complaints must be tracked on a monthly basis through **Appendix 2** of this document by the Complaints Officer for each centre / service and forwarded to the DLCO on a monthly basis. This data is then forwarded to the Chief Executive and to the Director of Programme, Quality & Safety on a monthly basis.

18. Annual Report to HSE

A service provider who has established a complaints procedure by agreement with the HSE must provide the HSE with a general report on the complaints received by the service provider during the previous year indicating:

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

As well as providing an Annual report it is envisaged that the Health Service Executive will collect statistics / details of complaints on a biannual basis.

Where a serious complaint is made the CEO and the Local Health Manager will be made aware of this by the Designated Lead Complaints Officer.

To achieve this, the number of complaints received each month together with the type of complaints must be tracked on a monthly basis through Appendix IV of this document by the Complaints Officer for each centre / service and forwarded to the Designated Lead Complaints Officer, on a monthly basis. This data is then forwarded to the Chief Executive and to the Director of Programme Quality & Safety on a monthly basis.

SECTION C: INCIDENT CLASSIFICATION CONTINUED...

Table 1 – Dangerous Occurrence Continued...

<input type="checkbox"/> Systems/Installations	<input type="checkbox"/> Power <input type="checkbox"/> Fire System <input type="checkbox"/> Electrical Installation <input type="checkbox"/> CCTV Systems <input type="checkbox"/> IT Systems <input type="checkbox"/> Telephone/Beeper Systems <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Failure <input type="checkbox"/> Breached <input type="checkbox"/> Inadequate/Insufficient
<input type="checkbox"/> Occupational Disease	<input type="checkbox"/> Anthrax <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Notifiable <input type="checkbox"/> Unnotifiable
<input type="checkbox"/> HSA Dangerous Occurrences	<input type="checkbox"/> Load Bearing Part <input type="checkbox"/> Closed Vessel <input type="checkbox"/> Plant/Place <input type="checkbox"/> Flammable Chemical <input type="checkbox"/> Scaffolding <input type="checkbox"/> Building under Construction/Demolition <input type="checkbox"/> Walls/Floors of Building <input type="checkbox"/> Dangerous Substance/Pathogen <input type="checkbox"/> Explosives <input type="checkbox"/> Pipeline <input type="checkbox"/> Vehicle/Tank Carrying Dangerous Substance <input type="checkbox"/> Breathing Apparatus <input type="checkbox"/> Vehicle/Train/Locomotive <input type="checkbox"/> Revolving Mechanical Component <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Collapse <input type="checkbox"/> Overturning <input type="checkbox"/> Failure <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Ignition <input type="checkbox"/> Uncontrolled/Accidental Release <input type="checkbox"/> Accidental Collision <input type="checkbox"/> Contact with Overhead Lines <input type="checkbox"/> Burst
<input type="checkbox"/> Other	<input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Failure <input type="checkbox"/> Breached <input type="checkbox"/> Inadequate/Insufficient

Table 2 – Complaints/Service User Experience

<input checked="" type="checkbox"/> Sub Hazard Type	<input checked="" type="checkbox"/> Please Specify	<input checked="" type="checkbox"/> Problem/Cause
<input type="checkbox"/> Access	<input type="checkbox"/> Medication/Equipment <input type="checkbox"/> Personnel/Services/Treatment <input type="checkbox"/> Admission/Appointment <input type="checkbox"/> Referral Letter <input type="checkbox"/> Facilities <input type="checkbox"/> Car Parks/Transfer/Transport <input type="checkbox"/> Visiting <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Accountability	<input type="checkbox"/> Finance/ Bill <input type="checkbox"/> Cost of Products <input type="checkbox"/> Insurance Cover <input type="checkbox"/> Invoice Error <input type="checkbox"/> Patient Feedback <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Communication and Information	<input type="checkbox"/> Communication Skills <input type="checkbox"/> Comments <input type="checkbox"/> Delivery of Information <input type="checkbox"/> Communication Between Staff or Areas <input type="checkbox"/> Communicating <input type="checkbox"/> Information <input type="checkbox"/> Telephone Availability <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Dignity and Respect	<input type="checkbox"/> Behaviour <input type="checkbox"/> End-of-Life Care Treatment <input type="checkbox"/> Respect for Requests <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Improving Health	<input type="checkbox"/> Catering <input type="checkbox"/> Food quality <input type="checkbox"/> Support <input type="checkbox"/> Information/Understanding of Patient <input type="checkbox"/> Compliance <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Participation	<input type="checkbox"/> Consent <input type="checkbox"/> Decision Making Process <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Privacy	<input type="checkbox"/> Patients confidentiality <input type="checkbox"/> Security of Files and Records <input type="checkbox"/> Hospital Facilities (Privacy) <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached
<input type="checkbox"/> Safe and Effective Care	<input type="checkbox"/> Support Services Post Discharge <input type="checkbox"/> Clinical Handover <input type="checkbox"/> Diagnosis <input type="checkbox"/> Adherence to Discharge Policy <input type="checkbox"/> Discharge Letter <input type="checkbox"/> Discharge <input type="checkbox"/> Other, Please Specify	<input type="checkbox"/> Inadequate/Insufficient <input type="checkbox"/> Failure <input type="checkbox"/> Compromised <input type="checkbox"/> Breached

Appendix II – Summary of NIMS Report Sheet

Section D: Record of Complaint Outcome – Summary of NIMS Report Sheet

Complaint was taken by: _____

Was the outcome of the complaint discussed with the complainant? Yes: No:

If no, give reason:

Date discussed with complainant:

Is the complainant satisfied with the outcome? Yes: No:

Is further action required, and if so, please give details:

Signed by area supervisor / PIC / Local Manager: _____

Please print name: _____

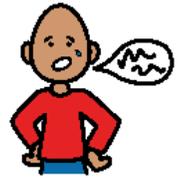
Date: _____

Signed by Administrative Manager / Operations Manager / Director:

Please print name: _____

Date: _____

Appendix III Service-user Complaint Form



COMPLAINT FORM

(Completed forms to be retained in the location's Compliments & Complaints Folder)

Name of Person: _____ Date: _____

Name of Advocate: _____ Location: _____

Who communicated Complaint Service User Staff member Advocate
 (Circle as appropriate)

Details of complaint:

Complaint Resolution Process

Action(s) taken by the Key Worker/staff member to resolve complaint:

Date	Action and Outcome (if any)	Signed

If complaint is unresolved, refer to Supervisor

Staff member will advise the service user/advocate of the outcome from this stage of the process

Action(s) taken by Supervisor to resolve complaint:

Date	Action and outcome (if any)	Signed

If complaint is unresolved, refer to Co-ordinator

Supervisor will advise the staff member of the outcome from this stage of the process who in turn will advise the service user/advocate

Action taken by Co-ordinator

Date	Action and outcome (if any)	Signed

If complaint is unresolved, refer to a Complaints Officer

Co-ordinator will advise the Supervisor of the outcome from this stage of the process, to communicate same to staff member, who will advise the service user/advocate

Action taken by Complaints Officer

Date	Action and outcome (if any)	Signed

To be completed with the service users/advocate by person who resolves the complaint

Has this complaint been resolved to the person's satisfaction? Yes / No *circle as appropriate

If Yes complete the complaint resolution sign off below.

Signature of person who resolved issue	Date	Date
Signature of Complainant		
Signature of Advocate		

If No, what is the next step? (Note; one or more of these steps may be taken at any time)

Tick as appropriate

Appeal to the Director of Service	_____	Date: _____
Refer to rights Review Committee	_____	Date: _____
Refer to an Independent Advocate (National Advocacy Service)	_____	Date: _____
Refer to Health Service Executive (HSE)	_____	Date: _____
Refer to Ombudsman/Ombudsman for Children	_____	Date: _____

Appendix IV Analysis of Complaints 2013

Service Provider Complaint Stats 2013	Analysis of Complaints 2013											Comments & Compliments		Notes for the month
Insert service name	(i) Complaints received pending at end of last month	(ii) Complaints received this month	(iii) Total Complaints on hand current month	(iv) A full complaints excluded under Part 9 of the Health Act 2004	(v) Anonymous Complaints	(vi) Complaints dealt with informally	(vii) Complaints Withdrawn	(viii) Written complaints dealt with within 30 working days at Stage 2	(ix) Written complaints that took longer than 30 days to deal with	(x) Complaints Pending at end of Month	(xi) Complaints resolved through Mediation	(xii) Comments/ Suggestions	(xiii) Positive Feedback	
Required field	January	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	February	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	March	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	April	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	May	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	June	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	July	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	August	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	September	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	October	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	November	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	December	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	Total	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	Jan - June	0	0	0	0	0	0	0	0	0	0	0	0	
Required field	July - December	0	0	0	0	0	0	0	0	0	0	0	0	

OPTION 1	Complaints by Type [Please see below for samples of each heading.]															
	1. Access	2. Dignity and Respect	3. Safe and Effective Care	4. Communication and Information	5. Participation	6. Privacy	7. Improving Health	8. Accountability	9. Other	10. Clinical Judgement	11. Verbal/Non-Verbal Complaints	12. Nursing homes / residential care for older people (65 and over)	13. Nursing homes and residential care age 64 and under	14. Pre-school inspection services	15. Trust in Care	16. Children First
Required field	January															
Required field	February															
Required field	March															
Required field	April															
Required field	May															
Required field	June															
Required field	July															
Required field	August															
Required field	September															
Required field	October															
Required field	November															
Required field	December															
Required field	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Required field	Jan - June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Required field	July - December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Detailed categorisation headings for information only	Access	Dignity and Respect	Safe and Effective Care	Communication and Information	Participation	Privacy	Improving Health	Accountability	Other	10. Clinical Judgement	10. Verbal/Non-Verbal Complaints	11. Nursing homes / residential care for older people (65 and over)	12. Nursing homes and residential care age 64 and under	13. Pre-school inspection services	14. Trust in Care	15. Children First
Accessibility / resources	Adequate Human Resources	Altered inappropriate behaviour	Adequate Human Resources	Communication skills	Consent	Confidentiality	Empowerment	Finance	Other							
Appointment - delays	Diagnosis	Delivery of care	Diagnosis	Delay and failure to communicate	Parental Access and Consent	Hospital Facilities (Privacy)	Home Care	Finance	Other							
Appointment - other	Discrimination	Test	Test	Information	Parental/ Family/ Relatives	Other privacy	Catering	Other accountability								
Admission - delays	End-of-Life Care	Continuity of care (internal)	Continuity of care (internal)	Information	Other participation		Smoking Policy									
Admission - other	Ethnicity	Continuity of care (external)	Continuity of care (external)	Telephone calls			Other improving Health									
Hospital facilities	Other dignity and respect	Discharge	Discharge	Other communication and information												
Hospital room facilities (access to)		Health and Safety issues	Health and Safety issues													
Parking		Health care records	Health care records													
Transfer issues		Hygiene	Hygiene													
Transport		Infection prevention and control	Infection prevention and control													
Visiting times		Patient property	Patient property													
Other access		Medication	Medication													
		Tissue Bank	Tissue Bank													
		Treatment and Care	Treatment and Care													
		Other safe and effective care	Other safe and effective care													

SJOGCS17 Policy on the Management of Consumer Feedback to include Comments, Compliments and Complaints
 Document reference no. SJOGCS17
 Revision No. 2 Approval Date April 2016