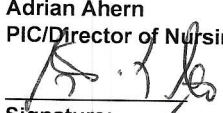
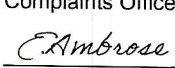
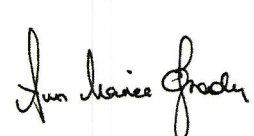


Complaints Policy

		Document Drafted by:	Director of Nursing/PIC, Resident Services Manager, Chief Executive
Approval Date:	July 2023	Document Approved by:	Adrian Ahern PIC/Director of Nursing  Signature: Date: Edel Ambrose Complaints Officer  Signature Date: Ann Marie O Grady Chief Executive  Signature Date: 25/7/23
Revision Date:	July 2025 Policy will be kept under review and amended in light of experience and developments in best practice locally, nationally and internationally.	Responsibility for Implementation	All staff
Revision No:	010	Responsibility for Evaluation and audit	Complaints Officer
Number of Pages	13		
Amendments	See Review History		

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1. Purpose of Policy

Leopardstown Park Hospital welcomes compliments, comments, and complaints about its performance and conduct in the discharge of its statutory duties and responsibilities.

This policy aims to ensure a standardised approach to complaints which is consistent with the ethos of Leopardstown Park Hospital and our statutory requirements as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in particular 34, Part 10, Complaints Procedure S.I. No. 415 of 2013.

Leopardstown Park Hospital wishes to resolve complaints in an effective and timely manner, and uses early resolution approach to complaints wherever possible. When addressing your complaint we will keep you informed of how we are doing with your complaint within the timeframes stated below. We will acknowledge any mistakes and put matters right whenever possible.

2. Scope

All staff are required to conduct the business of the hospital in accordance with policies and procedures. Staff must act at all times in accordance with the Hospital's Code of Conduct. In the spirit of fairness and natural justice, Leopardstown Park Hospital will make every effort to ensure that all parties are treated fairly, that complaints are dealt with in a timely and open manner and that complainants will not be prejudiced in any future dealings with the Hospital.

All staff are required to have awareness and an understanding of this document and their responsibilities within the management of complaints. All staff must engage in the process with the Complaints Officer.

3. Review History

Date	Review No.	Ref. Section	Changed By
September 2013	1.0	Format/review Addition ref 6.0	Pamela May Complaints Officer
February 2015	2.0	4.1,4.2,5.2,5.3, 6.0, 6.1	Florence Hogan QPS Manager
September 2015	3.0	Format revision and addition 2.1, 2.2, 2.3, 3.0, 4.0, 4.1, 4.2, 5.1, 5.1.1-5.1.3.9, 5.3-5.3.2, 6.0, 7.0, 10.0 Appendix 1 & 2	Paula Carraher Complaints Officer
March 2017	4.0		Paula Carraher

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		Format revision, addition & deletion 1.1, 2.1, 2.4, 2.5, 3.0, 4.0, 5.0 – 5.3.2. Format revision, addition & deletion 6.0 Format revision, addition & deletion 7.0 – 7.6 Deletion 8.0 – 10.0 Revision & addition 8.0 – 9.0 Format revision & Addition Appendix 1, 2, 3 & 4	Complaints Officer
June 2018	5.0	Appendix 1 Deletion and addition Appendix 3 Deletion and addition	Paula Carraher Complaints Officer
March 2019	6.0	4: Additional definitions: 4.6, 4.7 5: Roles & Responsibilities - Addition of person designated by Leopardstown Park Hospital to ensure that all complaints are appropriately responded to 6.5: Change of person to deal with complaint in the absence of the Complaints Officer 6.6 Stage 3 Change of appeal contact details	Paula Carraher Complaints Officer
January 2020	7.0	6.6 Change to stage 1 complaints to reflect that there is no restriction in the format in which these complaints can be provided	Paula Carraher, Adrian Ahern, Ann Marie O'Grady, Louise Faherty
November 2020	8.0	4.2: Definition of Concern 6.0 Addition of reference to concerns	Ann Marie O'Grady
May 2021	9.0	5.0 Updating of wording to align with Regulations 6.6: Simplification of Headers. Change of word investigation to review	Ann Marie O'Grady
July 2023	10	4: Definitions- amended due to SI 628/2022 5: Procedures updated with additional information re advocacy services	Ann Marie O'Grady, CEO, Edel Ambrose Complaints Officer, Adrian Ahern, DON/PIC

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		6.5: How to make a complaint rewritten in line with SI 628/2022 8. Appendices. Safeguarding flowcharts removed (policy referenced). Learning from complaints graphic inserted. Updated complaint management process flow chart.	
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4. Definitions

4.1 Complaint

A complaint is an expression of dissatisfaction that needs a response.

4.2 Concern

Something that causes worry or is regarded as important

4.3 Management of Complaints

The process of receiving, handling, investigating, recording, reporting and reviewing complaints received.

4.4 HSE

Health Service Executive

4.5 HIQA

Health Information and Quality Authority

4.6 LPH

Leopardstown Park Hospital

4.7 PIC

Person in Charge

4.8 DON

Director of Nursing

4.9 Complainant: This means –

- (a) a resident,
- (b) a spouse, a civil partner, a cohabitant, a close relative, or a carer of the resident,
- (c) any person who, by law or by appointment of a court, has the care of the affairs of the resident,

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- (d) any legal representative of the resident, or
- (e) any other person with the consent of the resident;

4.10 Independent Advocacy Service:

Advocacy support provided by an organisation that is free from conflict of interest and is independent of family and service providers. The **Patient Advocacy Service** is funded by the Department of Health and is available to residents to support them in making a complaint about the care they have received and also provide support in the event of a patient safety incident. They are contactable on 0818 293003 and posters are placed on resident accessible noticeboard around the centre.

5. Roles & Responsibilities

The Resident Services Manager is the designated Complaints Officer to fulfil the role of the nominated person under Regulation 34 (1) (c) (S.I. No. 415 of 2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

The Person in Charge/Director of Nursing, is the person designated by Leopardstown Park Hospital to ensure that all complaints are appropriately responded to and that the complaints officer maintains the records as per the regulations. (Regulation 34 (3) S.I. No. 415 of 2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013.

6 Procedures/Protocols

6.1 Who can complain?

Any person who has received or sought health or personal social service, or anyone acting directly on such a person's behalf (with consent), from Leopardstown Park Hospital may make a complaint or raise a concern under this Policy and procedure for the management and handling complaints about the hospital.

If the complainant is a resident, patient or client they may use an independent Advocate. The Hospital must ensure that they facilitate resident, patient or client's access to independent advocacy services, including facilitating meetings within the centre and in private as required. The **Patient Advocacy Service** is the independent advocacy service for complaints and are contactable on 0818 293003. Posters are placed on resident accessible noticeboards around the centre. Residents, patients and clients can also seek assistance from Unit Nurse Managers, Director and Assistant Director of Nursing and Senior Medical Social Worker.

6.2 What can you complain about?

A complaint is an expression of dissatisfaction with the way Leopardstown Park Hospital has conducted its business. You can complain about something we have done, should have done or how we have treated you. You can also raise concerns.

6.3 Exclusions

- Matters that are excluded from investigation under various Health Acts
- A matter that is, or has been, the subject of legal proceedings before a court or tribunal
- Matters that relate solely to the exercise of clinical judgement
- Recruitment, appointments or contract of employment
- Social Welfare Act Matters
- A matter that could be subject of an appeal under section 60 of the Civil Registration Act 2004
- Any matter that could prejudice an investigation being undertaken by the Garda Siochana
- A matter that has been brought before any other complaints procedure established by law (e.g. Disability Act)

6.4 Time Limits

A complaint must be made within 12 months of the date of the action giving rise to the complaint.

6.5 How to make a complaint

A complaint or concern may be received by any staff member. We expect staff to be helpful, respectful, provide individual attention and try to resolve complaints that would be appropriate for them to do. Nurse on duty in the unit should be made aware of the complaint or concern and make every effort to resolve it immediately.

A complaint should be made as soon as possible after the action giving rise to it, normally within three months of the event. All complaints will be handled in confidence.

Leopardstown Park Hospital will be as flexible as possible when receiving complaints and will facilitate complainants to give their feedback in a way that suits them in as much as is practicable.

If the complaint cannot be resolved at unit level, for whatever reason, a formal complaint can be made to the Complaints Officer/Resident Services Manager. In the absence of the Resident Services Manager the Director of Nursing/PIC will nominate a person investigate the complaint.

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In the event a staff member is in receipt of a complaint or concern relating to alleged or suspected abuse the Leopardstown Park Hospital policy on Safeguarding Vulnerable Persons at Risk of Abuse in conjunction with HSE Safeguarding Vulnerable Persons at Risk of Abuse (HSE – Dec 2014) will be followed.

If the allegation involves a member of staff the HSE Trust in Care (HSE – May, 2005) policy will be followed.

6.6 Stages of Complaints Management

Stage One

Staff have a clear responsibility to resolve complaints or concerns at first point of contact where ever possible. Where a complaint is resolved at the point of contact, the complaint must be examined to identify any quality improvements that should be implemented as a result. In the event that initial complaint is not resolved by staff member it may be possible to be addressed by the relevant manager.

Complaints that cannot or should not be resolved at Stage 1 must be referred to the Complaints Officer in writing for investigation.

Stage Two

Complaints, due to their seriousness, complexity or not resolved at local level, may be passed to the Complaints Officer for resolution through informal or formal review.

The Complaints Officer will carry out a preliminary screening to ensure the appropriate processes to be used to manage the complaint.

Should it be appropriate the Complaints Officer will endeavour to resolve the complaint informally if acceptable to the complainant. Discussion/mediation may be used to attempt resolution of the complaint.

Where informal resolution is not appropriate the Complaints Officer will initiate a formal review.

Staff have an obligation to participate and support the review (both informal and formal) of any complaint where requested.

Formal Review Process

- a) Complaints are to be investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint; This will be carried out by the complaints officer unless there is a conflict of interest or the complaints officer is the subject of the complaint. In this case the director of Nursing will nominate a person.

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- b) There will be a written response informing the complainant when the complainant will receive a written response in accordance with paragraph, as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline
- c) There will be 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;

Stage Three

If the complainant is dissatisfied with the outcome of the investigation they are entitled to seek a review by writing to the Chief Executive setting out in writing the request for a review. The contact details are:

Chief Executive
Leopardstown Park Hospital,
Foxrock
Dublin 18
info@lph.ie

- a) The Chief Executive will carry out the review, or nominate a review officer to review, the decision from the initial investigation, should the complainant so request.
- b) There will be a written response informing the complainant when the complainant will receive a written response in accordance with paragraph, as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline
- c) The review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review;
- d) There will be a written response informing the complainant of the outcome of the review;

General Principles

- a) that the persons nominated to carry out investigation or review should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident. Where appropriate or necessary the Complaints Officer will draw on appropriately qualified personnel to carry out clinical assessments, validation exercises and any means necessary to complete a thorough and impartial investigation
- b) 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.
- c) The registered provider shall ensure that a resident:
 - a. has access to records and information in relation to the complaint, subject to the law, and

- b. 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 or not.
- d) The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to –
 - a. understand the complaints process,
 - b. make a complaint in accordance with the designated centre's complaints procedure,
 - c. request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint, or
 - d. refer the matter to an external complaints process, such as the Ombudsman; and
- e) 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.
- f) The registered provider shall ensure that:
 - a. all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded as well as whether or not the resident/client is satisfied and that such records are in addition to and distinct from a resident's individual care plan; and
 - b. as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on:
 - i. the level of engagement of independent advocacy services with residents, and
 - ii. complaints received, including reviews conducted.
- g) The registered provider shall ensure that –
 - a. nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures, and
 - b. all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.

Stage Four

If the complainant is not satisfied with the outcome of the review they can refer their complaint to the Office of the Ombudsman. Please see contact details below:

Office of the Ombudsman, 18 Lower Leeson Street, Dublin 2.

Telephone: 01 6395600

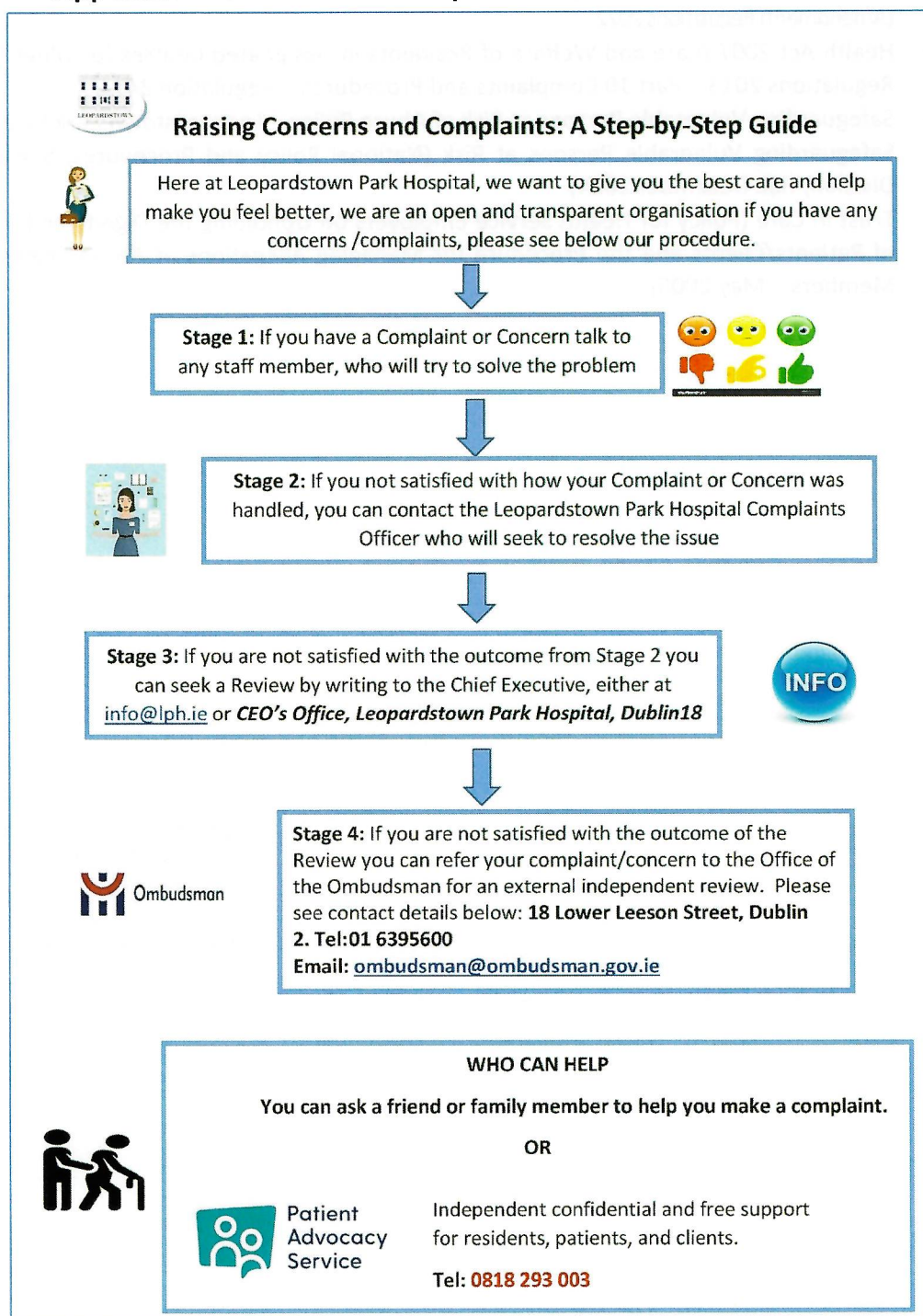
Email: ombudsman@ombudsman.gov.ie

7 References

- SI. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 – Part 10 Complaints and Procedures – Regulation 34)
- Safeguarding Vulnerable Persons at Risk of Abuse Policy – Leopardstown Park Hospital
- Safeguarding Vulnerable Persons at Risk (National Policy and Procedures, Social Care Division, HSE December 2014)
- Trust in Care (Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members – May 2005)

8 Appendices

Appendix 1: LPH Resident Complaints Process Information Sheet




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Appendix 2: Learning from Complaints Graphic


Learning from complaints



Act as a catalyst for **POSITIVE** change

Learning, Improving & Accountability





Formal records & statistics to identify any trends.

Learning from complaints



"ASSIST ME MODEL"
Support any individual named in the complaint

Highlight any Need for Change in policy & Need for Change in practice!





Every complaint is an opportunity to learn.

