



<b>Trinity Care</b>	
<b>Document Title and Code:</b>	Management of Complaints Policy (Model Complaint System)
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<b>Responsibility for Implementation by:</b>	Director of Nursing

## 1.0 Policy Statement

- 1.1 It is important that Trinity Care actively listens and responds to the experiences of residents, visitors and any person who wishes to raise a concern or complaint. Facilitating feedback and complaints allows Trinity Care to learn from the information received, finding and outcomes, and this information will be used to inform continuous quality improvement and risk management of the services provided.
- 1.2 The emphasis of this policy is on resolution, not blame. Managers and staff should view complaints and feedback as a means of understanding better the service delivered. Trinity Care is committed to handling complaints in an open, honest, and transparent manner.
- 1.3 Complaints, concerns, comments, suggestions, and criticisms about services, whether oral or written will be taken seriously and handled in a sensitive, timely and effective manner that protects the rights, privacy, dignity, and confidentiality of all those involved.
- 1.4 Trinity Care believes that if a resident, or a member of their family, an advocate or visitor wishes to make a complaint, or raise a concern, they should find it easy to do so and should be able to understand the processes, therefore Trinity Care has adopted a Model Complaints System, under the guidance of the Office of the Ombudsman.

## 2.0 Purpose / Scope

- 2.1 The purpose of this policy is to guide staff in the acceptance, recording and management of complaints, to ensure optimum complaints management in line with a resident focused culture that is consistent with Trinity Care's mission and ethos.
- 2.2 This policy addresses the management of complaints made by residents and their representatives about some aspect of the nursing home service. This policy does not address employee complaints and grievance related to their employment.
- 2.3 The Nursing Home will accept complaints
- 2.3.1 made directly to a staff member of the nursing home, by a resident or a person acting on his/her behalf, who is entitled to make the complaint, about care given / services provided or omitted in the Home.
  - 2.3.2 about the Home to a Designated Officer of the Health Service Inspectorate, which are referred for local resolution from the Designated Officer.
  - 2.3.3 received from any person, including a staff member about the quality of care and services provided to the residents.

### **3.0 Definitions**

- 3.1 Complaint: A complaint may be defined as an expression of dissatisfaction about a service, which requires a response by the registered provider (Social Services Inspectorate, 2011).
- 3.2 A complaint is an expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action or about the standard of service provided by or on behalf of the organisation (Office of the Ombudsman, 2015).
- 3.3 Complaint: An expression of dissatisfaction with any aspect of a service (HIQA 2008)
- 3.4 Complainant: The person making the complaint. Any person who is being or was provided with a health or personal social service by the Home or who is seeking or has sought provision of such service may complain.
- 3.5 Complaints officer: A person designated by the Home for the purpose of dealing with complaints. Unless otherwise specified below, the Director of Nursing will act as the complaints officer.

### **4.0 Malicious complaint:**

- 4.1 A malicious complaint is defined as one which is spiteful, intentionally destructive, hateful, nasty and/or cruel. All complaints should be considered within the context of the right of each individual to be treated with dignity and fairness. However, where it is decided that there is no case to answer, the complaint should only be dealt with as a malicious complaint, when there are reasonable grounds for doing so. In order to define a complaint as malicious, the following criteria can be used as guidance:
- 4.2 The investigation has shown the original complaint to be without foundation.
- 4.3 The investigation can demonstrate that the complainant in making his/her complaint knowingly lied to the investigating team.
- 4.4 There is sufficient evidence to demonstrate the above on the basis of the balance of probabilities. (Adapted from Guy's and St. Thomas' NHS Foundation Trust, 2007).

## **5.0 Responsibilities**

- 5.1 It is the responsibility of all staff within Trinity Care to be aware of and adhere to this policy as outlined.
- 5.2 The Director of Nursing will ensure that this policy is disseminated and read by all staff and will maintain a record of all those staff who have signed the policy forms to indicate that they have read and understood the policy.
- 5.3 It is the responsibility of the Director of Nursing to:
- 5.3.1 acknowledge and all investigate all complaints/ concerns promptly (in line with time frames set out in this policy)
  - 5.3.2 assist a complainant to understand the complaints procedure
  - 5.3.3 maintain a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether the resident/ and or complainant was satisfied.
  - 5.3.4 put in place any measures required for improvement in response to a complaint
- 5.4 It is the responsibility of the Registered Provider Representative to ensure that:
- 5.4.1 all complaints are appropriately responded to; and the Director of Nursing maintains the records specified in the Health Act, (2007) as amended S.I. 415 5.2.3
- 5.5 The Director of Nursing will ensure that residents and their representatives are provided with information on how to make a complaint or raise a concern during

the pre-admission process and or within 48 hours of admission (in the case of an emergency admission).

5.6 The Director of Nursing will review all complaints to determine if there may be an allegation or suspicion of abuse or a potential safeguarding issue. This may indicate that the complaint requires an alternate process/ investigation, and the Trinity Care 35A Vulnerable Adult Policy should be used to guide the process. The Director of Nursing will consider if an NF06/ Preliminary Safeguarding Notification should be submitted.

5.7 The Director of Nursing should keep a register of all complaints received including anonymous complaints (and managed at 1<sup>st</sup> or 2<sup>nd</sup> stage), the actions taken in response to each complaint to inform the risk management and quality improvement strategy of the Home.

## **6.0 Access to the Complaints System**

6.1 Trinity Care appreciates that for some, making a complaint may be distressing or upsetting, and some people may find it difficult to put their complaint in writing.

6.2 Complaints will be accepted in several different ways including in person, over the phone and in writing.

6.3 The Resident meetings, held regularly, will be considered an acceptable forum where residents may raise concerns/ or complaints. It is accepted that residents may feel more comfortable in raising concerns in this environment.

6.4 If a person who is entitled to make a complaint (and/or raise a concern) is unable to do so because of disability, age or illness, Trinity Care will accept complaints/ concerns brought by third parties including

6.4.1 A relative or carer of the individual

6.4.2 Any person, who by law or by appointment of a court, has the care of the affairs of that person

6.4.3 A legal representative

6.4.4 An advocate

6.4.5 An employee

6.5 The nursing home will signpost information on the role of advocacy groups, such as SAGE Advocacy, and support residents to understand their role in aiding residents

6.6 Trinity Care will ensure that they obtain appropriate consent from the resident, where possible. Where this is not possible, the complaint will be accepted, investigated, and managed in accordance with this policy.

6.7 Trinity Care will ensure that all residents have access to simple and clear information about how to make a complaint (Office of the Ombudsman, 2015).

6.8 A copy of the complaint's procedure will be displayed in the reception area in the nursing home, in communal areas and the complaints process will be outlined in the Resident's Guide (Appendix 1)

6.9 Residents and any person raising a complaint on their behalf will always be assured that making a complaint will not adversely affect their ongoing interactions with the nursing home and its employees.

## **7.0 Accessing CCTV Footage**

7.1 To establish the facts of a complaint or gather evidence the Director of Nursing may consider accessing CCTV footage, if available (footage is retained for a maximum of 30 days)

7.2 In keeping with GDPR guidance and the Data Protection Law (2018) CCTV footage is recorded for health and safety purposes and not for the purpose of monitoring resident or staff activity.

7.3 Should a complainant request access to CCTV footage, they should be advised to put the request in writing (letter or email) and advised that the request will be forwarded to the Data Protection Officer for consideration.

## **8.0 Withdrawal of Complaints**

8.1 A complainant may at any time decide to withdraw a complaint and in this case the Director of Nursing, following discussion with the Clinical Operations Manager and or the Registered Provider Representative may decide to cease any formal investigation, however, should the complainant have raised serious issues regarding risk, safety, and quality of care the investigation will proceed (unless the complainant indicates that the complaint was made fraudulently).

## **9.0 Right to Appeal (see below also)**

9.1 If for any reason an individual feels that their complaint is not being adequately addressed or they are not satisfied with the outcome of the complaint, they may appeal to Orla Scuffil / Catherine Dunleavy (Clinical Operations Manager)

Contact Email: [oscuffil@trinitycare.ie](mailto:oscuffil@trinitycare.ie) [cdunleavy@trinitycare.ie](mailto:cdunleavy@trinitycare.ie)

Address: 42 Northwood Court, Northwood, Santry, D09Y820.

Tel: 01 6855170

Nursing Home	Appeals Person
Rathborne Nursing Home	Catherine Dunleavy cdunleavy@trinitycare.ie
Foxrock Nursing Home	Orla Scuffil oscaffil@trinitycare.ie
Annabeg Nursing Home	Orla Scuffil oscaffil@trinitycare.ie
Suncroft Nursing Home	Orla Scuffil oscaffil@trinitycare.ie
Drakelands House Nursing Home	Orla Scuffil oscaffil@trinitycare.ie
St Doolaghs Park Care & Rehab Centre	Catherine Dunleavy cdunleavy@trinitycare.ie
St Peters Nursing Home	Catherine Dunleavy cdunleavy@trinitycare.ie
Castlemanor Nursing Home	Catherine Dunleavy cdunleavy@trinitycare.ie
Anovocare Nursing Home	Orla Scuffil oscaffil@trinitycare.ie
Gormanston Wood Nursing Home	Catherine Dunleavy cdunleavy@trinitycare.ie
Elm Green Nursing Home	Catherine Dunleavy cdunleavy@trinitycare.ie
Cairnhill Nursing Home	Orla Scuffil oscaffil@trinitycare.ie

9.2 The person making the complaint will be advised of their right to ask Office of the Ombudsman to examine the complaint.

Contact Telephone: 01 639 5600

Lo-call: 1890 223030.

Email: [ombudsman@ombudsman.ie](mailto:ombudsman@ombudsman.ie)

Website: [www.ombudsman.ie](http://www.ombudsman.ie)

Twitter: @OfficeOmbudsman

### **MODEL COMPLAINTS SYSTEM**

## 10.0 **Receiving a complaint**

10.1 Trinity Care employees will accept that a complaint/ concern can be made in person, over the phone, via email or by letter.

10.2 When receiving a verbal complaint from a resident and/or representative, all staff should:

- Be respectful and helpful.
- Not attempt to lay blame or become argumentative or defensive.
- Remain calm and positive.
  
- Refer the complaint to the Director of Nursing/ Senior Nurse on duty and inform the complainant of this action.

10.3 The Director of Nursing/ Senior Staff member receiving the complaint

- Ask the complainant for his/her contact details and explain that acknowledgement or outcome can be provided without contact details.
- Attempt to get as much information as possible about the complaint to assess the seriousness of the complaint and consideration of the most appropriate response.
- Attempt to find out what the complainant is seeking and try to ascertain what would address his / her concerns.
- Ascertain if there is anything that can be done immediately.
- Offer apologies or explanations where these are possible and appropriate.
- Explain clearly what can and cannot be done as part of the complaint's procedure.

- Aim for resolution at the point of contact (if appropriate see stage 2 below)

10.4 Trinity Care employees will always seek to resolve complaints as early as possible and ideally at first point of contact but must consider whether the subject matter should be managed at stage 1 or stage 2.

10.5 Should staff member receive a complaint/ concern and be unsure if it is suitable for first-line resolution then he/ she should consult with the most senior nurse on duty or the Director of Nursing/ Assistant Director of Nursing before entering the resolution stage.

10.6 A staff member who is the subject of a complaint will not handle or respond to the complaint.

10.7 If a staff member is approached by a complainant and is the subject of the complaint, he/ she will inform the most senior nurse on duty, who will deal with this. Should this be the most senior nurse on duty he/ she will explain this to the resident/ person raising the complaint and will assure them that the complaint will be documented and made known to the Director of Nursing/ Assistant Director of Nursing will respond to them within 5 working days.

## 11.0 **Establishing under what stage the complaint/ concern will be managed**

### 11.1 **Stage 1 First Line Resolution**

11.1.1 Some but not all issues are suitable for front line resolution. Generally front-line resolution is achieved by being able to resolve the issue immediately and being able to assure the complainant that it should not



reoccur; examples of issues which may be suitable for front-line resolution:

- Missing clothing/ property which can be located
- A meal not satisfactory i.e., too hot/ too cold
- Environment – windows left open, and the room is cold
- Used crockery not removed from a room
- Bin not emptied

## 11.2 **Stage 2 Complaint/ Concern Investigation**

### 11.2.1 Types of issues appropriate for investigation stage

- First-line resolution was attempted but the resident/ complainant is not satisfied
- The person raising the complaint/ concern does not wish to engage in the front-line resolution process
- The issues are complex and require detailed investigation

### 11.2.2 Issues which **are not** suitable for front-line resolution include (list is not exhaustive)

- Complaints about care or care practices
- Complaints about staff
- Allegations of abuse (of any form)
- Reports of injury/ bruising etc. of unknown origin

- The complaint relates to issues that have been identified as serious or high risk.
- The complaint involves more than one healthcare discipline
- The complaint was because of deviation from quality standards, and which requires further investigation to identify the reasons for the deviation and any system improvements that may be required.

11.2.3 In keeping with the guidance offered by the Office of the Ombudsman (2015) where there is a serious complaint the person investigating/ leading the investigation may not be an employee of the Nursing Home but may be an employee appointed from the Trinity Care Support

Offices / another Trinity Care Nursing Home or may be an external person.

## 12.0 **Recording Complaints/ Concerns**

12.1 When a complaint/ concern is reported (whether verbally or in writing) the most senior nurse on duty or the Director of Nursing/ Assistant Director of Nursing will open a complaint file on EpicCare and record the details (all complaints/ concerns regardless of the nature, or whether the person raising states they do not want to make a 'complaint', should be recorded in EpicCare as a Complaint (the details regarding how the person raising the issues wishes it to be viewed i.e. complaint or concern should be detailed on the complaint record);

12.2 At times those raising issues may indicate that it is a concern, rather than a complaint, Trinity Care considers that an expression of concern should be carefully

considered, and where necessary a full review or investigation be completed, with a response provided to the person raising the concern, and the outcome recorded.

12.3 While there is an option to add a concern or complaint on the EpicCare computer system, Trinity Care staff will **only** use the complaints option to record, regardless of whether a complaint or concern is raised. This is to ensure that all issues raised are given appropriate attention, reviewed, or investigated, all actions documented, and an outcome recorded.

12.4 By recording all issues in complaints trending, patterning, looking for emerging themes allows for a more robust auditing system.

12.5 A complaint received in relation to past / deceased residents cannot be recorded on the EPIC system, therefore hard copies of the details will be maintained).

12.6 When recording a complaint and the details of actions taken, communication, closure etc. each section of the EpicCare form will be completed, and the Director of Nursing will ensure that the following details are recorded

12.6.1 The resident's details (and/or the name of the person raising the complaint).

12.6.2 Nature of the complaint/ concern and issues raised.

12.6.3 Details of the investigation.

12.6.4 Actions Taken.

12.6.5 Details of meetings, telephone calls, letters, emails etc. (in chronological order).

### 13.0 **Stage 1 First Line Resolution**

13.1 Complaint/concern is received and determined that it is suitable for stage 1

- 13.2 Issue is resolved/ fixed.
- 13.3 Apology is offered.
- 13.4 If the complainant is not satisfied with the outcome following attempts at front-line resolution, staff will advise they will progress their complaint on to the investigation stage. The complainant will be advised that the Director of Nursing will respond to them within 5 working days (see Stage 2 below).
- 13.5 The Director of Nursing (or the Deputy in his/ her absence) will review all complaints/ concerns recorded & reported to be dealt with at first-line resolution stage, to be satisfied that the complaint/ concern has been adequately addressed.
- 13.6 He/ she will contact the person raising the complaint/ concern, within 5 working days to ensure that the matter is satisfactorily resolved. The Director of Nursing will record this action and outcome on the EpicCare complaint form.
- 13.7 Only the Director of Nursing will close the complaint once a satisfactory outcome has been reached and decided that further investigation is not required.

#### 14.0 **Stage 2 Complaint/ Concern Investigation**

- 14.1 All complaints or concerns which cannot be resolved/ managed at stage 1 will be managed under stage 2 complaint investigation (these can be made verbally or in writing)
- 14.2 On receipt of a stage 2 complaint/ concern the Director of Nursing will open a Complaint file on EpicCare (or review to ensure that a stage 2 complaint received by another staff member has been recorded accurately)
- 14.3 The Director of Nursing will acknowledge all complaints/ concerns promptly and within 5 working days from the date of receipt.
- 14.4 The acknowledgement will:

- Thank the complainant for bringing the complaint/ concern forward.
- Assure the complainant that the issues identified will be taken seriously and investigated.
- Include an expression of regret for any inconvenience or difficulties experienced.
- Inform the complainant that a full response to the complaint will be issued within **20 working days of receipt**.

14.5 The Director of Nursing will keep a copy of all letters/ emails sent and records of any conversations (whether had in person or by telephone).

## 15.0 **The Investigation** (see also Appendix 2)

15.1 Trinity Care recognises that each complaint will be different, so therefore the approach to investigating and resolving it may differ depending on the nature of the complaint and the issue raised, however each complaint will be thoroughly and objectively reviewed/ investigated.

15.2 The Director of Nursing may consider the following questions when investigating complaints/ concerns:

- What happened?
- Why/ how did it happen?
- Were the immediate actions/ responses appropriate?
- Are there policies/ procedures in place?
- Where they followed/ adhered to?

15.3 The Director of Nursing may decide that it is necessary to meet with staff members to explore what happened and may ask for statements from staff or may interview staff and take interview notes.

15.4 The Director of Nursing will review documents as appropriate as part of the investigation, these may include residents care-plans, monitoring records, duty rosters and procedures/ guidelines.

15.5 The Director of Nursing may request input/ clarification etc. from other department heads such as Household & Laundry or external service provider such as catering and pharmacy.

15.6 Where a complaint is directly related to the services of an external service provider, the Director of Nursing will make them aware of the complaint, ask for an investigation to be carried out and will liaise with the complainant.

15.7 Where the complaint involves a staff member no longer employed by the Home, every reasonable effort should be made to contact this person and request a response. However, if after all reasonable efforts, the investigating person / team is unable to contact and / or receive a response from this person, the investigation person / team should proceed to investigate the complaint to the best of their ability with the information available to them

#### 16.0 **Complaints about a Named Staff member (still in employment)**

16.1 Where a complaint has been made against a named staff member, and requires a formal investigation of the complaint, communication of the complaint and key issues raised should be communicated by the DON/COM/ HR Manager to this staff member.

- 16.2 The staff member should be provided with a statement indicating that a complaint has been received, giving the date and service areas referred to in the complaint.
- 16.3 The staff member should be provided with details of the complaint and a summary of key issues / points which the complainant wants addressed.
- 16.4 The staff member should be requested to provide a report that addresses the key points / issues raised by the complainant.
- 16.5 A request for a response / report should comply as far as is practicable with the timeframes outlined.
- 16.6 The staff member should be invited to take part in a local investigation of the complaint.
- 16.7 The staff member should be informed of their right to be accompanied by a relevant support person (e.g., Work colleague / trade union representative etc).
- 16.8 The staff member should be invited to meet with the DON / COM/ HR Manager to discuss details.
- 16.9 Reassurances about confidentiality should be given.
- 16.10 The named staff member should be provided with advice and support during the investigation and should always be kept up to date with the progress of the investigation having regard for the rights to confidentiality of other parties involved.
- 16.11 Where a complaint is made against the Director of Nursing, The Registered Provider Representative will establish an investigation team to address the complaint.

## 17.0 **Responding to Complaints/ Concerns**

- 17.1 All issues raised in the complaint will be addressed in the response and comprehensively answered.
- 17.2 Where there is an area of disagreement or a variance in the account of the events leading to a complaint these should be acknowledged in the response (not in a dismissive manner).
- 17.3 Once the investigation is complete the person raising the complaint will be informed of the outcomes/ decision (formally in writing or verbally depending on the nature and severity of the complaint).
- 17.4 The Director of Nursing will endeavor to issue a full response to the complainant within 20 working days of receipt.
- 17.5 If, in exceptional circumstances, the response will be delayed, the person raising the complaint should be told of this within 20 working days of receipt and should be given a revised timescale for bringing the investigation to a conclusion as well as an explanation for the delay. An update should be provided every 20 working days thereafter.
- 17.6 The Director of Nursing will close the complaint when a satisfactory outcome is reached or
- 17.7 If the complainant is not satisfied with the outcome, the Director of Nursing will inform him/ her of the right to appeal and provide details of the contact person and will also advise of the right to ask the Office of the Ombudsman to examine the complaint.
- 17.8 The Director of Nursing will record this advice on the complaint form and close the complaint, recording that a satisfactory outcome has not been reached.
- 17.9 Should the investigation identify a service failure then the response will include details of:



- What will be done
- When this will be done

17.10 Where a complaint is upheld and / or there are recommendations following a review of the complaint, the Director of Nursing will ensure that an action plan is prepared which sets out how any recommendations or system failures will be implemented and who will be responsible for implementing them.

## 18.0 **Anonymous Complaints**

18.1 Trinity Care values all complaints and will treat all anonymous complaints/concerns seriously and will investigate these if enough information is provided.

18.2 Where there is not enough evidence and/or information provided to investigate the complaint, no action will be taken but complaint/concern will be recorded in case it becomes clear that action is required later.

## 19.0 **Difficult or Challenging Behaviour -v- The right to Complain**

19.1 Where a resident or person raising a complaint presents with behaviours that may be considered challenging or difficult their right to raise a concern or complaint will be respected.

19.2 All concerns or complaints will be taken seriously.

19.3 Should the behaviours be difficult and or challenging or responsive then it is acceptable for staff to tell the resident or person what the unacceptable behaviours is not acceptable (for example shouting; use of profanities; threatening gestures)

and the problem it is causing (for example intimidation; difficulty in understanding the issues/ nature of the complaint; fear; upsetting for other residents).

19.4 Should any staff member feel threatened then they may take appropriate steps to protect themselves or others. This may include the restriction of access and contact (in this case Trinity Care will provide a brief statement to the resident/ person concerned, outlining the reason for this).

## 20.0 **Complaint against a Resident**

20.1 Where a complaint is made against a resident (for example another resident may complain)

20.2 The resident will always be treated with respect and dignity and given the opportunity to respond and 'be heard'.

20.3 The rights of the resident involved will be respected and the Director of Nursing will ensure that the accused resident will in no way be 'ostracized' or 'victimized'.

20.4 Where a complaint is made against a resident the investigation and handling of the incident, actions and interventions will be determined by the resident's history, capacity, medical condition.

20.5 Where a complaint is made against a resident it is important that an investigation be carried out. Where appropriate the resident will be invited to attend a meeting with the Director of Nursing, who will arrange for an advocate to be present to represent the resident. The resident may also wish to have a family member present. The resident will be informed of the complaint and the investigation procedure will be explained (including timeframes).

20.6 Relatives or persons authorized to act on behalf of the residents involved will be informed and kept updated (with the resident's permission, if he/she has the capacity to give this)

20.7 Advice and guidance may be sought from the:

20.7.1 The Health Information and Quality Authority

20.7.2 Advocacy Services

20.7.3 Resident's Medical Practitioner

20.7.4 Psychiatry Services

20.7.5 HSE Safeguarding and Protection Team

20.8 Where the complaint against a resident is upheld his/ her advocate will be invited to a feedback meeting and an action plan agreed.

20.9 If it is determined that the resident's behaviours are due to behavioral issues this should be managed in line with Trinity Care Policy Managing Responsive/ Challenging Behaviours.

20.10 Where it is determined that the ongoing residency of a resident is no longer possible, as far as the centre cannot meet the needs of the resident/ ensure

protection of other residents/ staff members, or agreed action plans are not adhered to by the resident the Registered Provider Representative with the Director of Nursing will, (with input from relatives/ advocate / HSE etc.) plan a safe discharge for the resident.

20.11 A complaint against a resident may contain an allegation or suspicion of abuse, the Director of Nursing will review and if required ensure that an NF06 is submitted to HIQA.

## 21.0 **The Appeals Process (see above also)**

21.1 Making an appeal:

21.1.1 Any person has the right of appeal if:

21.1.1.1 they are not satisfied with the way a complaint was investigated.

21.1.1.2 significant new information relevant to the original complaint has become available since finalising the investigation and determining the outcome/s.

21.1.2 Disagreement alone on the final decision/s of the investigation is not grounds for an appeal.

21.1.3 A person can appeal by writing a letter or email clearly outlining the grounds for appeal, including under which of the above conditions the appeal is being made, and sending it to the Appeals Officer as outlined in the notices within the Nursing Homes or where a final response is sent in writing to the complainant details of the appeals person is included.

21.1.4 It is important that the appellant clearly sets out the information and provides the grounds on which the appeal is based. The person making the appeal is asked to provide all relevant documentation in support of the appeal.

21.1.5 In general, appeals must be made within 30 days of receipt of the investigation outcome/s being provided. Consideration will be given on a case-by-case basis should a person lodge an appeal outside of this timeframe.

## 21.2 **On receipt of the appeal:**

21.2.1 When the appeal is received by the Appeal's Officer, an acknowledgement will be sent within 5 working days. The Appeal's Officer will review the letter/email and all accompanying material.

21.2.2 Should the reason for the appeal not be clear or the Appeals' Officer required further information or clarification the Officer will contact the person setting out this requirement.

21.2.3 Should the request for an appeal not be within the Complaint management realms but relates to other processes, for example Human Resource management, the Appeal's Officer will advise the requestor of the reason why the appeal will not be processed.

21.2.4 An appeal is not a new investigation, but a review of the investigation processes completed and outcomes.

**21.3 Appeal process:**

21.3.1 Once the Appeal's Officer has completed above and accepts the appeal, the officer will review all available information, outcomes, and any other relevant guidelines as a desktop exercise.

21.3.2 The concerns raised in the appeal will be sent to the other parties (investigator/s) within 5 working days of the acceptance of the appeal.

21.3.3 The other party will be invited to submit any observations they wish to make on the appeal within 10 working days. A copy of these observations will be provided to the appellant when the review is complete.

**21.4 Timeframe:**

21.4.1 The review will be completed in a timely manner and as reasonably timely as possible once the above is complete and is commensurate with the volume of information to be reviewed. The Appeals person will contact the appellant and outline the process and proposed time frames.

**21.5 Communicating the outcome:**

21.5.1 Once the review is completed a decision to uphold or reject the appeal will be communicated in writing; and include any further actions accordingly.

## 22.0 **Redress**

22.1 Trinity Care accepts that they should offer a range of timely and appropriate remedies to those who have a justified complaint.

22.2 Trinity Care is willing and able to offer suitable redress which meets the needs of the complainant.

22.3 Appropriate redress could include:

- A sincere and meaningful apology
- An explanation
- Correcting the error
- Financial redress

22.4 The Director of Nursing will ensure that the Registered Provider Representative and Financial Director is notified immediately once facts established) of all

complaints of a serious nature, that where financial redress is warranted or likely, or where further legal action is likely or possible.

## 23.0 **Learning Lessons**

23.1 Trinity Care take all complaints and concerns very seriously and will use these to improve services, care practices, effectiveness, and efficiencies.

23.2 The Director of Nursing will review all complaints/concerns monthly, with oversight from the Clinical Operations Manager.

23.3 Where there is a need for change identified, an action plan will be set out and implemented to reflect the change required.

23.4 All staff will be informed of the changes that may affect them and the complainant will be advised of the improvements in practice. Where necessary changes to practice will be reflected in local policies, work practices and training.

23.5 Complaints will be audited by the Director of Nursing as part of the Director of Nursing Quarterly Reports. The Director of Nursing will monitor for emerging trends, patterns which may indicate safety, quality and or risk issues.

#### References.

1. Office of the Ombudsman (2015) Model Complaints System for Nursing Homes. Dublin.
2. Department of Health and Children (2013) Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People in Ireland, Regulations 2013.
3. Health Information and Quality Authority (2007) National Standards for Residential Settings for Older People [www.hiqa.ie](http://www.hiqa.ie)
4. Health Information and Quality Authority (2016) National Standards for Residential Settings for Older People [www.hiqa.ie](http://www.hiqa.ie)

5. Healthcare Commission (2008) Complaints Toolkit. Handling Complaints within the NHS. Healthcare Commission.
6. Office of the Ombudsman, Ireland. Complaints against the Public Health Service accessed at [www.ombudsman.gov.ie](http://www.ombudsman.gov.ie) on 11/06/08.

## Appendix 1

### Trinity Care Complaints Policy & Process

While we at Trinity Care always strive to provide high quality care and services to all residents, we also appreciate that at times you may wish to raise a concern or complaint. We take all concerns and complaints seriously and consider them as an opportunity for us to listen, learn and make improvements.

Should you wish to make a complaint or raise a concern

Speak with the nurse on duty, who may be able to resolve or address your concerns immediately. The nurse will record your complaint, and inform the Director of Nursing, who will contact you within **5 working days**, to check that you are satisfied with how your concern/ complaint was managed.

You may wish to contact the Director of Nursing directly, who can be reached the following numbers:

**Annabeg:** 01 2720201 **Cairnhill:** 01 2014699 **Castlemajor:** 0494327100 **Drakelands:** 0567770925

**AnovoCare:** 01 5630400 **Elm Green:** 01 81 13900 **Foxrock:** 012896885 **Gormanston:** 018414566

**Rathborne:** 01 9120070 **St. Doolagh's:** 018477950 **St. Peter's:** 0429382106 **Suncroft:** 045442951

Or they can be contacted in writing or by email.

All complaints/ concerns are investigated, and you will be provided with a response, including findings, and any actions that are taken, within 20 working days.

Should we require additional time to complete the investigation we will notify you of this.

If you feel that your complaint has not been addressed or resolved to your satisfaction, you may request appeal to:

Orla Scuffil, if your concern is for **AnovoCare**, **Drakelands**, **Foxrock**, **Cairnhill**, **Suncroft** and **Annabeg**.  
Email: [osuffil@trinitycare.ie](mailto:osuffil@trinitycare.ie) or write to the nursing home for the attention of Orla Scuffil

Catherine Dunleavy, if your concern is for **Castlemajor**, **Rathborne**, **Elm Green**, **Gormanston**, **St. Peter's** or **St. Doolagh's**. Email: [cdunleavy@trinitycare.ie](mailto:cdunleavy@trinitycare.ie) or write to the nursing home for the attention of Catherine Dunleavy.

You may also ask the **Office of The Ombudsman** to examine your complaint:

Telephone: 01 639 5600; Lo-call: 1890 223 03 Email: [ombudsman@ombudsman.ie](mailto:ombudsman@ombudsman.ie)

Website: [www.ombudsman.ie](http://www.ombudsman.ie), Twitter: @OfficeOmbudsman



## Appendix 2 – Investigation Process

The investigation procedure should begin by identifying all parties involved in the complaint i.e. the complainant and staff members about whom the complaint is being made.

All parties should be made aware of the decision to carry out a formal investigation of the complaint.

The DON/CO should decide whether or a team should be set up to carry out the investigation and ensure that the team members can conduct the investigation in an unbiased and unprejudiced manner.

Where other personnel are to be included as part of an investigation, the complainant's consent to sharing information should be documented.

The scope/terms of reference for the investigation should be agreed with the team members. This should include identification of the key issues or questions raised by the complainant.

All relevant information required to carry out the investigation should be established and gathered.

Both the complainant and staff members about whom the complaint is being made should be provided with the opportunity to give their version of events and to provide the rationale / explanations for actions taken /omitted.

All parties should be informed of their right to be accompanied by a support person / resident advocate / trade union representative at any meetings surrounding the complaint.

All parties should be reassured that their rights to fairness, dignity and confidentiality will be maintained.

A written record of all communications during the management of a complaint should be kept.

All information obtained during the course of complaint management should be treated in a confidential manner and meet the requirements of the records management policy. Personal information should only be used for the purpose for which it was collected.

No member of a team investigating a complaint may discuss, communicate or disclose any information obtained except where necessary for the consideration or investigation of the complaint.

Where the investigation indicates the need to disclose some or all details of a complaint, as in a criminal investigation / investigation of allegation of abuse, all parties should be informed and the information directed to the appropriate authorities.

Where the complainant is a resident of the Home, all actions should comply with the requirements for consent and advocacy as outlined in the consent and advocacy policy.

Where there is any doubt about the appropriateness of disclosing information, the DON / CO. should consult their legal representatives.

The investigating team should establish and communicate to the relevant parties, timeframes and sequence of events including how the complainant and other relevant parties will be updated on progress of the investigation.