



# Complaints Policy

**St. Catherine's Community Services Centre  
St. Joseph's Road  
Carlow**

**Charity Number: CHY12882  
Company Reg. No: 281504**

**Reviewed By:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reviewed:** \_\_\_\_\_

**Next Review:** \_\_\_\_\_

## 1.0 Introduction

St Catherine's is committed to providing high quality services to children and adults. This policy is provided for in the Health Act 2004 which stipulates that everyone who accesses our services has a right to make comments about the services they receive. We invite all those who avail of our services to tell us about their experience of those services. We will build upon the success of services that work well. Where services do not work as well as they should, we are committed to identifying the reasons why and to putting it right.

A complaint may be made about something not done correctly, or something that should have been done but was not, or concerning a member of staff. It is important to recognise that complaints are often useful to the organisation, services and individual members of staff. Each complaint should be viewed as an opportunity to review a service or an aspect of the service and where indicated support development or change. This policy emphasises that we should work to resolve complaints as quickly and as close to the point of contact as possible. This policy has been developed in partnership with the Health Service Executive to ensure compliance with our obligations under the Health Act 2004 (Complaints) Regulations 2006.

The principles upon which this policy is based include:

- Be easily accessible and well publicised.
- Be simple to use.
- Be speedy with time limits for action.
- Ensure a full and fair investigation. All complaints will be taken in good faith and without prejudice.
- Respect confidentiality. All information obtained during the investigation of complaints will be deemed confidential.
- Provide information to allow for the improvement of services.
- Enhance service quality by helping to identify problems and remedial action.

## 2.0 Definitions

**“Complaint”** (as per the Health Act 2004) means a complaint about any action of the Health Service Executive (HSE) or a service provider that is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom or on whose behalf the complaint is made.

**“Complainant”** refers to the party or individual that is making the complaint.

**“Director of Services”** means a person designated by St Catherine's for the purpose of dealing with complaints made in accordance with procedures established under this policy. The function will be undertaken by the;

- Director of Services in respect of complaints regarding services,

**“Investigating Officer”** means an appropriately trained person or persons appointed by the manager for the purpose of investigating a complaint.

**“Advocate”** means a trusted person, appointed to assist complainants in making their complaint and to support them in any subsequent processes in the management of that

complaint. A staff member may also act as an advocate if it is possible to do so within the principles of advocacy as set out in The Comhairle Act (2005).

### **3.0 Exclusions**

Under the specific procedures and circumstances set out in the Health Act 2004, a person is not entitled to use the procedures/make a complaint about any of the following matters:

- A matter that is or has been subject to legal proceedings before a court or tribunal.
- A matter relating to the recruitment or appointment of staff.
- A matter relating to or affecting the terms or conditions of a contract of employment.
- A matter relating to the Social Welfare Acts.
- A matter relating to the registration of births, marriages and deaths that could be the subject of an appeal.
- A matter that could prejudice an investigation being undertaken by the Gardai.
- A matter that has been brought before any other statutory complaints procedure (e.g. Disability Act, Health and Social Care Professional Act 2005)

However, where a complaint relates to an excluded matter, the Director of Services, to the greatest extent possible, will advise the person where the complaint might be more properly referred.

## **4.0 Application**

This policy is for use by service users, learners, parents, carers, other agencies and members of the public. It is not for use by staff that has a concern or grievance as this is dealt with through Saint Catherine's Grievance Policy & Procedure.

The manager may investigate the complaint directly or appoint an individual or team to undertake the investigation. Where disciplinary action is required to be taken against a member of staff, this will be managed through the Saint Catherine's Disciplinary Policy & Procedure.

Section 47, Part 9 of the Health Act 2004 requires that a complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint.

The time limit for making a complaint may be extended if in the opinion of the Director of Services, special circumstances make it appropriate to do so. These special circumstances may include but are not exclusive to the following:

- If the complainant is ill or bereaved.
- If new relevant, significant and verifiable information 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.

The manager must notify the complainant within 5 working days of a decision to extend or not extend the time limits.

## **5.0 Responsibilities of all Saint Catherine's staff**

- Each member of staff is expected to understand and follow the guidelines in the handling of complaints as set out in the policy.
- Each member of staff is expected to respond in a courteous manner to anyone raising a concern or making a complaint.
- Each member of staff is expected to treat any concerns or complaints brought to them in an appropriate and confidential manner.
- If a staff member receives a complaint about a peer or colleague they should explain that they are not the appropriate person. The complainant should be referred to the Director of Services.
- If a staff member or Board member receives a complaint about the Director of service the complainant should be referred to the Chairperson of the Board of Directors who will implement the complaints process on behalf of the organisation
- It is not acceptable for a member of staff to engage in debate or give a personal opinion about the action(s) of any other colleague.

## **6.0 Advocacy**

Should a person be unable to make a complaint themselves they have the right to appoint an advocate who can assist them in making this complaint. Citizen Information (Comhairle 2005) defines advocacy as a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf.

## **7.0 Verbal Complaints**

Complaints or concerns are often brought to the attention of a member of staff at the point of delivery. Where appropriate they should be dealt with immediately and remedial action taken. A record of the complaint must be made by the staff member and passed to their relevant manager.

## **8.0 Guidelines for staff in the handling of Verbal Complaints**

- If possible and appropriate suggest somewhere private for the conversation.
- Actively listen to all the issues being raised.
- Do not argue or retaliate.
- Take the opportunity where possible to make contemporaneous notes of the conversation.
- Confirm with the complainant that you have understood the issues being raised.
- If you are unable to make notes at the time of receiving the complaint, record the concern as soon as possible using the Complaint Report Form (Appendix 1).

## **9.0 If you can resolve the verbal complaint**

- If you can resolve the issues or complaint and take appropriate remedial action to the satisfaction of the complainant there and then you should do this.
- A record of the complaint and remedial action taken should be detailed using the form shown at Appendix 1.
- Forward it immediately to the Director of Services and inform the complainant of your actions.
- The Director of Services should meet with the staff member to discuss the issues raised and resolution. If the Director of Services is satisfied that the complaint has been appropriately dealt with s/he will record this on the Complaint Report Form. No further action is required.
- If after meeting with the member of staff, the Director of Services is not satisfied that the explanation or remedial action is adequate or appropriate s/he must contact the complainant, fully investigate the concern and respond in the most appropriate way.

## **10.0 If you cannot resolve the verbal complaint**

- In the case of more serious complaints or those that cannot be resolved there and then, the complainant will be reassured that their concerns will be passed to the Director of Services
- As soon as possible the member of staff should record the complaint on the form shown at Appendix 1 and forward this to the Director of Services.
- The Director of Services will acknowledge receipt of the complaint in writing and initiate an investigation as for a written complaint. (see Point 12.0 below)

## **11.0 Written Complaints**

- Some services users, parents, learners, carers and service providers may choose to put their concerns in writing, email or fax. Written complaints should be addressed to: Director of Services, St Catherine's Community Services Centre, St Joseph's Rd, Carlow or e-mail [maryls@catherines.ie](mailto:maryls@catherines.ie)
- All written complaints that may arrive elsewhere in the service should be forwarded immediately to the Director of Services.
- All written complaints must contain the signature of the complainant or his/her advocate.
- All anonymous complaints, either written or verbal, should be brought to the attention of the relevant line manager for a decision as to whether further action is needed.

## **12.0 Timescales for Dealing with Complaints**

- The target date for resolution of complaints is thirty (30) working days. Where the thirty (30) working days time frame cannot be met despite every best effort, the manager must endeavour to conclude the investigation of the complaint within six (6) months of the receipt of the complaint.
- If this timeframe cannot be met, the manager must inform the complainant that the investigation is taking longer than six (6) months, give an explanation why and outline the options open to the complainant.
- He/She should encourage the complainant to stay with the local complaints management process while informing them that they may seek a review of their complaint by the HSE/Ombudsman/Ombudsman for Children.
- The complainant and relevant staff must be updated every twenty (20) working days.
- If the original timescale cannot be met the manager who commissioned the investigation must be informed and a holding letter sent to the complainant explaining the delay.

## **13.0 Receipt and Acknowledgement of Written Complaints**

- The manager will acknowledge receipt of the complaint in writing within five (5) working days advising that the complaint has been received.

- The acknowledgement will outline the process to be undertaken in investigating the complaint and the time limits for the completion of the investigation.

#### **14.0 Guidelines in the Handling of Written Complaints**

- If any member of staff receives a written complaint they should in the first instance bring this to the attention of the appropriate manager.
- Where appropriate a complaints file will be generated and an investigation will be initiated. The manager may appoint an investigating officer.
- The manager/investigating officer will conduct a detailed investigation into all aspects of the complaint. When a complaint spans more than one area of management the manager/investigating officer will consult with appropriate colleagues in order to prepare a consolidated response.

#### **15.0 Investigating a complaint**

- The Director of Services may investigate the complaint directly or appoint an individual or team to carry out an investigation on his/her behalf, as appropriate.
- Any investigation within St. Catherine's will be undertaken within the framework of all relevant St. Catherine's policies and procedures that are in effect.
- Any investigation within St. Catherine's will respect the privacy and confidentiality of all concerned.
- All investigations will be approached in a fair and impartial manner.
- The Director of Services /investigating officer shall, where appropriate, make personal contact with the complainant to clarify and detail the complaint.
- The Director of Services /investigating officer will arrange to meet with the appropriate staff to explore the issues raised by the complainant.
- At the meeting the Director of Services /investigating officer will outline the complaint and ask the member of staff to respond. The member of staff may need time to refer to notes. In this case a subsequent meeting may need to be arranged.
- All evidence will be fully documented. The content of all meetings will be contemporaneously recorded and should be confirmed with the member of staff to ensure its accuracy.

Having collated and reviewed all the available information a decision will be made to uphold (in full or in part) or reject the complaint.

#### **16.0 Following and investigation**

Depending on the outcome of the investigation the manager will determine the appropriate action to be taken. Possible outcomes of an investigation could include:

- Complaint not upheld and no further action required. The investigation may find that the complaint cannot be upheld.

- Complaint not upheld but further action required. The investigation may find that the specific complaint cannot be upheld but other concerns were identified during the course of the investigation such as a misunderstanding or poor communication that contributed to the complaint being made.
- Complaint upheld. The investigation may find that the complaint was upheld. The Director of Services will identify appropriate action to be taken.
- Complaint upheld and disciplinary action required. The investigation may find that the complaint was upheld. Information may come to light indicating a breach of St. Catherine's policies & procedures or protocols. In this case action will be taken in line with the St. Catherine's Disciplinary Policy & Procedure.

Following the investigation the manager will formally contact the complainant in writing with the outcome and the action taken. The final response will address all aspects of the complaint and will be signed by the appropriate manager. Details of an appeal process including the manager to whom the appeal should be made will be included in this correspondence.

## **17.0 Redress**

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. St. Catherine's should offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress could include:

- An apology.
- An explanation.
- An admission of fault.
- A change of decision.
- A replacement.
- A repair/rework.
- A correction of misleading or incorrect records.
- A recommendation to make a change to a relevant policy.

A Director of Services may not make a recommendation, the implementation of which would require or cause St. Catherine's and the HSE to make a material amendment to an arrangement under Section 38 of the Health Act 2004.

If such a recommendation is made, the Director of Services shall either;

- Amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary.

OR



- Reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates, as the relevant person considers appropriate.

## **18.0 Review**

If the complainant is not satisfied with the response by the organisation to her/his complaint, s/he may request either an internal review by St. Catherine's or an external review by the HSE under the Health Act 2004 (Complaints) or both.

### **Internal Review by St. Catherine's**

- Should the complainant not be satisfied with the response to a complaint s/he may contact the Director of Services to discuss the matter further.
- If the complainant remains unsatisfied, an appeal can be lodged in writing within ten (10) working days of the formal notification by the Director of Services of the outcome of the investigation of the complaint. All correspondence and information relating to the complaint and its investigation will be forwarded to Chairperson of the Board of Directors.
- The S/he will review the information available and may seek further clarification. S/he may contact the complainant to discuss the matter further and will then decide on an appropriate course of action.
- This action will be confirmed in writing to the complainant within fifteen (15) working days of the receipt of the written appeal. The complainant will also be advised of his/her right to refer their complaint to the Chief Executive and his/her right to request a review of the complaint by the HSE.

### **External Review by the HSE**

- The HSE has designated a review officer for this purpose. All requests for reviews must be addressed to

Head of Consumer Affairs  
Health Service Executive  
Oak House  
Millenium Park  
Naas  
Co. Kildare

- A request for review must be lodged in writing within thirty (30) working days of the date on which the report of the outcome of the investigation of the complaint was signed and dated by the manager.
- Where the request for review is received beyond thirty (30) working days, the HSE may decide to extend the time limit for requesting a review if it determines that special circumstances make it appropriate to do so. The complainant will be notified of this decision within five (5) working days.
- A review will be conducted and concluded within twenty (20) working days of the complaint being received. Where the review officer is unable to complete the review within this timeframe s/he will notify the HSE and complainant indicating the additional time required to complete the review.

- The review will be conducted in private and all information obtained will be deemed confidential.
- The review officer will issue his/her findings and recommendations in a report to the HSE, the complainant and the manager. The manager will notify the complainant within thirty (30) days of the steps being taken as are reasonable to implement the all or some of the recommendations of the review. Reasons for not implementing some recommendations will be set out in writing to the complainant.

Nothing in this policy prohibits or prevents any person who is unsatisfied with a recommendation made or step taken in response to a complaint under the policy or with a review under this policy from referring the complaint to 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

## **19.0 Recording & Evaluating Complaints**

- A record of all complaints must be kept including verbal complaints. The manager has responsibility for this.
- Each complaint should be reviewed retrospectively to allow the organisation to identify any trends and support appropriate service development as indicated.
- The handling of each complaint should be reviewed to ensure the appropriateness and practical application of the complaints procedure.

## **20.0 Trivial or Vexatious Complaints**

Vexatious complaints are excluded under Part 9 of the Health Act 2004. Director of Services may cease to investigate a complaint on the grounds that it is trivial or vexatious or that it does not come within the scheme.

## **21.0 Annual Report to the HSE and Tusla**

St. Catherine's will provide the HSE with a general report on the complaints received during the previous year indicating:

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

# St. Catherine's Complaint Report Form

**Complaint received from**

**Name** \_\_\_\_\_

**Contact Details** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_

**Complaint Details**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remedial Action Taken (if any)**

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**Is complaint resolved? Yes No (Please circle)**

**Complaint brought to the attention of**

**Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_