


Management of Feedback, Comments, Complements and Complaints Policy & Procedures

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Contents

Contents	2
1. Policy:	4
1.1. Statement	4
1.2. Purpose	4
1.3 Aim	4
1.4 Scope	5
1.4.1 Who can provide feedback?	5
1.4.2 Policy Exemptions	6
1.5 How to Provide Feedback	7
1.6 Key Principles	7
1.6.1 Enabling Feedback	7
1.6.2 Listening and Responding to Feedback	8
1.6.3 Supporting the People we Support	8
1.6.4 Supporting Staff	8
1.6.5 Learning, Improvement and Accountability	9
2: Roles and Responsibilities	9
2.1. Roles of All Mangers and Staff:	9
3.0 Procedures	10
3.1. Comments and Compliments	10
3.2 Complaints	10
3.2.1 Anonymous Complaints	10
3.2.2 How to make a complaint	10
3.2.3 Timescales for Making a Complaint	11
3.3 Policy Provisions	11
3.3.1 Advocacy	11
3.3.2 Unreasonable Complainant Behaviour	11
3.3.3 Open Disclosure	11
3.3.4 Consent	11
3.3.5 Freedom of Information	12
3.3.6 Confidentiality / Data Protection	12
3.3.7 Apology	12
4. Complaints Process	13
4.1 Receiving a Complaint	13

<u>4.1.1 Stage 1 Verbal Complaint Resolved Locally</u>	13
<u>4.1.2 Stage 1 Verbal Complaint that Cannot be Resolved Locally</u>	13
<u>4.1.3 Recording the Stage 1 Verbal Complaint</u>	14
<u>4.2 Stage 2 Complaints Process –Investigation Process</u>	14
<u>4.2.1 Stage 2 Complaints Process – Assessment</u>	14
<u>4.2.2 Stage 2. Informal Investigation Process</u>	14
<u>4.2.3 Complaints Resolved at Informal Investigation Stage</u>	15
<u>4.2.4 Complaints Unresolved at formal Investigation Stage</u>	15
<u>4.3 Formal Investigation Process</u>	15
<u>4.3.1 Outcomes of the Formal Investigation Process</u>	15
<u>4.3.2 Requesting a Review</u>	16
<u>4.4 Stage 3 Internal Review</u>	16
<u>4.4.1 Internal Review Process</u>	16
<u>4.4.2 Outcome of the Review Process</u>	16
<u>4.5 Stage 4. Independent Review</u>	17
<u>4.6. Implementation of Recommendations</u>	17
<u>4.7 Learning Improvement and Accountability</u>	18
5.0 Revision and Audits	18
6.0 Appendices	19
<u>Appendix 1 Complaint Form</u>	19
<u>Appendix 2 Complaints Process</u>	22
<u>Appendix 3 Roles and Responsibilities</u>	26
<u>Role of Chief Executive Officer (CEO):</u>	26
<u>Role of the Complaints Investigator:</u>	27
<u>Role of the Review Officer:</u>	27
<u>Role of relevant Service / Department Manager</u>	28
<u>Role of Human Resource Department</u>	29
<u>Role of Staff</u>	29
<u>Appendix 4 Supporting Documentation</u>	30
<u>Appendix 5: Legislation / Standards/ PPPs / Frameworks</u>	31
<u>Appendix 6 HSE Guidelines for Providers</u>	33
<u>Appendix 7 Glossary of Terms and Definitions:</u>	34

1. Policy:

1.1. Statement

It is the right of people we support to comment, compliment or complain about any of the services provided by Cope Foundation.

Cope Foundation is committed to ensuring that feedback; comments, compliments and complaints are acknowledged, reviewed, acted upon, responded to and that the learning derived from this feedback informs our quality improvement programmes. Effective handling of feedback is fundamental to the provision of a quality service.

Cope Foundation has adapted this policy from the HSE's You Service Your Say (2017) policy.

1.2. Purpose

It is the right of the People we Support to give feedback or make a complaint if they believe that standards of support or practice received from Cope Foundation fall short of what is acceptable.

If you need to make a complaint, Cope Foundation wants the process to be easy, effective and fair (Please see section 3 for more information on the Complaints Process).

Cope Foundation is committed to providing a feedback and complaints management system that allows us to listen and respond to feedback in accordance with [Part 9 of the Health Act 2004](#). This outlines the legislative requirements to be met by the HSE and relevant service providers in the management of complaints. The provisions of the Act were implemented with effect from 1st January 2007.

1.3 Aim

This Policy also aims to ensure that:

- The feedback process is accessible, flexible and responsive to the needs of the people we support.
- An environment which encourages and enables People we Support to give feedback is provided and promoted.
- An environment which safeguards the rights of People we Support and where those who provide feedback are listened to and treated with dignity, courtesy and empathy is provided and promoted.
- A culture is promoted in which both People we Support and staff have an equal voice and are considered of equal importance in the feedback process.
- Feedback is responded to and complaints are investigated thoroughly in an open, honest and transparent manner,
- Communication with People we Support is maintained throughout the feedback process.

- People we Support are involved in and informed of the outcomes of their feedback.
- When failures in supports are identified, these are acknowledged to the person, an apology is provided, and action taken where appropriate.
- People we Support and staff involved in complaints are provided with support throughout the complaint's management process.
- Management and staff have the knowledge and skills to effectively manage feedback.
- Learning from feedback is identified and appropriate action is taken to share this learning and to reduce the likelihood of a reoccurrence of the same event(s).
- The learning from feedback informs service planning and quality improvement programmes,
- The feedback process complies with obligations in relation to confidentiality, Data Protection and Freedom of Information,
- The feedback process is in keeping with the Ombudsman's Learning to Get Better Report 2015.

1.4 Scope

This Policy relates to the handling of feedback provided by the Person We Support / the Person's Support Network / Advocate to Cope Foundation, about the provision of services.

The scope of this document may be amended considering future developments with contractual agreements and legislative requirements.

For more information on Legislation / Regulations / Standards please see Appendix 5

1.4.1 Who can provide feedback?

Anyone can provide feedback in relation to comments or compliments, and in accordance with Section 46, Part 9 of the Health Act 2004, the following may make a complaint:

- any person who is being or was provided with a service by Cope Foundation.
- any person who is seeking or has sought provision of such service.
- Members of the public that may have been adversely affected by the actions of Cope Foundation.

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

- a close relative or carer of the person,
- any person who, by law or by appointment of a court, has the care of the affairs of that person,
- any legal representative of the person,
- public representative,
- any other person with the consent of the person, or
- any other person who is appointed as prescribed in the regulations.
- If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person.

Feedback and Complaints from Children

It is the policy of Cope Foundation to ensure that children of sufficient age, reason and understanding are encouraged and supported to provide feedback or to make a complaint about any aspect of the service they have received from Cope Foundation. Their feedback and their complaint will be taken seriously and responded to appropriately.

1.4.2 Policy Exemptions

A complaint is excluded under Part 9 of the Health Act 2004 if it is in relation to any of the following matters;

- a matter that is or has been the subject of legal proceedings before a court or tribunal,
- a matter relating **solely** to the exercise of clinical judgment by a person acting on behalf of Cope Foundation.
- an action taken by Cope Foundation **solely** on the advice of a person exercising clinical judgment,
- a matter relating to the recruitment or appointment of an employee by Cope Foundation,
- a matter relating to or affecting the terms or conditions of a contract of employment that Cope Foundation proposes to enter (includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures),
- a matter relating to the Social Welfare Acts,
- a matter that could prejudice an investigation being undertaken by the Garda Síochána,
- a matter that has been brought before any other complaints' procedure established under an enactment (e.g. Complaints made under Part 2 of Disability Act, 2005 or the Mental Health Act 2001).

In accordance with Part 9 of the Health Act 2004 a complaint shall not be investigated if;

- (a) the person who made the complaint is not entitled under Section 46 to do so either on the person's own behalf or on behalf of another,
- (b) the complaint is made after the expiry of the period specified or any extension of that period allowed.

A Complaints Investigator may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, that investigator;

- (a) is of the opinion that;
 - (i) the complainant does not disclose a ground of complaint as outlined in Section 46, Part 9 of the Health Act 2004,
 - (ii) the subject-matter of the complaint is excluded by Section 48 of the Health Act 2004,
 - (iii) the subject-matter of the complaint is trivial, or
 - (iv) the complaint is vexatious or not made in good faith, or
- (b) is satisfied that the complaint has been resolved.

1.5 How to Provide Feedback

Tell a staff member or ask a member of staff to support you to give feedback.

Email your feedback to feedback@cope-foundation.ie

Write to Head Office: Cope Foundation, First Floor Unit 1D, The Atrium, Blackpool Retail Park, Blackpool, Cork T23 T2VY

Website: The Cope Foundation website.

1.6 Key Principles

Feedback will be guided and managed by five key principles as follows:

1.6.1 Enabling Feedback

- Feedback from People we Support is encouraged.
- Information is made widely available to People we Support explaining how to provide feedback. There are multiple access and referral points which are actively promoted and are user friendly.
- The feedback process is easy for everyone to use, and the necessary supports are provided to assist them within this process.

- There is a complaints process overseen by the Quality & Safety Advisor (Q&S Advisor).
- Positive feedback i.e. compliments, are also encouraged and recorded so that Cope Foundation can capture good practice.
- Staff are empowered to receive complaints and to view them in a positive way, as a means of improving relationships, learning and making positive changes which will contribute to safer, better-quality services.

1.6.2 Listening and Responding to Feedback

- The organisation encourages a culture of responsiveness.
- Open Disclosure is adopted within the organisation.
- Staff have a positive attitude towards dealing with feedback.
- Feedback is dealt with in a timely manner.
- Communication with People we Support is open, honest, transparent and responsive to their needs.
- Each complaint is received and investigated on its own merit.
- The needs of both People we Support and staff are considered within the complaints management process.
- People we Support are involved in the complaint management process.
- Complainants are informed of the outcome of a complaint, and subsequent agreed actions which may arise.

1.6.3 Supporting the People we Support

- The People we Support are given whatever help and support they require to provide feedback.
- A clear process in relation to the management of feedback is communicated to People we Support.
- The People we Support are treated with dignity and respect.
- The People we Support are supported throughout the complaints management process.
- Ongoing communication with the complainant throughout the complaint management process is maintained.
- The complainant is updated on (i) the learning established, (ii) the actions planned/undertaken by the organisation to prevent a reoccurrence of the issues raised, and (iii) quality improvement initiatives.

1.6.4 Supporting Staff

- A clear process for managing feedback is communicated to staff.
- Staff across all levels of the organisation are trained in complaints handling and able to deal with complaints at the first point of contact.
- Staff are supported throughout the complaints management process.
- Staff are treated with dignity and respect, compassion and empathy.

- Staff are afforded the right of reply.

1.6.5 Learning, Improvement and Accountability

- Staff responsible for investigating and resolving complaints are trained in complaints handling.
- Information from feedback including complaints is regularly reported to senior management via the Quality & Safety Team.
- Lessons learned from complaints are used for system wide learning and improvements.
- Findings from complaints are regularly communicated to staff.
- Recommendations made and accepted following the investigation of complaints are implemented fully and all relevant persons are informed.

The implementation of these five principles will create a culture where feedback is encouraged and allows for the People we Support to make positive comments as well as complaints.

2: Roles and Responsibilities

2.1. Roles of All Managers and Staff:

Roles and responsibilities underpin the effective implementation of this policy. It is the role and duty of all management and staff to:

- Comply with this policy.
- Ensure that this policy is implemented and adhered to in their area and that the rights and legitimate interests of People we Support and staff are protected.
- Promote a culture and attitude that welcomes feedback and supports the effective and timely resolution of complaints received.
- Ensure that information on how to provide feedback and on how to make a complaint is accessible and made widely available throughout all locations.
- Provide an efficient, effective, fair and accessible system for handling feedback.
- Support people supported by Cope Foundation and staff in the implementation of the Policy and supporting guidance.
- Collect data and monitor feedback for the purpose of improving the quality-of-service delivery.
- When a complaint is made by a third party, ensure to get consent from the Person we Support in line with the Assisted Decision-Making legislation.

For additional information on specific roles and responsibilities please see Appendix 2

3.0 Procedures

3.1. Comments and Compliments

Comments and compliments can be received through different avenues. This information can help guide service provision and ensure a quality service experience for the people we support.

Comments or compliments may be categorised into different domains:

Clinical: Compliments relating to quality and safety of clinical and nursing care provided by staff.

Management: compliments relating to the environment and organisation within which support is provided:

Relationship: compliments relating to the behaviour of any specific member of staff towards the people we support or their family/friends.

3.2 Complaints

A complaint can be about any action of Cope Foundation that:

- (a) it is claimed does not accord with fair and sound administrative practice, and
- (b) adversely affects or affected that person

3.2.1 Anonymous Complaints

The complainant must provide contact details when making a complaint to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information.

Cope Foundation will review the complaint within the limitations of the information provided to assure that the welfare of the people we support is not at risk and that action is taken, as appropriate.

3.2.2 How to make a complaint

Complaints can be verbal or written.

You can make a complaint by:

Tell a staff member or ask a member of staff to support you to make a complaint.

Fill out a complaint form

Email your complaint to feedback@cope-foundation.ie or

Write to Head Office: Cope Foundation, First Floor Unit 1D, The Atrium, Blackpool Retail Park, Blackpool, Cork T23 T2VY

3.2.3 Timescales for Making a Complaint

In line with the Health Act 2004, a complaint can be submitted up to **12 months** after the date on which the matter which is the subject of the feedback occurred or became known. However, the Q&S Advisor has the discretionary delegated authority to investigate a complaint outside these timeframes if they deem it appropriate to do so.

3.3 Policy Provisions

3.3.1 Advocacy

The Citizens Information 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.

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

Cope Foundation Advocacy Officer details can be provided by contacting main reception on: 021- 4554100. More information on Advocacy can be found on the National Advocacy Service website available at: [National Advocacy Service](#).

3.3.2 Unreasonable Complainant Behaviour

The actions of complainants who are angry, demanding or persistent may ultimately result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, but all feedback must be given equal consideration and be investigated.

3.3.3 Open Disclosure

Cope Foundation operates a policy on open disclosure and promotes a culture of openness and transparency in relation to the management of feedback.

3.3.4 Consent

The investigation, management and approach to the resolution of a complaint should be undertaken with the knowledge and consent of the person we support.

3.3.5 Freedom of Information

The Freedom of Information Act 2014 confers on all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. It is imperative that all staff are cognisant of the right of the complainant to access any information held by Cope Foundation in relation to the management of their complaint, subject to the exemptions set out in the Act. Staff must ensure that they adhere to the principles of the Data Protection Act 1988 and 2003, that consent to access the person's confidential information is obtained where required and that decisions made during the complaint management process are supported by facts and evidence.

3.3.6 Confidentiality / Data Protection

Maintaining privacy and confidentiality of information about the Person we Support is a basic principle of managing feedback including complaints. It is the role of all Cope Foundation staff to ensure that privacy and confidentiality is maintained and that People we Support are consulted in line with relevant Assisted Decision-Making legislation.

The Data Protection Acts 1988 and 2003 place an obligation on Cope Foundation and staff to safeguard the right of individuals in relation to the processing of their personal data. This applies to both personal data of the people we support and staff. Under the Data Protection Acts, personal information should only be used or disclosed for the purpose for which it was collected for or another directly related purpose. Feedback information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

However, the principles of natural justice and fairness require that any persons directly affected by a complaint be;

- 1) informed of the complaint,
- 2) informed of the conclusions reached following investigation of the complaint and of the findings which informed these conclusions, and
- 3) afforded the opportunity to respond to any adverse findings

3.3.7 Apology

Where failures in the delivery of service to a person supported by Cope Foundation have been identified, these failures must be acknowledged to the person and a meaningful apology provided.

4. Complaints Process

When a verbal complaint is received, every effort should be made locally to resolve a complaint immediately, or within 1-5 working days of receiving it.

4.1 Receiving a Complaint

Staff should:

- Be respectful when receiving the complaint.
- Give the complainant his / her individual attention.
- Not attempt to lay blame, be defensive or argue.
- Remain positive.
- Empathize and acknowledge the feelings of the complainant.
- If the person expresses that they feel angry, don't take it as a personal attack. (However, when receiving a verbal complaint, a staff member is not expected to tolerate personal abuse or aggressive behaviour from a complainant).
- Listen carefully to the issue/s being raised by the complainant.
- Identify if there are multiple issues relevant to the complaint and separate each issue. Attempt to identify any underlying issues that may exist.
- Summarize the issues to clarify and check that you understand what the person is telling you.
- Ask the complainant to confirm that they agree with your interpretation of their complaint.
- Find out from the complainant what they want to happen as a result of their making a complaint.
- Thank the person for taking the time to make the complaint.

4.1.1 Stage 1 Complaint Resolved Locally

Where staff can resolve the complaint immediately, he / she should do so and must record a summary of the complaint and the solutions / actions in response to the complaint, on the Local Complaints Log. The manager must be informed as soon as possible.

4.1.2 Stage 1 Complaint that Cannot be Resolved Locally

If it is not possible to resolve the complaint to the satisfaction of the complainant locally within 5 working days, the manager should liaise with the Regional Manager for support. The manager should also liaise with the Q & S Advisor to consider if the complaint can continue to be managed locally or if it should be managed through Stage 2 Formal Investigation.

Where the Manager is unable to resolve the complaint, the complainant will be advised to put their complaint in writing (if this has not already been completed).

Where the complainant is unable to put their verbal complaint in writing, the staff member will record the complaint on the Complaints Form, clarify it with the complainant that they have recorded it correctly, and the information will be added to the Local Complaint Log.

The Manager will keep the Regional Manager informed of any updates.

4.1.3 Recording the Stage 1 Complaint

All stage 1 complaints are to be recorded on Local Complaints Log. This information is summarized and shared through the Local Quality and Safety Committees. In situations where the complaint cannot be resolved locally, the Q & S team must be informed in a timely manner to begin stage 2 of the complaints process.

Please see Appendix 1 for a supporting flowchart.

4.2 Stage 2 Complaints Process –Investigation Process

Where a complaint cannot be resolved at a local level it will progress to the Stage 2 complaints process.

4.2.1 Stage 2 Complaints Process – Assessment.

A written complaint is received by the Q&S Team or Head Office, from Stage 1 of the complaint process or elsewhere.

The relevant manager is informed that a written complaint has been received.

The Q&S Advisor (or delegate when the Q & S Advisor is not available) reviews the complaint to determine if the nature of the complaint is appropriate under the Your Service, Your Say policy, or if it should be forwarded to management through other relevant policies e.g. Incident Management, Trust in Care, Safeguarding Vulnerable Adults at Risk of Abuse, etc.

There may be times when a complaint is appropriate to process under Your Service, Your Say but may also have a clinical judgement element. In this case, the Q & S Advisor will liaise with the relevant Clinical Managers for their input.

A record of the Stage 2 complaint is entered on the Complaints Management System (CMS) by the Q &S team.

4.2.2 Stage 2. Informal Investigation Process

Where the complaint is made on behalf of someone else, the Q&S Advisor or designate should seek the consent of the person to process the complaint. This can be done by phone, email, or in person.

The Q&S Advisor will appoint an investigator to investigate the complaint. The nature of the complaint, along with other relevant factors (including possible conflict

of interests) will be taken into consideration when appointing the relevant person as the investigator. The Q&S Advisor may liaise with members of the Executive Team to identify an appropriate investigator.

The Q&S Advisor or Investigator contacts the Complainant within **5 working days** to acknowledge receipt of the complaint and offer to meet with the complainant (if appropriate) to try and resolve the issue.

4.2.3 Complaints Resolved at Informal Investigation Stage

Should the complaint be resolved at the informal Investigation stage, the Investigator will complete and sends a summary of the complaint and the resolution to the Q&S Advisor for review. Once agreed, the final report is shared with the complainant and the relevant manager.

The Quality & Safety Team will update relevant records and CMS and circulate learning to relevant manager and the relevant Quality and Safety Committee.

4.2.4 Complaints Unresolved at Informal Investigation Stage

Where attempts to resolve a complaint during the Informal Investigation are unsuccessful, the complaint will move to the Formal Investigation Stage.

4.3 Formal Investigation Process

The appointed investigator issues an acknowledgement letter to the complainant within **5 working days**.

The investigator determines the pathway for the investigation.

The investigation is completed within **30 working days**. In situations where it is not possible to complete the investigation within 30 working days, the investigator must provide an update to the Q &S Advisor via feedback@cope-foundation.ie and the complainant every 20 working days.

A report on the investigation is generated by the relevant personnel (may include clinical personnel).

The report is shared with the Q&S Advisor for review. Once agreed, it is shared with the complainant and relevant Managers (including the Regional Manager). The report highlights the right to an internal or independent review (stage 3 & 4). Records and CMS must be updated.

4.3.1 Outcomes of the Formal Investigation Process

The Accountable Manager has 30 days to accept, amend or reject the recommendations.

The Accountable Manager is responsible for the implementation of the recommendations. Progress on the recommendations should be shared with the Q&S Advisor by email feedback@cope-foundation.ie and documented through the local Quality and Safety Committee.

The Quality & Safety Team captures and shares the learning as appropriate.

The Local Manager will share an update on the implementation of recommendations with the complainant.

4.3.2 Requesting a Review

Where the complainant is dissatisfied with the report and recommendations, a request for an internal review (stage 3) or an independent review through the Office of the Ombudsman (stage 4) can be made.

4.4 Stage 3 Internal Review

At any stage of the complaint process, the complainant can request an internal or independent review. This request is sent to the Q & S Advisor via feedback@cope-foundation.ie who will appoint a Review Officer. The Q&S Advisor may liaise with the Executive Team to identify a Review Officer.

The CMS will be updated by a member of the Q&S Team.

4.4.1 Internal Review Process

The Review Officer will contact the complainant.

Where possible, the Review Officer will try and resolve the complaint. If the complaint is resolved at this point, the Review Officer will record a summary of the complaint, solutions / actions agreed and learning where appropriate, and will update the Q & S Advisor by email to feedback@cope-foundation.ie.

Where the Review Officer is unable to resolve the complaint at this point, the Review Officer will acknowledge the complaint in writing within **5 working days** and give an overview of what the complainant can expect from the process going forward.

4.4.2 Outcome of the Review Process

The Review Officer will review the recommendation within 20 days or request an extension prior to the due date. The Review Officer will update the Q & S Advisor via feedback@cope-foundation.ie of any extensions.

The Review Officer will generate a report that is shared with the Q&S Advisor for review. Once agreed, the final report will be sent to the complainant and the relevant Managers including the Regional Manager where appropriate. The Review Officer

should also inform the complainant of their right to an independent review through the Office of the Ombudsman / Ombudsman for Children.

The Accountable Manager has 30 days to accept, amend or reject the recommendations.

The Accountable Manager is responsible for the implementation of the recommendations. Progress on the recommendations should be shared with the Q&S Advisor by email feedback@cope-foundation.ie and documented through the local Quality and Safety Committee.

A member of Q&S Team captures and shares the learning as appropriate.

The Local Manager will share an update on the implementation of recommendations with the complainant

Where the complainant is dissatisfied with the report and recommendations, he / she can request an independent review through the Office of the Ombudsman / Ombudsman for Children (stage 4).

4.5 Stage 4. Independent Review

If the complainant is not satisfied with the outcome of the management process, he/she may seek a review of the complaint by the Ombudsman / Ombudsman for Children.

The complainant has a right to seek an independent review from the Ombudsman / Ombudsman for Children at any stage of the complaint process.

4.6. Implementation of Recommendations

Within **30 working days** the relevant Accountable Manager will write to the complainant and the Q&S Advisor detailing their Recommendation Action Plan.

Where the implementation of a recommendation would require or cause Cope Foundation to make a material amendment to its approved service plan, the relevant Accountable Manager may amend or reject the recommendation.

Where the recommendation is being amended or rejected or where alternative measures are being taken, the relevant Accountable Manager must give the reasons for their decisions.

The relevant Accountable Manager must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded.

Where the complainant has requested a review of the outcome of the investigation, the Accountable Manager will suspend the implementation pending the outcome of the review.

Where there is no Recommendation Action Plan forthcoming, the Q&S Advisor must follow up with the relevant Accountable Manager

4.7 Learning Improvement and Accountability.

The progress on actions / recommendations are to be recorded locally by the Local Manager or Regional Manager.

This information is shared regularly with the Chief Operations Officer (who will provide an update on progress to the Quality Executive Committee). Information and trends from feedback including complaints is regularly reported to the Quality Executive Committee via the Q&S Team.

Lessons learned from complaints are used for system wide learning and improvements.

5.0 Revision and Audits

Audits on the management of feedback must take place annually at a minimum.

The revision of this policy will take place every three years at a minimum.

6.0 Appendices

6.1 Appendix 1 Complaint Form (Available on Workvivo)

Name of Person Supported by Cope Foundation: Click or tap here to enter text.		
Date of Birth: Click or tap here to enter text.	CIS No: Click or tap here to enter text.	Residential/Day Centre / Service / Dept: Click or tap here to enter text.
Name of Complainant if different to above: Click or tap here to enter text.		Contact Number: Click or tap here to enter text.
Relationship to Person Supported by Cope: Click or tap here to enter text.		
Date of Complaint: Click or tap here to enter text.		Time of Complaint: Click or tap here to enter text.
Type of Complaint (Mark Which Applies): Verbal <input type="checkbox"/> Written <input type="checkbox"/> (attach same)		
Where the complaint is made by a third party, has the person given consent to the complaint: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nature of The Complaint: (Use back of form for Any Additional Information) Click or tap here to enter text.		
Who was involved in relation to the Complaint: Click or tap here to enter text.		
Action(s) taken to resolve the Complaint: (Use Back of Form for Any Additional Information) Click or tap here to enter text.		
Outcome (Mark Which Applies)		
Complaint Resolved	Was Complainant Satisfied with The Outcome of The Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If “No” - what are the Follow-Up Actions?

Click or tap here to enter text.

**Complaint
Unresolved**

What Are the Follow-Up Actions?

Click or tap here to enter text.

Resolution Pending

*(Where There Are No
Identified Follow-Up Actions
Write N/A)*

What are the Follow-Up Actions?

Click or tap here to enter text.

Signature (Person Completing Form)

Date:

Print Name Staff Position/Role:

Please Forward to Cope Foundation’s Quality and Safety Team by
Email: feedback@cope-foundation.ie

Office Use Only:

Reference Number:

Complaints Form - Additional Information

(Use This Section to Document Any Additional Relevant Information)

Nature of the Complaint

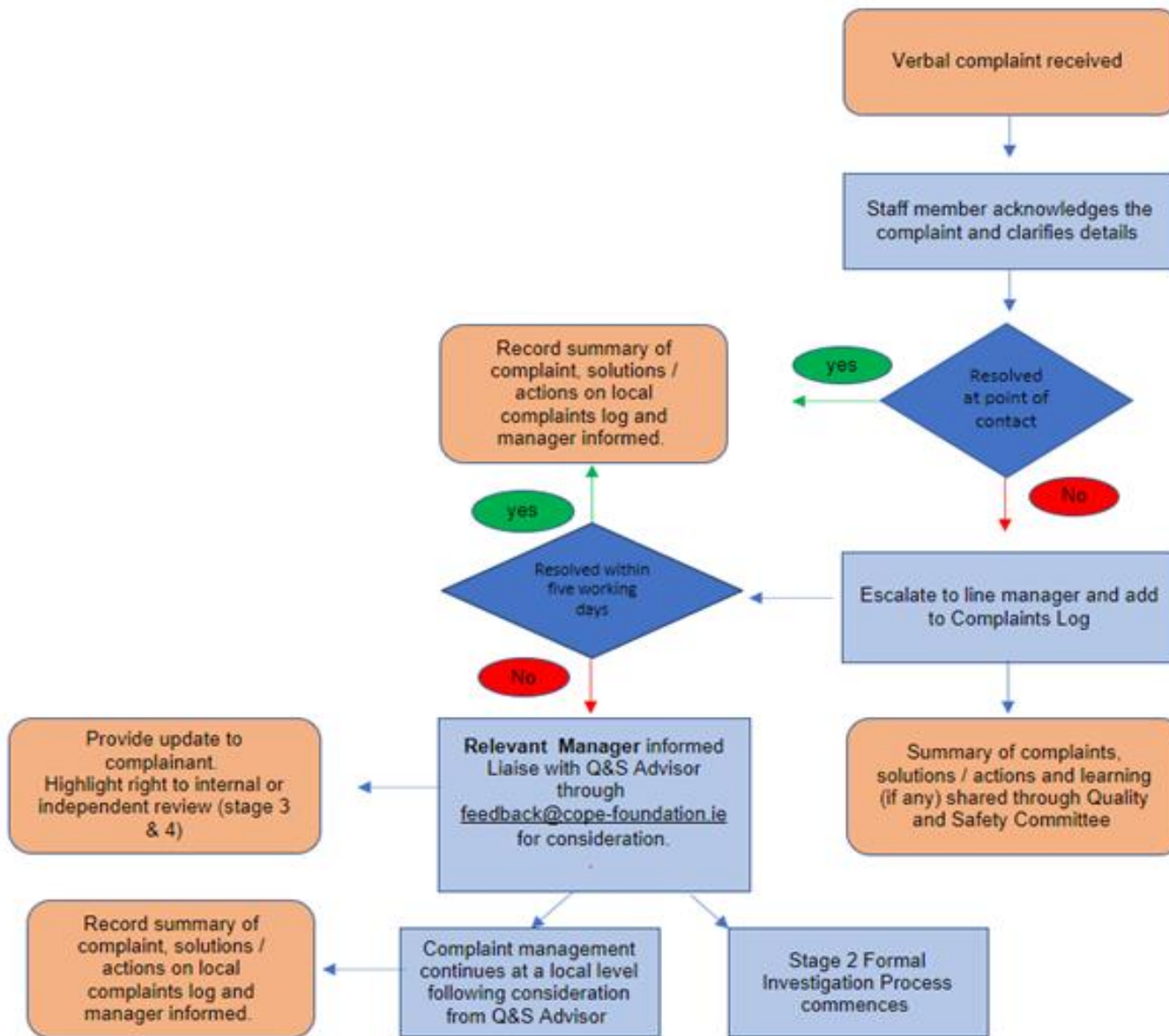
Click or tap here to enter text.

Action(s) taken to resolve the Complaint

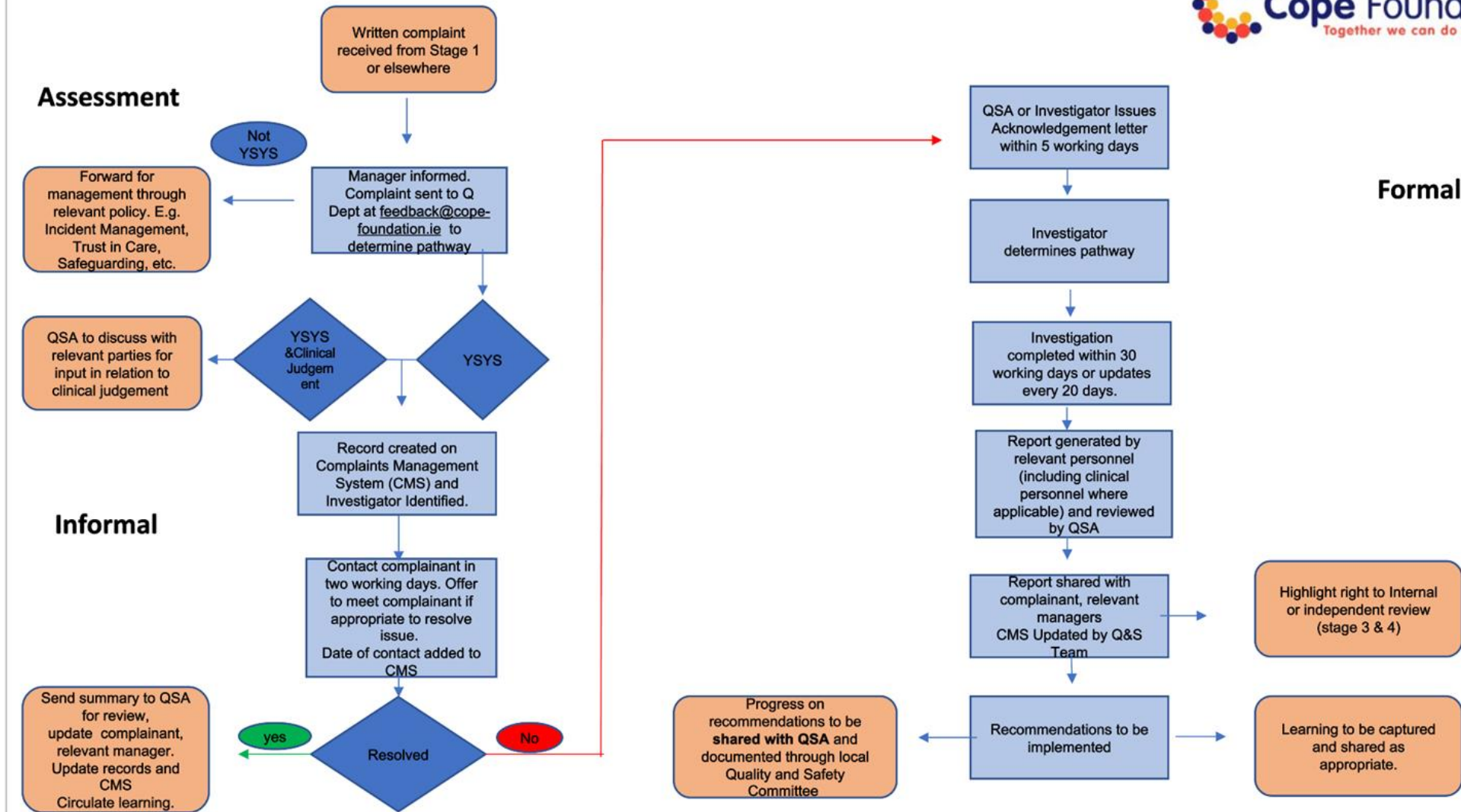
Click or tap here to enter text.

6.2. Appendix 2 Complaints Process

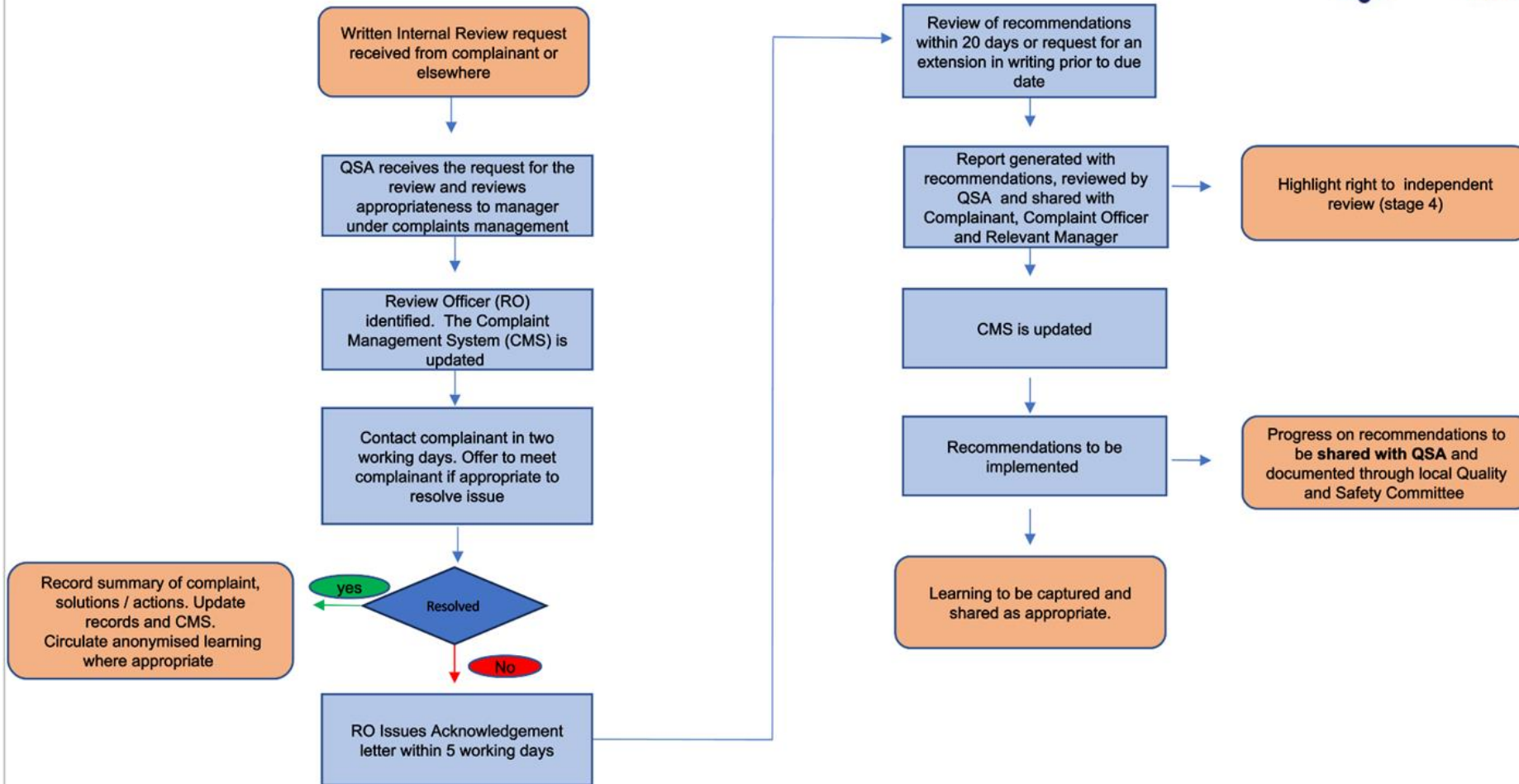
Stage 1 Complaints Process – Contact Resolution V.2 23.01.24



Stage 2 Complaints Process – Including Formal Investigation Process



Stage 3 Internal Review



6.3 Appendix 3 Roles and Responsibilities

Roles and Responsibilities:

Role of Chief Executive Officer (CEO):

For the purpose of the implementation of this policy, the role of the CEO is to:

- Implement and maintain an efficient and effective feedback system, which will ensure recording and tracking of data.
- Ensure feedback is appropriately assessed to generate action from the appropriate level.
- Ensure staff are aware of their responsibilities in relation to receiving and managing feedback and understand their role.
- Ensure issues identified through analysis of feedback are used for learning and shared at all levels.
- Provide updates to the Board of Directors in relation to management of feedback.
- Publish feedback data and trends as part of their service annual report.
- In the absence of the Q&S Advisor, identify other personnel to oversee the management of feedback.
-

Role of Q & S Advisor:

For the purpose of the implementation of this policy, the role and responsibility role of the Q & S Advisor is to:

- Be a champion for the feedback process including the complaints management process through an active and visible leadership role with key involvement in education, training and reporting arrangements.
- With support from the Quality and Safety Team; be responsible for the routine monitoring and review of the organisation's feedback process including the complaints management process which is necessary to ensure and assure that the system works in line with the HSE Your Service your Say, the Management of Feedback for Comments, Compliments and Complaints Policy 2017.
- Ensure processes are in place to support staff to understand how complaints are handled.
- Upon receipt of a complaint, appoint an appropriate Investigator to investigate the stage 2 complaint.
- Upon receipt of a request for a review, appoint a Review Officer to review the recommendations made by the Investigator.

- Upon notification of a complaint ensure that any risks identified as part of a complaint are notified to the relevant Manager to ensure high risk complaints are appropriately assessed and investigated and that learning is achieved.
- Provide an overview and update on the management of feedback to Senior Management Teams.
- Determine the overall effectiveness of the complaints management process within Cope Foundation.
- With support from the Quality and Safety Team; identify trends and system issues in comments, compliments and complaints.

Role of the Complaints Investigator:

For the purpose of the implementation of this Policy, the statutory roles and responsibilities of the Investigator is to:

- Support staff and People we Support in the implementation of the complaints management process.
- Ensure that any risks identified as part of a complaint are assessed and immediately notify the relevant Manager of any high-risk complaints to ensure appropriate investigation and learning.
- Inform relevant parties of decision to extend or not extend time frames.
- Find resolution of the complaint using approaches identified in the policy and through implementation of the complaints management process.
- Investigate and conclude within 30 working days or inform complainant of delay and update every 20 days.
- Advise a person if a finding in the report is adverse to that person and afford them the opportunity to consider the finding and to make representations in relation to it.
- Make recommendations, which may also support organisational learning and improvement.
- Complete a report on the complaint investigation.
- Advise the Complainant that they may seek a review of the complaint by requesting an Internal Complaint Review (Stage 3) or by contacting the Office of the Ombudsman/Ombudsman for Children's Office (Stage 4).
- Where a complaint is withdrawn the investigator may bring this to the attention of the Q & S advisor to determine if the investigation should continue.

Role of the Review Officer:

A Review Officer is appointed in line with the Health Act 2004 (Complaints) Regulations 2006. Upon an application for review being made, the Q & S Advisor

will appoint a Review Officer to review the recommendations made by Complaints Officers after the investigation of a complaint.

It is the role of the Review Officer to;

- Engage with the Complainant as appropriate throughout the review process.
- Determine the appropriateness of the recommendations by reviewing the processes used to investigate the complaint and having regard to all aspects of the complaint and its investigation.
- Uphold, vary or make a new recommendation.
- Complete the review within 20 working days. A Review Officer may request in writing an extension and indicate the additional time considered necessary for completion.
- Prepare a report on the review and circulate same as appropriate under the Your Service Your Say, the Management of Feedback for Comments, Compliments and Complaints Policy.
- Advise the complainant that they may seek a further review of the complaint by contacting the Office of the Ombudsman/Ombudsman for Children's Office.

Role of relevant Service / Department Manager

- Ensure easy to read information on how to offer feedback and in particular; how to make a complaint is widely available throughout service locations.
- Ensure that the complaints management process is implemented and being adhered to and that the rights and legitimate interests of People we Support and staff are protected.
- Update and maintain Local Complaint Logs.
- Ensure Feedback is included in local Quality and Safety Committee meetings and discussions.
- Ensure recommendations are implemented.

Role of relevant Accountable Manager

- The relevant Accountable Manager will receive a copy of the complaint investigation report from the Q & S Team setting out the findings and the recommendations.
- The Accountable Manager will then:
 - Write to the Complainant and Q&S Advisor within 30 days detailing their Recommendation Action Plan, and advise if any recommendation(s) are rejected, amended or if alternative measures are being taken and set out the reasons for the decision
 - Ensure recommendations are implemented

- Advise the Complainant of the suspension of implementation of recommendations where a request to review the outcome of the complaint investigation has been received

Role of Human Resource Department

The Human Resource Department will provide appropriate support to any investigation of a complaint relating to the alleged involvement of a staff member.

Role of Staff

All Cope Foundation staff have an obligation to deal effectively with all feedback and, in particular, with complaints made to them and this includes;

- Ensuring they are aware of the Your Service Your Say, the Management of Feedback for Comments, Compliments and Complaints Policy and processes.
- Participating in complaints management training.
- Managing a complaint in a timely manner either by dealing with it at the time of the complaint in line with the policy or forwarding same to the Q&S Advisor for management.
- Participate in the investigative process of a complaint on the request of the Investigator/ Review Officer.
- Supporting and facilitating improvement initiatives within their service.
- Providing data relevant to complaints to Service Managers and Quality and Safety Committees.

Appendix 4 Supporting Documentation

Supporting documentation can be found on Workvivo.

Appendix 5: Legislation / Standards/ PPPs / Frameworks

Legislation

- This policy is guided by statutory requirements, including:
- Health Act 2004 (Complaints) Regulations 2006
- Health Act 2004, Part 9
- Health Acts and Amendments 1947-2016
- Mental Health Acts 2001-2008
- Disabilities Act 2005
- Health and Social Care Professionals Act 2005
- Nurses and Midwives Act 2011
- Freedom of Information Acts and Amendments 1997-2014
- Data Protection Act 1988 and Amendment Act 2003
- Defamation Act 1961
- Ombudsman Acts 1980, 1980-2012
- Ombudsman for Children Act, 2002
- Equal Status Acts 2000-2004
- Health and Safety at Work Act 2005
- Assisted Decision Making Capacity Act 2015
- The Citizens Information Act 2007.
- Children First Act 2015

Standards

- This policy supports the requirements of National Health Information and Quality Authority (HIQA) Standards, including:
- National Standards for Residential Services for Children and Adults with Disabilities 2013
- National Standards for the Protection and Welfare of Children, 2012
- National Standards for Safer Better Healthcare, 2012
- National Standards for the Prevention and Control of Healthcare Associated Infections, 2009

Policies, Procedures, Protocols and Guidelines (PPPGs)

- Cope Foundation Open Disclosure statement
- Open Disclosure National Guidelines.
- HSE National Consent Policy
- HSE Trust in Care Policy
- HSE Dignity at Work Policy

- National Guidelines on Accessible Health and Social Care Services
- Safeguarding Vulnerable Persons at Risk of Abuse: National Policy & Procedures

Supporting Documents:

- Complaints Policy, version number 1:2, 2016, NHS England
- Guide to Developing Effective Complaints Management Policies and Procedures,
- www.ombudsman.qld.gov.au
- Guidelines; Effective Handling of Complaints made to your Organisation – An Overview, 2010, Ombudsman Western Australia
- Guide to Healthcare Handling in Health Care Services, 2005, Health Services Review Council, 30/570 Bourke Street, Melbourne, Victoria 3000
- Guideline for Systems Analysis Investigation of Incidents and Complaints, 2012, Health Service Executive
- Health Act 2004
- Health Act 2004 (Complaints) Regulations 2006
- Listening, Responding, Improving – A guide to better customer care, 2009, Department of Health, UK
- Model Complaints System and Policy; The Ombudsman’s Guide to Developing a Complaint Handling System, Office of the Ombudsman
- National Standards for Safer Better Healthcare; 2012, Health Information and Quality Authority
- NHS Choices Complaints Policy, 2011
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Executive Summary, 2013
- Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital Portlaoise, 2015, Health Information and Quality Authority
- Safety Incident Management Policy, 2014, Health Service Executive
- Saying sorry: A guide to apologising and expressing regret during open disclosure: Australian
- Open Disclosure Framework: Supporting materials and resources
- Open Disclosure, National Guidelines: Communicating with People we Support and their Families following adverse events in Healthcare, 2013, HSE and State Claims Agency
- Learning to Get Better 2015 – An investigation by the Ombudsman into how public hospitals handle complaints, Office of the Ombudsman

**Appendix 6 HSE Guidelines for Providers
HSE Guideline Document for Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004. Complaint Type Categorisation Guide.**

Available at: [complaint-type-categorisation-guide.docx](#)

Appendix 7 Glossary of Terms and Definitions:

Accountable Manager: The relevant Head of Service (Accountable Officer) is the person who has accountability and responsibility, or has been delegated with such, for the services under his/her governance. for example, the Regional Manager, Service Manager or Head of Discipline etc.

Advocate: is somebody who can act on the person's behalf when dealing with a service. An advocate can represent the views of those seeking information or making complaints when required.

Clinical Judgement: The Health Act 2004 defines clinical judgment as being “a decision made or opinion formed in connection with the diagnosis, care or treatment of a person”.

Complaint: The Health Act 2004 defines a complaint as; “A complaint means a complaint made about any action of Cope Foundation that, it is claimed does not accord with fair or sound administration practice, and adversely affects the person by whom, or on whose behalf, the complaint is made”.

Complainant: Person(s) making the complaint.

Complaint Log: A log kept at a local level of all complaints received. This log is maintained by the Local Manager or delegate.

Complaint Management System: Is a unified, standardised national database, developed in partnership with the State Claims Agency, that captures real-time feedback data.

Investigator: A person designated by Quality and Safety Advisor for the purpose of investigating a complaint made to it in accordance with procedures established under Section 49 (1) of the Health Act 2004 or a person designated by a Service Provider with whom the HSE has an arrangement under Section 38 of the Health Act 2004 or given assistance under Section 39 of the Health Act 2004.

Quality and Safety Advisor (Q&S Advisor): A person assigned by their organisation for the purpose of championing the feedback process, including the routine monitoring and review of same.

Quality and Safety Committees: Cope Foundation Quality and Safety Committees perform an essential role in the organisation by providing a forum to consider and monitor and improve the quality and safety of care provided.

Review Officer: A person appointed by the Quality and Safety Officer to carry out a review, under Section 49 of the Health Act 2004, to determine the appropriateness of a recommendation made by a Complaints Officer, having regard to all aspects of the complaint and its investigation.

feedback@cope-foundation.ie: The email account for processing and monitoring feedback. This account is monitored by relevant members of the Quality and Safety Team. This process ensures that relevant delegated people can support the feedback process in the absence of the Quality and Safety Advisor.