



## Anew Support Services

# Comments, Compliments and Complaints Management Policy and Procedures

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## 1.0 Policy Statement

Anew Support Services CLG (Anew) invites comments, compliments and complaints from clients/guests, visitors and service users about the services provided by Anew. Comments or complaints will be viewed as an opportunity to inform service provision to continuously improve the quality of the services that we provide and to learn lessons so as to prevent similar occurrences in the future. Complaints, criticisms or suggestions, whether oral or written will be taken seriously, handled appropriately and sensitively.

Complaints that will be managed using the procedures described in this document will fall within the definition of a complaint as per Section 5 of this policy i.e. those that are provided for under Part 9 of The Health Act 2004.

## 2.0 Purpose

Anew aims to provide the highest quality service to service users and to communicate effectively with all relevant parties. This policy aims to direct staff and volunteers at Anew in the appropriate and effective management of all complaints and comments received from service users, in order to ensure that the wellbeing and rights of service users, volunteers and staff are upheld and the organisation is afforded the opportunity to learn from feedback received.

## 3.0 Scope

This policy applies to all employees, volunteers, contractors, service users and visitors and any other service user associated with Anew.

## 4.0 Who Can Make a Complaint

In accordance with Section 46, Part 9 of the Health Act 2004, the following are entitled to make a complaint:

- Individuals who are receiving or have received services from Anew
- Individuals who are seeking or have sought services from Anew
- 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, or 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. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

## 4.1 Matters Excluded From Right To Complain

In accordance with Part 9 of the Health Act, a person is not entitled to make a complaint about any of the following matters:

- a) a matter that is or has been the subject of legal proceedings before a court or tribunal.
- b) a matter relating solely to the exercise of clinical judgement by a person acting on behalf of the Anew.
- c) an action taken by Anew solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b).
- d) a matter relating to the recruitment or appointment of an employee by Anew.
- e) a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into or of a contract with an adviser that the Executive proposes to enter into under section 24.
- f) a matter relating to Social Welfare Acts.
- g) a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004.
- h) a matter that could prejudice an investigation being undertaken by the Garda Siochana.
- i) a matter that has been brought before any other complaints procedure established under an enactment.

Where the subject matter of the complaint is not included under part 9 of the Health Act 2004, these complaints are termed “non Part 9 complaints”. The Designated Complaints Officer (DCO) must manage the complaint as follows:

### 4.1.1 Anonymous Complaints

All anonymous complaints, both written and verbal, should be documented and brought to the attention of the relevant line manager for a decision as to whether quality improvements are required on the basis of the complaint.

It is Anew’s policy that complainants must provide contact details when making a complaint against Anew to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information.

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

If the complaint is made by phone, or by person, the member of staff taking the complaint should encourage the caller to provide a name and telephone number at which they may be contacted. The caller should be advised that unless they provide their name and contact details, it may not be possible to investigate the complaint if the disclosure of identity is regarded as essential to facilitate a full and proper investigation of the complaint.

If a complainant makes a complaint in confidence, the identity of the complainant will only be known to the recipient of the complaint and the DCO. If the investigation of the complaint requires the

identity of the complainant to be disclosed, the consent of the complainant must be obtained to disclose this information. In this case, the complainant must be informed that it may not be possible to carry out a full and proper investigation of the complaint without their consent to disclose their identity.

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

#### **4.1.2 Vexatious and Malicious Complaints**

If found to be frivolous or vexatious, Anew will not pursue the complaint any further. However, this does not remove the complainant's right to submit their complaint to independent agencies such as the Ombudsman.

If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made. Before the complaint is deemed vexatious the DCO must bring it to the attention of the CEO.

#### **4.1.3 Alternative Policy, Procedure or Guideline For Managing A Complaint**

Where the subject matter of a complaint is such that alternative complaint processes are appropriate for the management of such complaints, the DCO will either investigate the complaint using the alternative process or will refer the complaint directly to the CEO for investigation under the relevant policy, procedure or guideline as outlined in **Appendix 1** of this document. The complainant must be informed by the DCO that their complaint is being managed under the appropriate policy and procedure.

## **4.2 Eligibility Of Complainant To Make A Complaint**

In accordance with Section 46, Part 9 of the Health Act 2004, the following are entitled to make a complaint:

- Individuals who are receiving or have received services from Anew.
- Individuals who are seeking or have sought services from Anew.
- 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, or any other person with the consent of the person, or of 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. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

### 4.3 Time Limits For Making A Complaint

A complaint must be made within 12 months of the date of action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint. This time limit may be extended if, in the opinion of the DCO, special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to:

- If the complainant is ill or bereaved
- If new relevant, significant, and verifiable information relating to the action becomes available to the complainant
- If it is considered in the public interest to investigate the complaint
- If the complaint concerns an issue of such seriousness that it cannot be ignored
- Diminished capacity of the service user at the time of the experience (e.g. mental health, critical / long term illness)
- Where extensive support was required to make the complaint and this took longer than 12 months

The DCO must notify the complainant of the decisions to extend / not extend time limits within 5 working days.

### 4.4 Advocacy

All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint (HSE 2008). Service users may request any staff member or their Social Worker to assist them with making their complaint. Service users will also be facilitated to make contact with national Advocacy agencies as listed in [Appendix 2](#).

## 5.0 Definitions

**Complaint** means a complaint as defined in Part 9 of The Health Act 2004 made about any action of Anew that, it 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. (The Health Act 2004).

**Action** is defined in the Health Act 2004, as: “..anything done or omitted to be done by the Executive, or by a Service Provider in connection with the provision of a health or personal social service that is the subject of an arrangement under Section 38 of the Act, or a service in respect of which assistance given under Section 39 of the Act”. CG-PO-14 Comments, Compliments & Complaints Management Policy & Procedures Page 8 of 26. As identified in the Health Act 2004, an action does not accord with fair and sound administrative practice if it is:

- taken without proper authority
- taken on irrelevant grounds
- the result of negligence or carelessness
- based on erroneous or incomplete information
- improperly discriminatory, based on undesirable administrative practice, or in any other respect contrary to fair or sound administration

## 6.0 Responsibilities

### Board of Directors

The Board of Directors have overall responsibility for Anew to

- Approve, oversee and ensure implementation of the policy.
- Investigate any concerns brought to their attention by clients or staff.
- Ensure that all decisions and actions are recorded.

### CEO

It is the responsibility of the CEO to:

- Oversee and ensure implementation of the policy.
- Investigate any concerns brought to their attention by clients or staff.
- Ensure that all decisions and actions are recorded and produce reports as required by the board or other agency.
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### Designated Complaints Officer (DCO)

It is the responsibility of the DCO to:

- Manage complaints in accordance with the procedures described in this policy;
- Ensure the policy and procedures for complaints management in Anew are in line with current legislation and best practice;
- Ensure that all Managers and staff are aware of and comply with the complaints management policy and procedures;
- Ensure that all staff and volunteers are supported to effectively manage complaints at the first point of contact;
- Co-ordinate education and training for staff in complaints handling;
- Follow up complaints not resolved at local level;
- Inform the CEO of outstanding / unresolved complaints;
- Audit compliance with and determine effectiveness of the Complaints Policy and submit reports to the CEO /Board of Management as required.
- Ensure that consumer-friendly information on how to make a complaint is widely available throughout the premises.

### Senior Service Manager and Team Leader

It is their responsibility to:

- Ensure that this policy is accessible to all staff within their area of responsibility and for maintaining records of this locally;
- Ensuring that staff within their area of responsibility attend training and/or in-service on this policy as made available and that records of this are kept locally;
- Implement the procedures outlined in this document;
- Implement improvements to their service where required as a result of the findings and recommendations arising from the complaint investigation;
- Provide evidence that lessons have been learned and improvements have been made to their service as a result of complaints;
- Ensure that their staff are appropriately supported throughout the complaint management process.



### **All staff & Volunteers**

All staff and volunteers have an obligation to effectively deal with complaints made to them, either through dealing with the complaint at the point of contact in line with the local complaints management systems where appropriate or forwarding the complaint to the DCO. In addition, it is the role of staff to:

- Participate in Complaints Management Training.
- Partake in any investigation of a complaint where necessary.
- Be involved in improvement initiatives within their service.
- Provide information relevant to complaints to the DCO.

## **7.0 Procedure**

### **7.1 Comments and Compliments**

Comments and compliments can be made by any service user, visitor and/or relative either verbally to staff or can be recorded on the Comments, Suggestions and Complaints form [which is available on Anew's Website](#).

#### **7.1.1 Compliments**

A letter of thanks will acknowledge compliments that include a name and address within 30 days. The appropriate Line Manager is responsible for ensuring this happens. Compliments that focus on individual members of staff or service units will be sent to the appropriate Line Manager. A letter of thanks will be sent to the staff member by Line Manager to ensure that they are aware of the compliment. A letter of acknowledgement will be sent to thank them for taking time to compliment the service and inform them that the staff member has been made aware of the feedback.

#### **7.1.2 Complaints**

Service users who wish to make a complaint about Anew staff or volunteers should initially contact the Team Leader at Anew. Where a service user is not satisfied with the initial response to the complaint, they should contact the

#### **Senior Service Manager**

**Haven House, 113 Pearse Street, Dublin 2.**

Should a volunteer or staff member be concerned about the practice of a colleague, they should in the first instance approach the colleague with their concerns. If there is no satisfactory conclusion, then the concerns should be brought to the Senior Service Manager, who may at that point consult with the CEO.

## 7.2 Complaints – Stages

There are four distinct stages in the complaints management process - not all complaints will utilise every stage:

- **Stage 1:** Local resolution of verbal complaints at the point of contact
- **Stage 2a:** Informal resolution of the complaint
- **Stage 2b:** Local Investigation of written complaints
- **Stage 3:** Funder review – depending on the nature of the complaint this could be a review by Tusla, Dublin Regional Homeless Executive or another funder.
- **Stage 4:** Independent Review (Office of Ombudsman).

A summary of the process is included in [Appendix 3](#).

## 7.3 Stage 1 - Receiving and Managing a Verbal Complaint

Verbal complaints are usually more frequent, of a less serious nature than written complaints and are often resolvable on the spot. All staff are accountable to service users and have a responsibility to receive and respond to verbal complaints. When receiving a verbal complaint from a complainant, the staff member should:

- be respectful and helpful towards the complainant.
- Find a quiet area/office – do not talk in a public space.
- Give the complainant full attention.
- Do not attempt to lay blame, be defensive or argue.
- Remain positive and do not take anger as a personal attack.
- Refer to Appendix 4 for a specific approach to listening to verbal complaints.

Note: In the course of receiving a verbal complaint a staff member is not expected to tolerate personal abuse or aggressive behaviour from the complainant and assistance should be sought immediately from their line manager if this occurs.

### 7.3.1 Options For Managing A Verbal Complaint

The complaint is received by a staff member who immediately brings it to the attention of the DCO. The complaint is received by the DCO who determines that it is appropriate to manage the complaint at local level with a view to resolving the complaint or the complainant is advised to submit their complaint as a formal written complaint for investigation.

The DCO will determine that the complaint may be managed with a view to resolution at local level. The DCO determines that they need to manage the complaint with input from relevant parties. Every effort should be made to resolve a verbal complaint immediately or within 24 hours of receiving the verbal complaint, if it is deemed appropriate to manage the complaint, with a view to resolution, at the first point of contact or local level.

Verbal or informal complaints should be documented on the Local Complaint Log by the DCO ([Appendix 5](#)). This must be forwarded to the DCO for analysis of trends, risks and required actions.

### 7.3.2 When A Complaint Should Not Be Managed At Stage 1

There are a variety of reasons why a complaint should not be managed at Stage 1 of the process. The key reasons include:

- The complaint involves too many issues to resolve at the point of contact.
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes.
- The complaint was as a result of deviations from quality standards that require further investigation to identify the reasons for the deviation and if there are any system improvements required.
- The complaint involves multi-disciplines and multi-locations and involvement of all parties is required to investigate the complaint effectively and fairly.
- The DCO shall not investigate a complaint if:
  - 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.
  - the complaint is made after the expiry of the period specified in section 47(2) or any extension of that period allowed under section 47(3).
- The DCO 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 officer is of the opinion that:
  - the complaint does not disclose a ground of complaint provided for in section 46
  - the subject-matter of the complaint is excluded by section 48
  - the subject-matter of the complaint is trivial, or
  - the complaint is vexatious or not made in good faith or is satisfied that the complaint has been resolved.

A complaints officer shall, as soon as practicable after determining that he or she is prohibited by subsection (1) from investigating a complaint or after deciding under subsection (2) not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it within 30 days of receiving the complaint.

### **7.3.3 Procedure When Complaints Cannot Be Resolved At Stage 1**

If it is not possible to resolve the complaint to the satisfaction of the complainant at the first point of contact or local level, the person receiving the complaint must advise the complainant of:

- The reasons why the complaint cannot be resolved at this level
- That they may submit the complaint as a formal written complaint as per Stage 2 of the procedure and inform them of the process for submitting a formal written complaint. The form for submitting written complaints is included as Appendix 6.

The complainant is to be advised that a formal investigation of the complaint may not take place unless the complainant provides contact details to enable the Complaints Officer to validate the complaint and to liaise with the complainant in the course of the investigation of the complaint. If requested by the complainant, the DCO may provide assistance to the complainant to make a written complaint.

## **7.4 Stage 2 - Managing a Written Complaint**

Any written complaints received by a staff member must be brought immediately to the attention of their relevant Line Manager who must inform the DCO as soon as possible; Written complaints may also be directed by the complainant directly to a DCO. An acknowledgement letter must be sent within 7 working days of receipt of the complaint. When acknowledging a written complaint:

- Acknowledge the receipt of the complaint, the date it was written and inform the complainant of the date it was received by the organisation.
- Discuss the appreciation of consumer feedback as a means of improving systems and service delivery.
- Express regret for any inconvenience or difficulties that the complainant experienced;
- Advise the complainant when they will next receive contact and that they will be kept informed of the processing of their complaint.
- Inform the complainant that confidential files may have to be accessed by authorised personnel to fully investigate the complaint.
- Inform the complainant that they must contact the DCO dealing with the complaint immediately (within 5 working days) if they do not wish for the service users confidential files to be accessed. If the DCO does not receive any contact from the complainant within 5 working days he/she should endeavour to contact the complainant.
- Offer the opportunity for the complainant to contact you to discuss any of the matters above.
- Close the letter.

### **7.4.1 Pre-Investigation of The Complaint**

The Complaints Officer will carry out a pre-investigation of the complaint in order to determine if the complaint is a complaint as defined in section 5.1 of this policy. Additionally as part of the pre-investigation process the Complaints Officer must determine that:

- The subject matter of the complaint is not trivial
- The complaint is not vexatious
- The complaint is made in good faith
- The complaint has not already been resolved

Where the DCO determines that the complaint is not a complaint as defined in section 5 of this policy she/he will determine how best to manage the complaint as detailed in section 7 of this policy. The Complaints Officer will inform the complainant in writing, within 14 working days of making the decision/determination and inform them of how their complaint will be dealt with as appropriate.

#### **7.4.2 Stage 2a: Informal Resolution Of A Complaint**

Having completed the pre-investigation process, the DCO will consider whether it would be practicable, having regard to the nature and the circumstances of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to in finding a resolution to the complaint by the parties concerned.

The DCO must determine the most appropriate informal resolution approach for a particular complaint, e.g., contacting the complainant with a view to resolving the complaint informally or arranging a meeting between the parties concerned.

Where resolution is achieved through this informal process, the DCO must create a report outlining the details of the complaint, the resolution process and the outcome of the resolution process including any recommendations made.

Where the complaint is not resolved by informal resolution approaches, the DCO will record the details of the informal resolution process attempted and the reasons why the approach failed to resolve the complaint and will inform the complainant of the process for the formal investigation of the complaint.

#### **7.4.3 Stage 2b: Process for Formal Investigation of a Written Complaint**

Where a formal investigation is required and appropriate and where informal resolution is not appropriate or was not successful, the DCO will initiate the investigation of the complaint once all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made. The DCO:

- May request any documents and communicate with any persons he or she believes can assist with the investigation of the complaint.
- Identify all parties involved in the complaint (i.e. complainant & staff members/service managers about whom the complaint is being made).
- Advise of the decision to carry out a formal investigation.
- May also request further information about the complaint from the complainant to enable a full and proper investigation of the complaint.
- Where deemed appropriate, will establish and lead or delegate a lead person and investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation.
- If the DCO determines that an investigation team is required, she/he will decide on the size and membership of the team.

- The investigation team in conjunction with the DCO will develop terms of reference of the investigation. The terms of reference determine the objectives of the investigation team and the limits of its responsibility and authority.

#### **7.4.4 Principles Governing the Investigation Process**

The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the service/staff members to be treated in accordance with the principles of natural justice.

The DCO will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the DCO may request appropriately qualified persons to carry out clinical assessments, validation exercises, etc.

Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of fair investigation. A written record will be kept of all meetings and treated in the strictest confidence. The DCO may interview any person who they consider can assist with the investigation. Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.

Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation. It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

#### **7.4.5 Timeframes for Investigation of Complaint**

Where the complaint will be investigated, the DCO must endeavour to investigate and conclude the complaint **within 30 working days of it being acknowledged**. If the investigation cannot be investigated and concluded within 30 working days then the DCO must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation. The DCO must update the complainant and the relevant staff/ service member every 20 working days.

The DCO must endeavour to investigate complaints within 30 working days. However, where the 30 working days' time limit cannot be met despite every best effort, the DCO must endeavour to conclude the investigation of the complaint within 6 months of the receipt of the complaint. If this time limit cannot be met, the DCO must inform the complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. She/he should 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 Ombudsman.

#### **7.4.6 Timeframes for Obtaining Further Information from the Complainant**

Where it has been indicated to the DCO prior to or during the investigation that further information is required from the complainant to enable the full and proper investigation of the complaint, the DCO must contact the complainant immediately, outlining the information required and request a response from the complainant within 10 working days of receipt of the letter.

When the required information is not received within this time period, the DCO may extend the time limit for receipt of the information by a further 10 working days. <sup>2</sup> The complainant must be informed that if he/she fails to comply with this request for further information, the DCO may decide to invalidate the complaint if the information required is essential for the further processing and management of the complaint.

#### **7.4.7 Timeframes for Eliciting Responses from Staff Members**

Where there is a response required from staff members in relation to issues raised by the complaint, the DCO must inform the CEO first before any discipline of the staff/volunteer member of the issue to which a response is required. The CEO is then responsible for ensuring the staff member provides a response to the issues raised.

Where the DCO is of the opinion that the matter does not warrant the involvement of the CEO, he/she may contact the staff member directly. The DCO must record the date of the notification. The relevant staff member is required to respond within 10 working days of receiving notice of the complaint.

#### **7.4.8 Timeframes for Eliciting Responses from Persons No Longer Employed By Anew**

When a complaint involves a staff member who is no longer employed by Anew, the DCO must endeavour to contact the relevant ex-staff member immediately, to inform them of the complaint and to invite a response from that staff member to the issues raised within the timeframes as outlined above.

Every effort is to be made to comply with the timeframes as outlined above. However, there may be special circumstances where timeframes cannot be met due to the unavailability of the ex-staff member or the current location of the ex-staff member. These issues must be brought to the attention of the complainant and the complainant must be assured that the management of the complaint is progressing as quickly as possible.

If, after all reasonable efforts, the DCO is unable to obtain a response from any persons no longer employed by Anew, the DCO must endeavour to investigate the complaint to the best of his/her ability with the information available to him/her.

#### **7.4.9 Preparation of a Report Post-Investigation**

Post investigation of the complaint, the DCO will prepare a signed and dated report which will include:

- A description of the complaint.
- The reason for actions resulting in the complaint.
- A description of the investigation process to assure the complainant that their complaint has been fully and fairly investigated.
- The DCO's findings and any recommendations which he/she considers appropriate.
- The reasons for such findings and recommendations.
- An apology when the investigation shows that Anew was at fault.

If the investigation showed that there were no legitimate grounds for the complaint and the complaint was not substantiated, the report will outline the reasons why this decision was reached. Where the complaint was substantiated, the report will detail recommendations considered appropriate by the DCO to prevent re-occurrence of the causes of the complaint and for quality improvement.

The DCO will forward the report as soon as practicable (and within the timeframe specified in this policy) to the complainant, the relevant Service Manager/Staff Member and to the CEO. The report forwarded to the complainant will also advise that he/she may request a review of the outcome of the investigation of their complaint and will provide the complainant with the details of how to request the review. The recipients of the report will be invited to contact the Complaints Officer to clarify any issues in the report.

#### **7.4.10 Withdrawal of Complaints**

A complainant may, at any time, withdraw a complaint made and, on advice of such withdrawal, the Complaints Officer may cease to investigate or review the complaint. However, where the Complaints Officer has reasonable grounds for believing that public interest would best be served by the continuation of the investigation or review, he or she must refer the matter to the CEO for a decision on the matter.

#### **7.4.11 Implementation of Recommendations Made By Complaints Officer**

The DCO will forward a report of the investigation to the CEO at the same time as the complainant. Within 30 working days of receiving the report from the DCO, the CEO shall take such steps, as appropriate to the nature of the complaint, as are reasonable to give effect as soon as practicable and to the greatest extent practicable to any recommendation of the DCO, provided that the CEO is satisfied that it is within the functional remit of Anew;

Where the implementation of a recommendation would require or cause a material amendment to its approved service plan, the CEO may amend the recommendation as deemed appropriate. Where the recommendation is being amended or rejected or where alternative measures are being taken, the CEO must give the reasons for their decisions. The CEO 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 a complainant has requested a review of the outcome of the investigation, the CEO will suspend the implementation of a recommendation and will notify the complainant of this suspension.

### **7.5 Stage 3 - Funder Review**

#### **7.5.1 General Review Process**

Where a complainant is dissatisfied with recommendations made by a Complaints Officer (Stage 2), he/she may apply for a review of the recommendations to the relevant funder i.e. Tusla, DRHE or other within 30 working days of the date on which the report was signed and dated by the DCO.

The function of the Funder Review will be to review the outcome of the investigation of the complaint by the DCO including the recommendations made and the process implemented to investigate the complaint.



The Review Officer(s) appointed may request all documentation relevant to the complaint and communicate with any person that he/she reasonably believes can assist with the review of the complaint. A complainant who has requested a review may make written representations in support of his or her complaint and such representations will be considered by the Review Officer(s);

The Review Officer(s) must endeavour to conduct and conclude the review within 20 working days of the request being received. However, where the review cannot be concluded within this timeframe, the Review Officer must inform the complainant of this fact and indicate the additional time necessary to complete the review.

The Review Officer(s) must be independent of the service(s) about which the complaint was made and must not have had any part of any prior investigations into any complaints they review and must not have any conflicting interest in the subject matter of the complaint.

The Review Officer(s) may:

- Uphold the original recommendations from the investigation,
- Vary the recommendations or make new recommendations,

Recommend that the investigation be repeated locally by a member of the Senior Management team independent of the preliminary investigation.

Review Officer(s) will not make a finding in his/her report, adverse to a person, without first having afforded the person concerned with the opportunity to consider the finding or criticism and to make representations in relation to it; Upon conclusion of a review, the Review Officer(s) will, as soon as is practicable forward a report in writing on the review to the CEO and the DCO, the complainant and the service / staff member against whom the complaint was made.

## **7.6 Stage 4 - Independent Review**

At all stages of the process, complainants must always be made aware of their right to an independent review of their complaint by the Ombudsman. The process used by the Ombudsman is not described in this Policy but this information may be sourced through the following website [www.ombudsman.ie](http://www.ombudsman.ie).

The complainant must be provided with the address of the Ombudsman as below:

**Office of The Ombudsman**

**18 Lower Street**

**Dublin 2**

**(01) 6395600**

## 7.7 Redress

An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the clients of Anew. It will have a positive effect on staff morale and improve Anew's relations with the public. It will also provide useful feedback to Anew and enable it to review current procedures and systems which may be giving rise to complaints;

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. Anew 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
- Admission of fault
- Change of decision
- Correction of misleading or incorrect records
- Technical assistance
- Recommendation to the appropriate bodies to make a change to a relevant policy or law.

## 7.8 Data Collection and Reporting

The Complaints Officer will maintain a database of all comments and complaints for the service, the information collected will be **provided annually to the Audit Committee to include:**

- 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
- the number of compliments received.

**Report will be submitted to funders as requested**

## 7.9 Training and Education

Complaints handling training and education will be part of the organisation's overall in-service programme and will be provided periodically to relevant staff.

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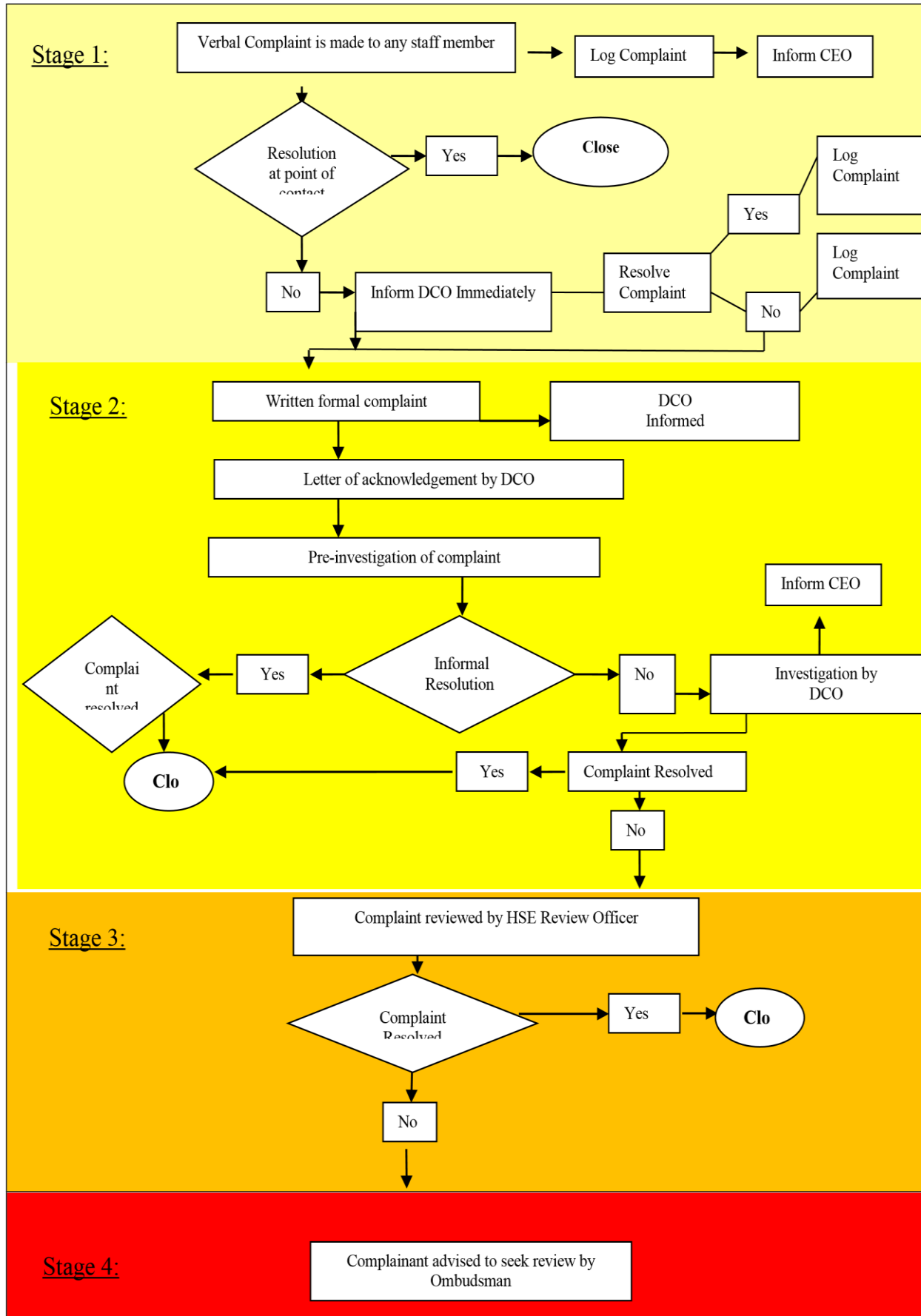
## Appendix 1: Alternative Complaint Management Process

Complaints that do not fall within the remit of this Policy and must be referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Guidelines or Legislation as detailed in this table (only information relevant to this organisation is included).

Details of Complaint/Allegation	Policy, Procedure, Guideline or Legislation To Be Followed
<p>Allegations of abuse made against staff members</p> <p>Professional Misconduct and Fitness to Practice Issues.</p> <p>Complaints by staff of any inappropriate behaviour of other staff at work</p>	<p>Refer to the DCO to deal with complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Trust in Care</li> <li>• Grievance and Disciplinary Anew Staff Handbook</li> <li>• Health and Social Care Professionals Act 2005</li> </ul>
<p>Complaints about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005</p>	<p>Refer to Health Service Executive Appeals Process / Social Welfare Appeals Office in relation to Basic Payments and Supplements</p>
<p>Complaints against the HR / Recruitment process</p>	<p>Refer to Human Resources to deal with the complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Bullying &amp; Harassment Policy</li> <li>• Grievance and Disciplinary Policy</li> </ul>
<p>Complaints about bullying and / or harassment made against staff</p>	<p>Refer to Human Resources to deal with complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Bullying &amp; Harassment</li> <li>• Grievance and Disciplinary Policy</li> </ul>
<p>Complaints in relation to decisions of Freedom of Information internal reviewers</p>	<p>Refer to Office of the Information Commissioner to deal with the complaint in line with the Freedom of Information Act 1997 and 2003 <a href="mailto:info@oic.ie">info@oic.ie</a></p>
<p>Complaints in relation to breaches of Data Protection Rights</p>	<p>Refer to Data Protection Commissioner to deal with the complaint in line with the Data Protection Act 1988 and 2003 <a href="mailto:info@dataprotection.ie">info@dataprotection.ie</a></p>
<p>Complaints in relation to Environmental Issues</p>	<p>Refer to Local Environmental Health Office to deal with the complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Food Safety Authority of Ireland Act 1998</li> <li>• European Communities (Hygiene of Foodstuffs) Regulations 2006</li> <li>• Food Hygiene Regulations 1950 – 1989</li> <li>• Public Health (Tobacco) Acts 2002 &amp; 2004</li> </ul>

**Appendix 2: List of Advocacy Agencies**

Name	Contact Details	Location
Citizens Information Board	0761 07 9000 <a href="mailto:information@ciboard.ie">information@ciboard.ie</a>	George's Quay House 43 Townsend Street Dublin 2 D02 VK65
Irish Association for Counselling and Psychotherapy	(01) 230 3536 <a href="http://www.irish-counselling.ie">www.irish-counselling.ie</a> <a href="mailto:iacp@iacp.ie">iacp@iacp.ie</a>	1st Floor, Marina House, 11-13 Clarence St, Dún Laoghaire, Dublin
Threshold - The National Housing Charity	1800 454 454 <a href="http://www.threshold.ie">www.threshold.ie</a>	Head Office 21 Stoneybatter Dublin 7
Irish Advocacy Network	01 8728684 <a href="mailto:admin@irishadvocacynetwork.com">admin@irishadvocacynetwork.com</a>	First Floor, The Tannery Building, 53 – 56 Cork Street, Dublin 8, D08 X31R
Residential Tenancies Board	01 - 2310500 1800 200 700 <a href="mailto:registrations@rtb.ie">registrations@rtb.ie</a> <a href="http://www.rtb.ie">www.rtb.ie</a>	PO Box 47 Clonakilty County Cork



## **Appendix 4: Listen Approach**

Use the Listen approach to assist you when receiving a verbal complaint:

### **Listen**

Listen carefully to the issues being raised by the complainant.

### **Identify**

Identify if there are multiple issues relevant to the complaint and separate each issue. Attempt to identify any hidden or underlying issues that may exist. Summarise 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 complaint.

### **Summarise**

Summarise the issues to clarify and check that you understand what the person is telling you. Ask the patient / service user to confirm that they agree with your interpretation of their complaint.

### **Thank the Person**

Thank the person for taking the time to make the complaint.

### **Empathise and Explain**

Empathise and acknowledge the feelings of the complainant. Explain to the complainant that there will be no negative repercussions. Explain what will happen next e.g. you may need to contact your manager. An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint. Training for staff must deal with the area of expression of regret and apology. Staff must also be given the skills to recognise when a complaint can or cannot be resolved at first point of contact and when the complaint needs to be referred to the DCO for appropriate management.

### **Now Act**

Assess the verbal complaint. Once a verbal complaint is received, the person receiving the complaint must ensure that they get as much information as possible about the complaint to assist them in assessing the seriousness and/or the complexity of the complaint. This in turn assists staff in determining if the complaint should be resolved at the point of contact or if the complaint should be referred to the DCO for management at Stage 2 of the complaint management process. Staff should only attempt to manage complaints received at the point of contact if due care has been taken to establish that all issues can be addressed appropriately at the point of contact.

**Appendix 5: Verbal Complaints Log Form**

**For the Attention of the Designated Complaints Officer - Anew Support Services CLG  
Verbal/Informal Complaints Log Form**

<b>Unit /Department:</b>		<b>Date complaint made:</b>
<b>Name of staff member/s who managed complaint:</b>		
<b>Complainant (Tick as appropriate)</b> <b>Patient/Resident:</b> <input type="checkbox"/> <b>Relative:</b> <input type="checkbox"/> <b>Other (specify):</b> ..... .....	<b>Name</b>	<b>&amp; Contact Details</b>
<b>Details of Complaint:</b>		
<b>Desired outcome for the complainant:</b>		
<b>Actions Taken:</b>		
<b>Outcome:</b> <b>Resolution achieved? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (If no briefly outline why)		
If No, has the person been informed of the process for making a formal complaint? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Staff Signature:</b> _____		<b>Date:</b> _____
<b>Date received by DCO:</b> ...../...../.....		
<b>DCO Signature:</b> .....		

**Anew Support Services CLG**

**Tara Street, Dublin 2**

This form is to help you provide us with the necessary information to deal with your complaint. Please use additional sheets if necessary. You may also write your own letter and use the headings in this form to assist you. When you have completed the form please return it to:

- The DCO

**Or**

- Directly to the CEO

If you require assistance with this form, please ask a member of our staff.

Thank you.

**Section 1**

Please provide your details below:

Name: .....

Address: .....

.....

Contact Phone number: .....

Do you have any special needs (e.g. wheelchair access, sign language, need for interpreter etc) that you would like us to facilitate?

.....

.....

**Section 2**

If you are writing on behalf of a client/guest please provide their details

Name:.....

Address:.....

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.....

Please state your relationship to the client/guest:.....





Summary Of Complaint (continued)

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**Section 4.**

Have you attempted to resolve the matter prior to this? Yes  No

If Yes, what happened?: .....

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**Section 5.**

What would you like to happen as a result of your complaint?:.....

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Signed:..... Date:...../...../.....