St. Michael's House

Comments, Compliments and Complaints Policy

Written By:	....	**Quality Safety & Risk Department**
Reviewed By:	....	**Donnchadh Whelan & Mary Kiely**
Approved By:	....	**EMT**
Signed:		 ***Tara Molloy, Interim C.E.O.***
Effective From:	....	**September 2004**
Reviewed:	....	**June 2026**
Signed:		***Tara Molloy, Interim C.E.O.***
Next Review Date:	....	**May 2028 or prior to that of the HSE Policy changes**
Distributed To:	....	**Organisation-wide**
Monitoring Mechanism:	....	**Executive Management Team.**

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All Policies and Procedures are in line with *St. Michael's House* ***Values***

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Versions of Policy.

Version	Date	Amendments	Written By / Reviewed by
1.0	September 2004		Complaints Manager
2.0	April 2015		Complaints Manager
3.0	August 2016		Complaints Manager
4.0	February 2018		Complaints Manager
5.0	December 2019		Complaints Manager
6.0	March 2020		Complaints Manager
7.0	October 2022		Complaints Manager
8.0	April 2026		Complaints & Incident Manager
9.0	June 2026		Complaints & Incident Manager

1.0 Terms and Definitions:

Advocate	An advocate is somebody who can act on the patient's or the patient's family's behalf when dealing with a healthcare service. An advocate can represent the views of those seeking information or making complaints when required.
Clinical Judgment	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 patient".
Close Relative	Section 45 of the Health Act 2004 defines "Close Relative" as a person who; ▶ is a parent, guardian, son, daughter or spouse of the other person, or ▶ is cohabiting with the other person.
Complaint	The Health Act 2004 defines a complaint as; *"A complaint means a complaint made about any action of the Executive, or a Service Provider (see definition below) 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.
Complaints Management System	Is a unified, standardised national database, developed in partnership with the State Claims Agency, that captures real-time feeback data.
Complaints Manager	A person assigned by their organisation for the purpose of championing the feedback process, including the routine monitoring and review of same.
Complaints Officer	A person designated by the HSE for the purpose of dealing with complaints 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.
Compliment	An expression of praise, commendation or admiration.

Comment	A verbal or written remark expressing an opinion or reaction.
Enquiries	An enquiry is a request for information, clarification, etc. that can be resolved /responded to straight away or by the end of the next working day. These are not reported as complaints and fall outside complaints management arrangements.
Feedback	Feedback consists of the views and opinions of patients and service users on the care that they have experienced. This may include a comment, compliment or a complaint.
Head of Service (Accountable Officer)	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.
Personal Data	Personal data is defined as data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or likely to come in to the possession of the data controller.
Point of Contact Complaint	This is a complaint (see Complaint definition) which can be either verbal or written that has the potential to be resolved at Stage 1.
Policy, Procedure, Protocol, Guidleline (PPPGs)	A policy is a written statement that clearly indicates the position and values of an organisation on a given subject. A procedure is a written set of instructions that describe the approved and recommended steps of a particular act or sequence of events. A protocol is a written plan that specifies procedures to be followed in defined situations. A protocol represents a standard of care that describes an intervention or set of interventions. A guideline is defined as a principle or criterion that guides or directs action.
Processing	Processing means performing any operation or set of operations on data, including: obtaining, recording or keeping data, collecting, organising, storing, altering or adapting the data; retrieving, consulting or using the data; disclosing the data by transmitting, disseminating or otherwise making it available; aligning, combining, blocking, erasing or destroying the data.

Review Officer	A person appointed 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.
Review Process	A Review Process for complaints is one which gives the complainant an opportunity to have the recommendations made after the investigation of their complaint reviewed either internally by Review Officers or externally by the Ombudsman or Ombudsman for Children.
Service Provider	(External to HSE) Part 7, Section 38 of the Health Act 2004 defines a Service Provider as a person with whom the Executive enters into an arrangement for the provision of a health or personal social service on behalf of the Executive, e.g. Nursing Homes, non-statutory Residential/Respite Homes/Centres etc. 38.(1) The Executive may, subject to its available resources and any directions issued by the Minister under section 10, enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of a health or personal social service by that person on behalf of the Executive. Part 7, Section 39 of the Health Act 2004 refers to any person or anybody that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide, and to whom the Executive has given, or proposes to give, assistance. Assistance is defined in Section 39 as including; ▸ contributing to the expenses incurred by the person or the body. ▸ permitting the use by the person or the body of premises maintained by the Executive, and where requisite, executing alterations and repairs and supplying furniture and fittings for such premises. ▸ providing premises (with all requisite furniture and fittings) for use by the body or the person.
Service User	Service user refers to a person who uses health or personal social services provided by the HSE or HSE funded services.

2.0 Policy Specifics:

The Complaints Policy ensures that when something goes wrong within our services, staff respond promptly, treat everyone fairly, and take the opportunity to learn from mistakes.
It promotes consistent, transparent, and accountable handling of concerns, with the aim of preventing similar issues from happening in the future.

At St. Michael's House we welcome feedback from the people we support, their families and advocates on an ongoing basis. We want people to tell us when we get things wrong and when we get things right.

All complaints are viewed as an opportunity to continuously improve the quality of the services that we provide, and to learn lessons to prevent similar occurrences in the future. We take all complaints seriously whether verbal or written.

We commit to handling complaints appropriately and sensitively in accordance with this policy. We also commit to safeguarding the rights and dignity of both the people we support and our staff in the implementation of this policy (and associated supporting documents). We know that it is difficult for people to make complaints, and we assure people that they will not be in any way disadvantaged by making a complaint.

Most complaints can be resolved at the first point of contact when both parties genuinely engage in trying to resolve the issues which led to the complaint. At St. Michael's House We support staff to resolve concerns quickly and effectively wherever possible, and we give them authority to deal with complaints in the best interest of the people we support.

Organisational Learning

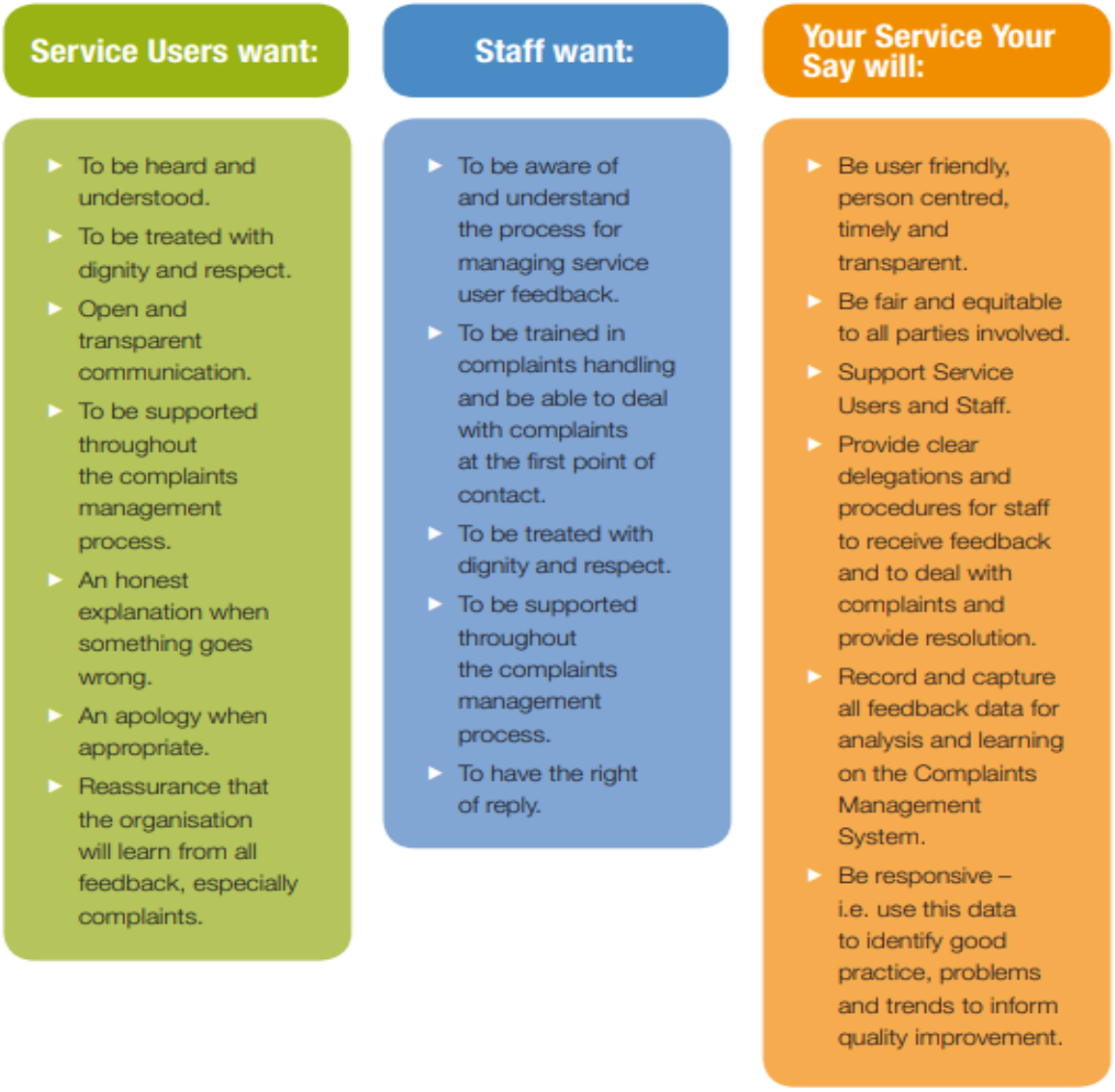
Complaints are used to:

- Improve service quality
- Identify system failures
- Prevent recurrence of issues
- Inform training and service development.

Complaints data is reported to:

- Executive Management Team
- Board of Directors
- Health Service Executive (HSE).

People who make a complaint want the following:



3.0 Scope

This policy applies to all feedback, comments, compliments and complaints relating to services provided by St. Michael's House.

How to Provide Feedback:

If you wish to provide feedback (comment, compliment or complaint) about any aspect of our service, please:

- Tell a staff member.
- Email your feedback to ***info@smh.ie***
- Complete a Feedback Form and leave it with a member of staff providing services you are using or visiting. (See Appendix 1 for Complaints and Feedback Form)
- Telephone us on 01 8840200 (Ballymun HQ), 01 8770500 (Coolock), 01 2990500 (Goatstown) 9am-5pm Monday to Friday. Your call will be answered by a member of staff from reception, and they will report it to the relevant manager.

3.1 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 health or personal social service by St Michael's House.
- Any person who is seeking or has sought provision of such service.

The complaint can be about any action about St Michael's House or the service provided that;

- It is claimed does not accord with fair and sound administrative practice, and
- Adversely affects or affected that person.

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.

3.2 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 either the executive or a service provider,
- An action taken by the executive or a service provider solely on the advice of a person exercising clinical judgment,
- A matter relating to the recruitment or appointment of an employee by the executive or a service provider,
- 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 (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 be the subject of an appeal under Section 60 of the Civil Registration Act (2004),
- 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 Complaints Officer 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 or any extension of that period,
- Allowed. Further information is detailed under 8.1 Timescales for making a complaint.

A Complaints Officer 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;

(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

- Is satisfied that the complaint has been resolved.

Please see Appendix 2 for Part 9 of the Health Act (2004) and for the Health Act (2004) (Complaints) Regulations 2006.

4.0 Purpose:

The purpose of this Policy and the supporting document, *Your Service, Your Say,* the Management of the people we support Feedback including Comments, Compliments and Complaints Guidance Manual, is to ensure that:

- The feedback process is accessible, flexible, and responsive to the needs of the people we support, through a 'no wrong door' approach.
- An environment is provided and promoted that encourages and enables the people we support to give feedback.
- An environment is provided and promoted that safeguards the rights of the people we support and ensures that those providing feedback are listened to and treated with dignity, courtesy, and empathy.
- A culture is promoted in which both the people we support, and service provider have an equal voice and are considered of equal importance in the feedback process.
- Feedback is responded to promptly, and complaints are investigated thoroughly in an open, honest, and transparent manner.
- Communication with the people we support is maintained throughout the feedback process.
- The people we support are involved in and informed of the outcomes of their feedback.
- When failures in care are identified, these are acknowledged to the people we support, an apology is provided, and appropriate action is taken.
- The people we support, and staff involved in complaints are provided with support throughout the complaints management process.
- Management and staff have the knowledge and skills to effectively manage feedback.
- Learning from feedback is identified and acted upon, shared with both the people we support and staff, and used to reduce the likelihood of similar events occurring in the future.

- Learning from feedback informs service planning and quality improvement programmes.
- The feedback process complies with obligations regarding confidentiality, Data Protection, and Freedom of Information.
- Services are supported to meet the requirements of the National Standards for Safer Better Healthcare (2012) and comply with the provisions of the National Healthcare Charter (2012).
- The feedback process aligns with the Ombudsman's Learning to Get Better Report 2015 and its 2018 progress report.

5.0 Roles and Responsibilities

Staff Role.	Responsibilities:
Frontline Staff.	▪ Listen to the complaint carefully. ▪ Where possible manage the complaint at the point of contact. ▪ Apologise for what has led to the complaint and assure the complainant that everything possible will be done to resolve the issue(s) raised. ▪ Complete a *Managing an Expression of Dissatisfaction/ Complaint Form*. (Appendix 1) ▪ Inform and/or refer complaint (if it cannot be managed by you) to the Person In Charge (PIC) ▪ Acknowledge compliments and report to PIC.
Person in Charge (PIC)/ Line Manager	▪ Ensure all staff are familiar with the Comments, Compliments and Complaints Policy. ▪ Acts as the first line manager responsible for resolving complaints locally and escalating complaints where necessary. ▪ Support frontline staff to manage complaints at point of contact. ▪ Ensure relevant information is recorded on the *Managing an Expression of Dissatisfaction/ Complaint Form* - (Appendix 1). ▪ Communicate with staff member and complainant. ▪ When unable to resolve a complaint escalate to Service Manager or Head of Department. ▪ Report all complaints to Service Manager. ▪ Implement local recommendations made. ▪ Include as a standard agenda item at staff meetings. ▪ Celebrate compliments and report to Service Manager.
Service Manager	▪ Support PIC's and frontline staff to manage complaints at point of contact. ▪ Ensure complaints are discussed regularly. ▪ Oversee the implementation of recommendations. ▪ Inform the Director of Services of complex complaints. ▪ Acknowledge Formal complaints & compliments and report quarterly to Administration Area Staff nominated to record complaints for your area. (See Appendix 3 for Administration Form) ▪ Complete reviews as requested by Director of Services.

Director of Services	▪ Oversee all complaints within area of responsibility. ▪ Nominate staff to complete reviews. ▪ Correspond with complainant where appropriate. ▪ Oversee the implementation of recommendations. ▪ Assume responsibility for the implementation of policy within area. ▪ Provide updates to the Executive Management Team as requested.
Complaint and Incidents Manager	▪ To oversee the reporting and management of complaints and the implementation of the organisation's Comments, Compliments and Complaints policy ▪ Review and analyse complaints to ensure identified corrective and preventative actions are implemented and that learning is shared. ▪ To provide an advisory, supportive role to the Person-in-Charge (PIC) or the Head of Department in the management of complex complaints from service users ▪ To support the Person in Charge to assist service users to provide direct feedback on their service. ▪ To review and update the Comments, Compliments and Complaints Policy as required. ▪ May act as Review Officer where independent from the original complaint investigation when instructed by the CEO.

6.0 Policy Provision.

The policy is designed to manage feedback, comments, compliments, and complaints from users of St Michael's House Services.

The policy aims to improve service quality by reviewing feedback and ensuring that complaints are addressed in a structured manner.

6.1 Timescale 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, a Complaints Officer has the discretionary delegated authority to investigate a complaint outside these timeframes if they deem it appropriate to do so.

6.2 Principles of the Policy:

Feedback will be guided and managed by ***five key principles***:

- **Enabling Feedback.**
- **Listening and Responding to Feedback.**
- **Supporting the people in our service.**
- **Supporting Staff.**
- **Learning, Improvement, and Accountability.**

The implementation of these principles fosters a culture where feedback is encouraged, allowing the people we support to make both **positive comments and complaints**. These principles are embedded as a core component of service delivery.

Guiding Principles	Demonstrated by
Enabling Feedback	▸ Feedback from service users is encouraged. ▸ Information is made widely available to service users explaining how to provide feedback. There are multiple access and referral points which are actively promoted to service users and which are user friendly. ▸ The feedback process is easy for all service users to use and the necessary supports provided to assist them within this process. ▸ All healthcare providers have a complaints process overseen by a Complaints Manager. ▸ Positive feedback i.e. compliments, are also encouraged and recorded so that the service provider can capture good practice. ▸ Staff are empowered to receive complaints and to view them in a positive way and as a means of improving relationships, learning and making positive changes which will contribute to safer, better healthcare services.
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 service users is open, honest, transparent and responsive to their needs. ▸ Each complaint is received and investigated on its own merit. ▸ The needs of both service users and staff are considered within the complaints management process. ▸ Service users are involved in the complaint management process. ▸ Service users are informed of the outcome of a complaint, and subsequent agreed actions which may arise.

Supporting Service Users

- Service users are given whatever help and support they require to provide feedback.
- A clear process in relation to the management of feedback is communicated to service users.
- Service users are treated with dignity and respect.
- Service users are supported throughout the complaints management process.
- Ongoing communication with the service user throughout the complaint management process is maintained.
- Service users are 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.

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.
- The practical, professional, psychological, emotional and social needs of staff involved in or affected by feedback are identified and addressed.

Learning, Improvement and Accountability

- Staff responsible for investigating and resolving complaints are trained in complaints handling.
- Information from feedback including complaints are regularly reported to senior management via the Complaints Manager.
- Information on trends identified through feedback is publicly available.
- 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 have been informed of this.

6.3 The Four Stages of the Complaints Management Process.

There are **four stages** in the complaints process**. (See Complaints Management Pathway page 18).**

Stage 1:
Local Resolution (Informal)

This is the **first point of contact** or escalate to **PIC.**
Staff should:

- Listen carefully and show empathy.
- Apologise where appropriate.
- Attempt to resolve the issue immediately.
- Record the complaint.
- Inform the Complaints Officer if necessary.

Ideally, most complaints should be resolved at this stage.

Stage 2:
Formal Investigation

If the complaint cannot be resolved locally, it moves to **Stage 2**.

Stage 2(a) Preliminary Review by Service Manager.
The Service Manager :

- Reviews the complaint.
- Decides if further investigation is required.
- Responds within **5 working days.**

Stage 2(b) Full Review by Director of Service

The Director of Service:

- Conducts a full investigation
- Prepares a report.
- Makes recommendations.
- Provides a written response.

Timeline:

- Normally completed within **30 working days**
- Updates must be given every **20 working days** if delayed.

Stage 3
Internal Review by the Office of the CEO

If the complainant is not satisfied:

- The complaint can be reviewed by a **Review Officer in the CEO's Office**.
- The Review Officer can:
  (i) Uphold the decision.
  (ii) Amend the decision.
  (iii) Recommend another review.

Stage 3b:
HSE Review

The complainant is not satisfied, they may request a review by the **Health Service Executive (HSE)**. This request must be made within **30 working days** after the internal review.

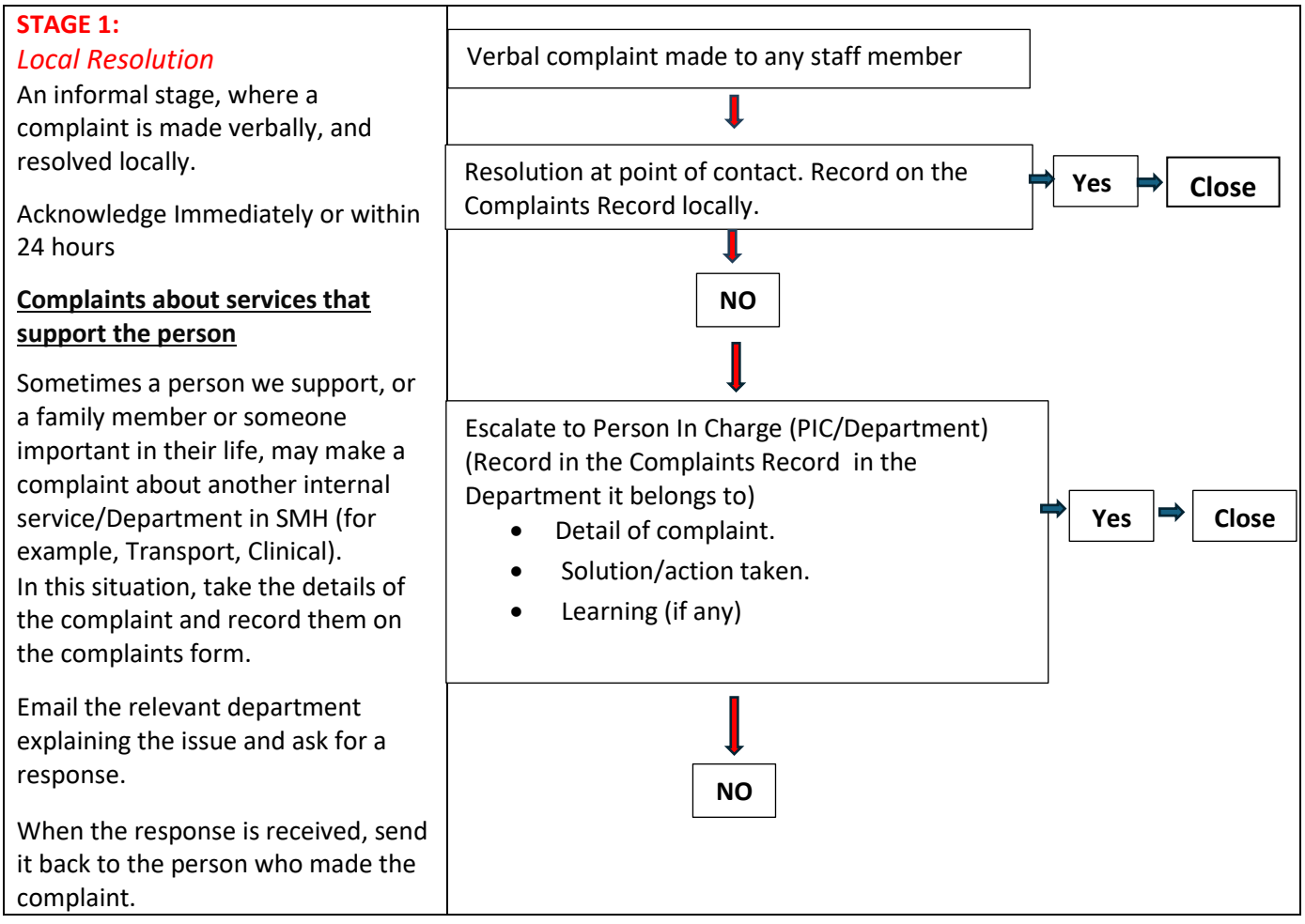
Stage 4:
Office of the Ombudsman / Ombudsman for Children
If still dissatisfied, the complainant may refer the complaint to:

- **Office of the Ombudsman**
- **Ombudsman for Children**

These bodies provide an **independent review**.

See below for the Complaints Management Pathway:

6.4 Complaints Management Pathway



STAGE 2:
Formal Investigation.

Stage 2a is the start of a formal complaint and involves making a written complaint.

Person Responsible**:**
Service Manager (SM)

Stage 2b
Person Responsible**:**
Director

STAGE 3:
Internal Review

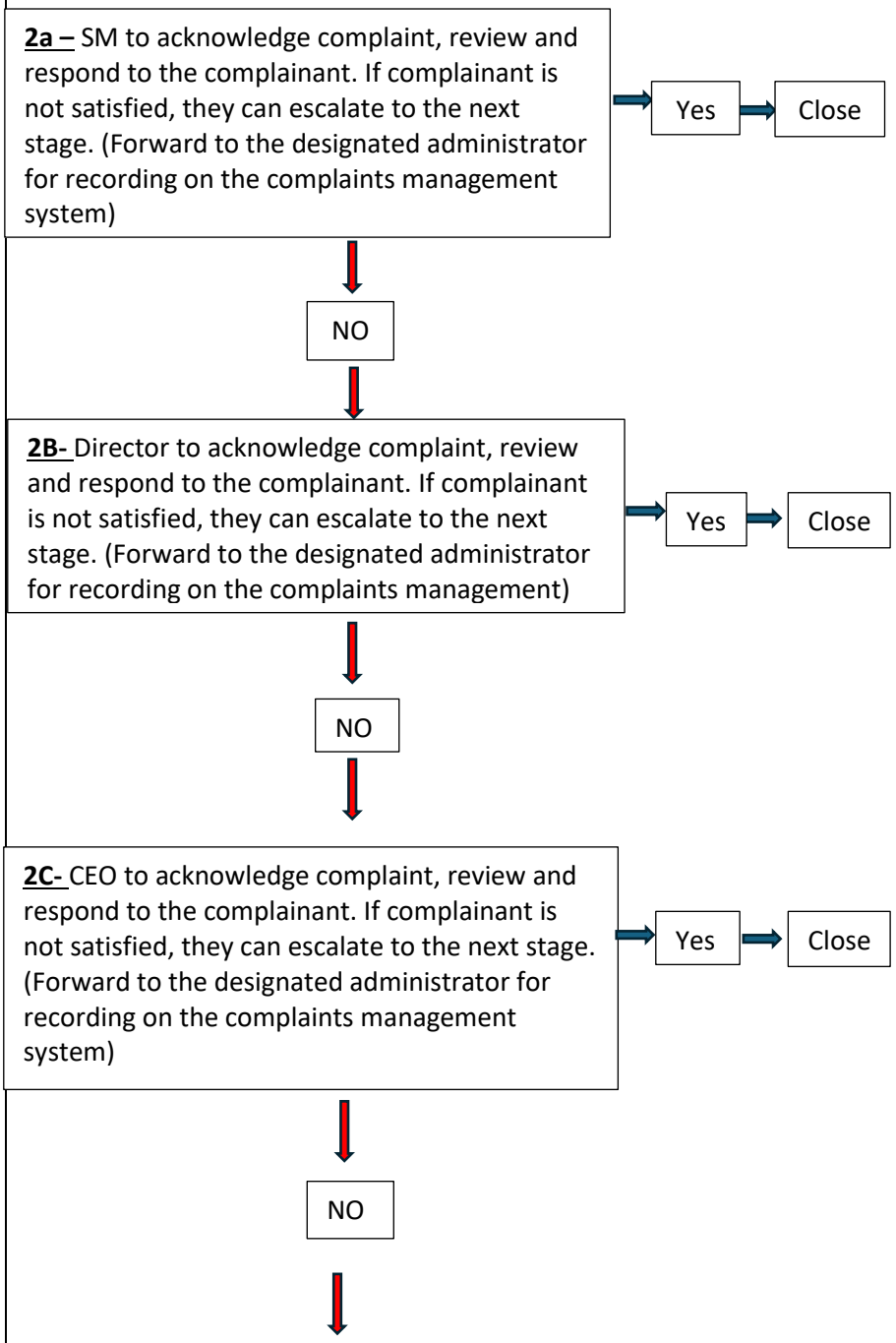
Person Responsible**:**
CEO

Timeframe:

Acknowledged at each stage within 5 working days.

Investigation by Complaints Officer within 30 working days.

If there is a delay, inform complainant by the due date and update complainant every 20 days.



STAGE 3b: Health Service Executive (HSE) This must be made by the complainant within 30 Days of receiving the report from SMH. **Timeframe:** Acknowledged at each stage within 5 working days.	An internal review in the HSE if a person is not happy with the way the complaint, they made under Stage 2 has been handled. Stage 3b can be skipped, and complainant can go directly to stage 4, Ombudsman. The HSE Review Officer aims to conclude the review within 20 working days of the acknowledgment, but extensions are possible. Yes → Close ↓ NO ↓
STAGE 4: Office of the Ombudsman / Ombudsman for Children Independent Review. **Timeframe:** No specified timeframe	When a complaint goes to independent review means an external organisation, such as the Ombudsman or the Medical Council, receive the complaint. A person can request an independent review if they are unhappy with the outcome of the stage 2 or stage 3 processes.

Process Timeframe - 6 months from the date the complaint was raised.

6.5 Advocacy

Everyone who wishes to make a complaint has the right to appoint an advocate. 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 spouse, a parent, a close relative or a carer.
- A guardian or a person acting in loco parentis.
- A legal representative.
- A personal advocate
- Any person who, by law or by appointment of a court, has the care of the affairs of that person.
- Any other person with the consent of the person.
- Any other person who is appointed as prescribed in the regulations under Part 9 of the Health Act (2004)

The National Advocacy Service established in March 2011 provides representative advocacy for people with disabilities between the ages of 18 and 65. It provides an independent, confidential and free representative advocacy service that works exclusively for the person using the service.

The contact number for the National Advocacy Service (NAS) is Telephone No: 075 103000 (10:00 a.m. to 4:00 p.m. Monday to Friday).

The Person-in-Charge (PIC) or Service Manager (SM) will be available to the people we support to ensure all complaints are properly responded to and records are maintained. If the Service Manager is acting as the Complaints Officer or the complaint is about them the Registered Provider will nominate an alternative person to this role.

In some instances, St. Michael's House may support a service user to make a referral to an advocacy service for further support to resolve a complaint.

6.6 Anonymous Complaints

Complainants must provide contact details when making a complaint against St Michael's House to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information. It is the policy of St Michael's House to review the complaint within the limitations of the information provided to assure that the welfare of service users is not at risk and that action is taken, as appropriate.

Anonymous complaints:

- Are recorded.
- May not be fully investigated due to lack of information.
- Must still be considered to ensure service user safety.

6.7 Vexatious Complaints

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. (See Appendix 9 for handling of Vexatious Complaints)

6.8 Accessibility in Meeting the Needs of the people we support

All Service Users should be supported when making decisions in relation to their health and social care, including maximising a person's capacity to make such decisions. This support applies to everyone and to all health and social care settings.

Information relating to comments, compliments and complaints will be made available in accessible formats, including Easy Read, large print, alternative languages and communication supports where required. All service users should be given the time and support(s) they need to maximise their ability to make decisions for themselves including the right to make a complaint.

(See Appendix 5 for Easy Read version of the complaints Policy and Complaints form).

6.9 Open Disclosure

St Michael's House operates a policy on open disclosure and promotes a culture of openness and transparency in relation to the management of feedback.

The link between open disclosure and incidents in Ireland is legally defined by the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. It legally mandates providers like us to openly inform Service Users/relevant person about specific serious incidents (notifiable incidents) and requires these events to be reported to regulatory bodies. staff must communicate honestly and compassionately, provide an apology or expression of regret, explain what happened, and detail the steps being taken to prevent future occurrences.

Further information on, and resources for, open disclosure are available in the Policy section on the Intranet.

6.10 Apology

It is the policy of St Michael's House that where failures in the delivery of care to a service user have been identified, these failures must be acknowledged to the service user and a meaningful apology provided.

6.11 Redress

To offer redress as part of the management of feedback. Redress is a commitment to acknowledge, apologise and explain when things go wrong and put things right quickly and effectively.

Where appropriate, the organisation may offer:

- An apology.
- Explanation.
- Service improvement.
- Other reasonable remedies.

Redress must be approved by the **Director of Services**.

6.12 Withdrawal of Complaints

A complainant may withdraw a complaint at any time. However, the organisation may continue the investigation if **public interest requires it**.

6.13 Consent

The investigation, management and approach to the resolution of a complaint should be undertaken with the knowledge and consent of the service user.

6.14 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 St Michael's House 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 GDPR (EU) 2016/679 and 2003, that consent to access Service User confidential information is obtained where required and that decisions made during the complaint management process are supported by facts and evidence.

6.15 Confidentiality and Data Protection

Maintaining privacy and confidentiality of service user information is a basic principle of managing service user feedback including complaints. It is the role of all St Michael's House staff to ensure that privacy and confidentiality is maintained. The Data Protection Acts (1988) and The Data Protection Acts (2003) place an obligation on the HSE and staff to safeguard the right of individuals in relation to the processing of their personal data.

This applies to both personal data of our clients 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;

- Informed of the complaint,
- Informed of the conclusions reached following investigation of the complaint and of the findings which informed these conclusions, and
- Afforded the opportunity to respond to any adverse findings.

7.0 Persons Affected

Health and Social Care can however be both complex and complicated and sometimes complaints cannot be dealt with as early and as effectively as we would like. Therefore, it is appropriate that we have a policy and procedures which enable both our staff and the people who use our services to have complex and serious issues reviewed appropriately and effectively.

Sometimes this can take a little longer, but the people we support, and their families must always receive information and updates as the process continues. We will uphold the principles of natural justice and fair procedures in handling complaints about our services.

This policy sets out the attitudes and the processes which we believe will lead to best outcomes for all.

Remember; Complaints relating to both clinical and administrative / management matters are covered under this policy except the small proportion of issues which relate solely to clinical judgement, HR policy and process, matters relating to Social Welfare etc. (see Appendix 2 for details of exclusions).

This policy is not for staff complaints- Refer to the Grievance procedure located in the downloads on Intranet.

7.1 Clinical Complaints

Complaints involving **clinical judgement** (e.g., diagnosis or treatment decisions) are handled through a **separate clinical review pathway**. (See Appendix 6)
Where there is a possibility that a complaint may include an element of a clinical nature, that complaint must be assessed by the Complaints Officer to determine if the complaint or parts of the complaint may be clearly defined as clinical judgement.

The Health Act (2004) defines clinical judgement as being:
"A decision made, or opinion formed in connection with the diagnosis, care or treatment of a patient"

The person making a clinical decision or forming an opinion in connection with the diagnosis, care or treatment of a patient must be suitably qualified and registered with a professional body or regulator (e.g. CORU, NMBI).

It should be noted that in some instances, where a complaint in relation to clinical practice has been made, that fitness to practice may also need to be considered. In such instances, the relevant line manager/ head of discipline/department should consult with the professional's code of practice and identify what elements of the code are under concern. Details of how to manage fitness to practice concerns are found in the CYP (Children's and Young Persons Services) Clinical Governance Policy and in the Adult Services Clinical Governance Policy.

If a complaint contains **both clinical and non-clinical issues**, both aspects are investigated **in parallel**. (See Appendix 6)

8.0 Details of Policy Development/Review Process

The Quality, Safety and Risk Department will audit and revise both this Policy and the accompanying Documents on a three-year basis. This section of new or reviewed policies outlines the process followed for the development or review of the policy. All policies developed/ reviewed should include some/ all of the sections below.

- **Consultation with Service Users re Policy Development-** in line with Convention on the Rights of People with disabilities it is important to consider at an early stage how service users can be engaged in the process of policy development**.**
- **Consultation with other relevant stakeholders-** it is best practice to engage with and consult a representative sample of stakeholders who will be required to implement the policy. Consider employees/ particular staff groups, external stakeholders, funders, representative organisations, community groups etc...
- **Easy Read Policies**- where possible easy read information should be developed with service users. A decision may be taken, in consultation with service users, to provide a summary of the policy in Easy Read if this captures the most important information to them. The Easy Read information should contain the policy statement and the purpose of the policy.
- **Review of relevant documentation including legislation, regulations, national policies, guiding principles-** it is best practice to review existing information before beginning the process of writing/ reviewing a policy. It is important that policies relating to adult service users are developed in line with the Assisted Decision Making (Capacity Act 2015), as amended.
- **Progressing Disabilities and Adult Services-** all polices being developed/ reviewed should be cross- referenced for existing policies in adult/ children's services. SMH provide services to both adults and children and there should be a synergy between polices as they apply to adults and children services. Each policy should outline how it applies to different service types and the process for ensuring a synergy between children's and adult services.

9.0 Compliments

At St. Michael's House we believe that we deliver high quality services to our service users. We have outlined the importance of dealing with complaints about our services. It is also important to recognise when we do things well and to acknowledge the high-quality services delivered by our staff.

Many people acknowledge verbally and in writing the good services received by them or a member of their family. These expressions of satisfaction must also be recorded, collated and analysed. (See Appendix 10 for recording compliments) Theses should be sent to your Service Manager/Line Manager to be recorded by Service Area Admin.

Compliments should be shared with staff and teams as part of organisational learning, staff recognition and quality improvement. Recording compliments promotes a culture of learning and development across the organisation where we want to recognise and appreciate our staff while promoting and building on good practice.

10.0 How Information will be Disseminated and Implemented.

Information about how to provide feedback or make a complaint is distributed through multiple channels to ensure it is accessible to all service users.

- Public **Displays & Leaflets**: Standardized "Complaints" posters must be prominently displayed in public areas of St Michael's House and Centres.
- **Online Platforms**: Detailed procedures and digital submission forms are available on the **St Michaels' House Website**.
- Direct **Staff Communication**: Staff are trained to verbally explain the complaints process to the people we support and families and must offer assistance to those who may need help completing forms. Staff Complaints Training available on OTC-https://yourotc.net/course/view.php?id=258. Service User Complaints Video-Activity Hub:https://www.smh.ie/activityhub/resources/life-rights-choices/taking-part/

Many people acknowledge verbally and in writing the good services received by them or a member of their family. These expressions of satisfaction must also be recorded, collated and analysed. (*See Appendix 10 for Compliments Form*)

11.0 Relevant legislation, regulations and related policies, including guidance documents:

The Health Service Executive (HSE) complaints process in Ireland is governed by specific legislation that ensures service users can provide feedback, compliments, and complaints regarding health services. The primary policy framework for this is "*Your Service, Your Say*".

Relevant Legislation:

- **Health Act 2004 (Part 9, Sections 45–55):**
  (i) This is the core legislation establishing the statutory complaints process. It mandates that the HSE must review, act upon, and respond to feedback.
- **Health Act 2004 (Complaints) Regulations 2006:**

(ii) These regulations define the procedures for investigating complaints, appointing Complaints and Review Officers, **and setting out obligations for record-keeping.**

- **Disability Act 2005 (Parts 2 & 3):**
  (iii) Relevant to complaints about disability services and access

Related Polices:

- **HSE Comments Compliments and Complaints Policy:** The main policy document, typically updated as "Your Service, Your Say," outlines the procedures for managing user feedback.
- **How to Handle Complaints - HSE Staff Procedure:** This guides staff on handling complaints empathetically, including using "I am sorry," accepting responsibility, and providing explanations.
- **Dignity at Work Policy (Revised 2022):** Addresses complaints regarding bullying, harassment, and sexual harassment, including those from patients/service users.
- **National Policy for Consent in Health and Social Care Research:** Relevant when complaints involve personal records or confidential information.
- **Your Service Your Say - Policy Documents (Lenus.ie):** Full policy PDF guiding the complaints process.

Guidance Document:

- **How to Complain to the HSE (Guide):** A step-by-step guide for patients.
- **Patient Advocacy Service:** Provides support for individuals making complaints, including a helpline and advocacy services.
- **Learning to Get Better - Ombudsman Report:** Guidance on improving complaints handling, emphasizing learning from feedback.

12.0 References (as necessary)

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
- Disability Act 2005
- Health and Social Care Professionals Act 2005
- Medical Practitioners Acts 1978-2011
- Nurses and Midwives Act 2011
- Comhairle (Amendment) Bill 2004
- Freedom of Information Acts and Amendments 1997-2014
- GDPR (EU) 2016/679 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, as amended
- Misuse of Drugs Act, 1977-2016
- The Citizens Information Act 2007
- Data Protection Act 2018
- Assisted Decision-Making (Capacity) (Amendment) Act 2022
- HIQA National Standards for Residential Services for Children and Adults with Disabilities (where applicable)

Appendix 1: Complaints and Feedback form is available in the downloads section on the Intranet (Click here **for the interactive form)**

St. Michael's House

COMPLAINTS

How your Complaints are dealt with in St. Michael's House

St. Michael's House is committed to dealing effectively with any complaints you may have about our service.

If we got something wrong, we will apologise and where possible we will try to put things right. We also aim to learn from our mistakes and use the information we gain to improve our services.

Sometimes, you might be concerned about matters that are not decided by us and we will then advise you about how to make your concerns known.

Informal Resolution

If possible, we believe it is best to deal with things as soon as possible and in the easiest and most direct way. If you have a complaint, raise it with the person you are dealing with. He or she will try to resolve it for you there and then. However, they may need time (maximum 5 days) to look into it.

If the member of staff can't help, they will explain why and you can then ask for your complaint to be formally investigated

How to Complain Formally

You can make a complaint in any of the ways below:

- You can ask for a copy of our complaint form from the person with whom you are already in contact (or see attached).
- You can use the form on our website at www.smh.ie
- You can email us at info@smh.ie
- You can write a letter to us at the following address:
  Complaints Officer, St. Michael's House, Ballymun Road, Dublin 9

We also aim to have complaint forms available at all of our Reception areas.

What will help us to manage your complaint?

- State your name, address and telephone number (and email, if possible) and whether you are acting on behalf of someone else.
- Briefly describe what your complaint is about stating relevant dates and times, if applicable.
- List your specific concerns starting with the most important concern.
- Be clear about what you are hoping to achieve(for example an apology, explanation, etc.)
- State your preferred method of communication.

It will assist the Complaints Officer if extra information and/or copies of relevant documents are attached to your complaint.

Dealing with your Formal Complaint

- We will formally acknowledge your complaint within five working days and let you know how we intend to deal with it.
- We will ask you to tell us how you would like us to communicate with you and establish whether you have any particular requirements for example, if you have language support needs
- We will deal with your complaint in an open and honest way.
- We will make sure that your interactions with us in the future are not changed because you have made a complaint.
- If you are making a complaint on behalf of somebody else, we will need their agreement to you acting on their behalf.

Review

If you are not happy about how the complaint was managed you can ask for a review.

Outcome

If we formally review your complaint, we will let you know what we have found.
This could be by letter or email, for example. If necessary, we will produce a longer report. We will explain how and why we came to our conclusions.

If we find that we got it wrong, we will tell you what and why it happened. If we find there is a fault in our systems or the way we do things, we will tell you what it is and how we plan to change things to stop it happening again. If we got it wrong, we will always apologise.

HSE

If we do not succeed in resolving your complaint, you may forward your complaint to the HSE:

Head of Consumer Affairs, HSE, Oak House, Millennium Park, Naas, Co. Kildare

Ombudsman

If we do not succeed in resolving your complaint, you may complain to the Ombudsman (or Ombudsman for Children, if appropriate).

The Ombudsman is independent and can look into your complaint if you believe that you personally, or the person on whose behalf you are complaining:

- Have been treated unfairly or received a bad service through some failure on our part
- Have been disadvantaged personally by a service failure.

The Ombudsman expects you to bring your complaint to our attention first and to give us a chance to put things right.

Ombudsman

You can contact the Ombudsman by:

Telephone: 01 6395600 / Lo-Call: 1890223030
Email: ombudsman@ombudsman.gov.ie
Website: www.ombudsman.ie
In writing to: The Office of the Ombudsman, 6 Earlsfort Terrace, Saint Kevin's, Dublin 2 D02 W773

The **Children's Ombudsman** by:
Telephone: 01 8656800 / Freephone: 1800 202040
Email: ococomplaints@oco.ie
Website: www.oco.ie
In writing to: Ombudsman for Children's Office, Millennium House, 52-56 Great Strand Street, D01FSP8



Learning Lessons

We take your complaints seriously and try to learn from any mistakes we have made. Our Executive Management Team considers a summary of all complaints on a regular basis as well as details of any serious complaints.

Where there is a need for change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it by.



What if you need help?

Our staff will aim to help you make your complaint known to us. If you need extra assistance, we will try to put you in touch with someone who can help.

You may wish to contact National Advocacy Service (NAS) Tel: 076 1073000 (10-4pm Mon-Fri) who may be able to assist you.



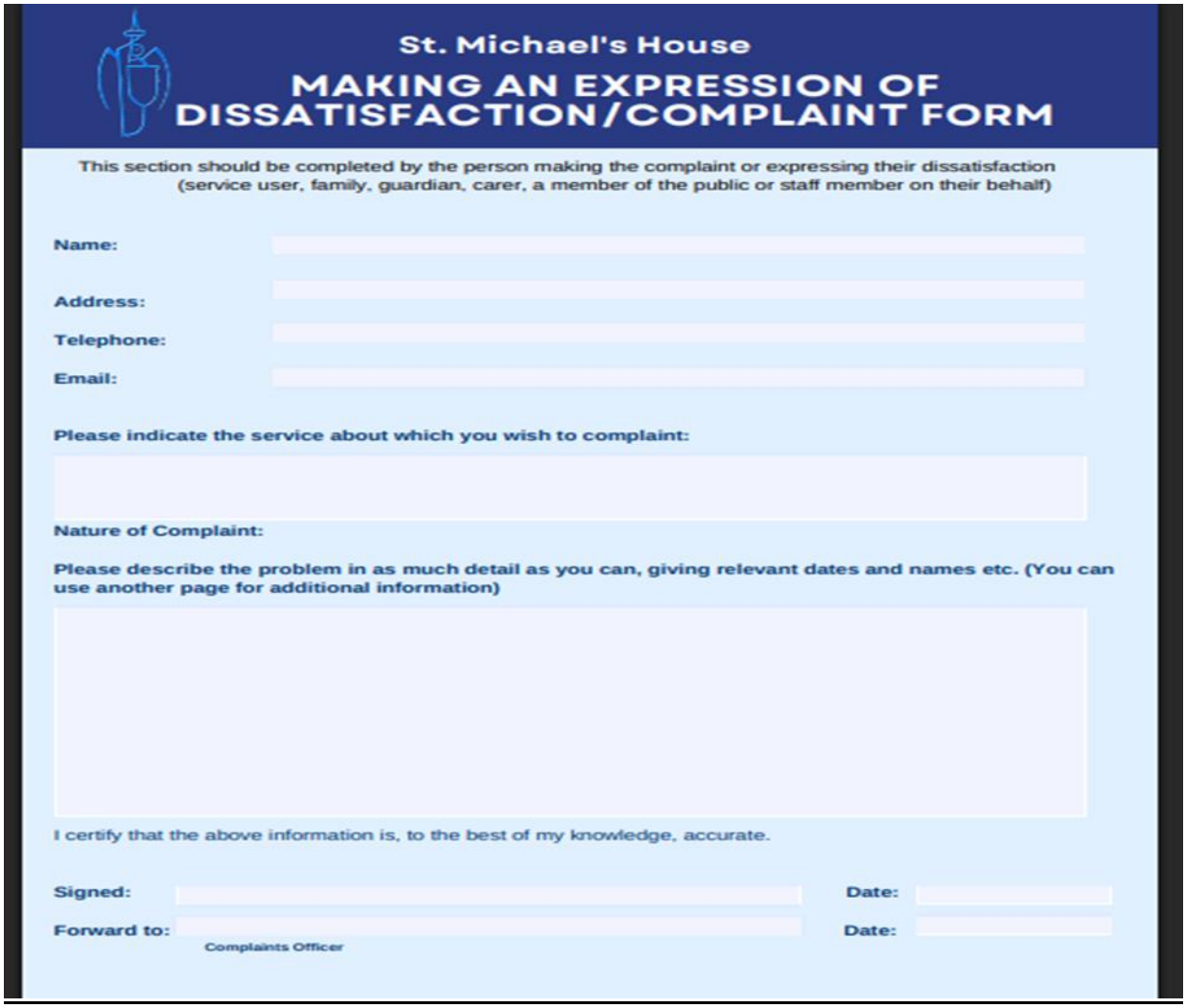
What we expect from you?

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a complaint.

We believe that all complainants have the right to be heard, understood and respected.

However, we also consider that our staff have the same rights. We, therefore, expect you to be polite and courteous in your dealings with us.

We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence.



St. Michael's House

MAKING AN EXPRESSION OF DISSATISFACTION/COMPLAINT FORM

This section should be completed by the person making the complaint or expressing their dissatisfaction (service user, family, guardian, carer, a member of the public or staff member on their behalf)

Name:

Address:

Telephone:

Email:

Please indicate the service about which you wish to complaint:

Nature of Complaint:

Please describe the problem in as much detail as you can, giving relevant dates and names etc. (You can use another page for additional information)

I certify that the above information is, to the best of my knowledge, accurate.

Signed: **Date:**

Forward to: **Date:**

Complaints Officer

Appendix 2: Health Act 2004 (Part 9)

45.—In this Part—

"Action" means anything done or omitted to be done—

(*a*) by the Executive, or

(*b*) by a service provider in connection with the provision of—

(i) a health or personal social service that is the subject of an arrangement under ***section 38*** , or

(ii) a service in respect of which assistance is given under ***section 39***;

"Close relative", in relation to another person, means a person who—

(*a*) is a parent, guardian, son, daughter or spouse of the other person, or

(*b*) is cohabiting with the other person;

"Complaints officer" means a person designated—

(*a*) by the Executive for the purpose of dealing with complaints made to it in accordance with procedures established under ***section 49*** *(1)(a)*, or

(*b*) by a service provider for the purpose of dealing with complaints made to the service provider in accordance with procedures established under ***section 49*** *(1)(a)* or *(2);*

"Complaint" means a complaint made under this Part about any action of the Executive or a service provider that—

(*a*) it is claimed, does not accord with fair or sound administrative practice, and

(*b*) adversely affects the person by whom or on whose behalf the complaint is made;

"Complainant" means a person who is entitled under ***section 46*** to make a complaint under this Part on the person's own behalf or on behalf of another.

46.—

(1) Any person who is being or was provided with a health or personal social service by the Executive or by a service provider or who is seeking or has sought provision of such service may complain, in accordance with the procedures established under this Part, about any action of the Executive or a service provider that—

(*a*) it is claimed, does not accord with fair and sound administrative practice, and

(*b*) adversely affects or affected that person.

(2) For the purposes of this Part, an action does not accord with fair and sound administrative practice if it is—

(*a*) taken without proper authority,

(*b*) taken on irrelevant grounds,

(*c*) the result of negligence or carelessness,

(*d*) based on erroneous or incomplete information,

(*e*) improperly discriminatory,

(*f*) based on undesirable administrative practice, or

(*g*) in any other respect contrary to fair or sound administration.

(3) If a person entitled under this section to make a complaint is unable to do so because of age, illness or disability, the complaint may be made on that person's behalf by—

(*a*) a close relative or carer of the person,

(*b*) any person who, by law or by appointment of a court, has the care of the affairs of that person,

(*c*) any legal representative of the person,

(*d*) any other person with the consent of the person, or

(*e*) any other person who is appointed as prescribed in the regulations.

(4) If a person who would otherwise have been entitled under this section 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.

47.—

(1) A complaint must be made within the specified period or Time limit for any extension of that period allowed under *subsection (3).* making complaints.

(2) The specified period is 12 months beginning before or after the commencement of this section, but not later than—

(*a*) the date of the action giving rise to the complaint, or

(*b*) if the person by whom or on whose behalf the complaint is to be made did not become aware of that action until after that date, the date on which he or she becomes aware of it.

(3) A complaints officer may extend the time limit for making a complaint if in the opinion of the complaints officer special circumstances make it appropriate to do so.

48.—

(1) 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 judgment by a person acting on behalf of either the Executive or a service provider;

(*c*) an action taken by the Executive or a service provider 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 the Executive or a service provider;

(*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 the 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 Síochána;

(*i*) a matter that has been brought before any other complaints procedure established under an enactment.

(2) *Subsection (1)(i)* does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a complaints officer.
(3) In relation to a contract referred to in *subsection (1)(e)* "terms or conditions" includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures.

49.—
(1) Subject to *subsection (2)* and any regulations under ***section 53*** , the Executive shall establish procedures for—
(*a*) dealing with complaints against the Executive or a service provider, and
(*b*) reviewing, at the request of a complainant, any recommendation made by a complaints officer following the investigation of a complaint.
(2) Any service provider may, with the agreement of the Executive, establish procedures, in place of the procedures established under *subsection (1)(a),* for dealing with complaints against the service provider.
(3) The Executive may agree to a service provider establishing such procedures if satisfied that they will be of a comparable standard to the procedures established by the Executive under *subsection (1)(a).*
(4) Subject to any regulations under ***section 53*** , the Executive may assign to another body the Executive's functions in relation to reviewing, and establishing procedures for reviewing, any recommendation made by a complaints officer.

50.—
(1) A complaints officer shall not investigate a complaint 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 in ***section 47*** *(2)* or any extension of that period allowed under ***section 47*** *(3).*
(2) A complaints officer 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—
(*a*) is of the opinion that—
(i) the complaint does not disclose a ground of complaint provided for in ***section 46*** ,
(ii) the subject-matter of the complaint is excluded by ***section 48*** ,
(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.
(3) 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.

51.—
(1) A complaints officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause—
(*a*) the Executive to make a material amendment to its approved service plan, or
(*b*) a service provider and the Executive to make a material amendment to an arrangement under ***section 38*** .
(2) If, in the opinion of the relevant person, such a recommendation is made, that person shall either—
(*a*) amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
(*b*) reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate.
(3) Pending the outcome of a review, the relevant person may suspend the implementation of a recommendation made by a complaints officer if satisfied that, in the interests of fair and sound administration, it is appropriate to do so.
(4) In this section "relevant person" means—
(*a*) in relation to a complaint dealt with by the Executive in accordance with the procedures established under ***section 49*** *(1),* the chief executive officer, and
(*b*) in relation to a complaint dealt with in accordance with the procedures established by a service provider under ***section 49*** *(2),* the service provider.

52.—
(1) It is a condition of any arrangement under ***section 38*** with a service provider that the service provider will—
(*a*) adhere to the complaints procedures established by the Executive in accordance with ***section 49*** *(1)* and any regulations under ***section 53*** , or
(*b*) establish the procedures agreed under ***section 49*** *(2)* and adhere to those procedures.
(2) In addition, it is a condition of such arrangement that the service provider will co-operate with the Executive, or with any body to which the Executive assigns its functions under ***section 49*** *(4)*, in any review of a recommendation made by a complaints officer following the investigation of a complaint against the service provider.
(3) The Executive shall exercise any rights or remedies available to it under such arrangement if the service provider concerned does not fulfil any of the applicable conditions specified in *subsections (1)* and *(2).*

53.—
(1) The Minister may make regulations for the purposes of this Part.
(2) Regulations under this section may, among other things, make provision for the following matters:
(*a*) requirements to be complied with by complainants;
(*b*) the appointment of persons as complaints officers and the functions of complaints officers;
(*c*) the procedure to be followed in investigating complaints;

(*d*) the making of recommendations by complaints officers following the investigation of complaints and the nature of the recommendations that, subject to ***section 51*** , they are authorised to make;
(*e*) the implementation of recommendations made by complaints officers;
(*f*) the appointment of persons as review officers and the functions of those officers;
(*g*) the procedure to be followed in undertaking reviews;
(*h*) the making of recommendations by review officers following the review of a complaint and the nature of the recommendations that they are authorised to make;
(*i*) the implementation of recommendations made by review officers;
(*j*) the assignment by the Executive of the review functions referred to in ***section 49*** *(4)* to any other body or person.

54.—
(1) Nothing in this Part prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint under this Part or with a review under this Part from referring the complaint to the Ombudsman or the Ombudsman for Children.
(2) For the purposes of the Ombudsman Acts 1980 to 1984 and the **Ombudsman for Children Act 2002** , any action taken by a service provider in relation to a health or personal social service in respect of which the service provider has entered into an arrangement under ***section 38*** or received assistance under ***section 39*** is deemed to have been taken by the Executive.

55.—
(1) The Executive shall submit to the Minister, as part of the Executive's annual report, a general report on the performance of its functions under this Part during the previous year containing such information as the Executive considers appropriate or as the Minister may specify.
(2) A service provider who has established a complaints procedure by agreement with the Executive shall in each year, at such time and in such manner as the Executive may determine, provide the Executive with a general report on the complaints received by the service provider during the previous year indicating—
(*a*) the total number of complaints received,
(*b*) the nature of the complaints,
(*c*) the number of complaints resolved by informal means, and
(*d*) the outcome of any investigations into the complaints.
(3) If the Executive assigns its functions under ***section 49*** *(4)* to another body, that body shall in each year, at such time and in such manner as the Executive may determine, provide the Executive with a general report on the reviews conducted by it during the previous year indicating—
(*a*) the total number of reviews,
(*b*) the nature of the reviews, and
(*c*) the outcome of the reviews.

Appendix 2: Complaints that cannot be managed using Part 9 of the Health Act 2004

Exclusions under the Act:

Matters exclude (as per Part 9 of the Health Act)

48. –

(1) Person is not entitled to make a complaint about 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 either the Executive or a service provider.
- an action taken by the Executive or a service provider solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b);
- a matter relating to the recruitment or appointment of an employee by the Executive or a service provider.
- a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or the service provider proposes to enter into or of a contract with an adviser that the Executive proposes to enter into under section 24;
- a matter relating to the Social Welfare Acts.
- a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004 ;
- 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.

(2) Subsection (1)(i) does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a complaints officer.

(3) In relation to a contract referred to in subsection (1)(e) “terms or conditions” includes terms or conditions relating to superannuation benefits, disciplinary procedures or grievance procedures.

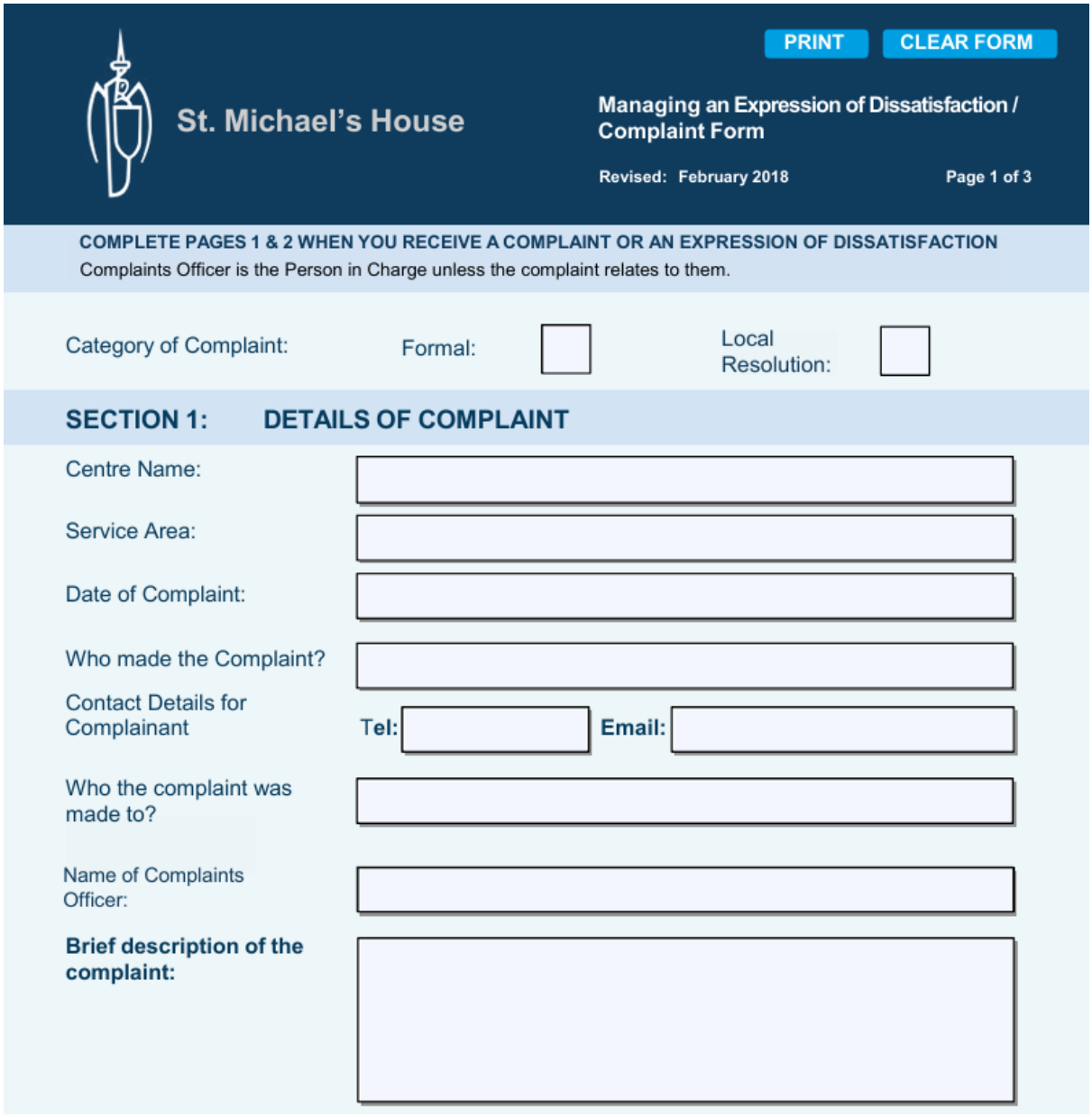
Table 3: Complaints that cannot be managed using Part 9 of the Health Act 2004

Details of Complaint/Allegation	**Policy, Procedure, Guideline or legislation to be followed**
Incidents (clinical or non-clinical)	Refer to relevant local policy developed in compliance with the requirements of the **HSE Safety Incident Management Framework**
Allegation of abuse made against staff members Complaint by staff of any inappropriate behaviour of other staff at work Complaint about bullying and harassment made against staff	Refer to Line Manager/ Head of Discipline to deal with complaint in line with some or all of the following: • **Trust in Care**, Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. • **Grievance and Disciplinary Procedures** for the Health Service, May 2004. • Policy for Health Services, May 2004.
Professional Misconduct and Fitness to Practice Issues	Referral to the appropriate Professional Regulatory Body for consideration under the relevant Act, e.g. IMC, NMBI, CORU, PSI, etc.
Complaint against the HR/Recruitment process	Refer to Line Manager / Head of Service to deal with complaint in line with some or all of the following: • **Trust in Care**, Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. • **Grievance and Disciplinary Procedures** for the Health Service, May 2004. • **Dignity at Work Policy** for Health Services, May 2004. • HSE Recruitment SOP R2002 • Utilise the appeal processes contained in the Recruitment Licenses and Codes of Practice specifically in line with Section 7 and Section 8 of the Codes of Practice.
Allegation of abuse of vulnerable adults including elder abuse	Refer to the General Manager / Manager of Older Persons Services to deal with the complaint in line with: • **Responding to Allegations of Elder Abuse**: HSE Elder Abuse Policy 2014

	Where the allegation relates to non-staff, refer to Manager of Older Persons Services to deal with complaint in line with: • **Protecting Our Future** (2002) Where complaints relate to safeguarding all vulnerable persons across the Social Care Division, encompassing older people and persons with a disability deal with the complaint in line with: Safeguarding Vulnerable Persons at Risk of Abuse, National Policies and Procedures 2014
Complaint about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005	Refer to Health Service Executive Appeals Process/Social Welfare Appeals Office in relation to Basic Payments and Supplements
Complaints in relation to decisions of Freedom of Information internal reviewers	Refer to **Office of the Information Commissioner** to deal with the complaint in line with the Freedom of Information Act 2014 info@oic.ie
Complaints in relation to breaches of Data Protection Rights	Refer to **Data Protection Commissioner** to deal with the complaint in line with the GDPR (EU) 2016/679 and 2003: info@dataprotection.ie
Complaints in relation to Environmental Issues	Refer to Local Environmental Health Office to deal with the complaint in line with some or all of the following: • **Food Safety Authority of Ireland Act** 1998 • **European Communities (Hygiene of Foodstuffs) Regulations** 2006 • **Food Hygiene Regulations** 1950 - 1989 • **Public Health (Tobacco) Acts** 2002 & 2004
Pre-School Services	Refer to the relevant **Tusla Childcare Manager** to deal with the complaint in line with the Childcare (Pre-school Services) Regulations 1996 (Tusla)
Concerns that a number of people have been exposed to a specific hazard.	Refer to relevant local policy developed in compliance with the requirements of the **HSE Safety Incident Management Framework**. Refer to **Look back Review Guideline (**2015) to identify if any of those exposed have been harmed and what needs to be done to take care of them.

Concerns made to the Confidential Recipient (CR)	Refer to relevant **HSE National Director.** A preliminary written report is required within 15 working days from the relevant Community Healthcare Organisation, Chief Officer or Hospital Group, Chief Executive Officer from the date of receipt of the file from the CR. The preliminary report may indicate the need for a review/investigation under another policy/procedure.
Protected Disclosures and Good Faith Reporting	Made to the **Authorised Person** who will examine and decide based on the information available what form the investigation should take in line with the **Protected Disclosures Act 2014.**
Disability Act (Part 2, Assessment of Need, Service Statements and Redress).	Reviews are referred to the Office of the Disability Appeals Officer, Department of Health. (http://health.gov.ie/contact-us/the-disability-appeals-officer/)

Appendix 3: Complaints Administration Form



PRINT CLEAR FORM

St. Michael's House

Managing an Expression of Dissatisfaction / Complaint Form

Revised: February 2018 Page 1 of 3

COMPLETE PAGES 1 & 2 WHEN YOU RECEIVE A COMPLAINT OR AN EXPRESSION OF DISSATISFACTION

Complaints Officer is the Person in Charge unless the complaint relates to them.

Category of Complaint: Formal: ☐ Local Resolution: ☐

SECTION 1: DETAILS OF COMPLAINT

Centre Name:

Service Area:

Date of Complaint:

Who made the Complaint?

Contact Details for Complainant **Tel:** **Email:**

Who the complaint was made to?

Name of Complaints Officer:

Brief description of the complaint:

SECTION 2: TYPE OF COMPLAINT

Access	☐	Communication & Information	☐	Improving Health	☐
Dignity and Respect	☐	Participation	☐	Accountability	☐
Safe & Effective Care	☐	Privacy	☐		

Please note 1 complaint could cover a number of different areas and should therefore be included in different categories.

PRINT CLEAR FORM

St. Michael's House

Managing an Expression of Dissatisfaction / Complaint Form

Revised: February 2018

SECTION 3: ACTION TAKEN / OUTCOME DETAILS

	YES	NO
Complaints dealt with formally	☐	☐
Review carried out	☐	☐
Complaint closed within 30 days	☐	☐
Mediation Required	☐	☐
External Advocacy Required	☐	☐

CURRENT STATUS AS OF: _____ (Date)

Resolved ☐ Ongoing ☐ Withdrawn ☐

SECTION 4:	SIGN OFF DETAILS
TO BE COMPLETED BY COMPLAINTS OFFICER	
Name:	
Centre:	
Signature:	
Date:	
TO BE COMPLETED BY SERVICE MANAGER / ADMIN MANAGER / CLINIC MANAGER	
Name:	
Signature:	
Date:	

PLEASE FORWARD TO ADMINISTRATION MANAGER

TO BE COMPLETED WHEN COMPLAINT IS RESOLVED

Centre Name:	
Date of Complaint:	
Who made the Complaint?	
Brief description of the Complaint:	
Date Resolved:	
Date of communication with complainant:	
Steps taken to resolve:	
Outcome:	

Was the Complainant satisfied with the outcome? Completely: ☐ Somewhat Satisfied: ☐ Not Satisfied: ☐

Signature: _____ Date: _____

PLEASE FORWARD TO ADMINISTRATION MANAGER

Appendix 4 Complaint Type Categorisation Guide

Category	*Sub Category Type*	*Sub Category*
Access	Accessibility / resources	Equipment
Access	Accessibility / resources	Medication
Access	Accessibility / resources	Personnel
Access	Accessibility / resources	Services
Access	Accessibility / resources	Treatment
Access	Appointment - delays	Appointment - cancelled and not rearranged
Access	Appointment - delays	Appointment - delay in issuing appointment
Access	Appointment - delays	Appointment - postponed
Access	Appointment - delays	Surgery / therapies / diagnostics - delayed or postponed
Access	Appointment - delays	Operation and opening times of clinics
Access	Appointment - other	No / lost referral letter
Access	Appointment - other	Appointment - request for earlier appointment
Access	Appointment - other	Unavailability of service
Access	Admission - delays	Delayed - elective bed
Access	Admission - delays	Delayed - emergency bed
Access	Admission - delays	Admission - delay in admission process
Access	Admission - delays	Admission - postponed
Access	Admission - other	Admission - refused admission by hospital
Access	Hospital facilities	Crèche
Access	Hospital facilities	Lack of adequate seating
Access	Hospital facilities	Lack of baby changing facilities
Access	Hospital facilities	Lack of / minimal breastfeeding facilities
Access	Hospital facilities	Lack of toilet and washroom facilities (general)
Access	Hospital facilities	Lack of toilet and washroom facilities (special needs)
Access	Hospital facilities	Lack of wheelchair access
Access	Hospital facilities	No treatment area / space for consultation / trolley facilities
Access	Hospital facilities	Shop
Access	Hospital facilities	Signage (internal and external)
Access	Hospital room facilities (access to)	Bed location

Access	Hospital room facilities (access to)	Disability facilities
Access	Hospital room facilities (access to)	Isolation / single room facilities
Access	Hospital room facilities (access to)	Overcrowding
Access	Hospital room facilities (access to)	Public
Access	Hospital room facilities (access to)	Semi-private / private
Access	Parking	Access to disabled spaces
Access	Parking	Access to spaces
Access	Parking	Car parking charges
Access	Parking	Clamping / Declamping of car
Access	Parking	Condition or maintenance of car parks
Access	Parking	Damaged cars
Access	Parking	Location of pay machine
Access	Transfer issues	External transfer
Access	Transfer issues	Internal transfer
Access	Transport	External transportation
Access	Transport	Internal transportation
Access	Visiting times	Lack of visiting policy enforcement
Access	Visiting times	Special visiting times not accommodated
Dignity and Respect	Alleged inappropriate behaviour	Patient
Dignity and Respect	Alleged inappropriate behaviour	Staff
Dignity and Respect	Alleged inappropriate behaviour	Visitor
Dignity and Respect	Delivery of care	Lack of respect shown to patient during examination / consultation
Dignity and Respect	Delivery of care	No concern for patient as a person
Dignity and Respect	Delivery of care	Patient's dignity not respected
Dignity and Respect	Discrimination	Age
Dignity and Respect	Discrimination	Civil status
Dignity and Respect	Discrimination	Disability
Dignity and Respect	Discrimination	Family status
Dignity and Respect	Discrimination	Gender

Dignity and Respect	Discrimination	Membership of traveller community
Dignity and Respect	Discrimination	Race
Dignity and Respect	Discrimination	Religion
Dignity and Respect	Discrimination	Sexual orientation
Dignity and Respect	Discrimination	Socio-economic
Dignity and Respect	End-of-Life Care	Breaking bad news
Dignity and Respect	End-of-Life Care	Breaking bad news - private area unavailable
Dignity and Respect	End-of-Life Care	Death cert - delay in issuing death cert
Dignity and Respect	End-of-Life Care	Death cert - incorrect / returned death cert
Dignity and Respect	End-of-Life Care	Delay in release and condition of body
Dignity and Respect	End-of-Life Care	Inattention to patient discomfort
Dignity and Respect	End-of-Life Care	Mortuary facilities
Dignity and Respect	End-of-Life Care	Organ retention
Dignity and Respect	End-of-Life Care	Palliative care
Dignity and Respect	End-of-Life Care	Poor communication
Dignity and Respect	End-of-Life Care	Single room for patient unavailable
Dignity and Respect	End-of-Life Care	Treatment of deceased not respected
Dignity and Respect	Ethnicity	Insensitivity to cultural beliefs and values
Dignity and Respect	Ethnicity	Requests not respected
Dignity and Respect	Ethnicity	Special food requests unavailable
Safe & Effective Care	Human Resources	Competency
Safe & Effective Care	Human Resources	Complement
Safe & Effective Care	Human Resources	Skill mix

Safe & Effective Care	Diagnosis	Diagnosis - misdiagnosis
Safe & Effective Care	Diagnosis	Diagnosis - delayed diagnosis
Safe & Effective Care	Diagnosis	Diagnosis - contradictory diagnosis
Safe & Effective Care	Test	Delay / failure to report test results
Safe & Effective Care	Test	Incorrect tests ordered
Safe & Effective Care	Test	No tests ordered
Safe & Effective Care	Test	Mislabelled test result/sample
Safe & Effective Care	Test	Mislaid sample
Safe & Effective Care	Test	Performed on wrong patient
Safe & Effective Care	Test	Repeat test required
Safe & Effective Care	Test	Result not available
Safe & Effective Care	Test	Delay in transport/collection of sample
Safe & Effective Care	Continuity of care (internal)	Poor clinical handover
Safe & Effective Care	Continuity of care (external)	Lack of approved home care packages
Safe & Effective Care	Continuity of care (external)	Lack of community supports
Safe & Effective Care	Continuity of care (external)	Lack of medical devices / faulty equipment
Safe & Effective Care	Continuity of care (external)	Lack of support services post discharge
Safe & Effective Care	Continuity of care (external)	Unsuitable home environment
Safe & Effective Care	Discharge	Adherence to discharge policy
Safe & Effective Care	Discharge	Delayed discharge
Safe & Effective Care	Discharge	Discharge against medical advice
Safe & Effective Care	Discharge	No discharge letter
Safe & Effective Care	Discharge	Patient / family refuse discharge

Safe & Effective Care	Discharge	Premature discharge
Safe & Effective Care	Health and Safety issues	Building not secure
Safe & Effective Care	Health and Safety issues	Central heating
Safe & Effective Care	Health and Safety issues	Equipment (lack of / failure of / wrong equipment used)
Safe & Effective Care	Health and Safety issues	Failure to provide a safe environment
Safe & Effective Care	Health and Safety issues	Fixtures and fittings
Safe & Effective Care	Health and Safety issues	Furnishing
Safe & Effective Care	Health and Safety issues	Lights
Safe & Effective Care	Health and Safety issues	Manual handling
Safe & Effective Care	Health and Safety issues	Noise levels
Safe & Effective Care	Health and Safety issues	Overcrowding
Safe & Effective Care	Health and Safety issues	Pest control
Safe & Effective Care	Health and Safety issues	Slips / trips and falls
Safe & Effective Care	Health and Safety issues	Temperature regulation
Safe & Effective Care	Health and Safety issues	Waste Management
Safe & Effective Care	Health care records	Admission / registration process error
Safe & Effective Care	Health care records	Inaccurate information on healthcare record / hospital systems
Safe & Effective Care	Health care records	Missing chart
Safe & Effective Care	Health care records	Missing films/scans
Safe & Effective Care	Health care records	Patient impersonation (identify theft)
Safe & Effective Care	Health care records	Poor quality control of chart
Safe & Effective Care	Health care records	Poor recording of information
Safe & Effective Care	Health care records	Wrong records applied to patient

Safe & Effective Care	Hygiene	Cleanliness of area
Safe & Effective Care	Hygiene	Hand Hygiene / Gel Dispensers
Safe & Effective Care	Hygiene	Linen (beds and Curtains)
Safe & Effective Care	Hygiene	Spills on floors
Safe & Effective Care	Hygiene	Waste management
Safe & Effective Care	Infection prevention and control	Communication deficit - infection status
Safe & Effective Care	Infection prevention and control	Health Care Associated Infection
Safe & Effective Care	Infection prevention and control	Non compliance with Infection and Control policies and protocols
Safe & Effective Care	Infection prevention and control	Personal hygiene of staff
Safe & Effective Care	Patient property	Clothes
Safe & Effective Care	Patient property	Dentures
Safe & Effective Care	Patient property	Glasses
Safe & Effective Care	Patient property	Hearing Aid
Safe & Effective Care	Patient property	Jewellery
Safe & Effective Care	Patient property	Lack of secure space
Safe & Effective Care	Patient property	Money
Safe & Effective Care	Patient property	Personal equipment
Safe & Effective Care	Patient property	Toys
Safe & Effective Care	Medication	Administering error
Safe & Effective Care	Medication	Dispensing
Safe & Effective Care	Medication	Prescribing
Safe & Effective Care	Tissue Bank	Bone marrow
Safe & Effective Care	Tissue Bank	Cord blood

Safe & Effective Care	Tissue Bank	Cornea implant
Safe & Effective Care	Tissue Bank	Cryogenics
Safe & Effective Care	Tissue Bank	Fertility issues
Safe & Effective Care	Tissue Bank	Heart valves
Safe & Effective Care	Tissue Bank	Samples/test results
Safe & Effective Care	Tissue Bank	Skin
Safe & Effective Care	Tissue Bank	Stem cell
Safe & Effective Care	Treatment and Care	Failure / delay in treatment / delivery of care
Safe & Effective Care	Treatment and Care	Failure / delay to diagnose
Safe & Effective Care	Treatment and Care	Failure to act on abnormal diagnostic results
Safe & Effective Care	Treatment and Care	Inconsistent delivery of care
Safe & Effective Care	Treatment and Care	Insufficient time for delivery of care
Safe & Effective Care	Treatment and Care	Lack of follow-up care
Safe & Effective Care	Treatment and Care	Lack of knowledge in staff
Safe & Effective Care	Treatment and Care	Lack of monitoring of pain control
Safe & Effective Care	Treatment and Care	Lack of patient supervision
Safe & Effective Care	Treatment and Care	Practitioners not working together / cooperating
Safe & Effective Care	Treatment and Care	Prolonged fasting
Safe & Effective Care	Treatment and Care	Unsatisfactory treatment or care
Safe & Effective Care	Treatment and Care	Unsuccessful treatment or care
Communication & Information	Communication skills	Patient felt their opinion was dismissed / discounted
Communication & Information	Communication skills	Disagreement about expectations
Communication & Information	Communication skills	Inadequate listening and response

Communication & Information	**Communication skills**	**Inappropriate comments from staff member**
Communication & Information	**Communication skills**	**Lack of support**
Communication & Information	**Communication skills**	**Language barrier between patients/relatives and staff**
Communication & Information	**Communication skills**	**No opportunity to ask questions**
Communication & Information	**Communication skills**	**Non verbal tone / body language**
Communication & Information	**Communication skills**	**Open disclosure (lack of)**
Communication & Information	**Communication skills**	**Patient dissatisfied with questions**
Communication & Information	**Communication skills**	**Patient felt rushed**
Communication & Information	**Communication skills**	**Staff not introducing themselves and letting patients know their role**
Communication & Information	**Communication skills**	**Staff unsympathetic**
Communication & Information	**Communication skills**	**Tone of voice**
Communication & Information	**Communication skills**	**Untimely delivery of information**
Communication & Information	**Delay and failure to communicate**	**Breakdown in communication between staff or areas**
Communication & Information	**Delay and failure to communicate**	**Failure / delay to communicate with outside agency/organisation**
Communication & Information	**Delay and failure to communicate**	**Failure / delay in communicating with patient**
Communication & Information	**Delay and failure to communicate**	***Advising patient of treating consultant***
Communication & Information	**Delay and failure to communicate**	**Failure / delay in communicating with relatives**
Communication & Information	**Delay and failure to communicate**	**Failure / delay in notifying consultant (external)**
Communication & Information	**Delay and failure to communicate**	**Failure / delay to communicate with GP / referral source**
Communication & Information	**Delay and failure to communicate**	***Lack of information provided about medication side effects (KPI)***
Communication & Information	**Diverse Needs**	**Interpretation service (e.g. Braille services)**
Communication & Information	**Diverse Needs**	**Special needs**
Communication & Information	**Diverse Needs**	**Translation service**

Communication & Information	Information	Conflicting information
Communication & Information	Information	Confusing information
Communication & Information	Information	Insufficient and inadequate information
Communication & Information	Information	Misinformation
Communication & Information	Telephone calls	Telephone call not returned
Communication & Information	Telephone calls	Telephone call unanswered
Participation	Consent	Consent not obtained
Participation	Consent	Lack of informed consent
Participation	Consent	Patient felt coerced
Participation	Parental Access and Consent	Consent, guardianship and information issues related to lesbian, gay parental relationships
Participation	Parental Access and Consent	Correct procedure not consented for
Participation	Parental Access and Consent	Guardianship consent not explained
Participation	Parental Access and Consent	Mother or father unable to access information
Participation	Parental Access and Consent	Mother/Father/Guardian not informed
Participation	Patients/ Family/ Relatives	Excluded from decision making process - family / relatives / advocate / next of kin
Participation	Patients/ Family/ Relatives	Excluded from decision making process - patient
Participation	Patients/ Family/ Relatives	Opinion discounted - family / relatives / advocate / next of kin
Participation	Patients/ Family/ Relatives	Opinion discounted - patient
Participation	Patients/ Family/ Relatives	Parent not allowed accompany child in recovery room
Participation	Patients/ Family/ Relatives	Parent not allowed accompany child to theatre
Participation	Patients/ Family/ Relatives	Second opinion
Privacy	Confidentiality	Breach of another patient's confidentiality
Privacy	Confidentiality	Breach of patient confidentiality
Privacy	Confidentiality	Security of files and records

Privacy	Hospital Facilities (Privacy)	Lack of privacy during consultation/discussing condition
Privacy	Hospital Facilities (Privacy)	Lack of privacy during examination/ treatment
Privacy	Hospital Facilities (Privacy)	Privacy - No single room
Privacy	Hospital Facilities (Privacy)	Privacy - Overcrowding
Improving Health	Empowerment	Independence and self care not supported
Improving Health	Empowerment	Lack / provision of patient / carer education
Improving Health	Empowerment	Patient / family preference discounted / disrespected
Improving Health	Holistic Care	Lack of information / support on how to prevent further illness / disease
Improving Health	Holistic Care	Lack of understanding as to what is important to the patient
Improving Health	Catering	Dietary requirements not met
Improving Health	Catering	Food quality
Improving Health	Smoking Policy	Non-compliance (visitor, patient, staff smoking)
Accountability	Patient feedback	Feedback not provided to patients on improvements made as result of their feedback
Accountability	Patient feedback	Information about the complaints / patient feedback process not available
Accountability	Patient feedback	Patient concerns not dealt with promptly
Accountability	Patient feedback	Quality of response to the complaint made
Accountability	Patient feedback	Where to go to ask questions in relation to services and giving feedback (visibility of customer services)
Accountability	Finance	Bill dispute
Accountability	Finance	Bill sent to deceased patient
Accountability	Finance	Cost of products
Accountability	Finance	Insurance cover
Accountability	Finance	Invoice error
Accountability	Finance	Unhappy with income collection process

Appendix 5 Easy read complaints form

HOW TO COMPLAIN FORM



How to Complain Form

PART 1: How to use this Form



This form tells you how to complain if you are not happy with the service in St Michael's House.



You might want to complain if you feel upset, scared or not happy about something.



You have the right to complain.
You can speak up for yourself.



You can read more about your rights and how to complain in:

the St Michaels House
How to Complain-Complaints Policy.



A policy is a set of rules that staff have to follow.

HOW TO COMPLAIN FORM

Please tell us more about your complaint.....



You can write about it



You can draw us a picture



You can record a message



You can phone at _____

(please insert the Centre Number/ House/ Day Service number/ Service Manager number)

or Ballymun Clinic on 01 8840200 to tell us

HOW TO COMPLAIN FORM

PART 2: Tell us about your complaint



What happened?



Someone said something to you that you do not like ☐



Someone did something to you that you did not like. ☐



You asked for something to be done and nothing happened ☐

HOW TO COMPLAIN FORM

Insert Picture of PIC here

The complaints officer/ manager can be the manager in your day service or house.

Your Complaints officer is _____



The Complaints Officer will help you with your complaint.

They will find out more about what can be done to help you with your complaint.

HOW TO COMPLAIN FORM

PART 3 - The Result/ Outcome Of Your Complaint

WHAT HAPPENED NEXT?



1.

2.

3.

4.



Did we help make things better?



Yes ☐



No ☐

HOW TO COMPLAIN FORM



How long did it take for us to sort out your complaint?



1 week ☐

1 month ☐

1 year ☐

Longer than 1 year ☐



I am still waiting... ☐

HOW TO COMPLAIN FORM



If you are still not happy with us you can contact the Office of the CEO in St. Michael's House.

Her name is Tara Molloy



You can ring the CEO on the phone by calling **01 8840206.**

Office of the Ombudsman
Oifig an Ombudsman

If you are not happy with how the complaint is being dealt with you can contact the Ombudsman at any time.

The Ombudsman is for the whole of Ireland.

They help people by listening to their complaint and try to make it better.

The staff can help you with this.



You can write to them at this address.

Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773

HOW TO COMPLAIN FORM



You can email to

complaints@ombudsman.ie.



Or you can call them on the phone:

Telephone: 01 6395600 or 1890223030

HOW TO COMPLAIN FORM

PART 4 - Your Details (Service User)



Your Name

Service Area

Date of Complaint

Your Contact Details

Who was the Complaint reported to?

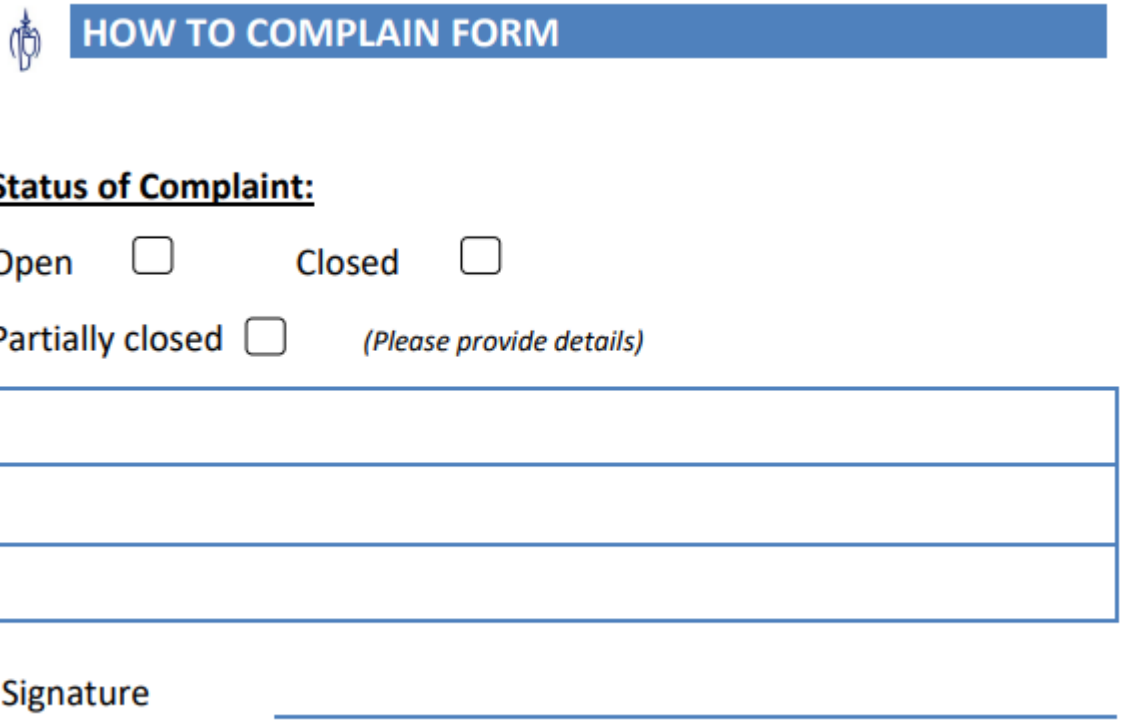
Name of Complaints Officer (This is the manager of the service)

STAFF SECTION

Type of Complaint:

Access	☐	Dignity and Respect	☐
Participation	☐	Privacy	☐
Safe and Efficient Care	☐	Accountability	☐
Improving health	☐	Communication and information	☐

Service Manager



HOW TO COMPLAIN FORM

Status of Complaint:

Open ☐ Closed ☐

Partially closed ☐ *(Please provide details)*

Signature _____

Appendix 6: Complaints made in relation to a clinical judgement

Solely Clinical Judgement – follow appropriate pathway

If a complaint is received by the Complaints Officer and following its assessment is determined to relate to matters solely relating to clinical judgment, it must be sent to the Director of Adult Clinical Services or Director of CYP(Children's and Young Persons Services) Services for follow up under the appropriate pathway, see Table 3: Complaints that cannot be managed using Part 9 of the Health Act 2004. The Directors may decide to delegate management of the complaint to an appropriate Head of Discipline or CDNM (Children's Disability Network Manager) on review of the content received.

(YSYS) Your Service Your Say and Clinical Judgement

If a complaint is received by the Complaints Officer and following its assessment is determined to relate to matters containing both clinical judgment and non-clinical elements the following steps must be taken:

Assessment Phase:

- The Complaints Officer must discuss the clinical judgment issues with relevant parties (Director of Adult Clinical Services, Director of CYP services).

Informal Phase:

- Complaints Officer is to request the Director of Adult Clinical Services, Director of CYP services input in relation to the clinical judgment issues.
- Complaints Officer (or delegated administration support person) is to record all details of the complaint on the Complaints Management System.

- The Complaints Officer should offer to facilitate a meeting between the complainant and Director of Adult Clinical Services, Director of CYP services) or appropriate delegate if appropriate and required.
- If the meeting proceeds and the matter is resolved to the satisfaction of the Complainant, a summary letter must be sent to them and include the response from Director of Adult Clinical Services, Director of CYP services) or appropriate delegate.
- Complaints Officer to close off on the Complaints Management System.
- Circulate anonymised learning as appropriate.

Formal Phase:

If a complaint contains both clinical judgment and non-clinical elements and could not be resolved at the informal stage the following steps should be taken:

- Complaints Officer to issue notification letter to Director of Adult Clinical Services, (Director of CYP services) on receipt of complaint.
- Complaints Officer to issue an acknowledgement letter to the Complainant within 5 working days.
- Investigation by the Complaints Officer in relation to the non-clinical elements proceeds in parallel with the investigation by the Director of Adult Clinical Services, Director of CYP services).
  of the clinical judgment issues. Where either party requires additional time, a letter updating the complainant of this should be sent by the Complaints Officer. The Director of Adult Clinical Services, Director of CYP services).
  must therefore keep the Complaints Officer appraised in relation to their section of the complaint.
- Investigate the complaint (Link to best practice and the steps)
- The Complaints Officer is responsible for the collation of both reports i.e. to ensure that both the non-clinical decision report (which is signed by the Complaints Officer) and the clinical judgment report (which is signed by Director of Adult Clinical Services, Director of CYP services) or appropriate delegate are forwarded to the complainant along with the cover letter.
- All complaint reports must include a recommendation(s). Where a complaint is not upheld the recommendation of the complaints officer is that the complaint is not upheld.
- The Complaints Officer should also forward the complaint report (with recommendations) to the relevant Head of Service (Accountable Officer).
- The relevant Head of Service (Accountable Officer) must send a letter to both Complainant and the Complaints Officer within 30 days detailing recommendation actions.
- Complaints Officer to develop the anonymised learning summary (case books) and circulate as appropriate.

Appendix 7 : Timeframes once a Complaint is Received

Service User / Complainant Timeframes	
To make a complaint	**12 months**
If Complainant does not wish patient confidential information to be accessed	**5 working days** from date of Acknowledgement Letter
Withdraw complaint	**At any stage**
Request a review of a complaint	**30 working days**
Refer complaint to Ombudsman	**At any stage**
All staff	
Respond to request for information	**10 working days**
All staff at Point of Contact	
Point of Contact Resolution	**Immediately** / < 48 hours* – where possible
Point of Contact Resolution – Line Manager	**< 48 hours*** – where possible
Complaints Officer Timeframes	
Notify Complainant of decision to extend/not extend 12 months timeframe	**5 working days**
Complaints Officer (& QPS/Clinical Director) Resolution	**< 48 hours*** – if appropriate
Notification Letter to QPS/Clinical Director	**On receipt of complaint** – if appropriate
If complaint does not meet criteria for investigation – inform Complainant	**5 working days**
Acknowledgment Letter	**5 working days**from receipt of complaint in HSE
Seeking further information	**10 working days**
Update Complainant and relevant staff	**Every 20 working days**after initial 30 day due date
Investigate and conclude (Report)	**30 working days**from date of Acknowledgement Letter
Conclude at latest	**6 months**
Review Officer Timeframes	
Notify Complainant of decision to extend/not extend 30 days' timeframe	**5 working days**
Review Officer should make contact with Complainant & explain process	**< 48 hours*** – if appropriate

Acknowledgement Letter	**5 working days** from receipt of review request in HSE
If complaint does not meet criteria for review – inform Complainant	**5 working days**
Seeking further information	**10 working days**
Update Complainant and relevant staff	**Every 20 working days** after initial 20 days due date
Investigate and conclude (Report)	**20 working days** from date of Acknowledgement Letter
Head of Service / Accountable Officer Timeframes	
Complaint – Recommendation(s) Action Letter	**30 working days**
Review – Recommendations(s) Action Letter	**30 working days**

Time limits for making a complaint

The Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that:

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint

A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:

- If the complainant is ill or bereaved
- If the 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
- A Complaints Officer must notify the complainant of decision to extend / not extend time limits within 5 working days.

Appendix 8: Communication Letters

Date xxx

Dear

	Thank you for your complaint I read it on XXXXX
 	In the Complaint Letter you told me you are not happy about the space in your service. You said the space will be too small for all the activities.
	I said that I would let the managers in St Michael's House know about your complaint.

ST. MICHAEL'S HOUSE Services For People With Disabilities

Ballymun Road
Ballymun, Dublin 9
D09DX37

Tel: (01) 884 0200
Email: info@smh.ie
Website: www.smh.ie

xxxxxx

Dear xxxxxx

I wish to acknowledge receipt of your complaint to St. Michael's House which we received via xxxxxxx. I note your complaint relates to xxxxxxx supports for your son xxxxxxx. The xxxxxxx Manager has been notified of your complaint and will contact you shortly to discuss. Please be assured that we will respond to your complaint within 30 days, as per St. Michael's House Complaints and Compliments Policy.

Kind regards,

Respect | Kindness | Honesty | Excellence | Creativity

A company limited by guarantee. Registered Office: Ballymun Road, Ballymun, Dublin 9, D09 DX37. Chief Executive (Interim): Ms Tara Molloy
Chairperson: Mr Ciarán Bolger. Vice Chairperson: Mr Ray McKenna. Directors: Mr Pat Flynn, Mr Ken Gormley, Mr Gerry Keenan, Dr Jean Lane, Ms Lorna Mackey,
Mr Eoin McVey, Mr Denis O'Connor, Ms Mary Walshe, Mr Kevin Wilson. Company Secretary: Mr Karl Wren.
Company Registration: 27628. Registered Charity Number: 20008932

ST. MICHAEL'S HOUSE
Services For People With Disabilities

Ballymun Road
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Tel: (01) 884 0200
Email: info@smh.ie
Website: www.smh.ie

Dear *(Insert complainant's title and name)*

I refer to your letter of complaint dated *(insert date)* and acknowledged by me on *(insert date)*.

I wish to notify you that there will be a delay *(or further delay)* in responding to your complaint by *(insert original response date)* as stated in my *(acknowledgement / delay notification letter)* to you dated (insert date).

This delay is due to *(insert reason for delay)*.

You can now expect a response by *(insert date)*.

I apologise for this *(delay / further delay)* and for any inconvenience or upset caused to you as a result.

If you have any queries in relation to this matter, please do not hesitate to contact me *(insert telephone/email)*.

Yours sincerely



Ballymun Road
Ballymun, Dublin 9
D09DX37

Tel: (01) 884 0200
Email: info@smh.ie
Website: www.smh.ie

Dear *(Insert complainant's title and name)*

Thank you for your *(letter/email)* dated, *(insert date,* which was received on *(insert date)*. As per our *(telephone conversation/ meeting this morning/yesterday, etc.)* I would like to again offer my apologies over the *(insert detail on issue/s)*. I can appreciate your frustration and I can assure you that this is not the level of service we would wish for you to experience.

(Insert summary of explanation that was discussed over phone/at meeting). Again I sincerely apologise for *(insert specifics)*. As I outlined to you in our conversation *(detail of steps taken to prevent issues reoccurring)*. You agreed that you were satisfied that *(this element/these elements)* of your complaint have been addressed, however, if you change your mind and require further investigation around *(this issue/these issues)* then please don't hesitate to contact me within 30 days of receiving this letter. (This complaint will automatically close after 30 days but can be reopened as a new complaint thereafter)

Yours sincerely

Appendix 9: Protocol for Managing Vexatious Complaints from Families/Others

1. Introduction

This protocol outlines how vexatious complaints from families/others will be managed. The approach balances the right to raise concerns with the protection of staff and the organisation from persistent, malicious, or unsubstantiated complaints. It is aligned with Irish law and best practices from
international jurisdictions.

2. What is Vexatious behaviour?

In plain English, vexatious means "troublesome on purpose" — behaviour that goes beyond reasonable persistence into being unreasonable and/or harassing. The Office of the Information Commissioner (OIC) defines vexatious requests as requests made in bad faith or for some improper purpose, for example to harass or to cause disruption.

3. Scope

This protocol applies to all complaints made by family members/others concerning the services provided to individuals with intellectual disabilities. It covers formal, informal, written, and verbal complaints.

4. Definitions

Complaint:

- An expression of dissatisfaction with a service. To be clear; someone making an ongoing expression of dissatisfaction with a service, when the issue can be clearly described, has not or cannot be easily addressed is not a vexatious complaint. An example of this would be where there is a resident in a service with an incompatibility issue, which continues to impact their life in a negative way.

Vexatious Complaint:

- A complaint that is persistent, repetitive, harassing, and lacks serious purpose.

Unreasonable Complainant Behaviour:

- Actions such as verbal abuse, excessive frequency of contact, or refusal to accept evidence-based outcomes.

5. Legislative and Policy Framework

- Health Act 2004
- HSE 'Your Service Your Say' Policy
- HIQA National Standards for Residential Services
- Irish Ombudsman's Guidelines for Unreasonable Complainant Behaviour

6. Managing Vexatious Complaints – Procedure

- Step 1: Acknowledge the complaint and respond according to the SMH Complaints policy.
- Step 2: Maintain records in the Complaints Tracker.
- Step 3: Identify behaviour patterns that may indicate vexatious intent.
- Step 4: Convene an internal meeting (PIC & Service Manager & relevant Director. The Complaints and Incidents Manager).
- Step 5: Agree any specific staff responses deemed necessary
- Step 5: Issue a 'Fair Communication Warning Letter'.
- Step 6: If necessary, develop and apply a Communication Restriction Plan.
- **Step 7: Reassess restriction after 6 months.**

7. Review and Appeals

Families may appeal restriction decisions to a designated senior manager. Suggest the Director of Quality, Safety & Risk as the remit for Complaints is within that Directorate. All decisions should be reviewed quarterly and documented.

8. Documentation Tools

- Complaint Tracker Log i.e., Logged in the same way as Complaints are currently
- Fair Communication Warning Letter
- Communication Restriction Plan Template

Manager Guidance Note – Application and Review of Vexatious Complaints

Purpose of Guidance:
To support managers in making fair, proportionate, and defensible decisions when considering or applying communication restrictions.

When to Apply a Restriction:
A restriction may be considered when a complainant's behaviour:

- Becomes unreasonably persistent or repetitive;
- Uses language or tone that is abusive, threatening, or discriminatory;
- Places an excessive burden on staff time or organisational resources; or
- Hinders the fair and efficient management of the complaint process.

Decision-Making Process:

- Review all correspondence and ensure previous efforts to resolve matters have been documented.
- Issue a Fair Communication Warning Letter outlining concerns and behavioural expectations.
- Allow reasonable time for improvement before imposing a restriction.
- If issues persist, prepare this Communication Restriction Plan, detailing the rationale, duration, and specific limits.
- Obtain approval from the relevant senior manager or Director before implementation.

Documentation:
Keep a record of all correspondence, decisions, and review notes in the complaints file.
Record the restriction to the relevant Service Administrator:

- Service Area 1- Charlotte Nolan
- Service Area 2- Jacinta Davidson
- Service Area 3 -Patricia Carrigan
- Service Area 4- Joanne Anderson

Review and Lifting Restrictions:
Restrictions should be reviewed at least every 3–6 months.

- If the complainant demonstrates improved and respectful communication, the restriction should be lifted.
- Notify the complainant in writing of the outcome of each review.

Key Principle:
Restrictions must always be proportionate, time-limited, transparent, and fair. They should protect staff wellbeing while ensuring that genuine concerns continue to be addressed.

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Template: Communication Restriction Plan (for Vexatious or Unreasonable Complaints)

St. Michaels's House Service Details

Private & Confidential
Complainant Name: (Insert name)
Address: (Insert address)

Communication Restriction Plan

Purpose:
This plan outlines the communication restrictions agreed and implemented by St. Michael's House in response to repeated or unreasonable contact from the above-named individual. The plan aims to maintain a fair, respectful, and safe communication process for all parties, in line with organisational policy and the *Office of the Ombudsman's guidance on Managing Unreasonable Complainant Conduct (2015)*.

1. Background and Context

- *Summary of complaint history or communication issues:*
  (Brief overview of the complaint(s) or communication behavior that led to restriction.)
- *Key dates of correspondence or incidents:*
  (List significant dates.)
- *Summary of previous interventions or warning letters:*
  (Describe any Fair Communication Warning Letter(s) or meetings held.)

2. Basis for Restriction

The decision to restrict communication has been made on the following grounds:
☐ Persistent or repeated submission of the same complaint after it was resolved
☐ Use of abusive, threatening, or offensive language
☐ Excessive volume or frequency of correspondence
☐ Refusal to accept reasonable decisions or outcomes
☐ Other (please specify): _____

3. Communication Restrictions

Agreed communication limits are as follows:

Communication Type	Permitted	Details / Limits
Email	☐ Yes / ☐ No	(e.g., only through specific email address or staff member)
Telephone	☐ Yes / ☐ No	(e.g., only between 9am–5pm, one call per week)
Written correspondence	☐ Yes / ☐ No	(Specify postal address or format)
In-person meetings	☐ Yes / ☐ No	(Specify if meetings must be pre-arranged or attended by senior staff)

Named staff member responsible for managing communication: (Insert name, role, contact details)

4. Duration and Review

- **Restriction start date:**
- **Restriction end date (if applicable):** (Insert date or 'to be reviewed')
- **Review frequency:** (e.g., every 3 months or after 6 months of compliance)

Next review date:

Restrictions will be lifted once communication returns to a reasonable and respectful level, and the complainant complies with this plan.

5. Approval and Notification

This plan has been authorised in accordance with St. Michael's House Complaints Policy & Vexatious Complaints Protocol

Name	Role	Signature	Date
(Insert name)	(Insert role)	(Insert signature)	(Insert date)

Notification sent to complainant on: (Insert date)

Template: Fair Communication Warning Letter (for Vexatious or Unreasonable Complaints)

ST. MICHAEL'S HOUSE Services For People With Disabilities

Ballymun Road
Ballymun, Dublin 9
D09DX37

Tel: (01) 884 0200
Email: info@smh.ie
Website: www.smh.ie

Private & Confidential

To: (Name of Complainant)
Address: (Insert address)

Re: Fair Communication Warning Letter

Date:

Dear (Mr./Ms./Mx. Surname),

We acknowledge receipt of your recent correspondence dated [insert date(s)] regarding [brief description of issue]. St. Michael's House is committed to handling all complaints and feedback in a fair, respectful, and timely manner, in line with our *Complaints Policy* and the *Office of the Ombudsman's guidance on managing unreasonable complainant conduct*.

However, we have observed that your recent communications have included behavior or language that may be considered unreasonable or vexatious under these policies. Examples include: - (Specify example(s) of behavior, e.g., repeated submissions of the same complaint after resolution, use of aggressive or abusive language, or excessive correspondence.)

We understand that raising concerns can be frustrating, and you have the right to have your issues heard. Nonetheless, all communication between members of the public and our staff must remain respectful and constructive.

Our Expectation Going Forward
To ensure that your complaint or concerns can continue to be managed fairly, we request the following:

- All communication is conducted in a courteous and respectful manner
- Future correspondence is directed through (named staff member or department)
- Contact is limited to (email/letter/phone) communication only

Repetitive or overlapping issues already addressed should not be re-submitted unless new information arises.

If this standard of communication is not maintained, St. Michael's House may have to take further steps to limit contact. This may include restricting how or when contact can take place.

We wish to resolve matters with you in a fair and transparent way and appreciate your cooperation in maintaining respectful communication.
Yours sincerely,

(Name)

(Title / Role)
St. Michael's House

Appendix 10: Compliments Form



St. Michael's House

SAVE PRINT CLEAR FORM

Compliments Form

PLEASE COMPLETE THIS FORM AND FORWARD TO THE ADMINISTRATION MANAGER

DETAILS

Centre Name:	
Service Area:	
Date of Compliment:	
Compliment made by:	
Compliment made to:	
Brief description of the Compliment:	

SIGN OFF DETAILS

Name:	
Signature:	
Date:	