

**EIA** – [EQUALITY IMPACT SCREENING & ASSESSMENT TOOL](#)

**SUI** – [SERVICE USER POLICY REVIEW FORM](#)

**Praxis Care**  
**ROI - POLICY AND PROCEDURE FOR THE**  
**MANAGEMENT OF COMMENTS, COMPLIMENTS AND**  
**COMPLAINTS - (Republic Of Ireland Only)**

*Printed copies are for reference only. Please refer to electronic copy for most recent information.*

**Please read in conjunction with the following:-**

[ROI - HOW TO MAKE A COMPLAINT](#)  
[COMPLAINTS AND COMMENTS ROI](#)

## **1 INTRODUCTION**

Praxis Care welcomes comments, compliments and complaints from service users, carers, visitors and the community about the services it provides. Any comment, compliment or complaint received will be viewed by Praxis Care as an opportunity to inform continuous improvement and the provision of the highest standards of everyday service delivery.

## **2 SCOPE**

This policy and procedure applies specifically to operational services in the Republic of Ireland funded by the Health Service Executive to meet the requirements set out in the Service Level Agreements. It provides a uniform approach to the management of complaints for all Health and Social Care service users and providers. It should be read and understood by all Praxis Care employees, volunteers and placement students in the jurisdiction. It should also be communicated appropriately to all service users and made available upon request to all other relevant stakeholders, i.e. advocates, referral agents and carers. An information guide for service users is available in conjunction with this policy and procedure: [ROI - HOW TO MAKE A COMPLAINT](#)

### 3 DEFINITION of COMPLAINTS

A **Complaint** means 'a complaint made about any action<sup>1</sup> of a service provider that, it is claimed, does not accord with fair or sound administrative practice<sup>2</sup>, and adversely affects the person, or on whose behalf<sup>3</sup>, the complaint is made.'

While a **Complainant** can be described as anyone making a complaint, the Health Act 2004, Part 9 defines a complainant as '*someone who is being or was provided with a health or personal social service by a service provider or who is seeking or has sought provision of such service may complain, ... about any action\* of a service provider..*' (\*see footnote 1)

### 4 PURPOSE

The purpose of this policy is to enable those who use Praxis Care services, their representatives, Praxis Care suppliers or the public to complain to the organisation if dissatisfied with any aspect of the services provided by Praxis Care.

### 5 EXCLUSIONS

There are matters excluded (As per Part 9 of the Health Act, 48 (1)) as follows:-

- (a) *a matter that is or has been subject to 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 Praxis Care;*

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<sup>1</sup> "action" means anything done or omitted to be done by Praxis Care in connection with the provision of a health & personal social type service that is the subject of an arrangement with the Executive

<sup>2</sup> An action does **not** accord with fair & 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.

<sup>3</sup> The complaint may be made on that person's behalf by (a) a close relatives 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. 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 action in relation to which the complaint is made, was a close relative or carer of that person.

- (c) *an action taken by the Executive or Praxis Care 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 Praxis Care;*
- (e) *a matter relating to or affecting the terms and conditions of a contract of employment that the Executive or Praxis Care 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 Siochana;*
- (i) *a matter that has been brought before any other complaints procedure established under an enactment.*

The following are also excluded from this policy:

### **5.1 Anti-Social Behaviour**

A report of anti-social behaviour from a service user or neighbour about another service user is not a complaint about Praxis Care. In such instances, all incidents of nuisance, or anti-social behaviour should be reported to the owner/landlord of the relevant property to be managed under the terms of the relevant policy or the person's licence/tenancy agreement.

### **5.2 Property Maintenance**

Where Praxis Care is not the owner, managing agent or landlord responsible for maintaining the property, a report received which relates to a property issue should not be recorded as a complaint against Praxis Care. In such instances, all property maintenance issues should be reported to the appropriate landlord/owner for action and resolution. Staff should support the service user appropriately to speak to the relevant owner/landlord of the property.

Where Praxis Care is the owner, managing agent or landlord of the property, a report of a property maintenance issue is also not a complaint, it is a request for a service and should be recorded and managed in line with the relevant Repairs Policy.

On occasions it may be appropriate for a complaint to be made in respect of property maintenance. For example, if a request for a repair was made in line with the relevant Repairs Policy, but the repair was not carried out within the timeframe promised or not carried out well. On this occasion it would be appropriate for a complaint to be made that the service provided was not as expected.

### **5.3 Concerns of Abuse**

A concern may be reported, which, on further consideration, relates to safeguarding. In such instances, the concern should be managed and resolved under the relevant safeguarding policy and procedures, rather than this Complaints Management Policy.

This policy is not to be used by employees raising an issue or concern. Employees should refer to the:

[GRIEVANCE PROCEDURE](#) where they have an issue about their employment terms and conditions.

[CAPABILITY POLICY](#) they have concerns about a colleague's conduct/performance.

[WHISTLEBLOWING POLICY](#) where the employee is concerned about dangers or illegalities that affect others and which have not been addressed locally at scheme level.

### **5.4 Staff Concerns**

This policy is not to be used by employees raising an issue or concern. Staff members with a concern should first raise it with their line manager and attempt to resolve it informally. If, following discussion with the manager, either informally or in supervision, a staff member feels the issue has not been resolved, it should be brought to the attention of the appropriate Head of Operations.

Staff should refer to:

- the [GRIEVANCE PROCEDURE](#) where they have an issue about their employment, treatment, or terms and conditions which has not been resolved informally with the line manager.
- the [CAPABILITY POLICY](#) where they have concerns about a colleague's conduct/performance, which have not been resolved informally.

- the [WHISTLEBLOWING POLICY](#) where the employee is concerned about dangers or wrong-doing that affect others and which has not been fully addressed locally at scheme level.

Staff should refer to the [RAISING A CONCERN FLOWCHART](#) for further clarification of the appropriate policy to follow in these instances. In any of these cases, the employee should raise the issue firstly with their line manager to enable a swift local resolution where possible.

## **6 AIMS**

This policy and procedure aims to:-

- Resolve any complaints efficiently and fairly by acting honestly, openly and with transparency throughout the management of the complaint
- Keep any complainant fully informed of the progress of their complaint within agreed timeframes wherever possible
- Achieve a satisfactory outcome for the complainant through provision of redress or responses, including an offer of apology and an explanation wherever possible
- Improve learning for the service and the organisation through the periodic review of complaints
- Ensure that when appreciation is shown by service users and others, that this is acknowledged and communicated to the relevant parties
- Comply with the requirements of the Service Level Agreement.
- Promote best practice regarding the management of complaints
- Comply with relevant legislation

## **7 TIME LIMITS FOR MAKING A COMPLAINT**

The Complaints Officer must determine if the complaint meets the time frames as set out in section 46, 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 which gave rise to the complaint
- The Complaints Officer may extend the time limit for making a complaint if special circumstances make it appropriate to do so. These may include but are not exclusive to the following:

If the complainant is ill or bereaved; if the complaint concerns an issue of such seriousness that it cannot be ignored; if new relevant, significant and verifiable information relating to the action becomes available to the complainant; where there was diminished capacity of the service user at the time of the experience; where extensive support was required to make the complaint.

The Complaints Officer will notify the complainant of the decision to extend or not extend time limits within **5** working days of receiving the complaint.

## **8 ROLES AND RESPONSIBILITIES**

Praxis Care is commissioned by the Health Service Executive as a provider of services to the HSE under a Service Arrangement as set out by Section 39, Health Act 2004. Schedule 8 specifies the requirement for providers to implement a complaints policy in compliance with Part 9 of the Health Act 2004, Health Act 2004 (Complaints) Regulations 2006 and the 'Your Service, Your Say' policy and procedures for the management of complaints in the Health Service Executive. Provider's performance in complaints handling and resolution will be monitored as set out in the schedule.

The individual roles and responsibilities of Praxis Care staff members in meeting the requirements are outlined below:

### **8.1 The Complaints Officer**

Praxis Care has a nominated Complaints Officer (Director of Care - Governance) who is responsible for the oversight of the management of all complaints.

The Complaints Officer is responsible for ensuring that the Person in Charge of the designated centre responds appropriately to all complaints at Stage 1 and Stage 2(a).

The Complaints Officer is accountable to the Chief Executive for ensuring a comprehensive management system for complaints is in place and being implemented, and that there is effective monitoring and evaluation of the system on an agreed routine basis.

The Complaints Officer is responsible for ensuring that an investigating officer, usually the Head of Operations, is available to service users to deal with any complaint not resolved at Stage 2(b), and make referral to the HSE for a Review at Stage 3(a) if this is sought by the Complainant.

If the complainant is not happy with the outcome after Stage 2, but does not wish for a referral to be made to the HSE, the Complaints Officer will offer to make a referral for an Internal Review at Stage 3(b) with the Board of Directors and make the necessary arrangements.

## **8.2 Person in Charge**

The Person in Charge has a responsibility to ensure that staff are aware of, and follow the Policy and Procedures for Management of Comments, Compliments and Complaints.

The Person in Charge of the designated centre will ensure that all complaints received locally at Stage 1 & Stage 2(a) are appropriately responded to.

The Person in Charge must inform the Complaints Officer of all complaints received, using the appropriate documentation.

The Person in Charge must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.

The Person in Charge must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

The Person in Charge has a responsibility to encourage a culture where there is a positive approach to learning from service user comments, compliments and complaints and the analysis of these.

The Person in Charge is responsible for preparing the annual return on complaints for their service and for forwarding a copy to the Head of Operations.

### **8.3 Head of Operations**

The Head of Operations with line management responsibility for the Person in Charge will be available to service users to ensure that all complaints not resolved at Stage 1 or Stage 2(a) are appropriately responded to.

The Head of Operations has a duty to ensure that, where they have been involved in an investigation, an action plan is produced and completed within an agreed timescale and copied to the Complaints Master File held by the Complaints Officer. The Head of Operations is also responsible for submitting the annual report on complaints to the relevant Office of Consumer Affairs.

Where the Person in Charge is the subject of a complaint, the Head of Operations will be available to the service user to ensure that the complaint is appropriately responded to, and records are maintained.

### **8.4 Chief Executive**

The Chief Executive has overall responsibility for ensuring that complaints are investigated fully and that complainants receive a timely and comprehensive response.

### **8.5 Directors**

Directors have delegated responsibility for ensuring the efficient and effective implementation of the Complaints Management Policy and Procedure. Directors are responsible for ensuring that complaint management procedures are effectively and efficiently implemented.

### **8.6 All Staff**

Any staff member may be the first recipient of a concern or complaint from a service user, carer or service user representative. Therefore, best practice in customer care and management of informal concerns and complaints is every staff member's responsibility.

### **8.7 HR Department**

The HR Department will provide guidance where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action.

## 9 TRAINING

All staff involved in any aspect of operational services will be provided with training on Complaints Management. Staff should attend refresher training every 5 years. The Person in Charge should also aim to carry out 'refresher' training on the Management of Complaints during team meetings on an annual basis. Details of the course aims and objectives can be located in **8/STAFFDEV/CourseAims/POL/001 [TRAINING PROGRAMME AIMS & OBJECTIVES](#)**.

## 10 CONFIDENTIALITY AND CONSENT

Information about complaints and those involved is strictly confidential. Any information will only be disclosed to those with a demonstrable need to know, in line with the relevant Data Protection Acts and Freedom of Information Acts.

## 11 PUBLIC AND SERVICE USER INFORMATION ABOUT COMPLAINTS

An information guide [COMPLAINTS AND COMMENTS ROI](#) has been developed in partnership with service users to accompany this policy and procedure. It provides information about all aspects of Praxis Care's complaints procedures. It directs service users and/or their representatives to advice and guidance services, regulatory bodies, advocacy services and ombudsman services.

To improve accessibility to all, it is available from Praxis Care website: [www.praxiscare.org.uk](http://www.praxiscare.org.uk) which has 'Browse Aloud' and language translator facilities. It can also be made available, upon request, in other formats such as Braille, large print, and audio.

A copy of the Policy and Procedures for Management of Comments, Compliments and Complaints, along with a Complaints poster, both in appropriate formats, should also be on display in the designated centre. These resources must be made available to all service users and representatives on commencement of the service and on request.

Information on how to make a complaint must also be made available to all parties.

Service users will be made aware of the Policy and Procedures for Management of Comments, Compliments and Complaints as soon as is practicable after commencement of the service, and will, if required, be assisted to understand the Policy & Procedures.

## **12 PERFORMANCE REVIEW**

The number and nature of complaints will be monitored on a monthly basis in each scheme by the Head of Operations as part of the electronic Monthly Monitoring Visit Report.

Complaints will be monitored and evaluated by the Governance Committee, a sub-committee of the Board which meets every two months. The Complaints Officer will submit a report to this Committee.

Management Review Meetings, comprising the senior management team will be held twice per year and trends will be evaluated to inform changes to service delivery and provide learning from complaints. The Quality and Governance Department will submit a report to this meeting.

The Person in Charge will be responsible for the preparation of an annual report, using the stipulated template (**Appendix 3**), which will then be submitted to the Head of Operations for review. It should then be submitted by the Head of Operations to the relevant Consumer Affairs Area Office by the date outlined in the Service Arrangement and a copy sent to Praxis Care Complaint's Officer. The Office of the Head of Consumer Affairs will liaise with the Head of Operations in relation to the details of any reports to be provided to the Executive.

## **13 ADVOCACY**

All complainants have the right to appoint an advocate. Please also read in conjunction with [ACCESSING OTHER SERVICES](#). Where a person is unable to make a complaint unaided an advocate can assist him/her in making the complaint. Praxis Care staff should ensure that information and support is provided to make arrangements for advocacy, wherever this is either requested or deemed required. National Advocacy services are detailed in

Appendix One. The Person in Charge must ensure that contact details of any available local advocacy services are also communicated to service users and their representatives.

## 14 LANDLORDS

If a complaint received relates to a property issue where Praxis Care is not the owner, managing agent or landlord responsible for maintaining the property, then staff should not record the complaint against Praxis Care on a Praxis Care Complaint Form. Instead, staff should support the service user to speak to the appropriate owner/landlord of the property. The owner/landlord of the property can then deal the issue as per their own organisation's procedures.

A report of anti-social behaviour from a service user or neighbour about another service user is not a complaint about Praxis Care. In such instances, all incidents of nuisance, or anti-social behaviour should be reported to the owner/landlord of the relevant property to be managed under the terms of the relevant policy or the person's licence/tenancy agreement.

## 15 COMPLAINTS POLICY

Praxis Care adopts a service user-led approach to complaints management and aims to empower service users, representatives and stakeholders to make a complaint or raise a concern.

Praxis Care will operate its Complaints Policy on the basis of openness, transparency and candour:

- **Openness** - enabling concerns and complaints to be raised freely without fear
- **Transparency** – allowing information about performance and outcomes to be shared with staff, service users, the public and regulators.
- **Candour** – any individual harmed by the provision of service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

It is Praxis Care's Policy to :

- Take all complaints seriously
- Inform people about the process and make information readily available in an accessible and age appropriate format
- Make the process simple and enable people to make a complaint in a way that suits them, at a time convenient to them and with the immediate reassurance that the issue will be taken seriously
- Train staff to be receptive and supportive of feedback and complaints, to have the skills to manage complaints and to be empowered to resolve issues promptly and effectively
- Investigate and respond to complaints within 28 days, and if this is not possible, ensure the complainant is kept informed (every 20 days) of the reasons for any delays, in an accessible and age appropriate format
- Keep the complainant informed of progress in a timely manner, in an accessible and age appropriate format, where possible providing anonymity if requested and ensuring the views of the complainant are taken into account when exploring remedial actions
- Ensure the views of the complainant are taken into account when exploring remedial actions
- Provide outcomes/ resolutions that directly address the complaint and in a manner the complainant prefers and by an appropriate person
- Adopt an open, learning culture where complaints and feedback are actively encouraged and recognized as opportunities to reflect and improve service provisions locally and organisationally.
- Ensure that the person dealing with the complaint is not directly involved in the matters of the complaint or be the subject of the complaint.

## **16 REDRESS AND RECOMMENDATIONS**

### **16.1 Redress**

Praxis Care recognises that an effective complaints system that offers a range of timely and appropriate remedies will enhance the quality of service given to service users. It will have a positive effect on staff moral and enhance Praxis Care's relations with other stakeholders. Praxis Care will aim to ensure that redress will be consistent and fair for both the complainant and the individual service against which the complaint was made. The forms of redress or responses will be appropriate and reasonable where it has been

established that a measureable loss, detriment or disadvantage was suffered or sustained by the complainant personally. This redress could include:

- An apology
- An explanation
- An admission of fault
- A change of decision
- Repair/remedial works
- Correction of misleading or incorrect records
- Compensation
- Recommendation to make change to a relevant policy

## 16.2 Recommendations

Following the investigation of a complaint the Complaint's Officer may not make a recommendation where its implementation would require or cause the HSE to make a material amendment to its approved service plan; or Praxis Care and the HSE to make a material amendment to an arrangement under section 38<sup>4</sup>. If such a recommendation by the relevant person is made, he/she will either amend the recommendation in such a manner that (a) makes the amendment to the service arrangement unnecessary or (b) Rejects the recommendation and takes other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates.

## 17 ANNUAL REVIEW AND REPORTING

As Praxis Care has an established complaints procedure that was agreed by the HSE, a general report will be provided in line with the service arrangement. Information will be captured by the office of the Complaints Officer and by the Service Manager. The Service Manager will have responsibility for preparing the annual return on complaints for their service and forwarding to the Head of Operations. The Head of Operations will ensure this is submitted by the annual date set out in each service contract. A copy should also be forwarded to Praxis Care's Complaints Officer in Central Office.

The report will provide information on the previous year indicating:

- The total number of complaints received

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<sup>4</sup> "an arrangement for provision of a health or personal social service by that person on behalf of the Executive"

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

## **18 COMPLIMENTS POLICY**

For the purposes of this policy a compliment is defined as an: 'Expression of appreciation either verbally, or by letter, card, gift or donation.'

Compliments are as important to Praxis Care as complaints and should be seen as a means of learning how things have gone well. It is always helpful to hear how people think about the organisation and the services it provides. People are encouraged when they are complimented on their work. If a compliment is received about any aspect of Praxis Care it should be shared with all those involved.

Compliments are important because:

- They can help influence the policy and decisions of the organisation
- They can help maintain the standards of our services
- They can raise issues of real importance and can lead to change for the better
- They enable inspectors to monitor and evaluate the safety and quality of the service
- They provide a quality indicator which can be used by commissioners, individuals and their families, and regulators to measure the quality of the service and to provide evidence of outcomes.

Compliments should be recorded on the online compliments form in each scheme folder within K Drive.

Compliments should be a standing item on team meeting agendas.

Compliments are monitored monthly through the Head of Operations monthly monitoring visit report (EMMR).

## **19 LEGISLATION AND GUIDANCE**

Praxis Care provides services regulated by the Health Service Executive and as such, must operate a complaints procedure in line with the following :

- Part 9, The Health Act 2004 (ROI)
- Health Act 2004 (Complaints) Regulation 2006
- *"Your Service Your Say" - The Management of Service User Feedback for Comments, Compliments and Complaints (Health Service Executive -2017)*
- *'Guide to Principles of Good Complaint Handling' - The British and Irish Ombudsman Association 2007*

## **20 REFERENCES**

- 1 The Health Act 2004, Part 9.
- 2 *"Your Service Your Say" - The Management of Service User Feedback for Comments, Compliments and Complaints (Health Service Executive -2017)*
- 3 Health Information and Quality Authority. *National Standards for Residential Services for Children and Adults with Disabilities*. Dublin: Health Information and Quality Authority; January 2013.

## **COMPLAINTS PROCEDURE**

Praxis Care's Procedure for the Management of Complaints comprises of 3 internal stages and 2 external stages can additionally apply to anyone making a complaint:-

- STAGE 1: – Management of Verbal Complaint at the Point of Contact (Person in Charge)
- STAGE 2(a): – Informal Resolution (Person in Charge)
- STAGE 2(b): – Formal Investigation (Head of Operations)
- STAGE 3(a):- HSE Review  
or
- STAGE 3(b): – Praxis Care Internal Review (Board of Director Level)
- STAGE 4: – Independent Review (The Ombudsman/The Ombudsman for Children)

### **Stage 1 & 2(a) – Local Resolution**

#### **Stage 1 - Verbal Complaints**

- The Person in Charge of the designated centre is responsible for ensuring that all verbal complaints are dealt with.
- Any member of staff may receive a verbal complaint. The member of staff receiving a verbal complaint should deal with it immediately if possible.
- All verbal complaints, no matter how seemingly unimportant, should be taken seriously.
- All contact with the complainant should be polite and courteous. Staff should remain calm and respectful.
- Staff in receipt of verbal feedback should clarify whether the individual wants the issue to be managed as a formal complaint or whether they simply wish for action to be taken and the issue resolved. The individual should be asked how he / she would like the complaint to be resolved.

- If a member of staff cannot solve the problem immediately, he/she should offer to involve the Person in Charge of the designated centre to resolve the problem.
- If the Person in Charge is the subject of the complaint, the complaint should be referred to the Complaints Officer to appoint an appropriate person to deal with the complaint, usually the Head of Operations.
- After discussing the problem, the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable, then the member of staff should clarify the agreement with the complainant.
- The staff member should record the complaint and actions taken on an online complaint record form in each scheme folder within K Drive. The completed form should be shared to all relevant persons i.e. Head of, Director (if appropriate) etc. and a copy of confirmation emails printed and filed within the Complaints file held at the designated centre.
- If the complaint is being made on behalf of the service user by a carer or advocate, it must first be verified that the person has permission to speak for the service user. If staff members are in doubt, it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.

## **Stage 2(a) – Written Complaints**

- If a member of staff receives a complaint in writing, this needs to be passed to the Person in Charge of the designated centre who is responsible for ensuring that all complaints received locally are appropriately responded to.
- If the Person in Charge is the subject of the complaint, the complaint should be referred to the Complaints Officer to appoint an appropriate person to deal with the complaint, usually the Head of Operations.
- The Person in Charge must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.
- The Person in Charge must contact the HR Department, at the earliest

opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

- Following receipt of a complaint, initial communication with the complainant should take place within 2 working days, and preferably be verbal via phone or in person, unless the complainant cannot be contacted directly or has requested another means of correspondence. Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.
- A record of all communication with the complainant should be maintained by the person investigating the complaint.
- If the complaint is received directly by the Complaints Officer, he/she will allocate a suitable representative to contact the complainant directly via phone to talk through the concern and agree the course of action, including investigation of the complaint, within 5 working days. The Complaints Officer will also state whether he/she will be forwarding the complaint to the Person in Charge to instigate a Stage 2(a) - Informal Local Resolution, or whether he/she will instigate a Stage 2(b) – Formal Investigation. In either case, the Complaints Officer will inform the Person in Charge and the Head of Operations as required.
- Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.
- If a complaint cannot be resolved within 28 days, the Complaints Officer should ensure the complainant is kept informed of progress and the reasons for any delays. An update should be given to the complainant every 20 days until the complaint is resolved.
- A record of the complaint should be submitted at the earliest opportunity, using the online complaint record form in each scheme folder within K Drive. This should be emailed to all relevant persons i.e. Complaints, Head of, Director (if appropriate) etc. and a copy retained within the Complaints file held at the designated centre.

- If the complaint is not closed at the time of submission, the person in charge must update the Complaints Officer using the complaints email address when the complaint has been closed.
- The person investigating the complaint will inform the complainant, in writing, that the complaint has been investigated and outline the actions taken. The letter will inform the complainant that the complaint is considered as closed unless the complainant responds to express dissatisfaction with the response.
- The letter will be drafted by the Investigating Officer and the appropriate Operational Head, and forwarded to the relevant Operational Director for review. Once the content has been approved by the relevant Director, the written response will be issued to the complainant by the person who investigated the complaint.
- A copy of this letter should also be sent to the manager for the service about which the complaint was made.
- The corporate closure letter template must be used and is available on request from the Complaints Officer, via the [complaints@praxiscare.org.uk](mailto:complaints@praxiscare.org.uk) email address.

## **Stage 2(b)– Formal Investigation**

An investigation at Stage 2(b) is used for any complaint that:-

- Has not been resolved at Stages 1 or 2(a) – Local Resolution; or
- Is of a serious nature that requires a formal investigation. This can include the following:-
  - Where the complaint concerns more than one service
  - Where serious matters are concerned i.e. perceived or actual risk to the service user
  - Where there is a potential or actual Health and Safety issue
  - Where the complainant infers or states that legal action will follow
  - Where action could result in disciplinary proceedings for staff members
  - Where the complainant infers or states that they will inform or involve the media, their TD or local councillor

- An Investigatory Officer, usually the Head of Operations, should be appointed and all relevant information promptly forwarded to the Investigatory Officer.
- Praxis Care's Safeguarding Champion must be contacted, at the earliest opportunity, if the complaint relates to a safeguarding concern.
- The HR Department must be contacted, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.
- The Investigatory Officer must contact the complainant preferably verbally or in person within 5 working days, to explain his/her role, talk through the concern and agree the course of action, including investigation of the complaint at this stage.
- If a complaint cannot be resolved within 28 days, the Complaints Officer should ensure the complainant is kept informed of progress and the reasons for any delays. An update should be given to the complainant every 20 days until the complaint is resolved.
- The Investigatory Officer must forward a copy of [COMPLAINT RECORD FORM ROI - Stage 2\(b\)](#) to the Person in Charge, the Head of Operations responsible (if not the investigator) and the Complaints Officer. This record should highlight the complainant's level of satisfaction with the recommendations/actions and identify any organisational learning.
- A copy of all investigative work, correspondence, etc, should also be forwarded by the investigating officer to the Complaints Officer.
- The person investigating the complaint will inform the complainant, in writing, that the complaint has been investigated and outline the actions taken. The letter will inform the complainant that the complaint is considered as closed unless the complainant responds to express dissatisfaction with the response.
- The letter will be drafted by the Investigating Officer and the appropriate Operational Head, and forwarded to the relevant Operational Director for review. Once the content has been approved

by the relevant Director, the written response will be issued to the complainant by the person who investigated the complaint.

- A copy of this letter should also be sent to the manager for the service about which the complaint was made.
- The corporate closure letter template must be used and is available on request from the Complaints Officer, via the [complaints@praxiscare.org.uk](mailto:complaints@praxiscare.org.uk) email address.
- If after receiving feedback from the Investigating Officer, the complainant is still not satisfied, then he/she should be contacted by the Complaints Officer and made aware that an Independent Review can be arranged, and the process and timescales should be explained.
- If after receiving the written report from the Investigating Officer, the complainant is still not satisfied that the complaint has been resolved at Stage 2, the complainant may seek a review of his/her complaint by the HSE Internal Process at Stage 3(a) HSE Review. This should be done within **28** days from receiving the investigation report and its findings.

### **Stage 3(a) - HSE Review**

Where the complainant is still not satisfied with the findings and actions of Formal Investigation at Stage 2(b), he/she can make a written request to the Investigating Officer or the Complaints Officer for an Independent Review to be carried out.

The Health Service Executive has designated authority to appoint review officers as per the Health Act 2004 (Complaints) Regulations 2006 and all requests for review must be addressed to the HSE Consumer Affairs. The Complaints Officer is responsible for ensuring that these requested are forwarded within the appropriate timescales. All requests for a HSE review should be forwarded to:

HSE Consumer Affairs,  
Health Service Executive,  
Oak House, Millennium Park,  
Naas,  
Co. Kildare.

The Health Service Executive will examine the request for review and appoint a Review Officer if appropriate to carry out the review of the complaint. Review Officer(s) will review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation. The Review Officer (s) may either up-hold, vary or make new findings and recommendations. The Review Officer may carry out a new investigation of the complaint or recommend that a local re-investigation of the complaint be carried out by a Complaint Officer independent of the initial investigation team.

### **Stage 3(b) – Internal Review (Praxis Care Board)**

Where the complainant is still not satisfied with the findings and actions of Stage 2(b) – Formal Investigation, but does **not** wish to request a Stage 3(a) HSE Review, he/she can instead make a written request to the Investigating Officer/Complaints Officer for an Internal Review to be carried out.

- Where an Investigating Officer receives a request for an Internal Review, he/she will forward this to the Complaints Officer.
- The Complaints Officer will forward all the information to a convenor who is a member of the Praxis Care Board.
- The convenor will review the documentation and may ask the complainant to state in writing why he/she is still unhappy with the previous attempts to resolve the issue.
- The convenor will only consider the complaint if he/she is satisfied that Stage 1 and 2(a) & (b) procedures have been completed correctly but without provision of an adequate resolution to the complaint.
- The convenor may then decide:-
  - More could still be done locally to rectify the situation and refer the matter back to the Investigating Officer.
  - Convene a panel to look into the matter more closely.
  - The matter has been dealt with fully and will inform the complainant, giving reasons why this is so.

### **Composition of the Internal Review Panel**

- If the convenor decides that it is necessary to convene a panel to look into the matter more closely, he/she will arrange a meeting of the panel within **30** days of receiving the request for an Internal Review.

- The Complaints Officer will inform the complainant of the date of this meeting.
- The panel will comprise of three people, the convenor and two other persons, usually at Board of Director Level.
- The panel will look again at the complaint and may get independent specialist advice if deemed necessary.
- The Review Panel will produce a written report with recommendations within **4** months of the request for an Independent Review.
- The Complaints Officer will ensure a copy of this report is issued to the complainant and must endeavour to conclude the matter within **6 months** and if this timeframe cannot be met, will inform the complainant giving an explanation why and outline the options open to the complainant.

## **Stage 4 - Independent Review**

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

The complainant can complain at any stage of the complaints management process to the Ombudsman/ Ombudsman for Children's Office. The relevant Ombudsman's office will accept the complaint, however both offices may request that the complaints procedure for Praxis Care or Health Authority complaints have been followed in the first instance. **(Appendix 2)**

## **Additional Advice/Support**

Advice can be sought from the Complaints Officer at any stage or any other Praxis Care staff member, with delegated authority, which shall be determined by the nature and seriousness of the complaint. Advice can also be sought from the Ombudsman's Offices at any stage. Ultimately, the nature and seriousness of the complaint will determine the personnel, timescales and stages most relevant in the process.

## **Employee Support**

Praxis Care also recognises that, whilst all employees should welcome complaints, there will be instances where a complaint is made about individual staff members and that they may also require support. Employees can avail of the confidential counselling support provided to all staff with personal or work related difficulties.

Staff can contact Confidential Staff Care Free Phone R.O.I. 1800 409388.

Managers can also avail of advice and guidance from the Human Resources Department in dealing with staff welfare issues. There is also formal structured support for groups of staff who have experienced stress reactions as a result of a critical incident in the work place.

### **Vexatious Complaints**

Vexatious complaints are complaints that are intentionally troublesome. Vexatious complaints are excluded under Part 9 of the Health Act 2004. However, this does not remove the complainant's right to submit their complaint to independent agencies such as the HSE or the Ombudsman/Ombudsman for Children.

If a complaint is found to be vexatious or malicious, no record of the complaint is to be retained in the file of the staff member / service about which the complaint was made.

Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the Director of Operations.

## **Appendix 1**

### **Useful Contacts for Advocacy**

Citizens Information Board  
7<sup>th</sup> Floor, Hume House  
Ballsbridge  
Dublin 4  
Tel. No. 01 605 9000  
Fax No. 01 605 9099  
Email address: [information@ciboard.ie](mailto:information@ciboard.ie)  
(to contact your local centre please see  
the Golden Pages or CIB website)  
[www.citizensinformationboard.ie](http://www.citizensinformationboard.ie)

Irish Advocacy Network  
c/o Health Care Unit  
Rooskey  
Monaghan  
Tel. No. 047 38918/ (087 7540763)

Mental Health Ireland  
Mensana House  
6 Adelaide Street  
Dun Laoghaire  
County Dublin  
Tel. No. 01 2841166  
Fax No. 01 2841736

[www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)

### **National Confidential Recipient**

Leigh Gath is the HSE's National Confidential Recipient but is independent of the HSE itself. Anyone can make a complaint or raise a concern to her about the care and treatment of any vulnerable adult in receipt of residential care, in an HSE or HSE funded facility.

Confidential Recipient for Vulnerable Persons  
Training Services Centre  
Doodadoyle  
Limerick  
Lo Call: 01 890100014  
Mobile: 0876657269  
Email : [leigh.gath@crhealth.ie](mailto:leigh.gath@crhealth.ie)

## **Appendix 2**

### **Office of the Ombudsman**

Office of the Ombudsman  
18 Lower Lesson Street  
Dublin 2  
Tel. 01 6395600/1890 233 030  
Fax 01 605 9099  
Email Address: [ombudsman@ombudsman.gov.ie](mailto:ombudsman@ombudsman.gov.ie)

Office of the Ombudsman for Children  
Ombudsman for Children's Office  
Millennium House  
53-56 Great Strand Street  
Dublin 1  
Tel. 01865 6800/1890 654 654  
Email Address: [oco@oco.ie](mailto:oco@oco.ie)

## Appendix 3

### Sample of Annual Return

Dublin Mid-Leinster Location 2	Analysis of Complaints 2012											Comments & Compliments		Notes for the month			
Name of service	(i) Complaints received pending at end of last month	(ii) Complaints received this month	(iii) Total Complaints on hand current month	(iv) A full complaints excluded under Part 9 of the Health Act 2004	(v) Anonymous Complaints	(vi) Complaints dealt with informally	(vii) Complaints Withdrawn	(viii) Written complaints dealt with within 30 working days at	(ix) Written complaints that took longer than 30 days to deal with	(x) Complaints Pending at end of Month	(xi) Complaints resolved through Mediation	(xii) Comments/ Suggestions	(xiii) Positive Feedback				
January			0							0							
February	0		0							0							
March	0		0							0							
April	0		0							0							
May	0		0							0							
June	0		0							0							
Jan - June	0	0	0	0	0	0	0	0	0	0	0	0	0				
July	0		0							0							
August	0		0							0							
September	0		0							0							
October	0		0							0							
November	0		0							0							
December	0		0							0							
July - December	0	0	0	0	0	0	0	0	0	0	0	0	0				
Total	0	0	0	0	0	0	0	0	0	0	0	0	0				
Please note: the total number of complaints under all categories for a particular month will not add up to the total number of	Complaints by Type																
	1. Treatment/ Service Delivery	2. Communication	3. Staff attitude Manner	4. Infection Control	5. Facilities, Buildings	6. Hospital Accommodation / Food	7. Cancellations	8. Delays, Waiting times	9. Clinical Judgement	10. Vexatious Complaints	11. Nursing homes/ residential care for older people (65 and over)	12. Nursing homes and residential care age 64 and under	13. Pre-school inspection services	14. Trust in Care'	15. Children First	16. Other	
	January																
	February																
	March																
	April																
	May																
	June																
	Jan - June	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	July																
	August																
	September																
	October																
	November																
	December																
	July - December	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0