



## Operational Policy No. 1

# Complaints Policy Document

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Signature: \_\_\_\_\_ Date: 16<sup>th</sup> January 2009

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## PSP No. 1 Complaints



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### 1.0 Purpose

The purpose of this document is to outline the operational policy relating to the handling of complaints in Leopardstown Park Hospital, to establish clear procedures for dealing with all aspects of the handling of complaints and to provide quality and consistent responses to complaints.

This policy deals with complaints from residents or from any person acting on behalf of the resident.

### 2.0 Review History

Date	Review No.	Change	Ref. Section
02.01.2009	1.0	Not Applicable	Not Applicable

### 3.0 Persons Affected

All employees of Leopardstown Park Hospital must embrace and be committed to the effective management of complaints. All employees are to be committed to learning and quality improvements as a result of complaints.

### 4.0 Policy

Any complaint will be viewed as an opportunity to inform Leopardstown Park Hospital to continuously improve the quality of the services that we provide and to learn lessons so as to prevent similar occurrences in the future.

Leopardstown Park Hospital commits to safeguarding the rights and dignity of our service users and staff members in the implementation of this policy and associated supporting documents.

Complaints, criticisms or suggestions, whether oral or written will be taken seriously, handled appropriately and sensitively.

This policy has been developed to complement all relevant policies and procedures and guidelines already developed by Leopardstown Park Hospital to date.

This policy replaces all existing Complaints policies from January 2009 onwards and is due for review in January 2010. It will be reviewed during this time as necessary to reflect any changes in best practice and substantial organisation.



## 5.0 Definitions

- 5.1 **Complaint** refers to any action taken by Leopardstown Park Hospital that, it is claimed, does not accord with fair or sound practice, and adversely affects the person by whom or on whose behalf the complaint is made.
- 5.2 **Action** refers to anything done or omitted to be done by Leopardstown Park Hospital in the provision of the service and care for its client base.
- 5.3 **Complainant** refers to a person who is entitled under Health Act 2004 section 46 to make a complaint on the person's own behalf or on behalf of another.
- 5.4 **Close Relative** in relation to the client base of Leopardstown Park Hospital refers to a person who
- 5.4.1 Is a parent, guardian, son, daughter or spouse or
  - 5.4.2 Is cohabiting with the client.
- 5.5 **Complaints Manager** refers to a designated person who is responsible for the handling of all complaints with in Leopardstown Park Hospital.

## 6.0 Responsibilities

Responsibility lies with all members of Leopardstown Park Hospital staff who are involved in a complaint at any one time.

## 7.0 Procedures/Protocols

- 7.1 **Principles of Best Practice Complaints Management**
- 7.1.1 Where possible complaints are to be dealt with at local level.
  - 7.1.2 The rights of residents and service users to complain: All service users must be made aware of their right to complain and their rights throughout the complaints management process. Written complaints procedure is to be available on notice boards and copies to be provided if requested.
  - 7.1.3 The complaints handling process to be implemented without fear, favour or prejudice towards the complainant, the person or service about which the complaint is made. Any staff member found after proper investigation to be engaging or have engaged in victimising, punishing or exacting retribution



on any complainant will be subject to serious disciplinary sanctions.

- 7.1.4 All complaints are dealt with in an impartial manner with both complainant and Leopardstown Park Hospital given an equal Importance in this process.
  - 7.1.5 Vexatious and Malicious Complaints: Protection and support is given to the person or service about which the vexatious and malicious complaint is made. Appropriate actions will be taken to prevent re-occurrence.
  - 7.1.6 Anonymous Complaints will not be formally investigated. Complainants must provide contact details.
  - 7.1.7 Complaints may be presented either in writing or verbally. Should they go to formal investigation the official complaints form may be filled in by another adult and signed by the complainant.
  - 7.1.8 All complaints to be acknowledged, investigated and the progress report communicated within the recommended time frames as stated in the Complaints Procedure Document
  - 7.1.8 Confidentiality: All information obtained during the course of the complaint management is treated in a confidential manner and meets the requirements of the Data Protection Acts 1988 and 2003 and the FOI Act 1997 and 2003
  - 7.1.9 Accountability: All procedures to be transparent to the complainant during the process of the complaint investigation. Where warranted, action is to be taken on complaints to address the specific complaints and prevent similar occurrences in the future.
- 7.2 Standards**
- 7.2.1 Consumer Feedback is actively encouraged and promoted.
  - 7.2.2 Consumer and Staff Rights are upheld throughout the complaint management process.
  - 7.2.3 Local Processes support best practice in complaint handling
  - 7.2.4 Complaints information is integrated into organisational improvement activities.

## 8.0 References

Policy for the Management of Complaints in the HSE 2007  
Part 9 of the Health Act 2004

This policy was developed by:

**Ann Fitzpatrick**

**Complaints Manager**

