

1.0 Policy

It is the policy of The Children’s Sunshine Home, operating as LauraLynn, Ireland’s Children’s Hospice (the Service) to ensure that there is an effective and comprehensive system in place for you to provide us with feedback. The Service welcomes and encourages feedback from the people who access our Service and commits to learn from the information it receives and to use the learning to inform continuous improvements in our services.

The Service also has a legal responsibility to ensure that there is a system in place to record and investigate any feedback that is critical of the Service and requires a response, and this will be dealt through the complaints section of this policy. The Service is committed to ensure that children/adults, their families, and members of the public are aware of their rights throughout the complaints process.

2.0 Scope

2.1 This policy applies to the children and adults who avail of our services, their families, staff, volunteers and members of the public.

2.2 Where staff would like to make a complaint of any inappropriate behaviour by colleagues at work, they are referred to their Line Manager/Head of Discipline to deal with the 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, Grievance Policy, Ref No: 3.30, Dignity at Work Policy, Ref No: 3.22.

3.0 Definitions

3.1 *Advocacy:* advocacy is a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf (Citizen Information Service, 2015).

3.2 *Advocate:* An advocate is somebody who can provide information, advice or support to, or act on behalf of, a service user or the service user’s family when dealing with a healthcare service or making a complaint. Your Service Your Say – The Management of Service User Feedback for Comments, Compliments & Complaints, HSE Policy, 2017 (YSYS 2017).

3.3 *Compliment:* An expression of praise, commendation or admiration (YSYS 2017).

3.4 *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 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”(YSYS 2017).

3.5 *Complainant:* Person(s) making the complaint(YSYS 2017).

3.6 *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 (YSYS 2017)

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4.0 Roles and Responsibilities

- 4.1 *Chief Executive Officer (CEO)*: To oversee the complaints process and ensure it is implemented throughout the Service. Where the outcome of a formal investigation is appealed and requires an internal review, the CEO may carry out the investigation.
- 4.2 *Complaints Officer*: To acknowledge, investigate and respond to any formal complaints made through the complaints process. The Complaints Officer shall also be responsible for maintaining the complaints database and reporting any figures to the HSE under the reporting requirements.
- 4.3 *Line Managers*: To collaborate with the Complaints Officer in regard to any investigations which are required under the complaints process and ensure any learnings from feedback are implemented.
- 4.4 *Quality, Risk & Safety Manager (QRSM)*: Ensure the Service is compliant with its management of complaints in line with the Health Act 2004 and HSE, YSYS Policy. Provide bimonthly reports to the QRS Committee on complaint investigations, findings and recommendations. Monitor any actions required as a result of feedback and ensure they are implemented.
- 4.5 *Staff*: To receive and respond to any feedback or complaint that has been made and to ensure, where appropriate, actions are implemented.

5.0 Key Principles

- 5.1 In instances when any person(s) wish to make a formal complaint, whether oral or written, the Service ensures that the matter will be taken seriously and handled appropriately and sensitively.

It is the policy of the Service to:

- Acknowledge, establish and verify any feedback or complaints which the service has received
- Ensure accountability and redress where appropriate
- Have an accessible, person-centered system for dealing with feedback or complaints
- Ensure there is a culture of openness and transparency and continuous improvement that welcomes feedback, the raising of issues and the making of suggestions and complaints by each child/adult and/or their family
- Ensure that information on the formal complaint's procedure is available and explained to each child/adult and/or their family
- Ensure that the person making a formal complaint can appeal a decision if they are unhappy with the outcome
- Ensure that relevant data is collated for the purpose of statutory reporting
- Ensure that all formal complaints are appropriately logged including details of investigation and any action taken, data is regularly monitored and reviewed and measurements for improvement are put in place
- The Service is committed to providing education and training to all staff to enable them to effectively implement this policy.

- 5.2 This policy is in keeping with the Health Act 2004 and (YSYS) HSE Complaints Policy 2017, which provides for the establishment of a statutory complaints system, and it aims to address the needs of children/adults, families, volunteers and visitors in line with the core values of the Service. Matters relating solely to the exercise of clinical judgement are excluded from the complaint's procedure.

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- 5.3 All complaints will be received and considered by the Service; however, the Health Act 2004 details a number of complaints that are excluded under Part 9 of the Health Act (Appendix 1).
- 5.4 The Service has a designated Complaints Officer for the purpose of dealing with formal complaints made in accordance with Part 9 of the Health Act 2004. It is the responsibility of all staff to respond to and resolve complaints at the first point of contact wherever possible.
- 5.5 All information obtained through the course of the complaint management process will be treated in a confidential manner and in line with the Data Protection Act 1988, 2003 and 2018, the General Data Protection Regulation (GDPR) 2018 and the Freedom of Information Act 1997, 2003 and 2014. The complaints process will facilitate the gathering of essential and appropriate information to ensure the effective management of the complaint and the education of the organisation without compromising the rights to confidentiality of the complainant(s).

6.0 Feedback:

- 6.1 Comments, complaints and compliments are welcomed as they enable services to learn from unsatisfactory service user experience as well as build on good practice.
- 6.2 Any comments about services should be communicated to the department head and to the staff working there and can be used to identify areas of the Service where quality improvements are required.
- 6.3 It is recommended that good service user experience and compliments received should be promoted and reported across the Service. These act as a positive commentary on progress and improvement, and a focus on good quality service user care.
- 6.4 Feedback leaflets are available throughout the Service to enable people (including staff members) to acknowledge good practice or to make constructive suggestions to further improve services. The suggestion boxes, placed around the Service, will be checked on a weekly basis by the Complaints Officer. Feedback can also be received by phone, email or through the online system.
- 6.5 All feedback received is logged onto the online system in SharePoint and where appropriate shall be acknowledged.
- 6.6 All feedback shall be reported to the Quality, Safety and Risk Committee on a bimonthly basis.

7.0 Complaints

- 7.1 Any person(s) is/are entitled to make a complaint in accordance with this procedure in relation to any action of the Service that:
 - (a) it is claimed, does not accord with fair and sound administrative practice and
 - (b) adversely affects or affected that person.
- 7.1.1 An action does not accord with fair and sound administrative practice if it is: taken without proper authority, taken on irrelevant grounds, the result of negligence or carelessness, based on erroneous or incomplete information, improperly discriminatory, based on undesirable administrative practice, or in any other respect contrary to fair or sound administration.

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- 7.1.2 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
 - Any other person with the consent of the person, or
 - Any other person who is appointed as prescribed in the regulations.

7.1.2 If a complaint is being made about a particular person and the person's name is being given, the complaint must be written, giving details such as dates and locations so that the person dealing with the complaint can check the facts of the complaint.

7.2 Stages of Managing a Complaint

There are 4 stages to the complaints process as follows:

Stage 1 – (a) Point of Contact & (b) Informal Resolution

Stage 2 - Formal Investigation Process

Stage 3 –Internal Complaint Review

Stage 4 - Independent Review

7.2.1 Stage 1 – (a) Point of Contact Resolution

Staff must aim to resolve complaints they receive at first point of contact, if possible. Feedback (comments, compliments and complaints) may be given to any member of staff, it is therefore important that all frontline staff welcome feedback and are aware of how to respond to Service Users. It is important that all staff see this as an opportunity to improve local services.

- Staff should always respond positively and appropriately to anyone who provides feedback.
- They should acknowledge the feedback in an open and honest way, thanking the Service User for their comment or compliment and demonstrate empathy and understanding if responding to a complaint.
- Staff should establish what the service user expects from providing their feedback.
- For complaints, the staff member must first and foremost ensure that the complainant's/service user's immediate healthcare needs are being met, as appropriate, before dealing with the issue.
- If staff are unable to deal with a complaint personally, they should provide reassurance to the complainant that they have been heard and understood and then outline the next stages for the management of the complaint.
- Provide an apology/explanation where possible and avoid apportioning blame, being argumentative or defensive.
- Staff should only attempt to manage complaints received at the first point of contact if due care has been taken to establish that all issues can be addressed appropriately at the point of contact.
- Staff shall use the A.S.S.I.S.T Model to support them to resolve the complaint (Appendix 3)
- Where staff have resolved all issues of a complaint at the first Point of Contact then a Complaint Form should be completed and forwarded to their Line Manager Appendix 2.

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7.2.3 Stage 1 – (b) Informal Resolution

Complaints that cannot be resolved at the point of contact must be escalated to the Line Manager. The Line Manager will endeavor to resolve the complaint informally within < 48 hours (two working days). On receipt of the complaint, the Line Manager will consider the complaint to check its validity and how to proceed with the complaint as follows:

- The complaint cannot be dealt with using this policy and therefore must either be referred to the appropriate body for investigation or returned to the complainant with an explanation as to why the complaint cannot be investigated
or
- Having regard to the nature and the circumstance of the complaint, they will seek the consent of the complainant and any other person to whom the complaint relates to find an informal resolution of the complaint. Mediation may be used to attempt resolution of the complaint at this stage if both parties agree
or
- Due to the seriousness and complexity of the case, the Line Manager will not deal with the complaint but will forward it to the Complaints Officer or the QRSM, to conduct a formal investigation of the complaint
or
- The complaint is anonymous and will be recorded as such.

Where a complaint is resolved informally the Line Manager shall complete the Complaints Form and forward it to the Complaints Officer who will record the outcome on the complaints database and online system.

If it is not possible to resolve the complaint informally it must be escalated to the Complaints Officer to be managed under Stage 2 of the Complaints process.

7.3 Stage 2 - Formal Investigation Process

Before the Complaints Officer deems the complaint suitable for Stage 2 investigation, a number of checks must be made. The Complaints Officer will carry out an assessment of the complaint where they will firstly determine if the complaint is included or excluded under Part 9, Section 48 of the Health Act 2004. If the Complaints Officer is satisfied that the complaint subject matter falls within the provision of Part 9 of the Health Act, the complaint will be managed in accordance with this policy.

7.3.1 Requesting Information from the Complainant

Where required, the Complaints Officer may request further information from the Complainant to:

- Satisfy themselves of the identity of the person concerned and where the person making the complaint is not the Complainant, satisfy himself or herself that that person is entitled to do so
- Determine if an investigation is required under Stage 2, or more information to enable a Complaint Officer to carry out an investigation of the complaint
- Determine if another pathway is more appropriate (e.g. Trust in Care, Safety Incident Management, etc.)

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7.3.2 Acknowledgement of the Formal Complaint

The Complaint's Officer will formally acknowledge the complaint in writing within 5 working days of receipt of the complaint.

7.3.3 Investigation of the Complaint

The Complaint's Officer will endeavour to carry out the investigation within 30 working days of acknowledging the complaint. If the complaint is of a complex nature and requires more than 30 working days to complete, or if there is another reason for a delay in responding to the complaint, the Complaint's Officer will advise the Complainant in writing that the investigation process will exceed the timeframe and provide an update every 20 days thereafter.

The investigation will involve:

- a. Interview/s with the complainant
- b. Interview/s with other relevant parties
- c. Documentation of interviews.

All parties interviewed can have an advocate or third-party present at any meeting. A report will be created by the Complaint's Officer outlining the findings of the investigation and the recommendations for resolution, which may include mediation. The report will not contain a finding adverse to a person without first having afforded the person concerned the opportunity to consider the findings or criticism and to make representations in relation to it.

This final report, outlining the implementation plan for resolution of the complaint, is circulated to the complainant, the QRSM and other relevant third parties, and the parties about whom the complaint was made.

Having reviewed the report, agreement around the implementation of the recommendations will be sought by the parties involved.

Where the complainant is dissatisfied with the outcome, he/she may apply to the CEO for a review of the recommendations.

On completion the Complaint's Officer will complete the complaints database.

7.4 Stage 3 –Internal Complaint Review

The complainant may seek an internal review of the outcome of the investigation at Stage 2 by the service's Internal Review Process through the CEO. All requests for an internal review should be put in writing.

The CEO shall review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation.

The CEO will either uphold, vary, or make a new finding and recommendation.

The CEO may request a new investigation of the complaint or recommend that a review of the complaint be carried out by a manager independent of the initial investigation team. Alternatively, the CEO may determine that review by an external independent person is required.

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The complainant will be informed of any decision by the CEO and may accept the recommendations made or can seek a review of the complaint by the Ombudsman/Ombudsman for Children.

7.5 Stage 4 - Independent Review

The Service must inform the complainant that at any time during the complaint process or if they are not satisfied with the outcome of the Internal Review Process, they have a right to have their complaint reviewed by the Ombudsman/Ombudsman for Children. However, they must be made aware that the Ombudsman/ Ombudsman for Children will, in most cases, require that the complaints management process be exhausted before they initiate a review of the complaint.

Office of the Ombudsman
6 Earlsfort Terrace
Saint Kevin's
Dublin 2
D02 W773
Tel 01 639 5600

Ombudsman for Children's Office
Millennium House
First Floor
52-56 Great Strand Street
Dublin 1
D01 F5P8
Tel 01-865 6800

The Service commits to safeguarding the rights and dignity of children/adults/their families, visitors, volunteers and staff members in the implementation of this policy and associated supporting documents.

8.0 Acknowledgement of a Complaint

8.1 When a complaint has been received, the Service will endeavour to deal with the complaint effectively and efficiently. Complaints being dealt with formally will be acknowledged within 5 working days and will outline to the complainant the steps to be taken in investigating the complaint and the time limits for the completion of the investigation.

8.2 The Service will endeavour to resolve complaints to the satisfaction of the complainant in strict accordance with the process for managing complaints.

8.3 The complaints handling process will be implemented without fear, favour or prejudice towards the complainant, or the person or service about which the complaint was made.

9.0 Timeframes Involved Once a Complaint is Received by the Complaints Officer

9.1 Where the Complaints Officer determines that the complaint does not meet the criteria, the Complaints Officer will inform the complainant in writing, within 5 working days of making the decision/determination, that the complaint will not be investigated and the reasons for it.

9.2 Where the complaint will be investigated, the Complaints Officer must endeavour to have the investigation concluded within 30 working days of it being acknowledged.

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9.3 Where the investigation cannot be investigated and concluded within 30 working days then the Complaints Officer must communicate this to the complainant within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.

9.4 The Complaints Officer must update the complainant every 20 working days.

9.5 The Complaints Officer must endeavour to conclude the investigation of the complaints within 6 months of the receipt of the complaint. If this timeframe cannot be met, the Complaints Officer must inform the complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. The complainant should be encouraged to stay with the local complaints management process while informing them that they may seek a review of their complaint by the Ombudsman/Ombudsman for children.

10.0 Time Limits for Making a Complaint

10.1 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:

10.2 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.

10.3 The Complaints Officer may extend the time limit for making a complaint if they are of the opinion that 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 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 child/adult at the time of the experience e.g., mental health, critical/long term illness
- Where extensive support was required to make a complaint, and this took longer than 12 months
- The Complaints Officer must notify the complainant of a decision to extend/not extend time limits within 5 working days.

11.0 Vexatious or Malicious Complaints

11.1 The complaints handling process will provide protection and support to a person where it is deemed that a complaint has been made without sufficient grounds or with the conscious desire to cause harm to that person or service. The Service views the making of a vexatious or malicious or complaint against any staff member with the utmost seriousness and any such complaints, found to be vexations or malicious may be referred to the Garda Authority.

11.2 If a complaint is found to be vexatious or malicious the Service will not pursue the complaint any further.

11.3 Anonymous complaints will not normally be investigated as there is always a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld. In particular, anonymous complaints about an employee of the Service cannot be investigated as this is contrary to the rights of the employee concerned.

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- 11.4 Complainants must provide contact details when making a complaint against the Service to enable appropriate validation and investigation of that complaint.
- 11.5 If a complainant makes a complaint in confidence, the identity of the complainant will only be known to the recipient of the complaint and the Complaints Officer, however in order to carry out a full and proper investigation of the complaint, the complainant may have to give consent to have their identity disclosed.
- 11.6 Details of anonymous complaints will be forwarded to relevant service managers for recording and for appropriate consideration.

12.0 Verbal Complaints Made ‘In Confidence’

- 12.1 Where a complainant wishes to make a verbal complaint ‘in confidence’, they should be advised before they make the complaint that depending on the nature and seriousness of the complaint being made ‘in confidence’, (i) their anonymity cannot be guaranteed and (ii) that their complaint and identity may need to be referred to the Complaints Officer. Notwithstanding the fact that the verbal complaint was ‘made in confidence’, the Line Manager should assure themselves that the systems in place are robust, and that the welfare of people we support is not at risk.

13.0 Advocacy

- 13.1 All complainants have a right to appoint an advocate to assist them in making their complaint, and to support them in any subsequent processes in the management of that complaint. Advocacy service may be offered by the Service to a person we support who wishes to make a complaint and, who otherwise would find it difficult or impossible to make such a complaint themselves, or to source advocacy services.
- 13.2 A staff member or a trusted person may also be an advocate for a person we support who wishes to make a complaint if it is possible to do so within the principles of advocacy as listed below.
- 13.3 Before deciding to advocate on behalf of a person we support, staff must ensure that they are able to advocate impartially and fairly.
- 13.4 Staff acting as advocates should have no previous involvement in the actions complained about, or in the investigation of the complaint.
- 13.5 Staff should not feel compelled to act as an advocate where they do not feel competent to do so.
- 13.6 Any form of advocacy must be agreeable to both the person we support and the Service.

14.0 Redress

- 14.1 An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to service users. It will have a positive effect on staff morale and improve the services relations with the public. It will also provide useful feedback to the Service and enable it to review current processes and procedures which may be giving rise to complaints.
- 14.2 Redress will be consistent and fair for both the complainant and the Service. The Service will offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress could include:

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- Apology
- An explanation
- Change of decision
- Correction of misleading or incorrect records
- Technical assistance
- Recommendation to make a change to a relevant policy or law

15.0 Report to the HSE

15.1 The Service will collate all Informal and formal complaints to review trends, with a view to informing Quality and Service improvements and will provide the HSE with a general report on the complaints received on a quarterly basis.:

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

16.0 Evaluation

This policy and associated procedure will be amended as necessary to reflect any changes to best practice, law or substantial organisational changes. It is reviewed and evaluated for appropriateness and effectiveness every three years at a minimum/according to expiry and unless otherwise stated.

17.0 References

- Health Act 2004, Part 9
- Freedom of Information Acts 1997, 2013 and 2014
- Data Protection Act 1988 and 2003
- GDPR 2018
- Open Disclosure Policy 2019
- Integrated Risk Management Framework 2017
- Your Service Your Say – The Management of Service User Feedback for Comments, Compliments & Complaints, HSE Policy, 2017
- Dignity at Work Policy for the Public Health Service (Revised 2022)

18.0 Appendices

- 18.1 Appendix 1: Matters Excluded (As per Part 9 of the Health Act 2004)
- 18.2 Appendix 2: Complaints Form
- 18.3 Appendix 3: Feedback Form
- 18.4 Appendix 4: A.S.S.I.S.T Model

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18.1 Appendix 1: Matters Excluded (As per Part 9 of the Health Act 2004)

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 judgement 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 prejudice an investigation being undertaken by the Garda Síochána
- (h) 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 time limit for making complaints.

In the instance where complaints fall into the categories above the Service will either proceed to investigate the complaint using the appropriate procedures as outlined in the policy or will inform the complainant of the appropriate channels through which their complaint should be referred.

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18.2 Appendix 2: Complaints Form

	Complaints Form	Ref No HR11
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Complaint Resolution Complaint Escalation

Is the complainant a: Service User Relative Other Please Specify

Brief Description of Complaint

Date: DD/MM/YYYY Time (please use 24hour clock format):

Is any part of this complaint reportable? * Yes No
 If yes, please escalate to your Line Manager immediately. *Reportable may cover safeguard, incidents, Trust in Care, etc.

Who was involved? (Please list all persons involved including staff members(s))

Briefly describe how the complaint was addressed including any action taken:

Was the complainant satisfied? Yes No*

*If No, is the complaint to be escalated? Yes No

Staff Name: <input style="width: 150px;" type="text"/>	Service Location: <input style="width: 150px;" type="text"/>
Contact Tel: <input style="width: 150px;" type="text"/>	Email: <input style="width: 150px;" type="text"/> Date: DD/MM/YYYY <input style="width: 50px;" type="text"/>

FORM TO BE COMPLETED BY STAFF MEMBER WHO RESOLVED THE COMPLAINT AT POINT OF CONTACT
 FORM TO BE RETAINED BY LINE MANAGER AND COPY TO BE SENT TO THE COMPLAINTS MANAGER

PLEASE COMPLETE SECTION BELOW ONLY WHERE COMPLAINT IS FOR ESCALATION TO COMPLAINTS OFFICER

For Line Manager: Briefly describe why complaint could not be resolved at point of contact?

Line Manager: <input style="width: 150px;" type="text"/>	Service Location: <input style="width: 150px;" type="text"/>
Contact Tel: <input style="width: 150px;" type="text"/>	Email: <input style="width: 150px;" type="text"/> Date: DD/MM/YYYY <input style="width: 50px;" type="text"/>

Author: Bernie Chapman	Revision No. 04
Title: Quality, Risk & Safety Manager	Date Issued: 07.03.2024

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18.3 Appendix 3: Feedback Form



Compliments, Comments & Complaints



LauraLynn Ireland's Children's Hospice
 Leopardstown Road, Foxrock, Dublin 18.
 T: 01-2893151 F: 01-2899972 E: admin@lauralynn.ie
www.lauralynn.ie

Feedback Form

We welcome any feedback on all aspects of our care. LauraLynn strives to provide the best services in a "home away from home environment" for your children, the family and staff. Please share your thoughts with us to make LauraLynn the best it can be.

Please tick:	Excellent	Good	OK	Poor	Very poor	n/a
Your welcome						
Your child/relative's care						
Staff listened & responded to you						
Hygiene						
Hospitality						
Catering						

Are you: (please tick)
 Family Visitor Staff Other

If you have any additional comments or suggestions, please write below:

Your contact details (optional, only complete if you would like us to contact you):

Name: _____ Email: _____

Please return this form to one of the suggestion boxes located at: LauraLynn House, Rowan House, Little Oak Reception, and Dining Room.

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MPS A.S.S.I.S.T MODEL

A: Acknowledge

Event and impact

S: Sorry

Consider the type of “sorry” required

S: Story

Listen to their story without interruption and establish their understanding of what happened – feed back

I: Inquire

Establish if they have any questions and provide answers

S: Solutions

Your solutions – their solutions - involve and agree

T: Travel

Discuss and agree the Continuing care plan reassure – increased contact

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