

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, please refer to the services Grievance Policy Ref No: 3.30

3.0 Definitions

3.1 *Advocacy*: 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 (Independent Advocacy Ireland, 2017).

3.2 *Compliment*: A polite expression of praise or admiration.

3.3 *Complaint*: An expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.

3.4 *Complainant*: A person who is entitled to make a complaint on his/her own behalf or on behalf of another:

- (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.

3.5 *Feedback*: Information about reactions to our service or care provided which has been availed of, or of a person's performance of a task which they have performed, etc. so the service can improve and ensure continuous improvement within the service.

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.

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- 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, Safety and Risk Manager:* Ensure the service is compliant with the Health Act 2004 and Regulations (Complaints) 2006. 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 attempt to consistently provide quality services it is expected and hoped that we will receive feedback. In some instances, individuals may wish to make a formal complaint.

Complaints, whether oral or written 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 of 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 he/she is 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 the "Your Feedback Matters – Tell Us What You Think" policy.

- 5.2 This policy is in keeping with the Health Act 2004 and Regulations (Complaints) 2006, and Your Service, Your Say 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.
- 5.3 All complaints will be received and considered by the Service, however, the Health Act 2004 details a number of complaints that are not included 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 and the Freedom of

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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 both the complainant and the service about which the complaint was made. A written copy of the complaints management process will be available to all, through the service and on the website.

6.0 Feedback:

- 6.1 It is always welcomed by the service and hoped that any child, adult, family member, volunteer, contractor, or a member of the public will provide feedback about the service. The service sees feedback as positive information that can be used to make improvements or maintain high standards.
- 6.2 Where a child, adult, family member, volunteer, contractor, or a member of the public would like to provide feedback, the Feedback Form (Appendix 2) shall be completed and placed into one of the feedback boxes located throughout the service.
- 6.3 The boxes will be checked on a weekly basis by the designated complaints officer.
- 6.4 Any feedback received shall be logged onto the database and where appropriate shall be acknowledged.
- 6.5 The complaints officer shall liaise with the relevant department(s) to ensure the feedback is received and where appropriate an action plan is developed, and all actions implemented.
- 6.6 All feedback shall be reported to the Quality, Safety and Risk Committee on a 2 monthly basis.

7.0 Formal Complaints

- 7.1 Any child, adult, family member, volunteer, contractor, or a member of the public are entitled to make a formal complaint in accordance with this procedure about 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

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

7.2 Stages of Managing a Complaint

There are 5 stages to the complaints process as follows:

1. Local Resolution
2. Informal Resolution
3. Formal Resolution
4. Internal Review
5. Independent Review

7.2.1 Making a Complaint

A complaint can be made to any staff member, manager or member of the Board of Directors of the Service and can be made in a number of ways: in person, by telephone, by letter, by email.

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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.

7.2.2 Local Resolution of a Complaint at the Point of Contact

On receipt of a verbal complaint, the staff member will respond to it promptly and do their best to resolve the complaint locally and quickly.

Staff shall use the A.S.S.I.S.T Model to support them to resolve the complaint (Appendix 3)

Resolution is reached when the complaint has been resolved to the satisfaction of the complainant, at the point of contact.

Where a complaint is unresolved, it is the responsibility of the staff member, through their Line Manager, to inform the Complaints Officer who will manage the complaint thereafter.

7.2.3 Informal Resolution

All written complaints or verbal complaints that cannot be resolved locally are dealt with by the line manager, who will liaise with the Complaints Officer for resolution by informal means.

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, he/she 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 Quality, Safety and Risk Manager, to conduct a formal investigation of the complaint
- or*
- The complaint is anonymous and will be recorded as such.

The line manager shall complete the Complaints Notification Form and provide the Complaints Officer with a copy to ensure it is recorded onto the Services Complaints Database. This form is available on the Public Drive.

Where a complaint is resolved locally the line manager shall inform the complaints officer, and the complaints database shall be updated.

Where a complaint is unresolved, it is the responsibility of the line manager to inform the Complaints Officer who will manage the complaint thereafter.

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7.2.4 Formal Resolution

On receipt of a complaint that warrants a formal investigation the Complaints Officer will manage the resolution of the complaint. The Complaints Officer may draw on appropriate expertise, skills, witnesses, etc as required to assist with the investigation. Staff have an obligation to participate in and support the investigation of any complaint where requested. The Complaints Officer shall record the status of the complaint on the Complaints database.

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

The Complaint's Officer will endeavour to carry out the investigation within 30 working days of acknowledgement of the complaint or update the complainant within 30 working days of acknowledgement of the complaint and 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 will be given the opportunity to 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 Quality, Safety and Risk Manager 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 Quality, Safety and Risk Manager or CEO for a review of the recommendations.

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

7.2.5 Internal 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 Quality, Safety and Risk Manager or CEO. All requests for an internal review should be put in writing.

The Quality, Safety and Risk Manager or CEO shall review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation.

The Quality, Safety and Risk Manager or CEO will either uphold, vary, or make a new finding and recommendation.

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The Quality, Safety and Risk Manager or CEO may carry out a new investigation of the complaint or recommend that a re-investigation of the complaint be carried out by a manager independent of the initial investigation team.

Alternatively, the Quality, Safety and Risk Manager or CEO may determine that further processing (e.g. reinvestigation) of the complaint is required by an external independent person

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

7.2.6 Independent Review

If the complainant is not satisfied with the outcome of the Internal Review Process as per 7.2.5 he/she may seek a review of the complaint by and external independent person or the Ombudsman/Ombudsman for Children.

The service must inform the complainant that they have a right at all times 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 will initiate a review of the complaint.

Office of the Ombudsman
18 Lower Leeson Street,
Dublin 2
Tel 01 639 5600

Ombudsman for Children's Office
Millennium House
52-56 Great Strand Street
Dublin 1
Tel 01-8656800

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.

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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.
- 9.3 Where the investigation cannot be investigated and concluded within 30 working days then the Complaints Officer must communicate this to the complainant and the relevant staff member 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 and the relevant staff member every 20 working days.
- 9.5 The Complaints Officer must endeavour to conclude the investigation within 30 working days. However, where the 30 working days' time frame cannot be met despite every best effort, the Complaints Officer must endeavour to conclude the investigation of the complaints within 6 months of the receipt of the complaint.
- 9.6 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. He/she should encourage the complainant to stay with the local complaints management process while informing them that they may seek a review of their complaint by the Ombudsman/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.

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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 malicious or vexatious complaint against any staff member with the utmost seriousness and any such complaints, found to be malicious or vexatious 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.
- 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', he/she 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 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 of, 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.

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- 13.6 Any form of advocacy must be agreeable to both the person we support and the Service.
- 13.7 Each adult within the Service has the capacity to complain using non-verbal cues – please refer to child/adults’ care plans, keyworkers, guardians, or advocates

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 the child, adults, and families. 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:

- 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 Annual Report to the HSE

15.1 A process of monitoring and evaluation will be implemented with the complaints process to ensure it is adhered to and that complaints are managed appropriately.

15.2 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 during the previous year indicating:

- 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 organisation changes. It is reviewed and evaluated for appropriateness and effectiveness every two years at a minimum/according to expiry and unless otherwise stated.

17.0 Appendices

- 17.1 Appendix 1: Matter Excluded (As per Part 9 of the Health Act)
- 17.2 Appendix 2: Feedback Form
- 17.3 Appendix 3: A.S.S.I.S.T Model
- 17.4 Appendix 4: Complaints Poster
- 17.5 Appendix 5: What to do if a Complaint is made against a Staff Member

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18.0 References

- Health Act 2004, Part 9
- Health Act 2004 (Complaints) Regulations 2006
- Health Act 1970
- Mental Health Act 2001
- Disabilities Act 2005
- Health and Social Care Professionals Act 2005
- Medical Practitioners Act 1978
- Nurses Act 1985
- Comhairle (Amendment) Bill 2004
- Freedom of Information Acts 1997, 2013 & 2014
- Data Protection Act 1988 and 2003
- Defamation Act 1961
- Ombudsman’s Act 1980-1984
- Ombudsman for Children’s Act, 2002
- Equal Status Acts 2000-2004
- Health and Safety at Work Act 2005
- Open Disclosure Policy 2019
- Integrated Risk Management Framework 2017

17.1 Appendix 1: Matters excluded (As per Part 9 of the Health Act)

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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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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What to do if you have a complaint

The service has a complaints form which you can complete and post it in one of the boxes located around the houses/reception and the Service will respond to same, alternatively you can:-

Inform a member of staff who will listen to you, investigate, talk about how things can be made better & give you answers

If you are not happy, contact Claire O'Sullivan, Complaints Officer on 01-2893151 or email : cosullivan@lauralynn.ie

Claire will listen to you, identify the issue, explain the next steps and take an action

The Feedback/Complaint is reviewed - We will then:-

Seek an informal resolution or carry out a formal investigation

A report is then produced and given to you

If you are not satisfied with the report or outcome you can appeal to Bernie Chapman Quality, Safety and Risk Manager on 01-2893151 or email : bchapman@lauralynn.ie

If you remain unsatisfied you can contact the CEO, Kerry McLaverty on 01-2893151 or email: CEO@lauralynn.ie or the Office of the Ombudsman - Phone: 01-6395600 or email: ombudsman@ombudsman.gov.ie

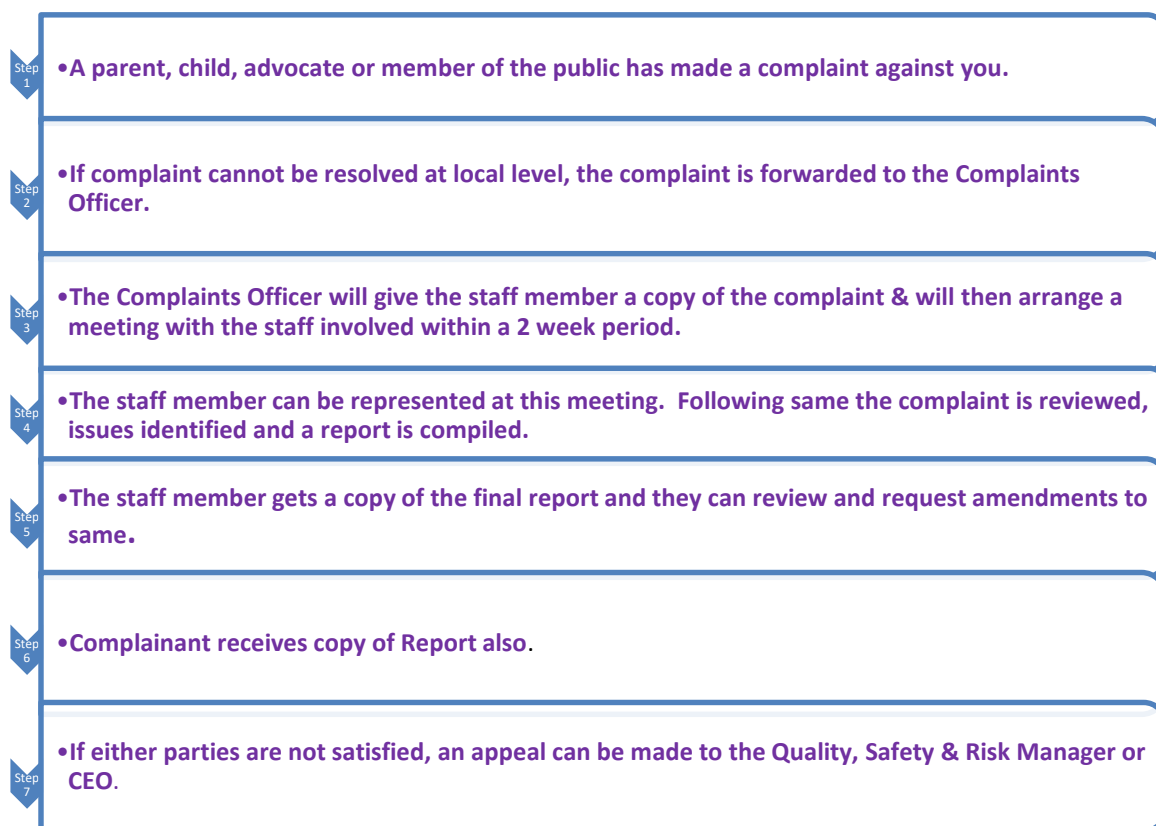
Written complaints are to be forwarded to the Complaints Officer who will log the complaint and acknowledge it within 5 working days, co-ordinate the investigation of the complaint and endeavor to have it completed within 30 working days and communicate the outcome or ongoing process to the complainant.



Claire O'Sullivan, Complaints Officer
June 2020

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17.5 Appendix 5: What to do if a complaint is made against a staff member



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