



Crowe



Final Report to:



An Roinn Sláinte
Department of Health

Review of Nursing Homes Complaints
Policies

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Appendix 1: Terms of Reference

Appendix 2: HSE Complaints Procedure

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1 Introduction and Background

1.1 Introduction

The Older Persons Policy Development Unit of the Department of Health commissioned Crowe to undertake a review of nursing homes complaints policies in Ireland and internationally to inform policy developments in respect of non-clinical complaints policies in nursing homes. The Older Persons Policy Development Unit sits within the Social Care Division and is overseeing a range of policy and legislative reforms relating to recommendations from the COVID-19 Nursing Homes Expert Panel Report.

1.2 Background

Nursing home care in Ireland is delivered both within the public sector in units operated by the Health Service Executive (HSE) and within the private and voluntary sector in nursing homes operated by commercial and not-for-profit organisations. The majority of care is delivered by private and voluntary operators, who account for approximately 440 of the 576 nursing homes in the State. Most residents nursing home costs are subsidised by the HSE through the Nursing Home Support Scheme, whether in a HSE-operated or a private or voluntary nursing home, along with a financial contribution from the resident depending on the outcome of a means assessment.

The HSE manages complaints through its complaints policy, “Your Service Your Say” (illustrated in Appendix 2), which can be used to make complaints about HSE-delivered services and many of those funded by the HSE but delivered by other entities.

However, those in non-HSE-operated nursing homes do not have access to the HSE complaints process, Your Service Your Say.

Following the impact of the pandemic on nursing homes in spring of 2020, the then-Minister for Health established a COVID-19 Nursing Homes Expert Panel, to examine and report on the issues relating to the management of Covid in the vulnerable population in nursing homes in Ireland. This review, driven by concerns about the handling of Covid in nursing homes in Ireland, identified a large range of issues requiring reform and improvement. More than 80 individual recommendations across 15 thematic areas were set out in the report. The thematic areas include nursing home management, communications, and regulation, all of which are relevant when considering complaints and redress mechanisms when things do not go as expected or desired in a nursing home setting.

Complaints and support for these were addressed in the report, which recommended that “the extension of the National Patient Advocacy Service to nursing homes is explored nationally, for both private and public nursing homes”, and that the Department of Health should “explore a suitable structure and process for external oversight of individual care concerns, once internal (nursing home) processes have been exhausted without satisfaction”.

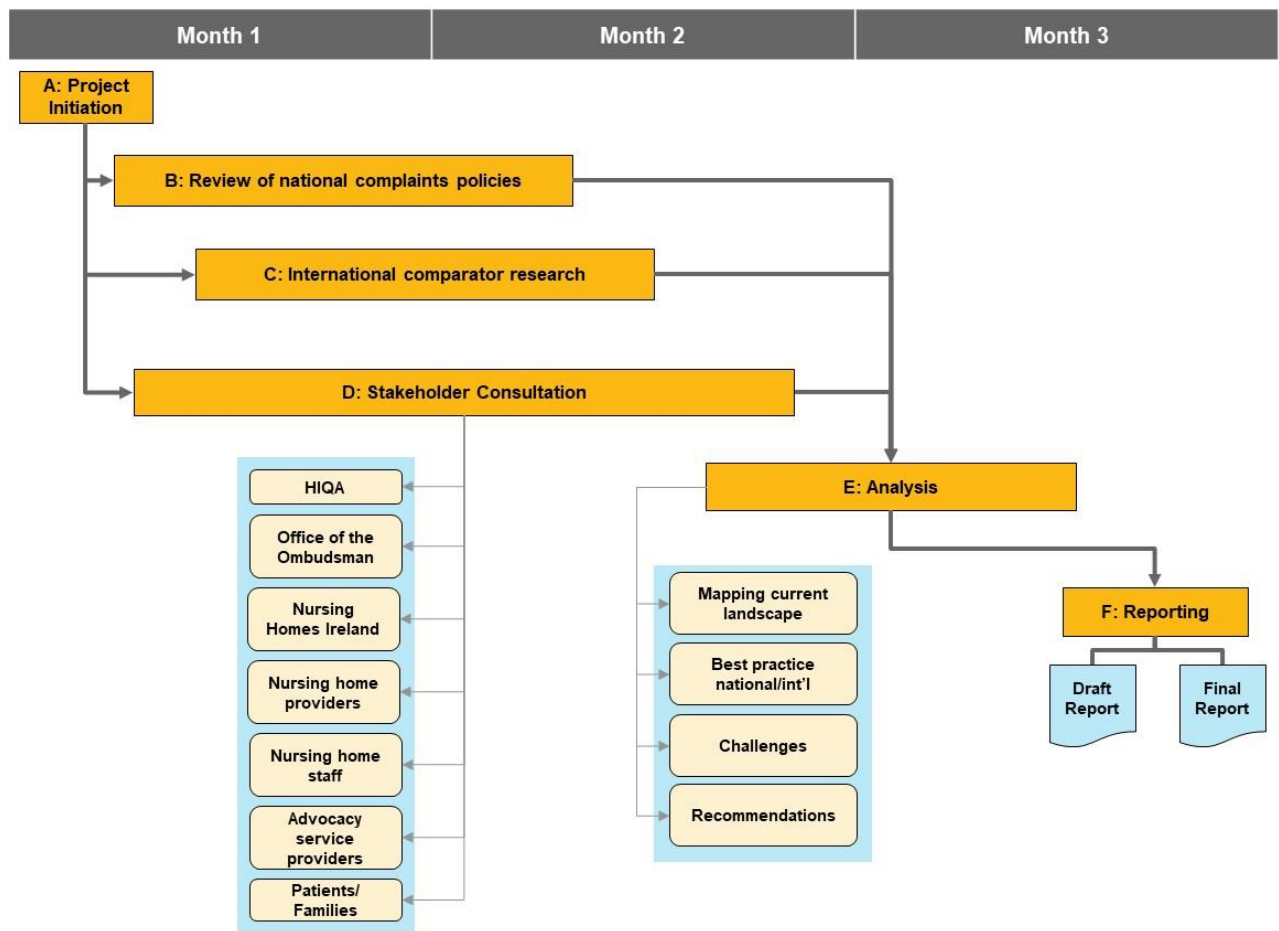
The Patient Advocacy Service’s remit was extended to provide advocacy to residents of HSE-operated nursing homes – along with patients and families in respect of public acute healthcare services – to take complaints through the Your Service Your Say process, and will

be extended to residents of private and voluntary nursing homes in the coming years, as articulated in the request for tenders for the new contract to deliver the service.

1.3 Approach and Methodology

1.3.1 Overview

In response to the terms of reference above, Crowe developed a proposed approach, illustrated below, comprising a number of key tasks to deliver the requirements of the Department.



1.3.2 Key Activities

As illustrated in the diagram above, the methodology comprised a number of principal tasks, as follows:

Task	Description	Progress
A: Project Initiation	Formally initiate the project with the Department	Completed
B: Review of Sample Complaints Policies in Ireland	Obtain and review examples of complaints policies from private and voluntary nursing homes	Completed

Task	Description	Progress
C: Literature Review	Review of comparative international policies in relation to complaints in nursing homes	Completed
D: Stakeholder Consultation	Engage with key informants	Completed
E: Analysis	Collate and analyse the data collected in the preceding tasks to develop findings and recommendations	Completed
F: Report Preparation	Production of draft and final reports	Completed

Following challenges in relation to engaging key stakeholders and to obtaining sample nursing home complaints policies from private and voluntary nursing homes, the timeframe for the project was extended by three months.

2 Policy Context

2.1 Overview

A brief description of the policy context for the operation of nursing homes complaints policies and procedures is set out here, examining the legislation and regulatory requirements relevant to this aspect of healthcare complaints management.

2.2 Health Act 2004

Part 9 of the Health Act 2004, the right to complain in relation to healthcare services provided by the HSE is explicitly set out:

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

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

(b) adversely affects or affected that person.

This extends to those receiving health and social care services delivered by the HSE and/or by organisations under Sections 38 and 39 of the legislation. Nursing homes operated by and on behalf of the HSE (including a small number of designated centres operated by voluntary providers under Section 38) fall under the scope of the policy. However, most nursing homes operated by private and voluntary organisations are not categorised as services delivered under Sections 38 or 39.

The Act allows for complaints to be made by the person who was provided with the health service and was negatively affected, or by a relative, carer, legal guardian or appointee, or other person with consent if the person in question is unable to make the complaint due to age, illness, or disability. In the event that someone has died, a close relative or carer may pursue a complaint on their behalf.

Complaints must be initiated within 12 months of the issue or event in question. This may be extended by designated HSE complaints officers in exceptional circumstances.

The Act excludes complaints in respect of matters of clinical judgement.

2.3 S.I. No. 652/2006 – Health Act 2004 (Complaints) Regulations 2006

The regulations issued in respect of complaints via Statutory Instrument (SI) on foot of the Health Act 2004 set out more detail in relation to the procedures to be followed by the HSE in managing, investigating, and responding to complaints. They include requirements to respond within five working days of the receipt of a complaint, confirming either that the complaint has been received, that it falls within the scope of the regulation, and the steps and timeframe that will apply to the investigation, or that it does not come within the scope. The regulations allow

for early resolution of formal complaints if such is feasible by consent of the complainant and the HSE, and if this approach is unsuccessful or judged likely to be so, the investigation can proceed.

The regulations specify that the investigation should be completed within 30 days, but this can be extended once properly notified to the complainant. A review process may be requested by a complainant who is unsatisfied with the report of the complaints officer, which should be completed within 20 days. The HSE must respond to recommendations made in a complaints officer report or that of a review officer within 30 days, indicating how the recommendations are to be implemented.

2.4 S.I. No. 415/2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

The Health Act 2007 provides for the regulation of “designated centres”, which includes private and voluntary nursing homes. The Act allows for regulations to require “adequate arrangements for dealing with complaints made by or on behalf of persons seeking or receiving any of the services provided through the designated centres”.

The associated regulations are set out in Regulation 34 of S.I. No. 415/2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Nursing home providers are required to have an “*accessible and effective complaints procedure which includes an appeals procedure*”. They are further required to:

- (a) *make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned,*
- (b) *display a copy of the complaints procedure in a prominent position in the designated centre,*
- (c) *nominate a person who is not involved in the matter the subject of the complaint to deal with complaints,*
- (d) *investigate all complaints promptly,*
- (e) *assist a complainant to understand the complaints procedure,*
- (f) *ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied,*
- (g) *inform the complainant promptly of the outcome of their complaint and details of the appeals process,*
- (h) *put in place any measures required for improvement in response to a complaint.*

Whilst similar to the requirements in relation to the HSE’s obligations in respect of complaints processes, there are some differences. The regulations specify the following:

- (2) *The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident’s individual care plan.*
- (3) *The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that:*

- (a) *all complaints are appropriately responded to; and*
- (b) *the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).*

There are no specified timeframes for responding, investigating, or appealing. Whilst an appeals process is a requirement, the regulations indicate simply that a second person other than the person designated to handle complaints should be nominated to ensure “all complaints are appropriately responded to” and records are maintained.

The regulations seek to protect residents from any reprisal or inferior treatment if they make complaints:

- (4) *“The registered provider shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.”*

2.5 Office of the Ombudsman

If a complainant is unsatisfied with the outcome of a complaints process within a HSE-operated nursing home or, since 2015, a private or voluntary nursing home, they can make a complaint to the Office of the Ombudsman. The Office *may* in some circumstances deal with a complaint if the complainant has not already engaged with and exhausted the complaints procedure within the nursing home, including reviews and appeals processes; however, the website and leaflet information for making complaints about private nursing homes indicates that it normally handles complaints only where the local procedures have been followed in the first instance.

The remit of the Office extends to complaints about non-clinical matters, with issues of clinical judgement excluded from investigation by the Office. The website and information leaflets refer to complaints about “administrative actions” of private nursing homes and gives a list of examples:

“The issue may include a nursing home:

- *failing to communicate clearly*
- *failing to meet your basic needs or to respect your privacy and dignity (for example not providing suitable food and drink or managing incontinence issues)*
- *failing to follow approved administrative procedures, protocols or reasonable rules*
- *keeping poor records*
- *lack of cleanliness or infection control*
- *having staff that are rude or unhelpful*
- *being reluctant to correct an established error*
- *giving slow or unsatisfactory response to letters*
- *failing to deal properly with your complaint”*

In investigating complaints relating to private and voluntary nursing homes, the Office of the Ombudsman requests the nursing home to send a report. The Office may request files and records, and/or interview relevant people.

If the complaint is upheld, the Ombudsman can recommend the nursing home review and learn from the event; change its original decision and/or offer apologies, remedies, and full explanations; make changes to procedures or practice; or provide training to staff. The Office can request updates on whether these have been implemented.

The Office of the Ombudsman published guidance for nursing home providers for the development and operation of complaints policies, which is discussed in more detail in Section 6.

2.6 Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is the regulator for healthcare services, including nursing homes in the private and voluntary sector as well as those operated by or on behalf of the HSE. HIQA develops standards for the provision of healthcare services, including those for older people in residential care settings. Its Older People's inspection team is legally responsible for the monitoring, inspection, and registration of nursing homes in Ireland.

HIQA's National Standards for Residential Care Settings for Older People in Ireland, revised in 2016, includes reference to complaints procedures within Theme 1, Person-Centred Services, as follows:

Standard 1.7

Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner. Features of a service meeting this standard may include:

- 1.7.1 There is a procedure for making formal complaints. This procedure is consistent with relevant legislation and regulations, local and national policy and takes account of best practice guidelines. Each resident is given information about how to make a complaint in an accessible and appropriate format, which includes the procedure for making a complaint outside the residential service when all other options have been exhausted.
- 1.7.2 Each resident is encouraged and supported to express any concerns safely and is reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.
- 1.7.3 Each resident has access to a person trained in support and advocacy for older persons, when making a complaint or reporting a concern.
- 1.7.4 There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and are used to make improvements in the service provided.
- 1.7.5 Concerns are addressed and recorded immediately at local level and, where appropriate, without recourse to the formal complaints procedure, unless the resident wishes otherwise.
- 1.7.6 The complaints procedure identifies the expectations of residents who make a complaint and ensures that these expectations are taken into account and addressed throughout the process.

- 1.7.7 Each resident who makes a complaint is informed of the outcome of the complaint review and any actions taken.
- 1.7.8 Staff are trained to understand behaviour that indicates an issue of concern or complaint that a resident may not be able to communicate by other means. Such messages are recorded and receive the same positive response as issues of concern and complaints raised by other means.

HIQA's role does not extend to investigating individual resident or family complaints. However, complaints received to HIQA about a particular nursing home may be taken into account when planning and conducting inspections.

2.7 Policy in Respect of Clinical Complaints and Patient Safety Incidents

The National Patient Safety Office in the Department of Health is actively driving a coherent programme of patient safety policy initiatives, measures, and legislation to support a culture that seeks to improve patient safety and quality in the delivery of health services.

Recommendation 15.3 from the COVID-19 Nursing Homes Expert Panel Report stated:

The Department of Health should explore a suitable structure and process for external oversight of individual care concerns arising in nursing homes, once internal processes have been exhausted without satisfaction.

It was agreed by Government on the 12 October 2021 to amend the Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 to provide for new powers related to external oversight of serious patient safety incidents arising in nursing homes. This Bill was debated at Committee Stage on 10th March 2022.

During this Stage, the Minister for Health flagged his intention to introduce an amendment at Report Stage to give the HIQA Chief Inspector of Social Services a discretionary power to carry out a review of certain serious patient safety incidents that occur during the provision of healthcare where some or all of the care of the patient is carried out in a nursing home. This proposed amendment will seek to support patients and their families when something goes wrong with the clinical care they received in a nursing home. It will ensure appropriate external processes are in place to review such serious patient safety incidents.

The amendment follows the report of the Covid-19 Nursing Homes Expert Panel's recommendations that call for suitable structures to be put in place for external oversight of individual care concerns arising in nursing homes. This power will not replace the responsibility of nursing homes to address concerns that are raised by patients and families. It will put in place an appropriate escalation pathway to ensure these concerns are addressed in a way that will provide answers to families and patients.

The Heads for the new amending provisions are currently with the Office of Parliamentary Counsel for drafting.

Further work is ongoing within the Policy & Governance Unit of the National Patient Safety Office to develop an approach to reform Complaints and Patient Safety Incidents Legislation and Policy. Consultation and research studies with health systems stakeholders are ongoing,

which will include engagement with public and private nursing home services to develop draft clinical complaints pathways for public and private health and social care services.

3 International Comparison

3.1 Overview

A short exercise was completed to allow consideration of the management of non-clinical complaints within nursing and care homes across four comparator health and social care economies.

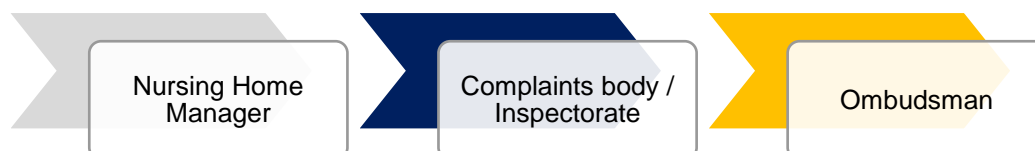
Given the country-specific divergences of the legislative structure, funding, and practices of nursing homes across countries, together with the variation in what represents and is understood by the term *nursing home*, it is suggested that the comparison discussion is viewed with a degree of caution. Whilst like is not being compared with like, the comparison with other countries does provide a broad representation of the issue of complaints and how they are addressed and managed from an indicative perspective.

In seeking commonality, difference, and areas of good practice, it is important to contextualise the challenges of the management of complaints. Specifically, the lack of separation between non-clinical and clinical issues, and the ability to scrutinise non-clinical complaints in isolation, or at least distinct from clinical complaints, are significant.

Following an initial search of international publications relating to the issue of complaint management in care home facilities, a shortlist of eight countries to consider for the review was established. A review of the emerging evidence and the consideration of a real-world perspective, together with the testing of assumptions with client leads, led to the selection of the following group of countries, based on the relevance of the health system and evidence for comparison to Ireland's nursing home situation:

- Canada (Ontario);
- England;
- Finland; and
- New Zealand.

In broad terms, the complaints escalation process for the four countries can be characterised as initially being addressed by the nursing home manager and, if not resolved, then escalated to a regional or national body to provide independent scrutiny of the complaint and, if not resolved, taken to an ombudsman or commission body to complete a full investigation of the complaint. The prevailing approach to non-clinical complaints management can be characterised as:



3.2 Comparator Countries

3.2.1 Overview

The sources of country-specific information range from publicly available online resources to direct enquiries from representatives with working knowledge of the issues at hand. For the purposes of this paper, the term *nursing home* is used to capture the full array of care facilities, from specialist nursing home to residential home settings, and is inclusive of public, independent, and third sector provision. A narrative is not provided regarding the statutory regulation and policy requirements of each country, as this will require a more in-depth assessment and clarity of lines of demarcation of the facilities and legislative requirements.

It is notable that all of the processes we examined from international sources have similar processes for the first stages of complaints management for non-clinical complaints. Non-clinical complaints are initially submitted, either verbally or in writing, to the manager of the nursing home. There is no defined complainant who is prevented from making a complaint, but consent is typically sought from the nursing home resident themselves; when a lack of capacity is cited as an issue, the appropriate assessments are completed.

3.2.2 Canada – Ontario

The province of Ontario was included in this comparator review to highlight the benefits of a transparent process and accessible support resource with regards to complaints relating to nursing home care.

Following the execution of the early stages of the complaints process as outlined above, in the event that the complaint has not been resolved to the satisfaction of the complainant, there is an opportunity to escalate the issue to the Ministry of Health and Long-Term Care via the Long-Term Care Family Support and Action Line. This Action Line is available 8.30am – 7.00pm seven days a week and accepts non-urgent complaints verbally; there is also an option for complainants to submit their concerns in writing to the Ministry. The complaint is then fully investigated by regional inspectors.

If the complaint has not been resolved, the complainant is then able to submit a complaint for full investigation to the Patient Ombudsman, verbally, online, or in writing. Decisions are set out in plain language and advocacy support is proactively encouraged.

Nursing home care and support to residents and their families, in terms of complaints management, is available from a number of advocacy and rights groups such as Concerned Friends, Advocacy Centre for the Elderly, and the Ontario Association of Residents' Councils.

3.2.3 England

England, as distinct from the entire UK, is chosen for this exercise due to the variations in health and social care across the UK.

In England, the Local Authority acts as the primary commissioner of nursing home care, although NHS commissioning bodies also support specific and specialised care in line with needs and acuity considerations. Following an internal review by the nursing home manager, if the presenting issue has not been resolved to the satisfaction of the complainant, the complaint may be referred to the Local Authority. This is apparent when the resident benefits

from any level of public funding, and in some cases even when public funding is not involved, the Local Authority will still investigate the complaint. The Care Quality Commission does not routinely investigate individual non-clinical complaints but may get involved at the invitation of the Local Authority if clinical concerns, particularly related to the Mental Health Act, emerge.

If a resident is fully self-funded, the most appropriate next step for an escalation of a complaint which is not resolved at nursing home level, is the Local Government and Social Care Ombudsman. The Ombudsman will also accept and investigate the complaint of publicly funded residents when a satisfactory resolution is not achieved at the Local Authority level.

There are many national and regional advocacy groups such as Age UK and the Alzheimer's Society, who provide valuable access to support, advice, and guidance through the complaints process. It is notable that the Social Care Institute for Excellence (SCIE) provides support to commissioners and providers of nursing home care in developing and embedding practices which enable effective scrutiny, policy development, and accountability. The SCIE is an independent body operating at policy and practice levels with a significant database of good practice, eLearning tools, and resources.

3.2.4 Finland

Finland has legislation setting out the entitlement to complain to regional and national authorities responsible for healthcare supervision, also explicitly indicating that complaints can be accepted from anyone on behalf of a nursing home resident. Within this legislation, each resident has the right to advocacy support, both formal and informal.

Non-clinical complaints are handled in the same way as the other comparators, as outlined above.

If satisfactory resolution is not achieved at the management level of the nursing home the complaint is submitted to the regional level - one of the six Regional State Administrative Agencies. These Agencies are supervisory authority offices with responsibility and accountability to provide an independent investigation of non-clinical and non-urgent clinical complaints. It is noted that the supervisory authority considers if the evidence demonstrates incorrect procedures or neglect in patient care that demand supervisory measures. The more serious complaints are handled by the National Supervisory Authority for Welfare and Health.

Although infrequent, if the complaint has not been resolved by an Agency, the Parliamentary Ombudsman Chancellor of Justice, will accept and investigate the complaint.

The role of advocacy groups is well established in nursing home with organisations such as Alzheimer Society of Finland and Carers Finland. There is a strong relationship between advocacy groups and the regional supervisory authority, evidenced by the sharing of each aspect of the management process, joint working in terms of governance pathways, and policy and practice alignment. The principles of transparency and openness in professional practices, such as enabling joint working groups for practice development, have facilitated clarity of understanding of how complaints are managed over many years. This relationship facilitates effective communication and clarity of understanding during the complaints process.

3.2.5 New Zealand

New Zealand has a well-defined process to guide nursing home residents and their families through the complaints process. This process is set out, with a supporting suite of resources, in a portfolio of documents, such as *Making a Complaint about Your Residential Care*. These resources were developed by the New Zealand Aged Care Association and the Ministry of Health and are intended to support not only residents and their support network, but also nursing home staff, through training and support. There is a positive promotion of advocacy in nursing homes, typified by the support service - Nationwide Health and Disability Advocate. From the initial stages of a complaint this advocacy service is readily accessible, including through a freephone service, to advise and guide people through the options available.

Non-clinical complaints are managed in the first stages as in other jurisdictions.

In the event that the manager of the nursing home is not able to conclude the complaint to a satisfactory conclusion, the complaint can be taken to the District Health Board (DHB). The DHB Older Persons Portfolio Manager will then undertake an independent investigation and may seek to ensure that advocacy support is available to the resident and their family.

If the DHB is unable to gain resolution of the complaint the complainant is invited to contact HealthCERT or Disability Support Services at the Ministry of Health; HealthCERT is the body responsible for ensuring nursing homes provide safe and reasonable levels of service. They can assist and provide support with the management of the next phase of the complaint and information on process, as the complaint is escalated to the Health and Disability Commissioner. The Commissioner will then undertake a full investigation into the complaint.

Nursing home residents benefit from a well-resourced and influential Nationwide Health and Disability Advocacy Service, with a network of advocates who work in community offices and regularly visit residential care homes to meet with residents and their families. Advocates reportedly spend time proactively engaging with residents to address issues and concerns and talking to nursing home care staff about the Code of Health and Disability Services Consumers' Rights, including consumers' right to complain.

3.3 Key Findings

It is notable that there is no evidence of a wide variation in the management of non-clinical complaints across the small number of countries in focus.

The Action Line provided by the Ministry of Health and Long-Term Care in Ontario, Canada may be considered to be a creative and effective approach that maximises accessibility and addresses the requirement for inclusion, irrespective of people's abilities and circumstances. Similarly, the freephone access to advocacy services to support people who may wish to submit a complaint, and the assertive support provided by the Ministry of Health body HealthCERT in New Zealand as complaints escalate to a Commission level, are examples of proactive and positive approaches to supporting nursing home residents and their families.

It is a consistent requirement that bodies external to a nursing home will only become involved once a complaint has been addressed by the nursing home manager. This is entirely appropriate given that the vast majority of non-clinical complaints are satisfactorily resolved at the nursing home level. There are valid exceptions to this condition, in cases of vulnerability,

alleged abuse, and apparent conflict; but for non-clinical complaints, this requirement is adhered to.

The provision of advocacy support, both proactive and reactive is consistently highlighted as a pivotal feature of support, enablement, and guidance to nursing home residents and families who wish to make a complaint. There is evidence of a strong culture of independent advocacy such as Age UK and the Alzheimer's Society in England, and Concerned Friends, Advocacy Centre for the Elderly in Ontario, that provide the essential checks, balances, and proportionality to be applied to the non-clinical complaints process. From the initial evidence, New Zealand provides the strongest leadership on advocacy provision in nursing homes through the Nationwide Health and Disability Advocacy Service, a service that has developed a role in educating and supporting care staff towards good practice, as well as being there to advocate for residents and their families.

In comparison with the four countries in focus, it is apparent that Ireland is not aligned with the practice to provide a complaints structure or mechanism that allows an independent review of non-clinical complaints by a regional or national body, that does not require the full scrutiny and investigative power of the Ombudsman. Although Ireland does not replicate this trend for a second level independent body at present, the expressed ambition of some of the stakeholders in the consultation process to establish this capability is tempered by the view that any such body will require the underpinning authority, responsibility, and accountability to take swift and meaningful action. The details and emergent opinions arising from the stakeholder consultation exercise is outlined in Section 4 of this paper.

The positioning of this additional layer of complaints management is also considered to be relevant. Whilst England retains this at a Local Authority level, most pertinent as commissioners of nursing home services, others utilise the functionality of established regional inspectorate bodies or regionally based health agencies. The ability to respond to non-clinical complaints at a regional level outside of the nursing home management, but not yet escalated to the full Ombudsman investigation, appears to be an accessible, productive, and effective component of a responsive and learning-focused complaints management process.

3.4 Summary: Features of International Practice in Nursing Homes Complaints

1. It appears to be common practice for a regional or national resource to be available to complainants before escalation to an Ombudsman or Commission for investigation.
2. The level of accessible advocacy support and guidance is a key part of supporting residents and their families during the complaints process.
3. Non-clinical complaints are initially submitted, either verbally or in writing, to the manager of the nursing home.
4. There is no defined complainant prevented from making a complaint, but consent is typically sought from the nursing home resident themselves.
5. The Long-Term Care Family Support and Action Line made available in Ontario, Canada, is an innovative and effective initiative to support nursing homes residents and their families in making a non-clinical complaint.

4 Stakeholder Consultation

4.1 Introduction

As part of the terms of reference, the assignment was required to include engagement with “*key informants, the representative body for private and voluntary nursing homes and advocacy service providers, and a small number of public and private nursing homes*” to inform the review and identify areas of potential reform in relation to nursing home complaints policies and processes.

Key questions for stakeholders, tailored to the type of stakeholder, were drawn up by the Department and used as discussion guides by Crowe.

4.2 Stakeholders Consulted

By agreement with the Department, Crowe engaged with the following key stakeholders:

- HSE: Older People Operations
- HIQA
- Office of the Ombudsman
- Sage Advocacy
- Patient Advocacy Service
- Care Champions (advocacy group)
- Nursing Homes Ireland
- Irish Association of Social Workers

A planned engagement with nursing home residents and families has not been feasible to arrange. It had been hoped to do this through the Sage Resident Forum. However, the team did consult with Care Champions, an advocacy group established following concerns within nursing homes during the Covid pandemic, comprising family members of nursing home residents. The engagement with this group, therefore, provided some insights into family member concerns in relation to complaints processes.

In addition to the informants above, Crowe engaged with eight nursing homes, three in the private and voluntary sector and five operated by the HSE, to discuss complaints management and ideas for changes to complaints policies and processes.

4.3 High-level Themes from Consultation with Stakeholders

4.3.1 Overview

Whilst there were different perspectives, stakeholders were all supportive of a need to improve the equitability of access to complaints processes between private voluntary nursing homes and those operated by the HSE. Some highlighted themes discussed by stakeholders are set out in this section.

4.3.2 Independent Complaints Officer

Views varied in relation to the introduction of an independent complaints officer role. There was some support for the potential to have a consistent independent mechanism for reviewing complaints that have not been satisfactorily resolved within a non-HSE nursing home, providing the equivalent of a regional complaints officer or review officer within the HSE processes to the private and voluntary nursing home sector. However, for some, such as the Office of the Ombudsman, there was a concern about introducing too many layers and potentially over-formalising the complaints process. Stakeholders all agreed that the most appropriate way to resolve complaints is as quickly and informally as possible (whilst maintaining records and using the learning opportunities) within the care setting. Very formal complaints processes that appear daunting or to be escalating at an early point in the process can deter residents from pursuing a complaint, it was suggested.

There were some perspectives that suggested that a complaints officer role accessible to the private and voluntary sector might be supportive not just of residents and families, but nursing home providers as well. Where a complaint is difficult to resolve to the satisfaction of the resident or family, some nursing home providers would welcome a process that might act as a mediation or arbitration mechanism to support the resolution of the issue. As it is only residents or those acting on their behalf who can escalate to the Ombudsman, some providers suggested that it can leave them without an avenue to resolve a contentious issue. In considering a national complaints officer network, the cost to a private or voluntary provider of commissioning an external person to review complaints was mentioned as something that would need to be taken into account.

There was a lot of agreement on the need to clarify and potentially specify who should review a complaint (at the equivalent of Stage 3 in the HSE process) in a private or voluntary nursing home complaint process. Advocacy stakeholders preferred an entirely independent reviewer, notwithstanding that in the Your Service Your Say process, the review is carried out by someone within the HSE itself, although this does happen outside the nursing home structure.

4.3.3 Non-Clinical vs Clinical Complaints

The focus of this review is on non-clinical complaints. It was noted by many stakeholders that this can be a difficult distinction in residential care given the long-term nature of the care delivered and the potential for “non-clinical” actions to lead to negative clinical outcomes. However, the limitations of the remit of the Your Service Your Say policy and the Office of the Ombudsman, as examples, exclude matters of clinical judgement by healthcare professionals rather than any matter that might have a clinical relevance to the individual in the nursing home. Complaints about clinical judgements by healthcare professionals may be submitted to the relevant registration and regulatory body, that is, the Medical Council, Nursing and Midwifery Board of Ireland, CORÚ, or others as relevant. The majority of staff in nursing homes, it should be noted, are in healthcare assistant (HCA) roles: there is no registration body for HCAs.

The thin line perceived between what is considered a clinical versus a non-clinical complaint was of concern to many stakeholders and there is a desire to see a more inclusive complaints process that does not involve making complaints through two separate processes depending on the nature of the concern.

Many stakeholders agreed that when a patient safety incident occurs or there is a significant concern from or about a resident, there are often both clinical and non-clinical factors involved, and the process to complain should reflect this complexity.

Nonetheless, it was recognised that reforming and improving the complaints processes for all residents to ensure consistency of access and approach was a priority regardless of whether clinical matters are included in the immediate future or on a longer-term timeframe.

4.3.4 Accountability

A theme that arose a number of times in discussion about complaints processes is a concern about accountability for resolving the complaint and implementing agreed or recommended improvements on foot of this. Advocacy stakeholders, the IASW, and the HSE in particular identified this as a key issue: a lack of transparency around the implementation of any improvements or recommendations arising from a complaints process.

Whilst it should be emphasised that the number of very serious complaints is very low across the sector, the concern is that where there is a provider about which there are concerns, there are limited means to investigate and enforce change. HIQA's role is highly appreciated in this regard, but the absence of mandatory safeguarding requirements and limits on the authority of the Ombudsman to enforce the outcome of any complaints process are sources of frustration at times. Although most nursing home residents' care is funded through the HSE, this is based on funding for the individual resident and not the nursing home provider; consequently, the HSE does not have authority to receive or investigate complaints relating to private and voluntary nursing homes.

It is welcomed that safeguarding legislation is in development; some suggest that the role of the confidential recipient in the HSE should be extended in some way to the private and voluntary sector. The HSE and IASW were particularly concerned about the need to establish right of access for safeguarding concerns.

It was noted that the providers who proactively engage with the HSE, work with social workers when concerns are raised, manage complaints responsively with appropriate records, ensure access for advocates, and so on, are not the providers that there is a concern about: the issue is that those settings where there may be unaddressed problems and complaints are likely to be those where there is little transparency and collaboration with external bodies.

HIQA's role in inspection and enforcement of the regulations is considered a very important factor in nursing home complaints processes in the private and voluntary sector. The use of regulation to drive improvements in practice and operations has been successfully demonstrated. There is support for regulation as a tool to specify more aspects of the complaints process, such as the nature of the review / appeals procedures or timeframes similar to those in *Your Service Your Say*, among stakeholders.

4.3.5 Separating Complaints from Concerns of Abuse

Related to the above concern, and of particular interest to the social workers, advocates, and the HSE, is the issue of how concerns about abuse within nursing homes are able to be flagged, reported, and investigated. There were calls for mandatory reporting obligations and investigations to be in place for abuse allegations whether arising from resident or family complaints or from others such as healthcare workers.

4.3.6 Communication

Stakeholders considered that there is lack of clarity among many individuals about the complaints processes that exist and where someone should raise their concerns. For example, there can be confusion that HIQA is not a body that investigates individual complaints, but still wishes to receive complaints to identify themes in concerns by residents or families and to identify nursing homes that may require an inspection on an urgent basis to review what is happening. Families sometimes complain to the HSE on the basis that they are the funding organisation, although there is no capacity to address a complaint from a non-HSE nursing home in this way. Understanding when a complaint is one that needs to be taken up with a clinical professional regulatory body rather than with the nursing home provider or the Ombudsman can be a challenge for some residents and families.

4.3.7 Data and Records

Most stakeholders considered that there is inadequate data collection and analysis in relation to nursing home complaints to private and voluntary providers. Whilst HSE complaints data, including that from public nursing homes, is reported, collated, and used as a systems improvement tool through the compilation of casebooks and the publication of complaint data reports, the complaints data in the private and voluntary sector is not centrally reported and there is no body responsible for collecting or analysing the data.

It is believed by stakeholders that there is a lost opportunity whereby the complaints data from the vast majority of the nursing home care in the State is not able to be seen on a macro level nor used to identify trends and drive improvements. There may be learning for providers from the experience of others that is not currently able to be shared. HIQA inspects complaints logs and notes how well or otherwise providers are recording and managing complaints, but providers do not report complaints data to the Authority.

Stakeholders would like to see a means of collecting and using complaints data across the entirety of the nursing home sector as a source of information to improve care and resident experience. This data begins with accurate and comprehensive logging of complaints – regardless of seriousness or formality – and ensuring well-maintained accurate written records, but this should be supported by electronic data-gathering, analysis, and reporting.

Nursing home providers indicated that they would not wish to duplicate reporting obligations, that is, complaints data reporting should align with existing regulatory obligations rather than creating new formats or additional reporting requirements.

4.3.8 Staff Training and Awareness

Stakeholders emphasised the importance of ensuring staff in nursing homes are appropriately and adequately trained to manage complaints well. A key issue raised in discussions was the need to ensure that staff understood how to recognise and log complaints even if they appear minor or not obviously a complaint.

A culture where complaints are welcomed as opportunities to improve, where staff are encouraged to report complaints, and where complaints are used to drive learning and reforms, is key to excellent complaint management, according to stakeholders.

4.3.9 Empowerment and Awareness Among Residents and Families

Stakeholders, particularly those in advocacy and social work, identified the need for greater empowerment and awareness for residents and families in relation to their rights and their ability to make complaints. There were several concerns raised about residents not wanting to “make a fuss” or create a difficult atmosphere with staff by making a complaint, particularly a formal one. This was also true, according to some stakeholders, when family members had concerns that residents felt were not worth the trouble or risk of complaining (although as noted below, there are also times where family concerns are not those of the resident without this being a concern about how they might be treated afterwards). Greater empowerment and awareness were seen as key to protecting the wellbeing and rights of those in nursing homes.

Some suggested that residents’ councils or forums or similar should be introduced in all nursing homes to facilitate greater awareness and provide information and support.

4.3.10 Access to Advocacy

Linking to the above issue, stakeholders agreed on the need to ensure adequate access to advocacy support for residents and families. Early access to advocates to help resolve any concerns at an early stage was seen as a better option than waiting until things have escalated before bringing in advocacy support.

Regular proactive access by advocates to nursing homes to observe and discuss how residents are finding things on a regular basis (for example, once a month) was considered a good means of resolving issues at an early stage for residents and families. The issue of mandatory reporting and the capacity to “call in” support such as social workers or similar if an advocate has concerns correspond with this suggestion.

Some noted the challenges in relation to advocacy for families making complaints when a resident may not wish to do so, has cognitive difficulties or other reasons why they may struggle to address the issue themselves, or has a concern about any repercussions if they make a complaint. The role of the advocate is focused on the resident’s best interest and their wishes as far as those can be ascertained. This can be frustrating for families or can place the advocate or provider in a difficult position in relation to resolving a complaint.

5 Review of Nursing Homes Complaints Policies

5.1 Approach to Obtaining Examples of Complaints Policies

The methodology agreed with the Department envisaged collecting approximately 20 examples of complaints policies from the private and voluntary sector and engaging with 6 HSE-operated nursing homes to discuss complaints management. The approach to obtaining sample policies from the private and voluntary nursing homes was through the representative body, Nursing Homes Ireland (NHI), who publicised the research and invited members to engage with Crowe to provide their complaints policies and engage in consultation in relation to how they worked on the ground.

However, there was a very low uptake of this invitation. Only three nursing home providers (including some group operators representing more than one nursing home facility) opted to engage fully with the process, and one further nursing home provider sent their complaints policy to us without seeking a meeting to discuss it.

NHI worked to increase uptake and communicated with members to encourage engagement with the process; nonetheless, no additional nursing homes engaged in the process.

The Crowe team undertook online searches to identify several more examples of complaints policies from providers who publish their policies online. In total, 11 different complaints policies from providers representing 26 nursing home sites were reviewed. It is notable how few providers appear to have their full complaints policies available on their websites; most make reference to the policy being available on request to residents or families.

5.2 Profile of Nursing Homes

The original approach sought to have policies from a cross-section of private and voluntary nursing homes in relation to location, ownership, size, etc. Details of the original profile breakdown and that pertaining to the sample of 11 providers / 26 nursing homes that were reviewed are set out overleaf.

Location						Size			Ownership					
NHI Region			Setting			Beds			Type			Operator		
	<i>Plan</i>	Actual		<i>Plan</i>	Actual		<i>Plan</i>	Actual		<i>Plan</i>	Actual		<i>Plan</i>	Actual
Dublin/Kildare: Dublin (West & Southwest), Kildare	2	0	Urban	14	14	<25	2	0	Private	16	16	Single-operator	4	7
Dublin North	2	3	Rural	6	8	25-39	3	2	Voluntary	4	6	Group	16	19
Dublin/Wicklow: Dublin (South & Southeast), Wicklow	2	2				40-59	7	7						
Midlands: Laois, Longford, Offaly, Westmeath	2	0				60+	8	13						
Midwest: Clare, Limerick, Tipperary (North East)	2	1												
North East: Cavan, Louth, Meath, Monaghan	2	1												
North West: Donegal, Leitrim, Sligo	2	3												
South: Cork, Kerry	2	8												
South East: Carlow, Kilkenny, Tipperary (South), Waterford, Wexford	2	2												
West: Galway, Mayo, Roscommon	2	2												

5.3 Review of Complaints Policies

5.3.1 Overview

From a high-level review perspective, the sample policies/processes are varied in terms of their level of detail and the information provided to residents and families.

Some are overtly based on and adapted directly from the HSE’s Your Service Your Say policy, with similar commitments in relation to response times, for example. A small number of the providers deliver other services alongside nursing home care – for example, palliative care services which are funded by the HSE via Section 39 – and have complaints policies for the overall organisation that align with the HSE’s policy for this reason, although this may present a risk of confusion for residents and families of the nursing home service who will encounter a different process if they wish to escalate a complaint.

Several are fairly simply presented with the key steps within the process, aligning with the requirements under Regulation 34 as discussed earlier and broadly similar to the HSE stages, i.e. informal resolution at or close to the time it is raised, usually with the frontline staff, followed by the submission of a formal complaint in writing and an investigation process, with a review process if not resolved, and finally the option to seek an independent review by the Office of the Ombudsman.

Typically, the Person in Charge (PIC), most usually the Director of Nursing for the facility, is the designated complaints officer.

References to a review process vary. In group providers or providers who have multiple services including nursing home care, the review of a complaint if not resolved at the second stage – that is, with the PIC – usually has a review process that is escalated to someone within the corporate structure of the group, such as Chief Nursing Officer, Director of Services, CEO, and so on. Other providers make reference to, for example, an “internal advocate”.

For further insight, recent HIQA inspection visit reports were examined where the complaints management was reviewed by HIQA for each of the facilities included in the cohort whose complaints policies were reviewed by Crowe, in order to see if the on-the-ground examination of the complaints policy, its operation, and residents’ perceptions indicated that it was working well in the nursing homes in question. A brief review of each policy is set out below.

5.3.2 Crowe Reviews of Complaints Processes

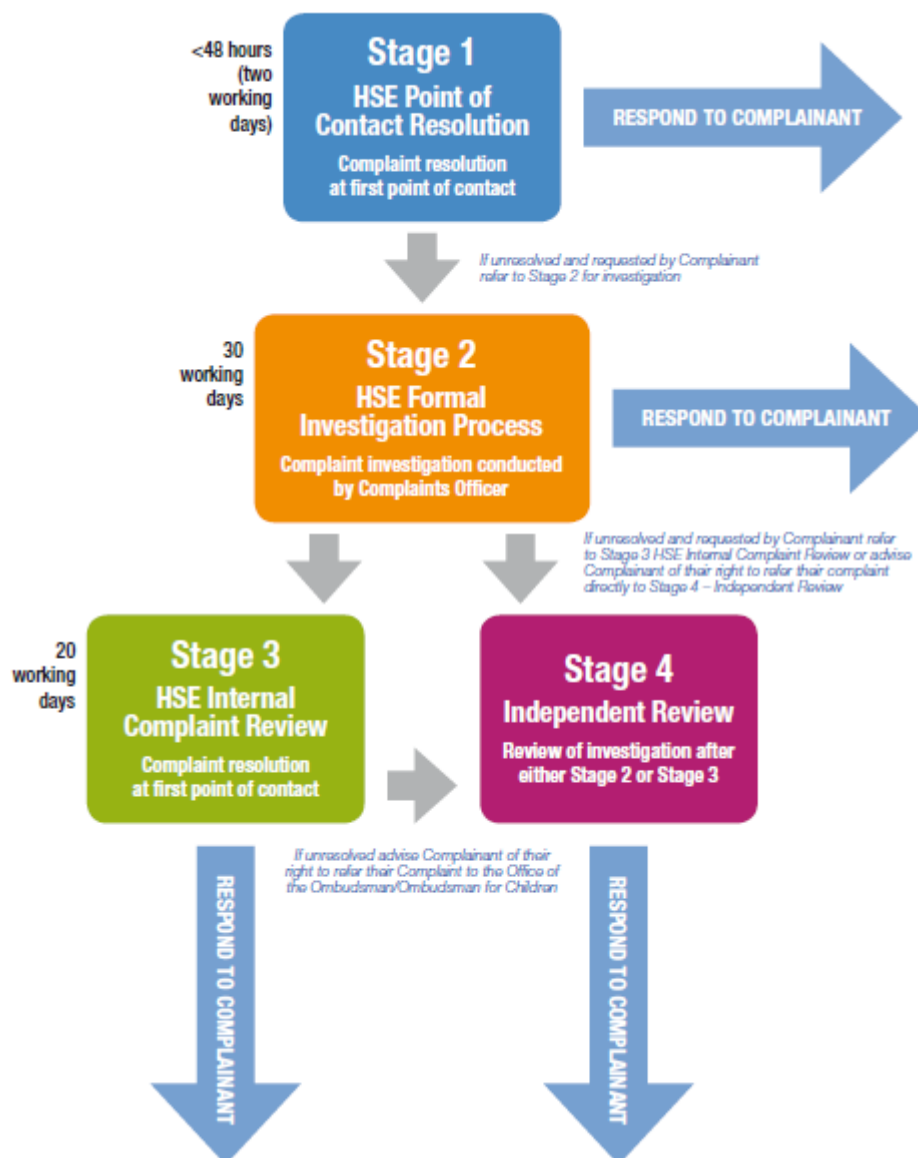
Provider	Review of Complaints Policy/Process	
	Crowe comment	Features
Private Group	Lacks clarity, offers details about advocacy, and does include an internal appeals process (to the Director of Care, Quality, and Standards) if complainants are not satisfied with original outcome	<ul style="list-style-type: none"> ✓ Advocacy mentioned ✓ Appeals process described

Provider	Review of Complaints Policy/Process	
Private Single	Unclear who can complain, offers resolution in 30 days with 15 days after receiving the decision for appeal (not clear what the process is if someone appeals out of this timeframe), few details available. Sage details provided but no signposting, unclear how people are informed about the process. Mentions the Ombudsman.	<ul style="list-style-type: none"> ✓ Advocacy mentioned ✓ Ombudsman mentioned
Private Group	Mostly adapted from Your Service Your Say. Evidence of annual review offers clarity about who can complain and how it is dealt with, emphasis on staff training to deal with informal and formal complaints and feedback. Good clarity in relation to process flow.	<ul style="list-style-type: none"> ✓ Based on Your Service Your Say ✓ Appeals process described ✓ Advocacy mentioned ✓ Ombudsman mentioned
Not-for-profit Single	Directly adapted from Your Service Your Say: provider of mixed services including Section 39, so the policy is based on the HSE process for complaints and has escalation procedures that are only applicable to some services, not the nursing home.	<ul style="list-style-type: none"> ✓ Based on Your Service Your Say ✓ Appeals process described ✓ Advocacy mentioned ✓ Ombudsman mentioned
Private Group	Adapted from Your Service Your Say; however, mentions the right to complain to "Local Health Service" or "organisation funding your care", which is not accurate. Internal review is by a group-level officer.	<ul style="list-style-type: none"> ✓ Based on Your Service Your Say ✓ Appeals process described ✓ Advocacy mentioned
Private Group	Allows anyone to complain, provides full details of how to have advocacy support (but no evidence of much proactive advocacy), internal process clear with right to appeal - phone, email or writing accepted, aims to resolve in 30 days, 'if it is more serious, we may ask someone from outside the nursing home to investigate', provides Ombudsman details	<ul style="list-style-type: none"> ✓ Appeals process described ✓ Advocacy mentioned ✓ Ombudsman mentioned ✓ Timeframe set out
Private Single	Verbal and written complaints accepted (not clear who can make complaints), regular resident meetings where complaints can be accepted, clear process and use of internal advocate (unclear about the role of external advocates), claims that they encourage complaints, complaints procedure clearly displayed in reception area, complaints acknowledged within 72hrs, those not resolved go to "internal advocate", provides details of Ombudsman.	<ul style="list-style-type: none"> ✓ Appeals process described ✓ Advocacy mentioned ✓ Ombudsman mentioned

In Appendix 3, our findings are contracted with the HIQA findings associated with the sites to which they apply. In some instances, although the policies appeared strong, HIQA found evidence of complaints not being well-managed within the facilities; in other cases, despite policies being less well-developed, HIQA indicated that complaints management was demonstrated to be effective in the nursing homes in question.

5.4 Public Nursing Homes: HSE Complaints Policy

Nursing homes operated by and on behalf of the HSE are within the scope of the HSE's complaints policy, Your Service Your Say. This is a four-stage complaints process, as illustrated below (a more detailed flowchart for the handling of complaints in in the HSE is in Appendix 2).



Your Service Your Say is based on five principles:

■ **Enabling feedback**

- *Feedback from service users is encouraged*
- *Information is made widely available to service users explaining how to provide feedback*
- *There are multiple access and referral points which are actively promoted to service users and which are user friendly.*
- *The feedback process is easy for all service users to use and the necessary supports provided to assist them within this process.*
- *All healthcare providers have a complaints process overseen by a Complaints Manager.*
- *Positive feedback i.e. compliments, are also encouraged and recorded so that the service provider can capture good practice.*
- *Staff are empowered to receive complaints and to view them in a positive way and as a means of improving relationships, learning and making positive changes which will contribute to safer, better healthcare services.*

■ **Listening and responding to feedback**

- *The organisation encourages a culture of responsiveness.*
- *Open Disclosure is adopted within the organisation.*
- *Staff have a positive attitude towards dealing with feedback.*
- *Feedback is dealt with in a timely manner.*
- *Communication with service users is open, honest, transparent and responsive to their needs.*
- *Each complaint is received and investigated on its own merit.*
- *The needs of both service users and staff are considered within the complaints management process.*
- *Service users are involved in the complaint management process.*
- *Service users are informed of the outcome of a complaint, and subsequent agreed actions which may arise.*

■ **Supporting service users**

- *Service users are given whatever help and support they require to provide feedback.*
- *A clear process in relation to the management of feedback is communicated to service users.*
- *Service users are treated with dignity and respect.*
- *Service users are supported throughout the complaints management process.*
- *Ongoing communication with the service user throughout the complaint management process is maintained.*
- *Service users are updated on (i) the learning established, (ii) the actions planned/undertaken by the organisation to prevent a reoccurrence of the issues raised, and (iii) quality improvement initiatives.*

- **Supporting staff**
 - *A clear process for managing feedback is communicated to staff.*
 - *Staff across all levels of the organisation are trained in complaints handling and able to deal with complaints at the first point of contact.*
 - *Staff are supported throughout the complaints management process.*
 - *Staff are treated with dignity and respect, compassion and empathy.*
 - *Staff are afforded the right of reply.*
 - *The practical, professional, psychological, emotional and social needs of staff involved in or affected by feedback are identified and addressed.*
- **Learning, improvement and accountability**
 - *Staff responsible for investigating and resolving complaints are trained in complaints handling.*
 - *Information from feedback including complaints are regularly reported to senior management via the Complaints Manager.*
 - *Information on trends identified through feedback is publicly available.*
 - *Lessons learned from complaints are used for system wide learning and improvements.*
 - *Findings from complaints are regularly communicated to staff.*
 - *Recommendations made and accepted following the investigation of complaints are implemented fully and all relevant persons have been informed of this.*

Public nursing homes using Your Service Your Say are supported by Complaints Managers in the Community Health Organisations (CHOs) in which they are based. Complaints Managers provide training to Complaints Officers (typically, as with other nursing homes, the Director of Nursing / Person in Charge) and act as a support to nursing homes in managing complaints; formal complaints are notified to Complaints Managers, and they assist Complaints Officers in investigations and the management of complex or challenging complaints. In the event that a complaint is escalated to Stage 3, a review from within the HSE, the Review Officer will be selected by the Complaints Manager, usually at CHO service manager level.

5.5 Model Complaints System from the Office of the Ombudsman

As mentioned in Section 2, the Office of the Ombudsman developed and issued a “Model Complaints System” as guidance for nursing home providers. The document suggests the following aspects that should be taken into account when developing a complaints policy.

- Definition of a complaint
- Access
- Frontline resolution
- Investigation
- Recording the complaint
- Response
- Redress
- Anonymous complaints

- Managing unacceptable behaviour
- Staff training

The guidance suggests that nursing homes should accept complaints from any party with the consent of the resident, where such is feasible to obtain, and should promote advocacy services to complainants. It suggests that complaints policies should be readily available both within the nursing home and online. (As noted above, we found few providers who published their complaints policies on their websites.)

In line with the HSE process and other complaints policies and procedures, the model indicates that the approach to complaints resolution should begin with an attempt to resolve complaints at the frontline as quickly as possible: “The Nursing Home should seek to resolve service users’ complaints as early as possible and ideally, at the first point of contact.”

Following on from this, it outlines an investigation stage, similar to the second stage of the HSE’s Your Service Your Say. The model provides advice to nursing home providers in relation to investigation, including the designation of a single point of contact for the resident or other complainant; ensuring that staff members implicated in the complaint are not the investigators of the concern; and that serious complaints are investigated by someone outside the nursing home.

The model outlines specific timeframes for responses: frontline resolution within 5 working days; acknowledgement of formal complaints within 5 working days and full response within 30 working days; in exceptional circumstances, a delayed process should include updates at least every 20 working days. There is guidance on responding to complainants following investigation, stating that all aspects raised in the complaint should be comprehensively responded to. There is emphasis on the importance of recording the complaint and findings, and on putting any redress recommendations into effect as soon as possible.

6 Other Complaints Policies and Procedures

6.1 Overview

Along with reviewing complaints policies for nursing homes, a selection of complaints policies and procedures from non-nursing home settings were reviewed, the features of which are set out briefly in this section. In addition, complaints handling principles or fundamental features of complaints processes that are set out by Ombudsmen, among others are examined.

6.2 Principles of Good Complaint Handling: Parliamentary and Health Service Ombudsman, UK

The Parliamentary and Health Service Ombudsman in the UK sets out six principles for good complaint handling by public bodies, as illustrated overleaf:

Getting it right

- Acting in accordance with the law and relevant guidance, and with regard for the rights of those concerned.
- Ensuring that those at the top of the public body provide leadership to support good complaint management and develop an organisational culture that values complaints.
- Having clear governance arrangements, which set out roles and responsibilities, and ensure lessons are learnt from complaints.
- Including complaint management as an integral part of service design.
- Ensuring that staff are equipped and empowered to act decisively to resolve complaints.
- Focusing on the outcomes for the complainant and the public body.
- Signposting to the next stage of the complaints procedure, in the right way and at the right time.

Being customer focused

- Having clear and simple procedures.
- Ensuring that complainants can easily access the service dealing with complaints, and informing them about advice and advocacy services where appropriate.
- Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances.
- Listening to complainants to understand the complaint and the outcome they are seeking.
- Responding flexibly, including co-ordinating responses with any other bodies involved in the same complaint, where appropriate.

Being open and accountable

- Publishing clear, accurate and complete information about how to complain, and how and when to take complaints further.
- Publishing service standards for handling complaints.
- Providing honest, evidence-based explanations and giving reasons for decisions.
- Keeping full and accurate records.

Acting fairly and proportionately

- Treating the complainant impartially, and without unlawful discrimination or prejudice.
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
- Ensuring that decisions are proportionate, appropriate and fair.
- Ensuring that complaints are reviewed by someone not involved in the events leading to the complaint.
- Acting fairly towards staff complained about as well as towards complainants.

Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Providing prompt, appropriate and proportionate remedies.
- Considering all the relevant factors of the case when offering remedies.
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.

Seeking continuous improvement

- Using all feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on the learning from complaints.
- Regularly reviewing the lessons to be learnt from complaints.
- Where appropriate, telling the complainant about the lessons learnt and changes made to services, guidance or policy.

6.3 Office of the Ombudsman: Six Rules for Getting It Right – the Ombudsman's Guide to Good Administration

The Office of the Ombudsman here has published “Six Rules for Getting It Right – the Ombudsman's Guide to Good Administration” as a guide for public bodies in respect of handling complaints. This guide echoes that of the UK body as outlined above, with its six rules including:

1. **Get it right**
2. **Be customer oriented**
3. **Be open and accountable**
4. **Act fairly and proportionately**
5. **Deal with errors effectively**
6. **Seek continuous improvement**

The supporting text for each rule is broadly similar to that for the principles set out by the Parliamentary and Health Service Ombudsman.

6.4 Complaints in the NHS in England

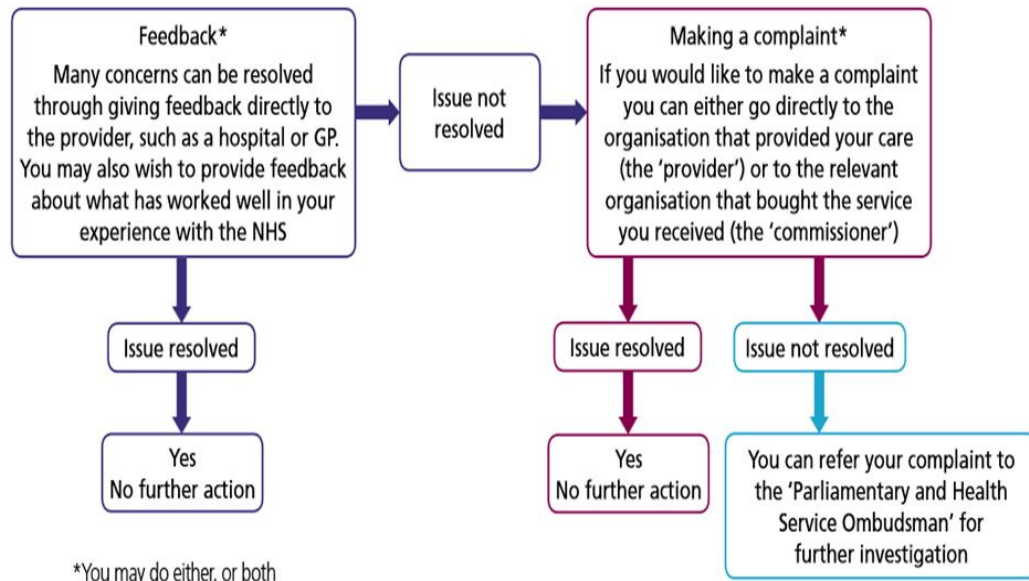
The NHS Constitution provides for the rights of patients to complaints and redress mechanisms.

- *You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.*
- *You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.*
- *You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.*
- *You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.*
- *You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.*
- *You have the right to compensation where you have been harmed by negligent treatment.*

There are different pathways for complaints about NHS services. Patients and families can choose to complain to the healthcare provider or to the commissioner. The commissioner varies according to the type of service involved. Primary care services complaints can be made to NHS England as the commissioner, whereas hospital complaints are made to the local clinical commissioning group, and public health organisation complaints go through the local authority.

The procedure is illustrated in the following diagram.

The NHS Feedback and Complaints Procedure



Anyone can make a complaint on behalf of a patient or service user with their permission. The NHS advise that complainants can expect to:

- *have their complaint acknowledged and properly looked into;*
- *be kept informed of progress and told the outcome;*
- *be treated fairly, politely and with respect;*
- *be sure that their care and treatment will not be affected as a result of making a complaint;*
- *be offered the opportunity to discuss the complaint with a complaints manager;*
- *expect appropriate action to be taken following their complaint.*

The NHS advises those taking complaints to seek support from independent health advocacy services, from the local citizens' advice bureaux, and from hospital Patient Advice and Liaison Services (PALS) in order to help them with their complaints.

The Parliamentary and Health Service Ombudsman provides a review mechanism for healthcare service complaints (apart from public health services, where the Local Government Ombudsman is the relevant body). The Ombudsman typically expects that local complaints resolution mechanisms will have been exhausted before making a complaint to them.

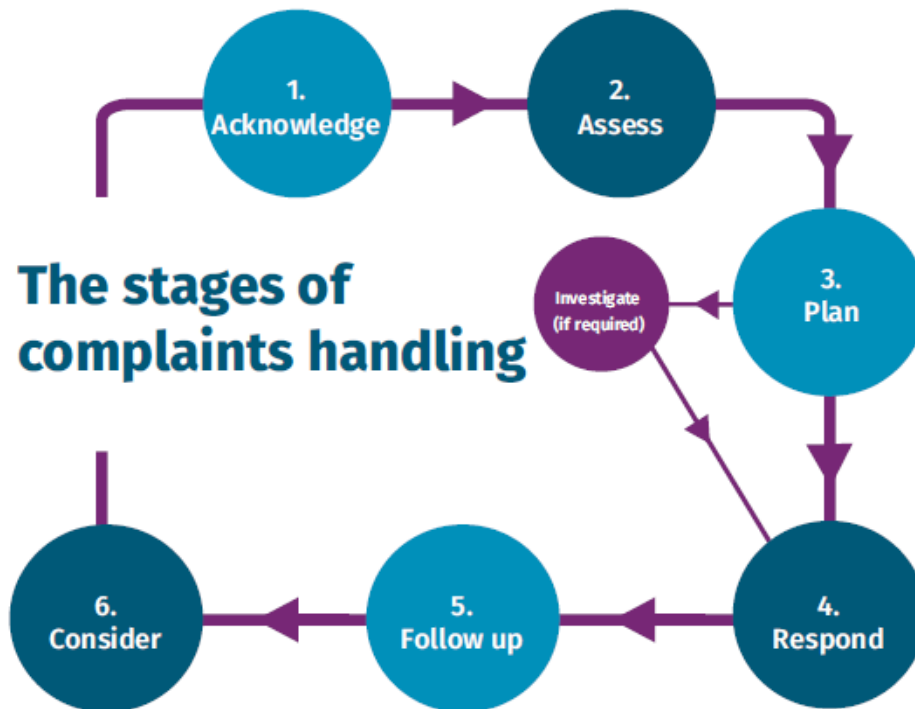
The complexity of commissioning structures means multiple pathways for people to make complaints, which may be confusing. Nonetheless, it is indicative that it is considered a commissioner responsibility to manage complaints about services it is funding.

6.5 Aged Care Quality and Safety Commission, Australia

Guidance for nursing home providers for complaints handling was issued by the Aged Care Quality and Safety Commission in Australia. The document outlines legislative responsibilities and consumer rights in respect of aged care provision and provides guidance on how to

implement robust complaints policies that comply with regulatory obligations and provide residents and families with appropriate mechanisms for feedback, complaints, and redress.

The Commission notes that “an effective complaints handling process is fair, accessible, responsive and efficient, and contributes to continuous improvement in service delivery”. The process for complaints handling as set out in the document is illustrated in the diagram below.



The document states that a good complaints handling policy provides:

- a commitment to receive complaints in good faith and treat all complaints fairly
- a commitment that the service proactively and transparently handles complaints
- written statements of values, principles, and care philosophies of the service
- information on staff with the authority to deal with complaints
- guiding principles and objectives for staff to follow
- a description of the services offered by the aged care provider
- reference to the service's complaints handling procedures.

There is a strong emphasis on the importance of communication skills and staff training to effectively manage complaints in aged care settings.

6.6 Tusla Complaints Policy

Tusla is the Child and Family Agency in Ireland. Their *Feedback and Complaints: Policy and Procedure* document sets out the details of how they handle complaints in the Agency through their policy and procedure “Tell Us”, developed in 2017. The document distinguishes between feedback and complaints:

- *Feedback is information received by Tusla from any person(s) about their experience of any aspect of Tusla services or of how these services are provided.*
- *A complaint is 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. (The definition of complaint is drawn from guidance from the Office of the Ombudsman in 2015.)*

Tusla sets out the following principles for complaints management in the Agency:

- *Tusla will adhere to its legislative requirements under the 'Child and Family Agency Act 2013' and will also be guided by the Health Information and Quality Authority's national standards and the Office of the Ombudsman's 'Guide to Standards of Best Practice';*
- *Complaints are essential to the Agency's learning and development;*
- *Complaints will be used to inform decision-making and the planning, design and delivery of Tusla services as appropriate;*
- *People who use Tusla services and those impacted by Tusla services are routinely reminded of Tusla's complaint process and how to avail of this process;*
- *Tusla staff will advise, actively support and assist, as appropriate, those who wish to make complaints to the Agency;*
- *Tusla will resolve complaints as expeditiously as practicable;*
- *All Tusla complaints officers⁴ and review officers⁵ will receive adequate training;*
- *All individuals making complaints will be treated with dignity and respect;*
- *Making a complaint will in no way adversely affect the service an individual receives from Tusla.*

The Agency indicates that the following people can make a complaint:

- People who have received or are receiving Tusla services;
- People who have sought or are seeking Tusla services;
- Close relatives or carers of the above people,
- Those who have the prescribed authority to act on such a person's behalf, or have the legal authority to do so;
- Parents or carers of children who are being/have been provided with services by Tusla or a service provided on behalf of Tusla;
- Close relatives or carers of a deceased person who was in receipt of Tusla services.

In addition, Tusla will accept complaints from people, other than those above, who claim to be or to have been adversely affected by action(s) or lack of action by the Agency.

The complaints procedure comprises three stages. Stage 1 is local resolution within five working days; Stage 2 is referral to a Complaint Officer who will try to resolve the complaint informally or establish a complaint investigation; and Stage 3 is referral to a Complaint Review Officer who assesses if there is grounds for a review and conducts one if so. There is a right to complain to the Office of the Ombudsman or the Office of the Ombudsman for Children in the event of the complaint not being resolved to the satisfaction of the complainant.

Complaints relating to Tusla services (or those on Tusla's behalf) can be made to any Tusla staff member, through a dedicated email address (tellus@tusla.ie), in a letter to any Tusla location, or by phone to local Tusla offices. Complaints received to staff or contact pathways

other than the service involved are referred to the relevant service manager, with the complainant receiving a reference number.

Tusla's guide to making a complaint or giving feedback document is available on their website, and has a version aimed at children, with the details of who can complain, about what, and how to do so, along with the contact information for the Ombudsman and Ombudsman for Children.

6.7 Making a Complaint as a Consumer in Ireland

Consumer complaints processes are based on the rights enshrined in consumer legislation, currently the Consumer Protection Act 2007. There is no formal complaints procedure for consumers until and unless they wish to escalate their complaint to the Small Claims procedure. However, the guidance from the Competition and Consumer Protection Commission (CCPC) recommends that consumers use the following approach when complaining to a business:

- **Step 1: Know your rights**, including whether you have redress rights (there are no consumer rights to exchanges or refunds for change of mind unless it is an online transaction, for example);
- **Step 2: Act quickly** and make a complaint without delay;
- **Step 3: Know who to contact**, i.e. a senior person in the business in question, and give them an opportunity to resolve the matter before taking it further;
- **Step 4: Making the initial complaint**, via phone, letter, email, or social media, and keeping records of when and with whom contact was made;
- **Step 5: Making a more formal complaint**, i.e. a written complaint on paper or by email, with sample templates available from the CCPC;
- **Step 6: Taking a case** to court through the Small Claims procedure or in certain circumstances to an ombudsman or regulator for certain services.

Whilst the rights of consumers in relation to specific issues such as faulty goods are very clear in the legislation, there is no fixed procedure for exercising these rights and no specified appeal or review process that businesses are obligated to provide to consumers. The guidance suggests following a typical complaints process – with attempts to resolve informally at the local level before making a more formal complaint – but this is recommended rather than required. Consumers have the option of escalating to a regulator or ombudsman or taking legal action.

6.8 Complaining to Dublin City Council

Dublin City Council outline their complaints procedure on their website. As with most others, it recommends first reporting concerns directly to a service area before engaging with the formal complaints process, indicating that this is typically the quickest route to resolving the issues.

The formal complaints procedure includes the following stages:

- Formal complaint made in writing by post, email or online through the Citizen Hub at <https://citizenhub.dublincity.ie>. This is registered and sent to the relevant department,

with formal acknowledgment within three working days. A formal response from the relevant department should be issued within 21 days.

- Appeal to the Executive Manager of the relevant department for a review of the complaint.
- Appeal to the Ombudsman.

The formal process is very similar to the formal elements of the HSE's Your Service Your Say Stages 2-4. The Citizen Hub complaints portal invites complainants to describe the problem and to indicate what they would like the Council to do to put the issue right.

7 Key Findings

7.1 Findings in Respect of Complaints Policies

The following points are the key findings from the review of policies, informed by our engagement with the nursing home operators, both HSE and private and voluntary:

- Complaints policies and procedures vary considerably in length and detail.
- Using the HSE Your Service Your Say model as a basis has been useful and successful for some non-public providers, which indicates that consistency may be less challenging than might be considered by some.
- The regulations ensure that complaints policies have to have certain features in place, and this is evident in the documents we have reviewed. However, compliance with the regulations does not mean the policy is as good as it could or should be, and our findings suggest inconsistencies between the strength of complaints policies and the findings of HIQA inspections in respect of complaints.
- The key inconsistency is at Stage 3, the review/appeals process. This is where nursing homes have different approaches: some with the ability to refer upwards in a wider hierarchy when there is a group structure and some without, where the identification and role of a reviewer is less clear and where there may be less “distance” between the reviewer and the nursing home than would be desired.
- The typical number of complaints in any given nursing home each year is low, and the nature is rarely serious: the examples of complaints we were given were typically relatively straightforward concerns like missing items that were resolved quickly when located, for example. Nonetheless, any robust complaints process should be able to handle serious complaints.
- Culture is critical to the effectiveness of complaints policies. A nursing home with an organisational culture where complaints are seen as a positive tool for improvement rather than as a problem, where staff are well-trained and able to identify and manage complaints at the earliest stage, and where residents, families, and staff are all supported through the process of making and resolving complaints, will be in a position to manage complaints, even when escalated, in a much better way.
- There is no requirement to report complaints data to any organisation (other than maintaining records for HIQA inspection). Providers indicated that they do not wish to have reporting requirements that differ from existing or future recording obligations for HIQA; that is, any future data reporting requirements should align with the data collection for regulation purposes and not require two different sets of complaints data to be collected for different reporting obligations.
- The formal support structures within the HSE for complaints management provide key support to nursing home management in handling complaints, promoting consistency of approach to complaints management, providing support and shared information to help with complex or challenging complaints, and an escalation pathway that does not rely on the nursing home manager themselves to identify reviewers, for example.

7.2 Insights from Other Complaints Policies and Guidance

There is considerable consistency in some key aspects of complaints management across international aged care comparators and health and social care providers in particular, but

also when reviewing more broad principles and features of public sector complaints processes and guidance.

Some of the common features and principles include:

Culture

- supporting a culture of service-user-focused, positive complaint handling is critical.

Clarity

- there should be clear policies and procedures, communicated to service users in a way that ensures they understand how to raise a concern and what will happen if and when they do so, and well-understood by staff.

Access and user-friendliness

- for both service users and for staff, it should be easy to make and to receive complaints, with few limitations on who can make complaints and an ability to make complaints to and through any staff member.

Informal resolution as a preference

- all procedures emphasise that where possible, informal resolution of concerns within a short time of them being raised is the first stage and should be the preferred way to manage complaints unless there is a more serious issue at hand.

Timeframes

- establishing and communicating specific timeframes for responses and keeping complainants updated even when a formal response has not yet been issued.

Training and support for staff

- staff should have training in recognising and accepting complaints regardless of their position, and managing informal complaints positively and promptly; staff should be supported when there are complaints in relation to their actions or practice and have guidance on how to ensure redress for service users.

Regulatory underpinning

- many complaints policies are based on regulatory, legislative, or rights-based obligations and policies have to support compliance with these.

Learning for service improvement

- there is substantial emphasis on the need to use complaints as a service improvement tool to improve outcomes and experience for service users and staff.

8 Recommendations

8.1 Recommendations for Consistency in Complaints Processes in Nursing Homes

The following key features should characterise nursing homes complaints policies and procedures across all nursing home types to promote consistency and align with good practice.

We recognise that some of these recommendations may be challenging to implement within current structures and governance for the delivery of nursing home care, but consider that it is important to articulate them nonetheless. We additionally recognise that there is work ongoing in parallel in respect of certain aspects of the review findings, such as progressing safeguarding legislation and reviewing clinical complaints processes.

It is recommended that:

- **Complaints processes should support a positive complaints culture in nursing homes.**
 - Complaints should be welcomed as opportunities for service improvement and practice development;
 - Feedback, including complaints, from residents and families should be proactively encouraged both structurally and culturally;
 - Residents and families should be explicitly informed and empowered about the complaints process and how to use it;
 - Anyone, irrespective of their relationship with a resident, should be allowed to make a complaint;
 - The premise of right of access to nursing homes should be afforded to all health and social care professionals;
 - Staff should be trained, with annual refresher sessions, and given the authority to recognise complaints even when not expressed in those terms and to acknowledge and resolve them at the earliest opportunity.
- **Complaints processes should be as far as possible aligned with the HSE's Your Service Your Say policy and procedure to promote consistency.** The principles of Your Service Your Say, as outlined earlier in the report, could be universally applied to all nursing home providers, although the detail of the procedures in terms of who investigates and reviews complaints may differ.
- **Complaints processes should continue to be underpinned by regulations,** including any increased specificity in the requirements for private and voluntary providers. Regulatory requirements drive change and allow for monitoring of overall compliance with good complaints practice. Regulation will be needed to ensure equitable and consistent access to complaints procedure for residents and families.
- **Complaints procedures should be supported by adequate safeguarding and abuse reporting mechanisms.** There should be a capacity to identify complaints that concern possible abuse or serious neglect and have a system to enable such concerns to be followed up in addition to an internal complaints investigation.

- **Accountability mechanisms must be in place for the implementation of changes following the outcome of complaints procedures.** If complaints are not resolved or no changes follow the resolution of complaints, it is important that there is a mechanism to hold the provider accountable for this.
- **Consideration should be given to the extension of current resources, locally or nationally, to provide an intermediate level of escalation when a complaint cannot be resolved at the nursing home level.** It is apparent that many complainants view the jump to the Ombudsman as daunting and significant. The provision of a resource that can respond and engage with complainants appropriately, such as the Complaints Officer at CPO level, is likely to provide value to all nursing homes and may also facilitate more satisfactory resolutions.
- **The practice of proactive visits by advocacy providers to nursing homes should be supported and encouraged to open opportunities for feedback from residents.** Although there are anecdotally a number of nursing homes that support advocacy providers in visiting their residents on a regular basis, this appears to have stopped due to the pandemic. Re-establishing this practice as desired support mechanism will help strengthen awareness, accessibility, and transparency.
- **There should be sharing of information pertaining to complaints, from start to conclusion across all nursing homes, to inform a platform for learning and development.** The ability to share specific experiences relating to complaints may help and guide those staff and facilities who either require support, or who are seeking to improve complaints management processes. This platform may also provide an overview of themes and challenges for nursing homes.
- **Support should be provided through information and guidance resources, to promote peer reviews of nursing home within regions.** Promoting the cultural of service improvement relating to nursing home complaints, may be facilitated by nursing home leads requesting periodic review of their practices by other nursing home providers in their region, on a quid pro quo basis. This may also produce improvements and collaborative learning in other aspects of care.
- **Anecdotal evidence suggests that some nursing homes end, or threaten to end, the tenancy of residents who choose to make a complaint.** This practice must stop and the power to act against these nursing homes must be clearly expressed to all stakeholders.

Appendix 1

Terms of Reference

Terms of Reference

The objectives underpinning this piece of work are articulated in the Supplementary Request for Tender (SRFT) issued by the Department: *“This evidence base will underpin policy development in relation to complaints policy and, in particular, how non-clinical complaints are addressed within older persons services with a view to improving the responsiveness of these processes for patients and families. It will also ensure that any policy and legislative decisions are based on international best practice.”*

The specific requirements of the SRFT were as follows:

It is intended to develop a standardised complaints policy for nursing homes as part of a broader suite of policy and legislative reforms for older persons. A review of the current complaints policy landscape in nursing homes is required in order to:

- (i) identify and examine national nursing home and home care complaints policies legislation in other jurisdictions;*
- (ii) draft a paper on approaches to national complaints policy and legislative requirements for nursing home and home care services, including escalation pathways, and minimum requirements; and*
- (iii) develop proposals for any necessary legislative changes required to support the service and consider in tandem with complaints policy.*

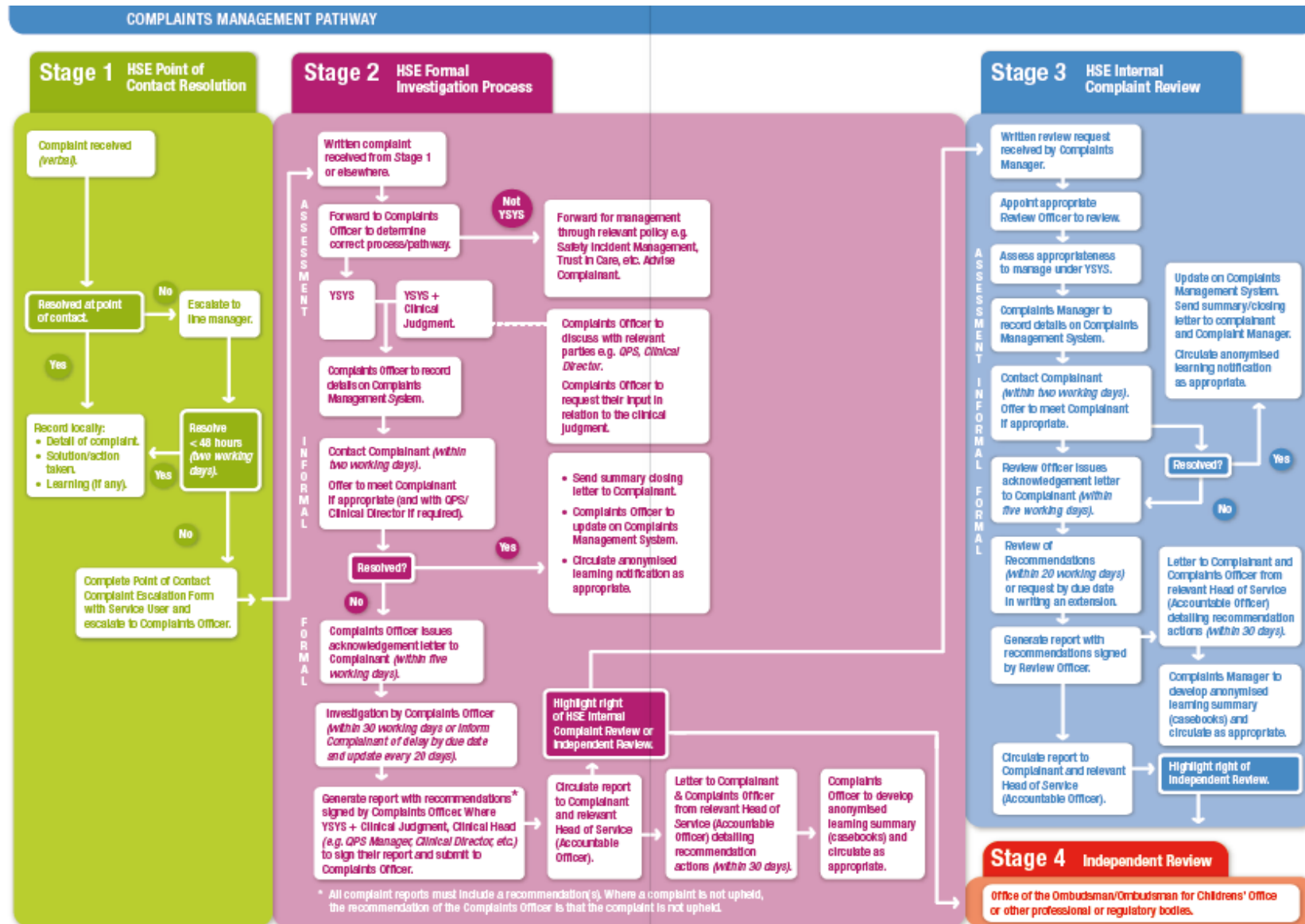
This review will inform the development of principles and standardisation of complaints processes across all nursing homes, which will act as a key enabler to the continued rollout of the Patient Advocacy Service in public and private nursing homes over the next 24 months.

For the review, the tenderer will be required to:

- *gather and collect information on non-clinical complaints policies and procedures from a sample of public, private and voluntary nursing homes, including available guidance on complaints processes, and from a sample of other complaints bodies (e.g. consumer complaints) in Ireland;*
- *carry out a review of these to identify common themes and core principles*
- *Identify best practice approaches (including how non-clinical complaints are investigated, responded to, considered in service improvement and how advocates/advocacy services are included etc.);*
- *devise an evidence brief capturing similar information from selected jurisdictions (e.g. England, Scotland, New Zealand etc.);*
- *engage with (e.g. interview) key informants, the representative body for private and voluntary nursing homes and advocacy service providers, and a small number of public and private nursing homes, to get their perspectives on current complaints processes across the sector and areas that could be improved/areas working well; and*
- *provide a report with some conclusions and recommendations highlighting recommended best practice and complaints pathways.*

Appendix 2

HSE Your Service Your Say Complaints Process



Appendix 3

Table of Nursing Homes Policies and HIQA Reports

Crowe Review of Nursing Homes Complaints Policies with HIQA Report Extracts

This table sets out our commentary on the policies we have reviewed, and for further information and comparison, we have included the relevant Regulation 34 extract from the HIQA inspection reports from these providers (for multiple centres as relevant). We have not identified the providers here but note if they are private or voluntary and if they are group or single operators.

Provider	Review of Complaints Policy/Process
Private Group	Crowe comment
	Lacks clarity, offers details about advocacy, and does include an internal appeals process (to the Director of Care, Quality, and Standards) if complainants are not satisfied with original outcome
	HIQA reports on the 10 centres in the group
	“An effective complaints procedure was in place in the centre. This procedure was prominently displayed in the main entrance area. The complaints procedure identified the nominated complaints person and summarised the appeals process in place. The complaints log was reviewed by inspectors, and it was found that only a small number of complaints were recorded. Complaints were comprehensively documented, there was evidence that they had been dealt with appropriately and had sufficient detail of the investigation. Judgement: Compliant”
	“Complaints records maintained in the centre did not consistently identify whether or not the resident was satisfied with the outcome, or what measures had been put in place for improvement in response to the complaint. Judgment: Substantially compliant”
	“A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. The Inspector reviewed the complaints log, which included details of the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents who spoke with the Inspector were aware how to make a complaint at the centre. Judgment: Compliant”
	“Complaints were documented on the electronic system. Two complaints however were not 'closed' on the system even though the person in charge said that they had been addressed. Judgment: Substantially compliant” <i>Response: “Both complaints had been reviewed and closed by the DON on system prior to the inspection but it was a system error that saw them still displayed on the home screen, this was resolved on the day after inspection. All complaints were fully addressed on the day of inspection.”</i>

Provider	Review of Complaints Policy/Process
	<p>“Following the last inspection, a full review of the complaints system in place had been completed. Feedback from residents and relatives was welcomed by the management team. There was a comment box and complaint form available at reception. The inspector reviewed the complaints log and found that there were 13 complaints logged for 2020. On the day of inspection all complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received. Residents spoken too on the day of inspection told the inspector that they would not hesitate to make a complaint. Residents said they were confident that their concerns would be listened to, and action taken if required. Judgment: Compliant”</p> <p>“A review of the complaints log indicated that only a small number of complaints had been recorded. The inspector was satisfied that complaints were managed in line with the centre complaints policy. Judgment: Compliant”</p> <p>“The inspector was satisfied that complaints were managed in line with the centre complaints policy. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in prominent locations in the building. It contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact details for the office of the Ombudsman. All complaints were reviewed by the person in charge and discussed at the management meetings. There was one open complaint at the time of inspection. This complaint was being investigated by the person in charge and the inspector was assured that it was being managed in line with the complaints policy. Judgment: Compliant”</p> <p>“Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the foyer and included the nominated complaints officer. An inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant. Judgment: Compliant”</p> <p>(2020) “There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints. Judgment: Compliant”</p> <p>“While the complaints policy was displayed in the centre, an accessible complaints procedure was not displayed as required in the regulations. The complaints policy had not been revised to provide the following information: · The person nominated to deal with complaints · A person nominated to ensure that complaints were appropriately responded Page 12 of 28 to and records maintained in line with regulatory requirements. Judgment: Substantially compliant”</p>
Private Single	<p>Crowe comment</p> <p>Not clear who can complain, offers resolution in 30 days with 15 days after receiving the decision for appeal (not clear what the process is if someone appeals out of this timeframe), few details available. Sage details provided but no signposting, not clear how people are informed about the process. Mentions the Ombudsman.</p>

Provider	Review of Complaints Policy/Process
	<p data-bbox="443 288 2022 336">HIQA report</p> <p data-bbox="443 344 2022 504">“A centre-specific complaints policy was in place and available to staff to inform management of complaints received. The complaints policy identified the nominated Page 10 of 25 complaints officer and also included an appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants and their satisfaction with the outcome was obtained. Inspectors were told that there were no open complaints at the time of this inspection. Judgment: Compliant”</p>
Private Group	<p data-bbox="443 521 2022 569">Crowe comment</p> <p data-bbox="443 577 2022 641">Mostly adapted from Your Service Your Say. Evidence of annual review offers clarity about who can complain and how it is dealt with, emphasis on staff training to deal with informal and formal complaints and feedback. Good clarity in relation to process flow.</p> <p data-bbox="443 657 2022 705">HIQA reports from two group centres</p> <p data-bbox="443 713 2022 809">“Inspectors were not assured that all complaints were investigated promptly. Inspectors reviewed the complaints log which recorded that a verbal complaint received was not acted upon in a timely manner. In addition, inspectors saw that complaints made within residents' meeting minutes were not recorded on the complaints register. Judgment: Substantially compliant”</p> <p data-bbox="443 825 2022 920">“A complaints policy was in place which outlined the process for responding to local and formal complaints. Inspectors viewed records of five local complaints which were investigated and concluded in a timely manner. Each recorded the satisfaction of the complainant. Two formal complaints were ongoing at the time of the inspection. Judgment: Compliant”</p>
Not-for-profit Single	<p data-bbox="443 951 2022 999">Crowe comment</p> <p data-bbox="443 1007 2022 1070">Directly adapted from Your Service Your Say: provider of mixed services including Section 39, so the policy is based on the HSE process for complaints and has escalation procedures that are only applicable to some services, not the nursing home.</p> <p data-bbox="443 1086 2022 1134">HIQA report</p> <p data-bbox="443 1142 2022 1334">“Policies and procedures were in place for dealing with complaints or concerns which were clearly documented. There was an open, proactive approach to the management of complaints which were infrequent as a result. The process was displayed in a prominent place and residents expressed confidence in the system. They stated that they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints. An independent person was available if the complainant wished to appeal the outcome. The inspector saw that the procedure for making a complaint was displayed at an appropriate height for older adults to access the information. Judgment: Compliant”</p>

Provider	Review of Complaints Policy/Process
	Adapted from Your Service Your Say; however, mentions the right to complain to "Local Health Service" or "organisation funding your care", which is not accurate. Internal review is by a group-level officer.
	HIQA reports on five centres
	<p>“The complaints procedure was implemented in practice and complaints were maintained in line with regulatory requirements. A route-cause analysis was completed by the person in charge following each complaint and incidents were analysed to enable learning and improvement of the service. The person in charge maintained robust oversight of complaints and followed up with complainants to ensure they were happy with the outcome. Comprehensive investigations were seen to be assured that due process was followed. Appropriate notifications were submitted when warranted following feedback from residents or relatives which ensured that residents were further safeguarded. Judgment: Compliant</p>
	<p>“The centre had an up-to-date procedure in place for the management of complaints. The complaints procedure was displayed in the centre for residents, relatives and visitors’ information. The person nominated to oversee that complaints were appropriately managed in the designated centre was not identified in the procedure. However, from a review of documentation and discussion with the person in charge, the inspectors were satisfied that the overseeing role was clearly established and operational in practice. The policy and procedure were amended on the day of inspection to reflect this. A complaints log of all complaints was maintained in the centre and relevant documentation regarding each complaint was logged and investigated promptly. There were arrangements in place for residents to access an independent advocate to support them if necessary. Resident’s meetings were held regularly and records showed that resident feedback and suggestions were acted on. Judgment: Compliant”</p>
	<p>“There was a comprehensive complaints policy in place in the centre. There was a recording system in place where all complaints were logged. The inspectors found evidence that complaints were investigated, resolved and complainants communicated with. Investigations included learning from the incidents and taking steps to prevent such complaints in future. Management of resident feedback was informed by ‘Your service, your say’ document which was adapted for the centre. Judgment: Compliant”</p>
	<p>“The inspector saw that complaints were recorded, responded to promptly and resolved to the satisfaction of the resident or the complainant. The record of complaints was reviewed. There is a specific form to record complaints, and this includes an outline of the issue of concern, the actions taken to investigate and how it was resolved. If there is a policy or procedure issue that is relevant this is highlighted so the area can be improved. Two residents interviewed said that they would not hesitate to raise a concern and said that when they had the matter had been dealt with to their satisfaction. Judgment: Compliant”</p>
	<p>“There was a policy and procedure for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed. A review of the complaints log indicated that no complaints were received so far in 2021, however records for previous years showed that complaints were recorded,</p>

Provider	Review of Complaints Policy/Process
	investigated and the satisfaction or otherwise of the complainant was recorded. There was no notice on display in a prominent position identifying for residents and relatives the procedure for making complaints. Judgment: Substantially compliant”
Private Group	Crowe comment
	Allows anyone to complain, provides full details of how to have advocacy support (but no evidence of much proactive advocacy), internal process clear with right to appeal -phone, email or writing accepted -, aims to resolve in 30 days, ‘if it is more serious, we may ask someone from outside the nursing home to investigate’, provides Ombudsman details
	HIQA reports from two group centres
	“The provider had a complaints policy in place, and the complaints procedure was prominently displayed at the entrance to each unit and contained all information required by the regulations. The complaints logged showed that complaints had been investigated, with the outcome and the complainants’ satisfaction recorded for all closed complaints. Judgment: Compliant”
“There was a complaints policy displayed in the designated centre which met the requirements of the regulations. Several residents confirmed that they were aware of this policy and felt that they could register a complaint should they wish to. Staff confirmed that they could support residents register a complaint if they were unable to do so on their own. The complaints register indicated that 12 complaints received in 2021 were dealt with according to the procedure in place and closed out, one complaint was still open on the register. Judgment: Compliant”	
Private Single	Crowe comment
	Verbal and written complaints accepted (not clear who can), regular resident meetings where complaints can be accepted, clear process and use of internal advocate (unclear about the role of external advocates), claims that they encourage complaints, complaints procedure clearly displayed in reception area, complaints acknowledged within 72hrs, those not resolved go to “internal advocate”, provides details of Ombudsman.
	HIQA report
“Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints policy was displayed in the reception and included the nominated complaints officer. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant. Judgment: Compliant”	