

CTC - CQSR Complaints Management Policy

Date Review Due: 01/11/2026

Date of Approval : 01/11/2023

1. Responsibility for approval of policy	
2. Responsibility for implementation	
3. Responsibility for ensuring review	
4. Document Reference	
5. Version Number	
6. Authors	

Document Owner and Approval

The Manager is the owner of this document and is responsible for ensuring that this policy document is reviewed in line with the review requirements stated above.

A current version of this document is available to all members of staff on the *Coolmine Teams General Files Channel*.

This policy was approved by the [Board of Directors] on *30/07/2021* and is issued on a version-controlled basis under the signature of the [Chief Executive Officer (CEO)].

Signature:

Date:

Change History Record

Issue	Description of Change	Approval	Date of Issue
1	Initial issue	COO	13/11/2023

1.0 Policy

Coolmine Therapeutic Community is committed to the implementation of a complaints management process that is fair, transparent, non-prejudiced, non-recriminatory and impartial to the Complainant and the subject of the complaint.

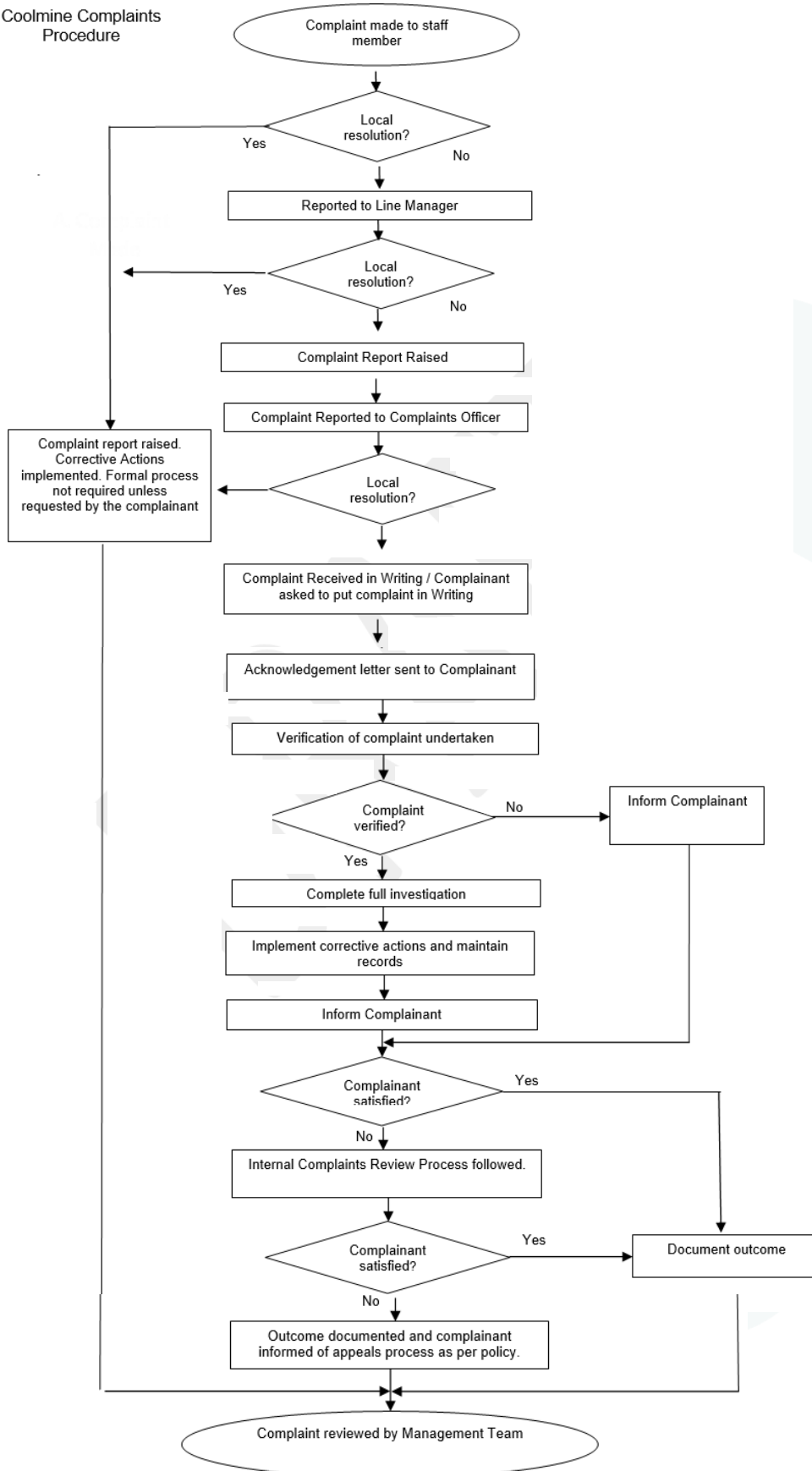
Coolmine Therapeutic Community has a culture of openness and transparency. All complaints or comments received are viewed as an opportunity to inform service provision and to continually improve the quality of the service provided (HSE, 2017).

2.0 Definitions

Complaint: an expression of dissatisfaction, both verbal and or written, with any aspect of a service (Office of the Ombudsman (HSE, 2017).

Complainant: Person(s) making the complaint (HSE, 2017).

Coolmine Complaints Procedure



Client Complaints

3.1 Coolmine Therapeutic Community shall accept complaints in the following ways:

- Verbally (directly/indirectly/via client forums)
- Written
- Electronically by email
- Telephone

Complaints may be made to any member of staff.

3.2 Where a verbal complaint arises, the staff member shall attempt to resolve the issue immediately and locally where possible. Where the complaint is successfully addressed immediately at local level, the following is recorded within the Complaint Report by the staff member who received the complaint:

- The person who received the complaint.
- The complaint details, including the time and date received, a description of the complaint and the affected individuals.
- The actions taken to address the complaint where appropriate.
- The Complainants satisfaction regarding the outcome.
- The complaint shall be recorded on the Complaints Management System

3.3 Where a verbal complaint cannot be resolved locally by a staff team member, this shall be escalated to the Team Leader. The Team Leader shall try to resolve this at a local level within 48 hours (2 working days). Where the Team Leader resolves the complaint, the complaint report shall be updated to detail the complainants satisfaction regarding the outcome.

3.4 If the complaint cannot be resolved locally, the Team Leader will ask the complainant to put the complaint in writing using the Complaint Form (*please see Appendix 1*). The complainant will be informed that the complaint will be escalated to the Complaint Officer in the designated region:

- Dublin Complaint Officer: Paul Hatton, Continuing Care Manager
- South - West Complaint Officer: Brian Duncan, South - West Regional Manager
- Mid - West Complaint Officer: David Mc Phillips, Mid - West Regional Manager

3.5 The Complaints Officer shall contact the Complainant within two working days and offer to meet with the Complainant if appropriate to resolve the complaint informally.

If the Complaint Officer cannot resolve the complaint informally, a letter of acknowledgement shall be sent to the Complainant within five days of the receipt of the complaint (HSE, 2017). Taking into account the nature and circumstance of the complaint, the Complaints Officer may seek the consent of the complainant and any third party to whom the complaint applies to finding an informal resolution of the complaint by the parties concerned.

3.6 The Complaints Officer shall undertake verification of the complaint. During the verification, the Complaints Officer shall gather evidence to determine if the complaint is warranted. The verification may take different forms, with the nature of the complaint determining the level of verification required.

- 3.7 Where the complaint has not been verified, and where an investigation is not deemed required, a justification shall be documented. The findings shall be communicated to the Complainant. Details of the appeals process will be provided to the Complainant if required.
- 3.8 Where the complaint has been verified a full investigation of the issue is instigated by the Complaints Officer. The investigation process shall be considerate of the complainants expectations regarding the complaint. This investigation process may involve:
- Interviews with clients, their family members, relevant staff, Health and Social Care Professionals, external contractors, etc. Staff have an obligation to participate and support the investigation of any complaint where requested (HSE, 2017).
 - A review of records.
- 3.9 The Complaints Officer may draw on appropriate expertise, skills etc. as required.
- 3.10 The Complaints Officer will complete investigation of the complaint within 30 working days of acknowledging the complaint. If this is not possible, within 30 working days of acknowledging the complaint, the complainant must be informed of the delay and given an indication of the time it will take to complete the investigation. The complainant and relevant third parties must be updated every 20 working days.
- 3.11 Where the investigation passes the 30 working days' time frame, the complainant must be informed of the delay and the manager/complaints officer must endeavour to complete the investigation within 6 months.
- 3.10 The Complainant shall be informed promptly of the outcome of the complaint review. The response will include recommendations for dealing with the complaint and any necessary amendments to the service's policies and/or procedures and/or risk management procedures, arising from the investigation.
- The Complaints Officer may arrange a time to meet the person who made the complaint and any other relevant individuals, such as members of staff, to discuss the complaint and the service's response to it.
- 3.11 Where the Complainant is satisfied, the outcome is documented as part of the Complaint Report.
- 3.12 Where the Complainant is not satisfied, the Internal Review Process is followed. The complaint is escalated to the Senior Management Team.

Note: Any complaints not within the scope of the service to investigate, will be referred appropriately. For example: If Coolmine has good reason to believe that the situation has Child Protection implications, then the Child Protection Officer will ensure that the local Tusla Duty Social Worker is contacted, according to the procedure set out in the Child Protection Policy. If any person involved in the complaint has good reason to believe that a criminal offence has been committed, they should contact An Garda Síochána.

3.13 Internal Review Process

Where a complainant is not satisfied with the outcome of an investigation, the complainant may request a review of the complaint by the Senior Management Team. The Senior Management Team will examine the request for review and appoint a Review Officer if appropriate, to carry out the review of the complaint. This officer will be a member of the Senior Management Team. Review Officer(s) will review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation.

The Review Officer(s) will either uphold, vary or make new findings and recommendations.

The Review Officer (s) may carry out a new investigation of the complaint or recommend that a local re-investigation of the complaint be carried out by a Complaint Officer independent of the initial investigation team.

3.14 Independent Review

If the complainant is not satisfied with the outcome of the complaint's management process, the complainant may seek a review of the complaint by the Ombudsman/ Ombudsman for Children. The complainant must be informed of their right to seek an independent review from the Ombudsman/Ombudsman for Children at any stage of the complaint management process.

All requests for reviews may be addressed to the Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2. Tel: +353-1-639 5600. Lo-call: 1890 223030. Fax: (01) 639 5674.

Ombudsman for Children's Office, 6 Earlsfort Terrace, Dublin 2. Tel: 01-8656800.

4.0 External Complaints

Where complaints are received from external agencies and external personnel outside of CTC, the complaints shall be provided to the Roisin Rouine, Clinical Quality and Safety Manager. The CQSM shall follow steps 3.5 to 3.14 as above.

Write to: Roisin Rouine, Clinical Quality and Safety Manager, Unit 1, Block 8, Blanchardstown Corporate Park, D15 EE9T

Phone: 086 1021113

Email: roisin.rouine@coolminetc.ie

5.0 Anonymous Complaints

It is the policy of the Coolmine Therapeutic Community that complainants must provide contact details when making a complaint against CTC to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information. It is the policy of the CTC to review the complaint within the limitations of the information provided to assure that the welfare of service users is not at risk and that action is taken, as appropriate.

6.0 Unreasonable Complainant Behaviour

The actions of complainants who are angry, demanding or persistent may ultimately result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, but all feedback must be given equal consideration and be investigated.

7.0 References

Government of Ireland (1988). *Data Protection Act 1988 (No. 25 of 1988)*. Dublin: Stationery Office.

Government of Ireland (2003). *The Data Protection (Amendment) Acts 2003 (No. 6 of 2003)*. Dublin: Stationery Office.

Government of Ireland (2018). *Data Protection Act 2018 (No. 7 of 2018)*. Dublin: Stationery Office.

Government of Ireland (2014). *Freedom of Information Act 2014 (No 30 of 2014)*. Dublin: Stationery Office.

Government of Ireland (1980). *Ombudsman Act 1980 (No. 26 of 1980)*. Dublin: Stationery Office.

Government of Ireland (2012). *Ombudsman (Amendment) Act 2012 (No. 38 of 2012)*. Dublin: Stationery Office.

Health Information and Quality Authority and Safeguarding Ireland (HIQA, 2019). *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Dublin: Health Information and Quality Authority.

Health Service Executive (HSE, 2017). *Your Service Your Say*. Health Service Executive.