

INSPECTORATE OF MENTAL HEALTH SERVICES

COMPLAINTS IN APPROVED CENTRES 2013

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INTRODUCTION

Service users must be able to make complaints about the mental health service that they receive. The Health Service Executive (HSE) leaflet *Your Service Your Say* states that complaints are welcomed and valued. As part of the inspection process the Inspectorate of Mental Health Services inspects approved centres each year to ascertain whether they are compliant with Article 31 of the Regulations regarding complaints (Article 31 Statutory Instruments S.I. No.551 of 2006 Mental Health Act 2001 (Approved Centres) Regulations 2006 (See Appendix 1).

METHOD

In 2013, the Inspectorate examined whether each approved centre was compliant with Article 31 of the Regulations regarding the making of complaints.

As well as assessing compliance, further analysis of the results of inspection of Article 31 on complaints was carried out. The Inspectorate examined:

1. whether the approved centre had a policy on complaints
2. whether information about making a complaint was displayed
3. whether there was a designated complaints officer in the approved centre
4. whether a record of complaints was maintained

The Inspectorate then examined in more detail the quality of recording in a small sample of records of complaints.

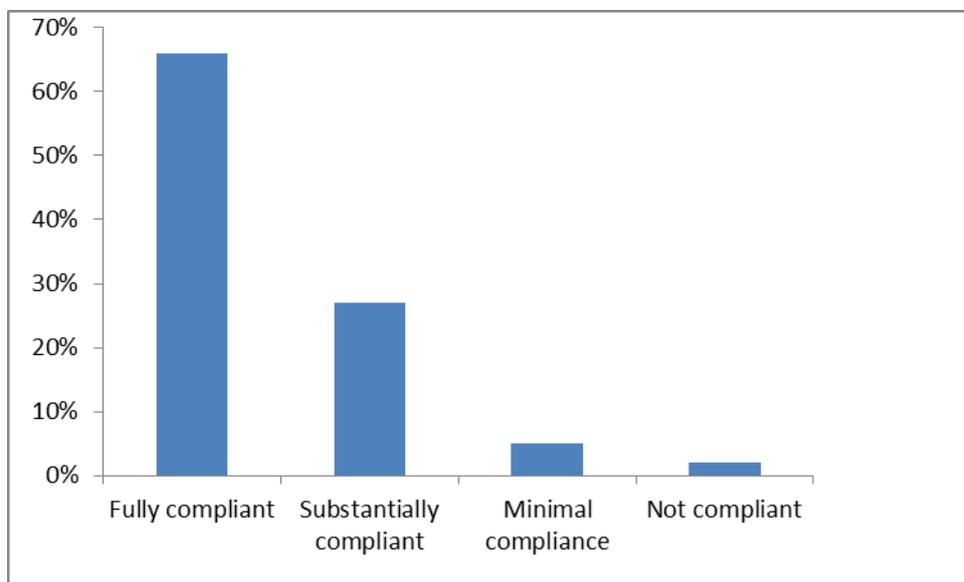
RESULTS

In 2013 compliance with Article 31 on complaints was noted as follows:

Table 1

COMPLIANCE	NUMBER	PERCENTAGE
Fully compliant	42	66%
Substantially compliant	17	27%
Minimally compliant	3	5%
Not compliant	1	2%

Chart 1: Compliance with Article 31



One third of approved centres were not fully compliant with Article 31 on complaints.

1. POLICY

Table 2: Presence of policy

Complaints policy present	57	90%
No complaints policy	6	10%

The majority of approved centres had a policy. The remainder of approved centres either had no policies or had policies that were out of date. The Regulations require that each policy is reviewed at least every three years.

2. DISPLAY OF COMPLAINTS PROCEDURE

Table 3: Complaints procedure prominently displayed

	Number	Percentage
Complaints procedure displayed	54	86%
Complaints procedure not displayed	9	14%

The complaints procedure must be prominently displayed in the approved centre so that residents are aware of how to make a complaint. The HSE have issued a leaflet for display in health service settings which outlines how to make a complaint. Some approved centres had devised their own notices or used a HSE poster to outline the complaints procedure.

3. NOMINATED COMPLAINTS OFFICER

Table 4: Nominated complaints person

	Number	Percentage
Nominated complaints person	58	92%
No nominated complaints person	5	8%

Approved centres must have a nominated complaints person available. Ninety-two per cent of approved centres had a nominated complaints officer located within the approved centre.

4. COMPLAINTS RECORD

Table 5: Complaints record available

	Number	Percentage
Complaints record available	55	87%
No complaints record available	8	13%

Article 31 of the Regulations states that a record of complaints relating to the approved centre must be maintained. On each inspection, the inspectors requested to see a copy of the complaints.

The HSE policy and procedure manual *Your Service Your Say* outlines in detail how complaints should be recorded (Appendix 2).

The quality of the recording of complaints was highly variable. A sample of eight complaints records is outlined below. It can be seen in some services that even the most basic of records were missing.

Table 6 Recording of complaints

Service	Date recorded	Location of complaint recorded	Details of complaint recorded	Record of Action taken	Resolution recorded
Service 1	Yes	Yes	Yes	Yes	Yes
Service 2	Yes	No	Minimum details	No	Unknown
Service 3	No	Yes	Yes	Yes	Yes
Service 4	Yes	Yes	Yes	Yes	Yes
Service 5	yes	No	Minimum details	Yes	Yes
Service 6	Yes	Yes	Yes	Yes	Yes
Service 7	No	Yes	Yes	No	No
Service 8	Yes	Yes	Yes	No	No

Only two of the complaint reports inspected had information that was easily retrieved. Three consisted of bundles of letters and responses which required to be trawled through in order to extract any information.

Two approved centres had no date of complaints on the reports and two did not specify the location where the issue complained about took place. Two approved centres gave little or no information about the complaint. Three reports did not outline the actions being taken to address the complaint and three did not state whether the complaint had been resolved.

CONCLUSION

Notwithstanding the fact that the Regulations being in operation for seven years, only 66% of approved centres were fully compliant with Article 31 of the Regulations with regard to complaints in 2013. Ten per cent had no policy on complaints or the policy that was available was out of date. A significant number of approved centres (14%) did not display how complaints could be made either in the form of a notice or leaflets. However, all but five approved centres had a nominated complaints officer within the approved centre.

The quality of recording complaints was poor in many approved centres. Many did not meet the HSE requirements for documentation of complaints (Appendix 2). Thirteen per cent had no record of complaints. In a sample of eight approved centres, basic information such as dates, record of action taken by the service and whether there was a resolution of the complaints, were missing. There were two examples of excellent recording which was in contrast to the remainder of approved centres. These examples were from the independent hospital sector.

It appears that significant work must be carried out by the mental health services to ensure that all approved sectors are compliant with the Regulations regarding complaints and to ensure that service users have easy access to a comprehensive complaints procedure.

Appendix 1

STATUTORY INSTRUMENTS S.I. No.551 of 2006 Mental Health Act 2001(Approved Centres) Regulations 2006

Article 31: Complaints Procedures

- (1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.
- (2) The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.
- (3) The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.
- (4) The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.
- (5) The registered proprietor shall ensure that all complaints are investigated promptly.
- (6) The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.
- (7) The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained 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.
- (8) The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.
- (9) This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.

Appendix 2

YOUR SERVICE YOUR SAY

HSE COMPLAINTS POLICY AND PROCEDURE

14.0 Documentation of Complaints

14.1 Documenting complaints (recording and tracking)

- All written complaints must be documented by the Complaints Officer.
- Verbal complaints are to be documented by the recipient of the complaint as far as is reasonably practicable. In particular, verbal complaints that indicate a particular trend or where quality improvements are required, should be documented. This documentation is to be sent to the Complaints Officer via the Service Manager.
- Any complaint documentation must include the initial complaint and written evidence of the interaction between any people in relation to the complaint. This would include the complainant, the service involved, any external agencies etc.
- Documentation must also include the desired outcomes for the complainant and the reports and the documented outcomes (including action plans for quality improvement) from each stage of the complaints management process.

14.2 General Content of the Documentation

The general content of documentation includes:

- Document the complaint objectively.
- Document all discussions with people in relation to the complaint including telephone calls, reminder calls, meetings etc.
- Document all dates of correspondence, discussions and interactions accurately.
- Document the progress, actions to be taken, complaint outcomes and changes to current practice.
- Document any relevant information from significant others.

14.3 Recording Complaints

All formal written complaints and where practicable, verbal complaints must be recorded for statistical and performance indicator purposes.

- Systems must be available to allow for the recording of verbal complaints at the point of contact where practicable.
- In the case of a verbal complaint, the following details should be recorded by the recipient of the complaint:
 - Name, address, contact details, age of complainant
 - Details of the complaint
 - Date the complaint was made
 - The desired outcomes for the complainant
 - Department/ Service about which the complaint was made
 - Names of personnel involved in managing the complaint

- If resolution was achieved at the point of contact, the details of the resolution process and recommendations for action as a result of the complaint
 - If resolution was not achieved at the point of contact, the reasons why.
 - If complainant was informed of the process for submitting a formal written complaint.
- To support the management of a written complaint, the Complaints Officer or designated officer will record the following:
 - Name, address/ contact details/ age of complainant
 - Details of the complaint
 - Date complaint was made
 - Date complaint was received by HSE
 - How the complaint was made (i.e. letter, email etc)
 - If this complaint was previously a verbal complaint
 - Date of acknowledgement of the complaint
 - The desired outcome for the complainant
 - Department/ Service about which the complaint was made
 - Result of the pre-investigation of the complaint by the Complaints Officer
 - If informal resolution was attempted, what process was used and if it was successful.
 - Outcome of the informal resolution
 - If formal investigation of the complaint was initiated
 - Result of the risk assessment of the actions that gave rise to the complaint
 - Details of the recommendations for action made as a result of the investigation of the complaint
 - Details of the action plan for organisational improvement (including responsibility and timeframes)
 - Date report sent to complainant and designate of CEO
 - Date report sent to relevant Service Manager(s)/ staff member(s)
 - If investigation at Stage 2 was completed within 30 working days
 - If no, if progress reports were sent to the complainant and service/staff member at 30 working days and every 20 working days thereafter
 - If complaint was investigated within 6 months
 - If resolution of the complaint was achieved as a result of the local investigation (Stage 2)
 - If mediation was offered and if it was accepted
 - Outcome of mediation process
 - If resolution was not achieved by formal investigation and the reasons why.
 - If complainant was informed of the review process
 - The Complaints Officer has a responsibility for ensuring the above information is recorded.
 - Service Managers must fully support and assist the Complaints Officer in recording and collating the above data.