

COMPLAINTS AND FEEDBACK POLICY AND PROCEDURES

AUTHORISATION

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Authorised by: Chief Executive Officer

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POLICY

- The leadership will actively support (consumer)s/ representatives and workforce to make complaints and provide feedback on all aspects of care and service delivery, in accordance with their legal obligation under the Aged Care Act 1997.
- Complaints will be viewed as an opportunity to improve care and services
- A three-level model of complaints management will be utilised whereby complaints will be handled on the frontline; through the internal system and where required externally.
- (Consumer)s/representatives will be provided with information to enable access to the internal/ external complaints mechanism.
- All complaints and feedback will be recorded, monitored and acted upon to achieve a satisfactory solution via the feedback mechanism.
- The leadership will partner with (consumer)s/ representatives, applying a fair, prompt and confidential approach to the complaints' investigation and resolution process.
- The leadership will foster a culture that provides assurance to (consumer)s that they can complain without fear of negative consequences. This is in accordance with the Aged Care Charter of Rights.
- (Consumer)s will have access to advocates, language services and other methods when making complaints.
- Procedural fairness and privacy will be afforded to all complainants.
- Principles of cultural safety will be maintained when managing complaints.
- Complaints and feedback that are unable to be resolved internally will be referred to external agencies for resolution.

- When complainants behave unreasonably in their dealings with us, their conduct can significantly affect our ability to provide service to all (consumer)s. As a result, Clinical Assessor P/L will take proactive and decisive action to manage any complainant conduct that negatively and unreasonably affects any stakeholder and will support the workforce to do the same, in accordance with this policy.
- Complaints that are resolved will be reviewed for effectiveness.
- Systemic issues relating to complaints will be identified and investigated.
- Stakeholders, including (consumer)s and relevant members of the community will be consulted in relation to the feedback and complaint processes.
- The workforce will receive orientation and education on the feedback mechanism.

KEY DEFINITIONS

- **Complaint:** An expression of dissatisfaction or a circumstance regarded as a cause for such expression.
- **Cultural Safety:** (Consumer) experience of the care and services they are given and how they able they feel they are to raise concerns. The key features of cultural safety are; understanding a (consumer)'s culture, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services.
- **Procedural Fairness:** Procedural fairness is concerned with the procedures used by a decision-maker, rather than the actual outcome reached. It requires a fair and proper procedure be used when making a decision.
- **Unreasonable complainant conduct:** Unreasonable complainant conduct is any behaviour by a current or former complainant which, because of its nature or frequency raises substantial health, safety, resource or equity issues for (consumer)s, the workforce and other complainants or the complainant himself/herself. These behaviours include being aggressive and verbally abusive towards members of the workforce, threatening harm and violence, or excessive and frequent phone calls and emails (where there is a reasonable and frequent level of communication being provided by Clinical Assessor P/L. When complainants behave in these ways, we consider their conduct to be 'unreasonable'. This conduct can be divided into five categories:
 - Unreasonable persistence
 - Unreasonable demands
 - Unreasonable lack of cooperation
 - Unreasonable arguments
 - Unreasonable behaviours

PROCEDURES

Complaints' Mechanisms

The workforce, (consumer)s and representatives are informed of internal and external complaints mechanisms and outcomes via:

- Handbooks
- Brochures
- Newsletters
- Meetings
- (Consumer) and Contractor Agreements
- Website
- Workforce training
- Focus groups
- Orientation
- Education (workforce)

Lodging Feedback and Complaints

Complaints and feedback can be made through:

- Feedback forms – provided on admission and offered at care conference
- Speaking with the workforce
- (Consumer) advocates or representatives
- Contacting management in person or in writing
- Responding to questionnaires and surveys
- Attending meetings and care conferences
- Contacting the Complaints Officer:

Clinical Assessor P/L Complaints Officer:

Name
Title
Address
Phone
Email

- Contacting external complaints and advocacy agencies:
 - **Aged Care Quality and Safety Commission**
 - Phone: 1800 951 822 or GPO Box 9819, in your capital city
 - Resources are also available on the Commission website.
 - **Older Persons Advocacy Network**
 - Phone: 1800 700 600
 - **Senior Rights Service (NSW)**

- Phone: 1800 424 079

Complaint Management Process

- Complaints relating to clinical care and services are managed by the Home Care Manager (HCM) and complaints relating to operations and support services will be managed by the Chief Executive Officer (CEO)
- Wherever possible, response and resolution will be provided immediately to (consumer)s/ representatives from the leadership or frontline workforce
- Where a complaint is not able to be immediately resolved, the leadership will ensure:
 - Complaints and feedback are acknowledged within **one working day of receipt**. Complainants/ persons providing feedback (complainants) must be informed of the complaint procedure and their right to:
 - privacy
 - cultural safety
 - translation services (as required)
 - advocacy
 - preferred complaints handler
 - procedural fairness – a full and factual investigation is conducted, allowing the complainant for consideration of response and right of reply. The assigned Manager does not proceed with complaint handling where there is an actual or perceived conflict of interest, for, e.g., the complainant has previously lodged a complaint about the Manager or the complaint involves the Manager

The complainant is consulted regarding preferred outcome and acceptable timeframe for resolution. Where the preferred timeframe cannot be met, a reasonable explanation is provided to the complainant and the timeframe is negotiated. An expression of regret and where applicable, apology is provided to the complainant, e.g. ***“I am sorry that you are distressed”***.

- A risk rating of complaints is completed to ensure any high-risk issues are investigated and managed as a priority and the agreed timeframe is set in keeping with the risks associated with the complaint and the complainant’s preference for closing the complaint out.
- Where the complaint involves a health or safety incident, the HCM must utilise the Open Disclosure Standards for incident management.
- Complaints that involve reportable notification to government departments or criminal activity are reported by management in accordance with required timeframes, e.g., suspected criminal activity will be reported immediately to the police.

- Complaints and feedback (where applicable), are investigated and action taken to resolve issues.
- The complainant is kept up to date with progress of complaint investigation and informed of the outcome of the investigation.
- Where the complaint is not resolved within the agreed timeframe, or after 14 days, the CEO will be informed to ensure there is oversight to the timely resolution of complaints.
- The complainant is satisfied with the resolution.
- The outcome is evaluated to ensure it is effective.
- An outcome is provided in writing to the complainant (where requested or where required based on the risk associated with the complaint).
- In consultation with the complainant, the complaint is referred to the CEO when the complaint cannot be resolved by the HCM.
- Where the complaint cannot be resolved by the HCM, the complaint is escalated to the Board, in consultation with the complainant
- Where the complaint cannot be resolved internally, an external complaints handler will be proposed, for e.g., the Aged Care Quality and Safety Commission or Seniors Rights Service. Where there is a cost to engaging an external complaint handler, the leadership will gain agreement from the (consumer) or their person responsible regarding the cost and how the cost might be borne
- All feedback and complaints must be recorded on the Comments and Complaints Form, Complaint Investigation Form and on the Complaints and Feedback Register.
- Systemic issues must be investigated in relation to complaints.
- Complaint trending and analysis will be undertaken and feedback in relation to improvements will be provided personally and, if appropriate, through meetings.

Documentation and Reporting

- Until a complaint is resolved, the Comments and Complaints Form and Complaint Investigation Form are to be held by the relevant manager and then returned to the HCM for recording, when finalised.
- Complaint and feedback records must include all supporting evidence to the complaint including:
 - The complainants name and contact details
 - Details on the nature of the complaint
 - Dated and signed records of any correspondence or discussion with the complainant
 - Records of any action taken in addressing concerns detailed in the complaint

- Signed and dated records of discussions or correspondence with the complainant on resolution of the matter
- Evaluation method and outcome.

Complaints and Feedback - Consultation

Workforce, (consumer)s and representatives are consulted in relation to complaints mechanisms and provided with feedback via:

- Newsletters
- Meetings
- Focus groups
- Surveys (consultation only)

Unreasonable Complainant Conduct

- Where the HCM or other member of the workforce experience or report unreasonable conduct, the HCM is to complete an incident form and report the matter to the CEO. This conduct includes:
“Any behaviour by a current or former complainant which, because of its nature or frequency raises substantial health, safety, resource or equity issues for (consumer)s, the workforce and other complainants or the complainant himself/herself”¹.
Where a complainant expresses disappointment, anger or frustration due to Clinical Assessor P/L not meeting the legislative and best practice requirements of this policy and procedure, this will not be deemed to be unreasonable conduct.
- The CEO and HCM will work together to address the incident and to take steps to ensure that the workforce and other (consumer)s/ representatives are safe and continue to have effective services. This may include contacting emergency services where there is any immediate threat of harm.
- The CEO must complete a risk assessment to determine safe and effective strategies to move forward with the complainant, where there is no immediate harm. Safe strategies may include:
 - Designating the responsible for complaint handling to the CEO or another senior complaint handler, internal or external to the organisation, as designated by the CEO, in consultation with the Board.
 - Setting safe boundaries in relation to the subject matters that will be discussed – e.g., restricting the subject matter of communications to the complaint solely and advising that other non-related subjects or verbal abuse will not be tolerated.

¹ Ombudsman, NSW, 2012. Managing unreasonable complainant conduct practice manual (2nd edition).

- Setting safe boundaries in relation to times of contact – e.g., limiting a complainant’s contact to a particular time, day, or length of time, or restricting the frequency of their contact.
- Setting safe boundaries around the location of face-to-face contact - e.g., limiting the locations where face-to-face interviews will take place and have an agreed senior member of leadership or Board member at meetings.
- The CEO and HCM are responsible for ensuring discretion is used to adapt the safe boundaries to suit the individual complainant’s personal circumstances, level of competency, literacy skills or whether more than one strategy is required.
- The CEO is responsible for writing to the complainant and explaining the safe boundaries for contact are in place and how Clinical Assessor P/L will respond if the complainant breaches the restrictions.
- The CEO must act in the following circumstances to support (consumer)s, their representatives, the workforce and Clinical Assessor P/L:
 - Where the (consumer)’s carer or representative demonstrates unreasonable conduct, and there is concern for the safety of the (consumer), the police must be contacted. Consideration must also be given to also contacting New South Wales Civil and Administrative Tribunal where the carer or representative displaying this behaviour is the (consumer)’s advocate.
 - Where a member of the workforce is demonstrating unreasonable conduct, the Human Resources Management Policy and Procedures will be utilised to support the member of the workforce and also address any performance matters that are identified.
 - Where the (consumer) is demonstrating unreasonable conduct, the CEO must consider whether service provision can continue, where there is a uncontrolled risk of harm to the workforce, in conjunction with the Work Health and Safety Act 2011 and the User Rights Principles 2014 – Security of tenure provisions.
- The CEO should consider gaining advice and support from the NSW Ombudsman at <https://www.ombo.nsw.gov.au> or by phoning 1800 451 524.
- The CEO can also access unreasonable complaints guidance through the NSW Ombudsman and template forms to assist with managing the written requirements of this process. Refer to link: <https://www.ombo.nsw.gov.au/news-and-publications/publications/guidelines/state-and-local-government/unreasonable-complainant-conduct-manual-2012>
- Where the unreasonable conduct continues by a complainant, the CEO will escalate the matter to the Board and where necessary, seek legal advice and will refrain from engaging with the complainant where there is any uncontrollable risk of harm to the CEO, workforce, (consumer) or representative.

RELATED DOCUMENTS

- Complaint Acknowledgement Letter
- Complaint Investigation Form (registering and investigating of complaint)
- Compliment, Complaint or Feedback Form ((Consumer)s, Representatives, Contractors)
- Feedback and Complaint Questionnaire
- Feedback and Complaints Register

REFERENCES

- Aged Care Act 1997
- Aged Care Quality Standards Guidance and Resources for Providers, Aug 2018, Australian Aged Care Quality Agency
- Better Practice Guide to Complaint Handling in Aged Care Services, March 2021, Department of Health.
- Charter of Aged Care Rights 2019
- Complaints Principles 2015
- Guidelines Procedural fairness (natural justice) Serving Parliament - Serving Western Australians, Revised May 2009, Ombudsman Western Australia.
- NDIS Quality and Safeguards Commission Effective Complaint Handling Guidelines for NDIS Providers, 2015, Commonwealth of Australia (Department of Social Services)
- Ombudsman, NSW, 2012. Managing unreasonable complainant conduct practice manual (2nd edition).
- Ombudsman, NSW, 2013. Managing unreasonable complainant conduct - a model policy and procedure. Retrieved from <https://www.ombo.nsw.gov.au/news-and-publications/publications/guidelines/state-and-local-government/managing-unreasonable-complainant-conduct-a-model-policy-and-procedure>