



Feedback and Complaints Policy

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Contents

1. Purpose and Scope.....	3
2. Definitions.....	3
3. Goals of Effective Complaints Management	3
5. Stages in Complaint Management.....	4
6. Open Disclosure	7
7. How to Make an External Complaint.....	7
8. Reference List	9
9. Evaluation and Review.....	9

1. Purpose and Scope

Relative Care Home Support Services (Relative Care) is committed to delivering high-quality services and support for participants. The principles of confidentiality, accountability, responsiveness and procedural fairness are central to the provision of quality, participant focused services. Issues in providing high quality care and services can occur, so we ensure participants can raise their concerns in a constructive and safe way.

Feedback and complaints serve an important role in our business as they help us to immediately improve or identify opportunities to improve services and quality of care to participants. Effective feedback and complaints management seeks to improve our communication and working relationships with our participants, and to develop strategies for continuous service improvement.

We ensure each participant has a knowledge of, and access to, our complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

2. Definitions

Complaint	A complaint is any concern or grievance expressed by a participant, their representative or advocate about a specific Relative Care provided service. The complainant (participant, representative or advocate) defines the actual complaint.
Feedback	Information about reactions to a product, a person's performance of a task, etc. which is used as a basis for improvement.
Open Disclosure	is the <i>open</i> discussion of incidents that result in harm to a participant while receiving care and services, with the participant, their family, carers and other support persons.

3. Goals of Effective Complaints Management

The resolution of participants, representatives or advocates concerns, dissatisfaction and improvement of processes, systems and skills related to service delivery will be achieved through an effective complaints management and resolution system. This will be achieved by:

- prompt, positive, confidential and supportive response to complaints and feedback;
- a two-way communication between the NDIS Coordinator and participants, representatives or advocates;
- effective problem-solving skills;
- consistent, well known management procedures;
- clear and accurate recording formats and procedures;
- regular progress reporting and contact with complainant;
- ensuring all participants are provided with information on how to give feedback or make a complaint, including avenues external to the provider and their right to access advocates.

- regular reviews of complaints and feedback received to drive continuous improvement in services and support provided to participants.
- Seeking participant views on the accessibility of the complaints management and resolution system

All staff will be trained in, and comply with the required procedures in relation to complaint handling. How to identify participant feedback and complaints and the procedure to report the complaint/feedback is included at the induction and orientation stage of employment and regular refresher training.

5. Stages in Complaint Management

Identification

The feedback or complaint will be defined by the complainant.

If a participant is impeded in any way by their culture, language or ability, Relative Care will make every attempt to ensure those participants can easily make a complaint. On entry to the service, participants, their families, representatives or carers will be informed of the feedback and complaints process and staff will note if the participant has any barriers to using the feedback and complaints system. Barriers could include poor vision, hearing loss, cognitive impairment or being unable to speak English. Staff will make participants aware of and support them to access services that can assist them to make a complaint.

All participant feedback or complaints will be reported on the Complaints Notification Form (CNF) (attached) and kept on file for future reference if required.

Reassure participants, their representative or advocate and encourage them to continue using the service. Advise participants, their representative or advocate that their feedback is valued and does assist us to improve our care and service delivery.

If staff receive the feedback or complaint, it will need to identify and clarify all the complaint issues, including outcomes expected by the complainant.

It is Relative Care's support staff responsibility that when receiving feedback or a complaint from any participant, their representative or advocate, that it is passed on immediately to the NDIS Coordinator.

After determining the complexity of the feedback or complaint, the NDIS Coordinator will need to determine whether immediate resolution is possible or whether the feedback or complaint should be referred to the Office Manager for further assessment.

If practicable and expedient, the complainant might be encouraged to put the complaint and related issues in writing, if this has not been done, and staff should assist complainants to do so where appropriate.

The NDIS Coordinator should summarise the issues and expected outcomes, and check the accuracy with the complainant.

Where the participant, their representative or advocate identifies the issue as feedback rather than a formal complaint, the NDIS Coordinator will identify the action taken and record on the CNF before sending to the Office Manager.

Investigating the Complaint

All complaints will be referred to the NDIS Coordinator. The Office Manager will be advised of all formal complaints when they are received.

The NDIS Coordinator will contact the participant, their representative or advocate within 24 hours of the complaint being received to acknowledge the complaint and gather any other relevant information. This may necessitate a meeting with the participant, their representative or advocate. The complainant will be informed of the complaints process and likely timeframe. The NDIS Coordinator will provide a letter to the complainant acknowledging receipt of the complaint.

The NDIS Coordinator is to develop a complaint investigation plan for the perusal/approval of the Office Manager and HR Coordinator.

The plan should cover matters such as:

- summary of complainant's issues;
- identification of persons to be interviewed/consulted;
- list of files/documents to be reviewed;
- expected target date for completion of report.

The complaint investigation plan will be implemented and investigation completed by the Human Resource Coordinator where the complaint refers to actions by a staff member.

The NDIS Coordinator/Human Resource Coordinator would normally be expected to provide a written report summarising the findings and recommending any necessary action to the Office Manager within two weeks of complaint being received.

The report recommendations should focus on options necessary to resolve the complaint and if relevant to preclude recurrence of a similar problem.

All participants will be encouraged to use an advocate of their choice to negotiate on their behalf with the NDIS Coordinator. The advocate may be a family member or friend, or an agency advocate.

Relative Care Home Support Services will address all complaints promptly, fairly, sensitively and confidentially.

The NDIS Coordinator will ensure the complainant receives feedback about the progress and outcomes of an investigation.

Resolution

The Office Manager will provide a response to every formal complaint within 21 working days of the complaint being received. This response may include an outline of any further action to be taken.

Where a complaint is raised in relation to an Office Manager then the complainant may ask to have the matter reviewed by a Director or external Advocacy service.

A formal complaint will not be handled by any person who was directly involved in the matter that the complaint was about.

Relative Care will consider any policy or procedural amendments which are suggested following resolution of the complaint.

All complainants will be advised of other agencies where their complaint can be taken if not resolved by the organisation.

Participants, their representative or advocate making a complaint can expect that the following will occur in relation to their complaint:

- acknowledgement within 24 hours of receipt;
- investigation as soon as practicable, if necessary, by clarifying the details of the complaint with the person complaining or the participant, and taking relevant statements from staff and any witnesses;
- they will be informed in writing of any outcomes of the investigation and any resultant action on the part of the organisation, for example, a change in policies and procedures;
- an apology where the complaint is proven and positive feedback for raising the matter;
- that all parties involved in making the complaint receive copies of the organisation's response;
- that the complaint is recorded on the organisation's complaints register;
- follow up with the participant, their representative or advocate by telephone or in person to ascertain if the complaint has been dealt with to the client's satisfaction and if there are any outstanding issues;
- that the complaint will be reported to the Directors;
- complaints reported in the Annual Report (not including names);
 - complaints reported in accordance with any data collection required by Funding Bodies.

Complaints Register

A Complaints Register will be maintained to record complaints and feedback from participants. It will be reviewed regularly to ensure appropriate actions have been taken to improve participant services and support and/or operational systems in response to complaints and feedback.

Feedback from Participants and Others

Where the participant, their representative or advocate provides feedback but does not wish to make a formal complaint, the information will be recorded on a feedback register as either positive or negative.

Staff/Case Managers are to indicate on the CNF if the matter is feedback or a complaint.

The matter that is subject of feedback will be investigated as per a complaint. However, the issue will be managed in a less formal way with the NDIS Coordinator providing feedback to the participant, their representative or advocate as to the outcome of their feedback.

6. Open Disclosure

Open disclosure is the open discussion of adverse events that result in harm to a participant while receiving care and services with the participant their family and carers.

The elements of open disclosure that Relative Care senior management are to implement are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry';
- a factual explanation of what happened;
- an opportunity for the participant, their family and carers to relate their experience;
- a discussion of the potential consequences of the adverse event;
- an explanation of the steps being taken to manage the adverse event and prevent recurrence;
- document all discussions in the participant's progress notes.

It is important to note that open disclosure is not a one-way provision of information. Open disclosure is a discussion between two parties and an exchange of information that may take place in several meetings over a period of time.

7. How to Make an External Complaint

Disability Services

If you have a concern about your current NDIS supports or services in NSW please contact the [National Disability Insurance Agency](#) or NDIS Quality and Safeguards Commission:

- Call 1800 035 544
- Fill out the online complaint form on-line
- Use TTY on 133 677
- Use [National Relay Service](#) and ask for 1800 035 544
- Use an interpreter

Online: <https://www.ndiscommission.gov.au/about/complaints>

Where else to get help

NSW Ombudsmen

Phone: 02 9286 1000

Toll free (outside Sydney metro): 1800 451 524

www.ombo.nsw.gov.au

Anti-Discrimination Board NSW

(02) 9268 5555

www.lawlink.nsw.gov.au/ADB

Australian Human Rights Commission

(02) 9284 9600

Complaints: 1300 656 419

complaints@humanrights.gov.au

www.humanrights.gov.au

ADHC (in the Department of Family and Community Services)

(02) 8270 2000

[www.adhc.nsw.gov.au/contact us/make a comment, enquiry, complaint or compliment](http://www.adhc.nsw.gov.au/contact-us/make-a-comment-enquiry-complaint-or-compliment)

Disability Discrimination Legal Centre

1800 800 708 (NSW only)

www.ddlcnsw.org.au

Health Care Complaints Commission

(02) 9219 7444 Free call:1800 043 159

hccc@hccc.nsw.gov.au

www.hccc.nsw.gov.au

Intellectual Disability Rights Service

(02) 9318 0144

Free call 1800 666 611

info@idrs.org.au

www.idrs.org.au

NSW Health

(02) 9391 9000

nswhealth@doh.health.nsw.gov.au

www.health.nsw.gov.au

8. Reference List

- NDIS Practices Standards and Quality Indicators (2019)
- National Disability Insurance Scheme Act (2013)
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- United Nations' Convention on the Rights of Persons with Disabilities 2006
- Human Rights and Equal Opportunity Commission Act (Commonwealth) 1986
- Disability Discrimination Act (Commonwealth) 1992
- Anti-Discrimination Act (NSW) 1977
- Community Services Complaints and Appeals Monitoring Act (NSW) 1993
- Aged Care Act 1997 & Principles
- Aged Care Quality and Safety Commission *Guidelines and Resources for Providers to Support the Aged Care Quality Standards*, Department of Health, Australian Government
- Aged Care Quality and Safety Commission www.agedcarequality.gov.au Department of Health, Australian Government
- Home & Community Care Act 1985
- Common Care Standards

9. Evaluation and Review

This policy will be reviewed every 3 years.