

### AUTHORISATION

**Authorised by:** Chief Executive Officer

**Review/Consultation:** Residents, Resident Representatives, Senior Managers

**DISTRIBUTION:** All staff

**RISK:** High

### POLICY

- Residents/representatives, staff and other stakeholders will be engaged in the complaint and feedback process
- 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
- Residents/representatives will be provided with information and access to the internal/ external complaints mechanism
- Management will actively support resident/ representative and staff to make complaints and provide feedback on all aspects of care and service delivery
- All suggestions will be recorded, monitored and acted upon to achieve a satisfactory solution via the comments/suggestion mechanism.
- Issues raised by a resident/ representative will be dealt with fairly, promptly, confidentially and without fear of reprisal. This is in accordance with the Aged Care Charter of Rights
- Residents 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
- Suggestions unable to be resolved internally will be referred to external agencies for resolution.
- Complaints that are resolved will be reviewed for effectiveness
- Systemic issues relating to complaints will be identified and investigated
- Stakeholders, including residents and community will be consulted in relation to the feedback and complaint processes
- Staff will receive orientation and education on the comments/ complaint's mechanism.



### KEY DEFINITIONS

- **Complaint:** An expression of dissatisfaction or a circumstance regarded as a cause for such expression.
- **Cultural Safety:** Resident 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.
- **Open Disclosure:** An open discussion with resident about an incident(s) that resulted in harm to the resident while they were receiving health care.
- **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.
- **Reprisal:** Retaliation for damage or loss suffered.

### PROCEDURES

#### Complaints mechanisms

Staff, residents, representatives, contractors, visiting health professionals and visitors are informed of internal and external complaints mechanisms and outcomes via:

- Handbooks
- Brochures
- Newsletters
- Meetings
- Resident and Contractor Agreements
- Posters and Signage
- Website
- Staff training
- Focus groups
- Orientation
- Education (staff and contractors)

#### Lodging feedback and complaints

Complaints and feedback can be made through:

- Feedback forms – available throughout the home
- Confidential boxes located at throughout facility
- Speaking with staff
- Contacting management in person or in writing
- Responding to questionnaires and surveys
- Attending meetings and care conferences
- Contacting the Customer Relations Officer:

Anthem Customer Relations Officer:

Name: Melanie Sweeney

Title: Customer Relations Officer

Address: 25 Retford Road, Bowral NSW 2576

Phone: 02 4862 8500

Email: mel.s@anthemcare.com.au

- Contacting external complaints and advocacy agencies:
  - **Aged Care Quality and Safety Commissioner**
    - Phone: 1800 951 822 or GPO Box 9848 (in your capital city)
    - Resources are also available on the Commission website.
  - **National Aged Care Advocacy Line**
    - Phone: 1800 700 600
  - **Senior Rights Service (NSW)**
    - Phone: 1800 424 079
- If the resident or representative is deaf or has a hearing or speech impairment: support can be provided by 1800 555 677 (National Relay Service).
- If an interpreter is required: call 131 450 (Translation and Interpreting Service).

#### Complaint management process

- Complaints relating to clinical care and services are managed by the Care Manager (CM) and complaints relating to operations and support services will be managed by the Facility Manager (FM)
- Wherever possible, response and resolution will be provided immediately to residents/ representatives from Management or frontline staff

- Where a complaint is not able to be immediately resolved, Management 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 CM 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 and reportable incidents to the Aged Care Quality and Safety Commission
  - 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 after seven working days, the FM 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 FM when the complaint cannot be resolved by the CM.
- Where the complaint cannot be resolved by the CM, 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, Management will gain agreement from the resident 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 and Complaint Investigation Form and on the Complaints and Feedback Register.
- Systemic issues must be investigated in relation to complaints
- Complaints trending and analysis will be undertaken according to the Quality Schedule and feedback in relation to systemic 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 Customer Relations Officer for recording when finalised.
- Complaint and comments 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**

Staff, residents, representatives, contractors, visiting health professionals and visitors are consulted in relation to complaints mechanisms and provided with feedback via:

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

#### **RELATED DOCUMENTS**

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

#### **REFERENCES**

- Aged Care Act 1997
- Complaints Principles 2015
- Charter of Aged Care Rights 2019
- Better Practice Guide to Complaint Handling in Aged Care Services, Sept 2015, Aust. Government, Department of Social Services
- GUIDELINES Procedural fairness (natural justice) Serving Parliament - Serving Western Australians, Revised May 2009 Ombudsman Western Australia
- Aged Care Quality Standards Guidance and Resources for Providers, Aug 2018, Australian Aged Care Quality Agency
- NDIS Quality and Safeguards Commission Effective Complaint Handling Guidelines for NDIS Providers, 2015, Commonwealth of Australia (Department of Social Services)
- Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework.