

FEEDBACK AND COMPLAINTS MANAGEMENT

PURPOSE

The purpose of this Policy is to establish a process to ensure that Clients, Representatives, Staff, Volunteers, Contractors and other Stakeholders are encouraged to provide feedback and identify service improvements, increase satisfaction, strengthen input into our services, acknowledge areas of excellence and respond effectively and independently to individual cases of dissatisfaction.

STATEMENT

Camden Community Centre Inc will ensure all feedback and complaints are addressed promptly and efficiently to resolve such issues in a conciliatory, non-threatening, respectful and confidential manner.

SCOPE

This policy applies to all clients, employees and volunteers of the Camden Community Centre and stakeholders engaged with our organisation.

DEFINITIONS

Complaint

Any dissatisfaction expressed by a client or any other stakeholder with of the Camden Community Centre or its services.

Compliment

Any expression of satisfaction, praise, admiration or congratulation related to of the Camden Community Centre, services, products, process management, staff or service delivery.

Concern

This is a feeling of anxiety or worry about an issue.

Customer

A customer is any person that has a relationship with of the Camden Community Centre. This includes clients and/or their representatives, staff, volunteers, agency and contractors.

Comment

A comment (positive or negative) about our services, policies or processes is not a complaint, although there may still be an action required to address these.

Feedback

All compliments, complaints, suggestions, concerns and survey results received by the Camden Community Centre.

Suggestion

Suggestion is a change that may improve the services provided.

Open Disclosure

An open and timely discussion with a client, their family, carers and other support people of adverse events/complaints that have, or could have, caused harm to the client. It involves an apology and a factual explanation of what happened, the potential consequences and what steps (agreed with the client) are being taken to manage this and prevent it from happening.

Responsibilities

Board of Directors have the responsibility to ensure:

- Feedback and complaints systems and processes actively look to improve results for our stakeholders.
- The system used is relevant and proportionate to the range and complexity of \ services delivered by the Camden Community Centre.
- The system follows principles of transparency, procedural fairness and natural justice and meets best practice guidelines.
- Providing adequate resources to implement and maintain the feedback system.
- Respond to identified trends and issues appropriately and in a timely manner providing directives (as required).

The Coordinator has the responsibility to ensure:

- Feedback is acknowledged, reviewed, responded to and considered in continuous improvement activities (if applicable) in accordance with this procedure.
- Complaints which cannot immediately be addressed and/or are outside their area of knowledge and responsibility are promptly referred to the Board of Directors via the General Manager, in accordance with this procedure.
- Compliance with relevant legislation, standards and guidelines as well as organisational policies and procedures
- Systems are in place to capture and respond to compliments, complaints and suggestions.
- Monitoring that trends relating to feedback are identified responded to and documented appropriately.
- Action is taken to resolve a complaint within a reasonable timeframe.
- Managing and documenting all processes associated with complaints from external regulatory bodies.
- The internal and external feedback system is accessible to clients/representatives. This includes clients with special needs, cognitive or communication difficulties, limited dexterity and mobility.
- Provide translated information as needed by interpreters or documentation in different languages.
- Implement and document actions to resolve a complaint within a reasonable timeframe.
- Review the feedback statistics to ensure data is analysed, with trends and issues recorded and included in the monthly report to the Board.
- Directly consult the complainant or delegate responsibility to appropriate personnel to follow-up and address feedback received.
- Provide appropriate training for staff to enable them to understand and encourage clients to use the feedback system.

All Staff have the responsibility to ensure:

- Resolving complaints or concerns immediately (within their scope of practice), or as delegated, where possible.
- Reporting all complaints or concerns to their immediate supervisor.
- Document all feedback received and actions taken into the appropriate data base and/or stakeholders record or forward all details to the appropriate staff member delegated to enter this information.
- Implementing agreed actions as a result of a complaint or concern.

PROCEDURE

Receiving Feedback

Feedback can be communicated verbally or in writing via a variety of means, including:

- The feedback form.
- Direct contact with staff or management.
- Website
- Surveys or meetings.
- External regulatory bodies.
- Other written formats.

All feedback provided to the Camden Community Centre may be provided anonymously. Staff will advise people wishing to provide feedback of assistance that can be arranged to overcome barriers to providing feedback such as language, literacy, cognitive or sensory abilities, or concerns over the sensitive nature of the feedback.

Such assistance can include arranging an interpreter, advocate or other specialist service for people who may require assistance to submit their feedback.

All feedback must be recorded on a Feedback Register. Customers providing verbal feedback should be encouraged to use the Feedback form and forward the correspondence to the Camden Community Centre. If a complaint originates from an external regulatory authority or body the process for managing this will be explained by them.

This includes the:

- Aged Care Rights Advocacy Service (ARAS)
- Office for Ageing Well
- Aged Care Safety & Quality Commission
- Health and Community Services Complaints Commissioner SA.

If such a complaint is received the document must be logged into the Feedback register.

It is the coordinator's responsibility to:

- Respond to the complaint within the procedural timeframes (10 days)
- Oversee the follow-up and resolution of the complaint.
- Be the key liaison person regarding the complaint until it is resolved. This includes overseeing the collation of all internal documentation requested relating to the complaint and recording of all documents given to and received by external authority.
- Document all actions taken whilst managing the complaint.
- All correspondence between the Camden Community Centre and external regulatory authority must be approved by the Board.

All feedback received (verbal or written) must be recorded in the Feedback log for ongoing monitoring and trend analysis purposes. When recording feedback ensure there is an appropriate identifier (for example, name, client, agency, phone number etc.) that allows for follow-up with the customer.

Feedback log headings:

- Client Last Name / Name of internal group or the External agency
- Client First Name / the associated complaint number
- Name and Position of Staff Member Receiving
- Date Received
- Type of Feedback
- Nature of Feedback
- Brief Summary of Complaint /Other Feedback
- Risk Rating
- Brief Summary of Action Taken to Resolve/Prevent recurrence.
- No of Days Complaint / Suggestion opened.
- Status
- Date Resolved
- Name and Position of Staff Member Resolving
- Checking effectiveness of Actions implemented

If the complaint was received through an external regulatory authority, the associated complaint number will be logged.

In the event of feedback that indicates any form of elder abuse, then you must refer to Incident Management framework for follow-up actions.

Complaint Management

All complaints are to be treated as confidential and addressed in an objective, fair and efficient manner and without the complainant fearing retribution.

Where possible any complaint received should be resolved at the first point of contact by the staff member or coordinator. All dates, times, actions and responses must be documented in the Feedback Register and customers records. Where the complaint cannot be resolved at this point staff should advise the person providing the feedback of the internal processes available for this purpose.

Resolution at the first instance can deliver a faster and more sustainable outcome. However, situations occur when people may prefer to raise an issue with an external agency. The Aged Care Quality & Safety Commission has been established to assist anyone who would like to make a complaint about services provided by an Australian Government-subsidised aged care service. *Please refer to contact details below.*

Aged Care Quality and Safety Commission

Free Call: 1800 951 822

Accessibility:

Interpreter –

Translating and Interpreting Service (TIS) – 131 450

National Relay Service -

TTY number **133 677**

Speak and Listen – 1800 555 727 then ask for our number 1800 951 822

Internet Relay Users: connect to the National Relay Service and enter 1800 951 822

Online: <https://www.agedcarequality.gov.au/making-complaint/lodge-complaint>

In Writing:

Aged Care Quality and Safety Commission

GPO Box 9819, Adelaide 5000

Any written complaint must be acknowledged via a 'Complaint Acknowledgement Letter' within two business days of its receipt with an indication of when to expect a response to this from the Camden Community Centre.

If the customer indicates that no contact is necessary, the acknowledgement date recorded in the appropriate database should be the date that the feedback was received.

It is anticipated complaints will be resolved within ten days and a written response sent to the complainant. Feedback on progress, actions taken, and outcomes must be provided to all relevant parties.

The complainant must be contacted with an update on the status of the complaint and a date of when the complaint will be resolved. A Feedback Form may be used for any issue which cannot be resolved immediately and requires detailed information and evidence to be documented.

When the complaint is finalised a Finalisation Letter may be sent to the complainant where appropriate.

If a verbal response is given to the complainant, notes of the conversation must be documented. The complainant must be asked if they would like confirmation of the discussion in writing.

If the person making the complaint is still not satisfied with the handling of the matter or the outcome, then the complaint should be escalated to the appropriate level.

All responses and follow-up must be documented into the Feedback Register and customer records.

Responding to an Unreasonable Complaint

If a particular complainer is still not satisfied with the outcomes the coordinator (after consultation with the Board) has the authority to refer any complaints to an external body for resolution or mediation.

All responses and follow-up must be documented into client records.

Appeals Process

Where the complaint is not, or cannot, be resolved to the satisfaction of the complainant it will be referred to the external body for resolution or mediation.

Compliments

Written compliments will be acknowledged by the coordinator within five days.

Coordinator will inform appropriate staff of all compliments received.

Suggestions

Suggestions will be referred to the appropriate staff for consideration.

Acknowledgement of the suggestion will be made to the provider, if identity known, within two business days of receipt.

A client satisfaction survey will be conducted annually.

Recording of Feedback

All feedback will be recorded in the Feedback Register and customer records at the time it was received or as near to this as practical.

All actions, responses and resolution processes to any feedback must be documented into the Feedback Register and customer records at the time they have been undertaken or as near to this as practical.

The cut-off date for the recording of feedback is the last business day of each month to allow management reports to be completed in a timely manner.

Reporting and Monitoring Feedback

The Coordinator will provide a summary of the feedback via the General Manager, to the Board. The summary must include the number of complaints, the status of any unresolved complaints (if applicable), and the expected resolution date.

Trends will be monitored through this process to identify opportunities for improvement.

Feedback is a standing agenda item for all team meetings and Board report. The summary must also be tabled at the meetings for discussion and analysis. Appropriate confidentiality will be maintained when being discussed and analysed.

Opportunities for improvement will be recorded into the Plan for Continuous Improvement Plan.

ASSOCIATED DOCUMENTS/LEGISLATION

Complaint management and reporting, Department of Education, Government of SA,
<https://www.education.sa.gov.au/department/feedback-and-complaints/help-make-complaint/complaint-management-and-reporting>

Serious Incident Response Scheme Guidelines for providers of home services,
<https://www.agedcarequality.gov.au/resources/serious-incident-response-scheme-guidelines-providers-home-services>

Effective Incident Management Systems: Best Practice Guidelines, 2021

<https://www.agedcarequality.gov.au/sites/default/files/media/effective-ims-guidance-august-2021.pdf>

| | | | | | | | | |
|---------------|----------|----------|----------|--|--|--|--|--|
| Version; | 1 | 2 | 3 | | | | | |
| Date Reviewed | Dec 2017 | May 2022 | May 2024 | | | | | |
| Reviewed by | CEO | GM | GM | | | | | |
| Review due | Dec 2019 | May 2024 | May 2026 | | | | | |