

Policy	Feedback & Complaints Policy
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Policy Owner:	Machele Kerzinger CEO
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### Record of Review

Review Date	Lead by	People consulted
October 2018	Machele Kerzinger CEO	Board & Support Officer

### Legislation & Reference Documents

#### Associations Incorporations Act 2009 (NSW)

- Privacy Act 1988 (Commonwealth)
- Community Services (Complaints, Reviews and Monitoring) Act 1993 (NSW).
- Ombudsman Act 1974

#### Reference Documents

- Department of Health & Aging <http://agedcarecomplaints.govspace.gov.au/complaint-handling-toolkit/>

#### Linked Documents

- Performance and Development Policy
- Protecting Children and Young Person's Policy
- Responding to Allegations of Reportable Conduct
- Quality Systems Audit Procedure

#### Supporting Forms and Documents

- Feedback Register
- Complaints Register
- Client Feedback Form
- Tell us What You Think Form
- Complaints Brochure

## Policy Statement

Feedback and complaints provide valuable information and give us an opportunity to learn and improve. Feedback may be of a sensitive nature and the person's right to privacy and confidentiality will be respected. Any information relating to the complaint will be distributed on a need to know basis.

All complaints will be resolved at the service level where possible and in the shortest time practicable.

Service users can expect complaints to be dealt with fairly and promptly and for staff to take steps to ensure that service users feel comfortable to continue accessing the service after making a complaint.

The complaints management process will be simple and easy to use and effectively communicated and promoted to all service users and stakeholders.

## Definitions

**Complaint** – is any written or verbal statement outlining a problem or concern involving the organisation including its staff, the service they provide, or the terms of engagement or contract with the organisation

**Feedback** – information given by a service user, stakeholder or community member in relation to the organisation and may be in the form of a compliment, suggestion or complaint.

**Compliment** – an explicit expression of satisfaction or praise in relation to the organisation or a staff member working on behalf of the organisation.

**Suggestion** – a comment that indicates how the organisation could improve its service delivery. It may be part of a compliment or complaint but may also be offered as standalone information.

**Complaint resolution** - a complaint is resolved when both parties reach agreement. The parties will be informed, in writing, of the complaint agreement.

**Vexatious grievances** - where complainants use the complaint/grievance resolution process without reasonable cause, the processes as outlined above will still be adhered to. If complaints are malicious or vexatious and therefore not made in good faith, the complainant may be referred to undertake counselling and/or other actions if appropriate.

**Corrective action** – the addressing of ongoing systemic issues to eliminate the root cause of a problem to prevent reoccurrence

**Confidentiality** – only people directly involved in the complaint as part of the nature of the complaint or the resolution of it will have access to the information about the complaint.

### Delegations

Roles	Responsibilities
Governing body e.g. Board	<ul style="list-style-type: none"> <li>• Review and Monitor reports on all complaints to ensure issues impacting client satisfaction and service outcomes are being managed effectively</li> <li>• Ensure organisational reputation is not placed at risk</li> <li>• Respond to complaints relating to the CEO and/or Board members and to high level or escalated complaints from clients, staff or stakeholders as required</li> </ul>
CEO/Manager	<ul style="list-style-type: none"> <li>• Ensure complaints where relevant are tabled at the Board</li> <li>• Receive feedback and complaints and ensure the appropriate person resolves complaint in a timely manner and feedback is monitored and reviewed</li> <li>• Ensure all staff are equipped to handle complaints in a professional manner and adhere to the compliant management process</li> </ul>
Staff, volunteers, contractors and students	<ul style="list-style-type: none"> <li>• Ensure all clients have the opportunity to provide feedback and to treat all complaints seriously and as an opportunity for improvement</li> <li>• Will assist clients to resolve complaints to the best of their ability</li> </ul>

## Procedures

### Communicating the Feedback and Complaint Policy

Information is available to service users and stakeholders about mechanisms to communicate feedback, comments and complaints. This information is available on the website, in the service user handbook and included in resources and publications as appropriate.

Information to be included includes:

- How to make a complaint or provide feedback to Karumah
- Right to make a complaint without *fear of retribution*
- The complaints process, confidentiality, timelines and management of feedback
- The process for pursuing the complaint through an external body such as the NSW Ombudsman. Details of other external bodies may also be provided to service users including the NSW Health Care Complaints Commission
- The process to arrange for an interpreter or advocate when providing feedback

### Receiving Complaints and other Feedback

All employees and Board members are able to receive feedback or a complaint in writing or verbally from service users or stakeholders. If a verbal feedback or complaint is received the staff or Board member completes the Complaint Form or Tell Us What you Think Form (whichever is applicable) detailing the information.

### Feedback

Depending on the nature of the feedback, one or more of the following actions may be appropriate:

- Record the information (if communicated verbally) and pass the information on to the specific individual concerned their supervisor if appropriate
- Raise the information at a regular staff and/or Board meeting
- Record the information in the relevant staff, service user or project file. The CEO may include the feedback in reports to the Board of Directors and funding body.

## Complaints

Complaint information should be forwarded to the CEO who will review the information and coordinate a response. If the complaint concerns the CEO it is forwarded to the Board Chair.

### Complaints Register

Once the Complaints Form is received by the CEO details are recorded in a Complaints Register, including the date the complaint was made, name and contact details of complainant, nature of complaint, staff involved (if any), action taken and results. (See Complaints Register)

## Responding to Feedback

Depending on the type of feedback received, particularly if it is a comment or suggestion for improvement, it may be appropriate to contact the individual who gave the feedback to communicate any changes made as a result of their suggestion. This will contribute to a positive relationship between the organisation and its clients and stakeholders.

## Responding to a Complaint

A letter will be sent to the complainant (or the complainant's nominee) within 5-7 working days of the complaint being received. The response details what is being done to investigate and resolve the complaint.

In responding to complaints, staff and Board members:

- Acknowledge the complaint - acknowledge the concerns and experiences of someone making a complaint, particularly if the issue has caused distress or considerable inconvenience.
- Attempt to resolve the complaint directly with the complainant - clarify the specific issue that the individual is complaining about and their desired outcomes. It may be necessary to contact the complainant to ask for more information.
- Detail how the complaint will be investigated - provide clear timeframes and the contact details for an appropriate person that can be contacted by the complainant if necessary.
- Consider the sensitive and/or confidential nature of a complaint and the privacy of the individual making the complaint - staff carefully consider what information is recorded and to whom within the organisation the information is communicated to. When completing a Complaints Form, only record factual information that can be supported by evidence or note that the information is not yet substantiated
- Consider whether the complainant needs to be managed in a particular way either because the person making a complaint has specific rights of review or because the complaint includes allegations that must be reported to an external body. For example, criminal allegations should be reported to the Police.

- Reassure the complainant that making a complaint will have no negative consequences or repercussions on their service provision
- Inform the complainant they can select which staff member is their primary contact regarding the complaint and ask if they wish to nominate a particular person

Karumah aims to investigate and resolve all complaints within a month of receiving the complaint. If this timeframe cannot be met, the complainant will be informed of the reasons why and of the alternative timeframe for resolution.

Karumah aims to keep the complainant informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.

A register of complaints and files containing details of all complaints, actions and resolutions are filed securely in the CEO electronic files.

### **Complaints Involving Staff Members**

Complaints involving staff members CEO should be forwarded to the CEO who will coordinate a response to the complaint in conjunction with the staff member's supervisor.

Staff are to be kept informed at all times about any service user complaint involving them.

Complaints by service users about staff will not be seen as negative comments about the staff, but as comments on the service provided by the organisation. Staff play a vital role in supporting service users to complain and will not be penalised for doing so. Staff will be positively recognised for advocating on behalf of a service user, including when the service user makes a complaint. Staff will not be penalised as a result of a service user complaint unless malpractice has occurred.

Responding to the complaint may involve:

- Investigating the complaint and providing the staff member with an opportunity to respond to issues raised
- Attempting to mediate the dispute (if appropriate) and/or attempt to resolve the matter
- Taking further action necessary to resolve the issue (e.g. external mediation and dispute resolution services)

Any disciplinary action against a staff member arising from a complaint will be taken in accordance with the Performance and Development Policy.

Any action against a staff member for reportable conduct will be taken in accordance with the Protecting Children and Young Person and Responding to Allegations of Reportable Conduct Policies.

Complaints involving the CEO should be referred to the Board Chair. The process for complaints involving the CEO is the same as for complaints involving other staff, except the Board Chair facilitates the resolution.

### **Complaints Involving Board Members**

Complaints concerning a Board member or a member of a Board subcommittee should be referred to the Board Chair. The Chair, or an approved delegate, will attempt to resolve the issue to the satisfaction of the complainant. Where the Chair is the subject of a complaint, the complaint should be referred to another member of the Board.

A response to the complaint may involve:

- Investigating the complaint and providing the Board Director or member of a Board subcommittee with an opportunity to respond to issues raised
- Attempting to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party
- Take further action necessary to resolve the issue (e.g. external mediation and dispute resolution services)
- If appropriate, raising the complaint at a Board meeting to determine a suitable course of action to resolve the issue

Action taken arising from a complaint about a Board member or a Board subcommittee member will be taken in accordance with the Constitution, the Board policy and procedures and the Board code of conduct.

### **Complaints Resolution and Follow Up**

Within two months of the complaint being resolved, the organisation will follow up with the complainant to review their satisfaction with the actions taken.

Feedback information (both positive and negative) is to be considered in operational planning as well as implementation and review activities in the areas of governance, risk management, client services, project management and workplace health and safety.

### **Confidentiality of Complaints and Disputes**

As far as possible, the fact that a service user has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. The service user's permission is obtained prior to any information being given to other parties that it may be desirable to involve in order to satisfactorily resolve the complaint or dispute.

### **Monitoring and Reporting Information about Complaints**

Information regarding complaints is collated and provided to the Board of Directors at each regular Board meeting unless the CEO considers that it is to be communicated to the Board urgently.

The Board should include a standing agenda item on complaint handling at all Board meetings.

The CEO analyses complaints for trends and provides recommendations for action to be taken. Recommendations are discussed at Board and/or staff meetings.

### **Provision of staff training in complaints handling**

Karumah will provide and ensure all staff, management and volunteers receive information and training as part of their induction on complaints handling. Refresher training will be provided every three years.