



## Complaints and Feedback

### Organisation Statement

CAPAH recognises the need for an easy to manage, timely complaint and feedback mechanism for consumers. The information and feedback gathered assists CAPAH to respond appropriately and improve the quality of the Service.

We recognise a consumer complaint as any expression of dissatisfaction, whether expressed verbally or in writing, by a client of the Service or their representative.

#### **The Organisation affirms that:**

- All clients will be made aware of their right to complain and access a range of options and tools to support this. Direction on how to make a complaint or provide feedback will also be given where needed.
- Clients have a right to complain without worry that assistance may cease, or they will face some reprisal.
- All complaints will be dealt with sensitively and with respect to privacy issues.
- All consumer complaints will be documented and dealt with according to the type of complaint within an acceptable time frame.
- Complainants will be informed of any action taken, and the practice of open disclosure will be supported by staff and management.
- All complaints will be recorded in the Complaints Register, maintained by the Manager Erika Mancilla.
- Feedback and complaints will be reviewed and used to inform quality improvement where this is relevant, and learnings will be shared appropriately across the Aged & Disability team.

### Responsibilities

#### **Executive**

- Ensure all staff are aware of and trained in the correct handling of complaints.
- Support a culture of learning from mistakes and feedback.
- Ensure that all complaints escalated to the management level are dealt with sensitively and in a timely manner.
- Deal with all 'urgent' type complaints in conjunction with the Aged & Disability Management team.

#### **Manager**

- Deal with all 'simple' and 'regular' complaints promptly.

- Deal with 'urgent' type complaints in conjunction with the corporate office and executive personnel as required.
- Ensure all complaints are correctly documented, logged and forwarded to the appropriate organisational area as required.

## Staff

- Deal with 'simple' complaints as they arise, forwarding information to their supervisor and management team as required.
- Communicate all complaints received to the Manager for appropriate action and participate in the corresponding action as required.

## Procedures

### Simple Complaints

Will be addressed immediately where possible, and remedy will be made as part of the day-to-day operation of the Service. Where this was a straightforward issue that was remedied and no changes to the procedure are required, the complaint and action shall be noted in the client's notes.

These are complaints where:

- The facts are not in dispute;
- The annoyance or inconvenience is minor; and
- Minimal concern or distress has been caused to the person complaining.  
For example, someone was overlooked when picking up clients to go on an outing.

**Investigate** what and why this happened, apologise and put in measures to minimise the risk of this recurring.

**Document** in the client's progress notes and the complaints register; if a change in the process arose out of this incident, ensure all relevant staff are notified and document in the Quality Improvement register.

**Timing** – respond to the client within seven days.

### Regular Complaints

These are complaints that:

- Happen frequently;
- Have a more significant effect on the client; and
- Relates to someone in the Service or a part of the Service which is not the responsibility of the staff member to whom the complaint has been made;

*For example, the meals are consistently not suitable for a client's diabetic dietary requirements.*

**Investigate** what and why this happened. Meetings with external stakeholders may need to be held to develop strategies to minimise this issue from recurring. Apologise to the client and appraise them for what is being done to address the issue.

**Document** in the client's progress notes and the complaints register where a change in the process arose out of this incident; ensure all relevant staff and stakeholders are notified and document in the Quality Improvement register.

**Timing** – respond to the client within three days.

### **Urgent Complaints**

These are complaints that relate to:

- Allegations of theft, physical harm, sexual abuse or other crimes; and/or
- Situations that cause significant emotional harm or stress to the client.
- Any allegations **must be reported** to the authorities, and the Department must be advised as soon as management becomes aware of the allegation. Management and staff will assist the authorities with any investigation.

**Document** in the client's progress notes and the complaints register where a change in the process arose out of this incident; ensure all relevant staff and stakeholders are notified and document in the Quality Improvement register.

**Timing** – respond immediately on becoming aware of the complaint.

### **Client Awareness**

- Clients are to be made aware of their right to complain and the process at the time of assessment and care planning.
- Clients will also be made aware they may use an advocate of their choice should they lodge a complaint.
- Information about the complaints process will be displayed in a public area of the service centre and documented in the Client Handbook.

### **Recording of Complaints**

- All complaints should be recorded on a complaints form and logged in the Complaints Register by the Coordinator, and a summary included in regular reports back to the Executive.
- The Aged & Disability management team will regularly review the complaints register.

### **Permission to Act**

- Permission should be sought from the client making the complaint to act on the complaint. Clients may request that simple or regular complaints not be acted upon - these must still be recorded and logged.
- All **urgent** complaints must be acted upon.

### **Acknowledgement and Time Frame for Response**

- Staff will respond according to the type of complaint. Clients or their representative will receive acknowledgment of their complaint within two working days of the complaint being raised. All issues will be dealt with promptly.

## **Confidentiality**

- All complaints should be dealt with confidentiality within the need to resolve the issue as raised.
- The complaint relates to a specific client, all records of the complaint shall be kept on the client file in a locked filing cabinet within the CAPAH office.

## **Feedback**

- Feedback can be received anytime, and any verbal feedback from staff, clients, or carers should be raised in staff meetings.
- Depending on the nature of the feedback, it and any related action will be recorded in the relevant register or document, e.g. Hazard report, Quality improvement etc.
- Regular client surveys will help the Service know what is working well and what could be changed or improved.

## **Open Disclosure**

- Open communication will be promoted, and the Service will acknowledge and apologise when things go wrong or a mistake has been made.
- The client, carer and/or their nominated representative will be provided with information about what happened in a timely, open and honest manner. Ongoing updates/ provision of information related to the matter will also be provided where relevant.

## **Continuous Quality Improvement**

- Appropriate analysis and monitoring of feedback and data should be used to inform changes required as part of ongoing quality improvement.
- Feedback on outcomes and any changes to the process should be forwarded to the Manager for recording under 'Continuous Improvement'.

## **Related Links and References**

Aged Care Complaints <https://www.myagedcare.gov.au/quality-aged-care>

## **Forms and Registers**

Complaint's form

Complaints and Feedback Register

Quality Improvement Register

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## **Relevant Standards and Legislation**

*Aged Care Act 2024*

*Privacy Act 1988 (Cth)*

*User Rights Principles 2014*

*Statement of Rights*

*Aged Care Complaints Principles 2015*

Aged Care Standards, specifically **Standards 1, 6, 7 and 8**

*Disability Services Act 1986 (Commonwealth)*

*Disability Services Act [date (NSW 2014)]*

*National Disability Insurance Scheme Act 2024 (Commonwealth)*

National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework

**NDIS Practice Standards # 1,2 and 3**

## Review Triggers

This procedure is reviewed internally for applicability, continuing effect and consistency with related documents and other legislative provisions when any of the following occurs:

1. The related documents are amended.
2. The related documents are replaced by new documents.
3. Industry, legislation or service agreement changes may necessitate modifications to procedures.
4. Other circumstances as determined from time to time by a resolution of the Organisation.

Notwithstanding the above, the Organisation may review this procedure annually for relevance and ensure its effectiveness.

## Questions

If a workplace participant is unsure about any matter covered by this procedure, they should seek their Manager's assistance.

## Variations

The Management team reserves the right to vary, replace or terminate this procedure from time to time.

This procedure is to remain in force until it is changed.

## Version and Revision Information

<b>Authorised by:</b> Committee / Manager Erika Mancilla <b>Policy and procedures are maintained by:</b> the Committee / Manager	Original version #1: Feb 2024
<b>Review date:</b> Feb 2026	This version: 2024