

## COMPLAINTS AND FEEDBACK

### PURPOSE

The purpose of this policy is to recognise the right of people to make complaints and provide feedback and to ensure that such complaints are investigated with fairness, transparency and integrity. Its purpose is also to ensure that people are provided with adequate assistance to lodge complaints and provide feedback where they are unable to do so themselves.

### POLICY

Meditech Health values and appreciates all complaints and feedback as these assist us to develop better services. All complaints will be recorded and will be used to improve our existing services and in planning new services. All complaints will be treated in a manner which upholds the principles of confidentiality.

Meditech supports the rights of all people with an interest to make complaints. People with an interest could include a service user, family member, friend, staff member or other service provider.

Meditech supports the rights of all people with an interest to pursue any complaint in relation to services received, and to do so without any fear of retaliation, disadvantage, or of services being discontinued.

Meditech will ensure that the Feedback and Complaint policy and procedure is visible and accessible to all service users and will also provide them with information including contact details about other external support agencies that may assist with complaint resolution if required.

Meditech will develop resources or have complaints information available for people from culturally and linguistically diverse backgrounds.

Meditech is committed to resolving all complaints efficiently and fairly. Service users have a right to request an internal review of decisions. Reasons for such decisions will be provided in writing on request.

If any person with an interest is not satisfied with the manner in which Meditech has managed a complaint, they should contact a senior member of the organisation such as the relevant program manager or director. They can also contact an external agency such as the funding body or the NSW Ombudsman's Office. Advocacy agencies can also assist with complaint resolution.

All complaints received by Meditech will be fully documented and every effort will be made to resolve the matter within four (4) weeks of receipt of the complaint. The complaint management process will be conducted in an environment of openness, accountability and service improvement. Sufficient resources will be allocated to ensure that all complaints are adequately managed and investigated. If

Meditech is unable to resolve a complaint to the satisfaction of the parties involved, the matter will be referred to an agreed external agency for resolution or mediation.

Meditech will ensure that staff members are trained in complaint management and specifically in the application of this policy and procedure. Meditech will ensure that only suitably qualified/trained staff members will manage the investigation of complaints.

Service users will receive training if required to understand their right to make a complaint and to understand the complaint management process. Staff members who have received formal complaints management training may be required to provide that training to service users and their families so that they have an awareness of their rights as well as an understanding that complaints are welcomed and benefit the delivery of services.

Meditech will meet all obligations where it is required to formally report complaints annually to a Funding Body, Lifetime Care Authority, State or Federal statutory bodies.

## SCOPE

This policy applies to all employees of Meditech, service users, their families, guardians and advocates.

## DEFINITIONS

For the purpose of this policy the following should be noted:

- **What is a Complaint:** For the purpose of this policy a complaint is any expression of dissatisfaction made to an organisation related to its products/services or the complaint (ISO 10002:2006) handling process, where a response or resolution is explicitly or implicitly expected.
- **What is not a complaint:** where staff members wish to raise concerns about a work related problem, they should refer to Meditech's Human Resources Department for advice.
- **Person with an interest:** could include any service user, family member, friend, staff member or other service provider.
- **Direct service staff:** include any staff members that interact directly with clients, this commonly includes Support Workers, Agency Workers, Case Managers, Coordinators and Business Development Managers.

## PROCEDURES

1. Support staff will provide all service users entering the services of Meditech with information and if necessary, training about the complaint management policy and procedure. Families, guardians and advocates will also be provided with this information. This information will be provided in a format that can be understood and if requested, further explanation will be

provided. A Plain English version of the policy should be given to all service users as well as families/advocates and guardians.

2. Support staff must ensure that any person with an interest wishing to lodge a formal complaint against Meditech services, management, or its staff, is provided with details of the Feedback and Complaint Management policy and procedure.
3. Meditech allows a number of people related to the service user to raise a concern or make a complaint on the service user's behalf. These could include:
  - advocates
  - a family member
  - a close friend
  - a support worker or Manager/Coordinator
  - a person the service user knows and trust
4. Meditech allows the service user to nominate a contact person within Meditech in whom to correspond with during the complaints process.
5. When a complaint is lodged, regardless of who lodges it, specific procedures must be followed to ensure that the complaint is dealt with in a fair, effective and timely manner. The procedure for addressing a complaint is outlined in Attachment 1.
6. All complaints are to be treated with the utmost confidentiality by Meditech. This means that:
  - Any documentation relating to the complaint should be securely locked in a filing cabinet or other secure place
  - The complaint should not be a matter for discussion by staff other than with appropriate individuals
  - The matters should only be discussed with or provided to those who have a need to know or as required by law such as Police who may have to investigate any criminal component of the complaint
  - The complaint should as far as possible be investigated in a manner consistent with the wishes of the person lodging the complaint
7. All complaints, including all details relating to the complaint such as witness responses, findings and outcomes of the complaints management process should be recorded in the service's Complaints Register.
8. All complaints should be resolved as soon as practicable in the best interests of all parties. Unless complaints are of a particularly complex nature they should be resolved within four (4) weeks of receipt. For more complex investigations the timeframe may be extended but should not take longer than eight (8) weeks. (See Attachment 3 for Timeframes)
9. Any person or agency lodging a complaint should be regularly advised of the progress. If there is likely to be a delay, the person or agency lodging the complaint should be advised at specific intervals (e.g. weekly, fortnightly).

10. When complaints are to be investigated, Meditech management must ensure that investigations are not conducted by a person about whom a complaint is made or by a person who may be directly involved in a service about which a complaint is made.
11. Meditech managers are to ensure that any staff member who is the subject of a complaint is fully informed of the complaint and of the process for resolving that complaint. If such a situation arises the staff member concerned must be provided with adequate time to write a response to the complaint or to seek further advice. It would be appropriate to expect that 7 days would be a suitable time for such a response to be provided.
12. If a complaint is received that makes allegations of criminal activity or provides information about possible criminal activity, it must be referred to the appropriate manager or director immediately. The director of the organisation will contact the police or authorise a manager to contact the police.
13. Complainants such as service users are to be supported by staff at all times during the complaint process and must not be subjected to any form of retribution by staff as a consequence of their complaint.
14. All managers will be responsible to promote the development of a positive complaint handling culture. They will review complaints every six (6) months to ensure that these have been handled in accordance with Policy and Procedure. The director or person appointed by the director will review the complaint handling system as a whole on an annual basis and ensure that changes to policy and practice are made where necessary. When reviewing complaints such persons should use the Performance Monitoring Criteria Tool at Attachment 5.

## ATTACHMENT 1

### PROCEDURE FOR MANAGING A COMPLAINT

1. Unless directed by a Director or Senior Manager, a single person will be delegated to manage each complaint as they arise, these are as follows:

Department	How it was notified	Complaint Investigation By	Notify
Community	Client > Support Worker > Coordinator	Community Team Leader	Direct Manager & Quality Coordinator
	Support Worker > Coordinator	Community Team Leader	Direct Manager & Quality Coordinator
	Client > Case Manager	Case Manager	Direct Manager & Quality Coordinator
	Client > Business Development Manager	Business Development Manager	Direct Manager & Quality Coordinator
Nursing Agency	Operator > Coordinator	Team Leader or Clinical Nurse	Direct Manager & Quality Coordinator
	Operator > Business Development Manager	Business Development Manager	Direct Manager & Quality Coordinator

- Notes
    - Where a complaint is made directly to Reception, their direct Manager will decide who will investigate the complaint based on the table above
    - The Direct Manager and/or Quality Manager may decide to notify the Directors depending on the nature and impact of the complaint
2. *Direct service staff* are responsible for ensuring that clients and their families are provided with information about the feedback and complaint handling system. *Direct service staff* should encourage people to lodge complaints and explain that these are helpful to the organisation. They should also explain how to access the policy and how to contact management about complaints and feedback.
  3. All complaints including oral complaints must be recorded on a Complaints Form by the staff member that initially receives the complaint. The form must then be forwarded by email to the person in charge of investigating the complaint as per the table above. This process must be completed within 24 hours.
  4. The person investigating the complaint must notify the Quality Coordinator by email with a copy of the complaint and any relevant documentation. The Quality Coordinator will register the complaint and create an electronic working file-folder in the designated area. The Quality Coordinator will respond back to the complaint investigator when this is completed, as well as a link to the file-folder location. The current designated folder is:

RushFiles / Admin / Complaints / Open Complaints

5. *Direct service staff* must ensure that all complainants are able to complain directly to management especially if their complaint is about them. They should also be advised that they can contact an external agency such as the Funding Body or the Ombudsman.
6. If the complaint is about a manager, complainants must be given the option of making the complaint directly to a senior manager or director of Meditech.
7. If the complaint is about a director of Meditech, the staff member receiving such a complaint should advise the complainant that if the matter is not dealt with satisfactorily, it can be referred to the appropriate funding body or the NSW Ombudsman.
8. Support staff should explain the types of assistance that are available for people making a complaint such as advocates, translators or interpreters and should ensure that a person lodging a complaint is provided with any necessary support.
9. When a complaint is lodged, staff must ensure that they are aware of all the issues relating to the complaint and what outcomes the complainant is expecting. Such matters must be documented on the Complaint Form.
10. Complainants should be encouraged to put their complaints in writing. Preferably this should be done by completing Meditech Complaint Form or alternatively by a personal letter. The complaint should also be signed and dated. If however the matter is of a minor nature and can be resolved quickly, there is no need to put it in writing. If required, staff should assist a service user to formulate his/her complaint.
11. After identifying and clarifying the complaint, staff should take reasonable action to resolve the issue immediately. If this is not possible the matter should be referred to the service Coordinator/Manager within twenty four (24) hours for follow-up. The service Coordinator/Manager should respond to the complainant within five (5) working days to discuss the complaint further (See Attachment 3). The response can be made in person, by a phone-call, email or letter. The response should include advice to the complainant of the following:
  - Who will be investigating the complaint
  - Possible timeframe for resolution
  - When the next contact with the complainant will be made
12. If a complaint includes allegations of possible criminal activity such as assault (including sexual assault), imprisonment, property damage, trespass, the matter should be referred immediately to a senior manager or director of Meditech.
13. When the service Coordinator/Manager receives a complaint, he/she will be responsible for coordinating the complaint management process through to resolution. If the service Coordinator/Manager is uncertain about how to resolve the complaint, the matter must then be referred immediately to the Operations Manager.

14. If investigation of a complaint is required, the following matters should be considered when developing the course of action:
  - A detailed summary of the complaint should be obtained and discussion with the complainant if further clarification is required
  - Identification of possible witnesses who could provide information through interview
  - Development of relevant questions which would assist in interviewing relevant witnesses/persons
  - Documents or files which could be reviewed to provide relevant information
  - An expected target date for completion of the complaints management process and resolution
15. When an investigation has been completed, the evidence should be assessed and a finding made. A report should be completed which summarises the findings of the investigation and recommendations for necessary action. A finding is the conclusion drawn from the available evidence, and should form the basis of any recommendations or actions.
16. All recommendations should highlight actions required to resolve the complaint and where possible ensure that it does not happen again.
17. In a clearly identified file, the service Coordinator/Manager must maintain all records and must ensure that all records are accurate. Such records should clearly detail the processes which have occurred in managing and resolving the complaint.
18. The storage and security of such records is the responsibility of the service Coordinator/Manager. Complaints should be filed in a Complaints Register which is secured away from general scrutiny at all times. This Complaints Register may be located at Meditech's office. All requests to access this documentation must be referred to a senior manager and must only be granted on a need to know basis.
19. Once the complaint has been resolved, the service Coordinator/Manager should convene a meeting with the complainant to discuss the outcome. It is also appropriate to provide a written response to the complainant detailing the outcome. (See Attachment 3)
20. If the complainant is not satisfied with the outcome, the matter can be referred to an independent mediator to facilitate a resolution that is acceptable to both parties.
21. If resolution cannot be achieved, the manager may refer the matter to the appropriate funding body, the NSW Ombudsman or other independent agency for resolution.
22. It is the responsibility of the service Coordinator/Manager to ensure that all recommendations arising from the complaint are fully implemented.

23. When all reasonable attempts have been made to resolve a complaint but it is discovered that it is not supported by sufficient evidence or involves conflicting evidence by various parties, it may be necessary to advise the complainant that Meditech will not pursue the matter further. The complaint could be re-considered if new information or evidence could be produced which would help to substantiate, or alternatively, disprove the complaint. In such cases the complainant should again be made aware of other external agencies whose business it is to deal with complaints.
  
24. In some circumstances it may be necessary to arrange debriefings or counseling for any staff members or service users involved in a complaint.

## ATTACHMENT 2

### PRIVACY AND CONFIDENTIALITY

All complaints are to be treated with the utmost confidentiality by Meditech. This means that:

- Any documentation relating to the complaint should be securely locked in a filing cabinet or other secure place
- The complaint should not be a matter for discussion by staff other than with appropriate individuals
- The matters should only be discussed with or provided to those who have a need to know or as required by law such as Police who may have to investigate any criminal component of the complaint
- The complaint should as far as possible be investigated in a manner consistent with the wishes of the person lodging the complaint

## ATTACHMENT 3

### TIMEFRAMES

Complaints received by Meditech will be responded to in a timely manner.

1. **Acknowledgement:** when the complaint is received by Meditech acknowledgement will be made within five (5) working days. Acknowledgement will explain to the complainant matters such as who will be dealing with the complaint, the expected timeframe for resolving the complaint, and when the next contact will be made with the complainant.
2. **Investigation:** the investigation of a complaint will commence as soon as possible but certainly within two weeks (2) of receipt of the complaint. If the matter is likely to take a long period to resolve, the complainant should be kept informed of progress at least on a weekly or two-weekly basis.
3. **Finalisation:** the finalisation of complaints depends on the complexity of the investigation and the response that is required. Where the complaint is straightforward, the matter should be finalised within a four (4) week period from the commencement of the investigation. If the complaint is more complex or where it is more difficult to obtain essential information, it may take longer to finalise the complaint but this type of complaint should be finalised within eight (8) weeks from commencement of the investigation. Again the complainant must be kept informed on at least weekly/two-weekly basis if the investigation takes longer than expected.
4. **Communicating the outcome:** the complainant should be contacted at the end of the investigation process to communicate the outcome and to discuss any on-going issues that may still be outstanding.
5. **Follow-up:** it is good practice to follow up with complainants to ensure that the outcome agreed to has resulted in an improvement to the service. This should occur within four (4) weeks of finalisation of the complaint.

## ATTACHMENT 4

### PERFORMANCE MONITORING CRITERIA

#### 1. Key Issues

The following issues should be considered when assessing individual complaints:

- Did the staff member taking the complaint determine what outcome the complainant preferred?  
Yes  No
- Did the staff member provide any assistance that was required such as helping the complainant to put the complaint in writing, arrange for translators or interpreters etc?  
Yes  No
- Were the specific timelines followed in each stage of the complaint handling process such as advising the complainant about who would manage the complaint and who would provide written acknowledgement of formal complaints?  
Yes  No
- Was the complainant advised in writing about decisions and the reasons for the decisions particularly when the complainant's preferred outcome could not be provided?  
Yes  No
- Was the complainant advised about their rights in relation to accessing records?  
Yes  No
- Was advice provided to the complainant about their right to escalate the complaint to a higher level in the organisation or to contact the NSW Ombudsman or the funding body if they were not satisfied with the complaint handling process or the outcome?  
Yes  No
- Have oral complaints been reported and recorded and handled according to the same criteria as written complaints?  
Yes  No

#### 2. Other Important Issues

- Did the staff member attempt to resolve the complaint if it was appropriate for them to do so?  
Yes  No   
Did the staff member follow the guidelines provided in the policy and procedure in relation to which complaints should be reported to a manager or the management committee?  
Yes  No
- Was the complainant advised of the name and contact details of the person managing the complaint?  
Yes  No
- Was the complainant advised of what would happen and how long it would take?  
Yes  No
- Was the complainant offered the opportunity to have a support person or advocate present and any meetings?

- Yes  No
- Was the complaint properly recorded in accordance with the policy and procedure?  
Yes  No

### **3. Performance Monitoring and Evaluation**

The director or person appointed is responsible for reviewing and assessing the complaint handling process to answer the following questions.

- How many complaints were received and what were the outcomes?
- Are individual complaints being managed in accordance with the relevant policies and procedures?
- How many complainants were satisfied with the outcome of their complaint?
- What, if any, issues about the quality of service provision have been raised by complainants? What has the organisation done, or what does it intend to do, about any identified issues?

### **4. Management Issues**

- Does the director provide a report on a regular basis about complaint handling performance?
- Does the director consider the information received in making improvements to the existing service and in the planning and development of new services?
- Is the director informed immediately about the following types of complaints?
  - Complex complaints
  - Serious complaints
  - Complaints requiring review
  - Complaints where the complainant is dissatisfied with the outcome
  - Complaints that have been escalated to external agencies such as the funding body the NSW Ombudsman, the Privacy Commission or Police?
- Is the confidentiality of individual complainants maintained in the reporting process?

### **5. Board Reporting**

- The organisation will report on the effectiveness of the complaint handling system in the Annual Report?
- The organisation will include information about the complaint handling system in funding reports and submissions?

### **6. Independent Review of the Complaint Handling Process**

- The complaint handling system will be publicised and promoted to staff and service users bearing in mind that the latter will be children and/or people with a disability.
- The organisation will seek input or comment where appropriate on its policy and procedure from peer organisations, service users and/or other stakeholders? The organisations will consider asking a peer organisation to take part in an independent review of the complaint handling system where appropriate?

## **LEGISLATION AND CROSS-REFERENCE**

### **National Disability Insurance Scheme Act 2013**

### **National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018**

### **NDIS Practice Standards – Core Module**

- 2. Provider Governance and Operations Management / Feedback and Complaints Management

### **Aged Care Act 1997**

### **Home Care Common Standards**

- Standard 3.3 Complaints and Service User Feedback

### **Meditech Policies and Procedures**

- Abuse and Neglect
- Consent
- Decision-Making and Choice
- Documentation and Record Keeping
- Privacy, Dignity and Confidentiality