SHC
Comments and Complaints

1. Background

All staff must promote a culture within the organization that encourages feedback from residents, relatives or their representative without fear of reprisal or intimidation. Residents, relatives/representatives will be encouraged and supported to give positive and negative feedback and to make comments, suggestions and complaints.

All complaints and concerns from residents, relatives and/or residents' representatives will be treated confidentially. They will be investigated promptly, fairly and without fear of retribution.

All complaints will be recorded and properly investigated with the complainant being advised as to the outcome of the inquiry promoting a culture of open disclosure.

2. Related Policy and Procedures

- SHM Compliments, Complaints and Appeals
- SHM Whistle-blower Procedure
- SHC Quality Framework
- SHC Continuous improvement
- SHC Choice and decision making
- SHC Serious Incident Management
- SHC Complaints Flowchart

3. Relevant Legislation & Standards

- The Aged Care Act 1997
- Aged Care Quality Standards (Standard 1 – 8)
- NDIS Quality and Safeguards Commission Guideline

4. Purpose/Objective

To provide framework for internal SHC and external complaint mechanisms made available to residents, relatives and/or representatives.

5. Scope

This policy and related procedures applies to all SHC employees, volunteers, students, residents and resident representatives.

6. Abbreviations/Definitions

Abbreviation/Term	Definition/Description
SHM	Sacred Heart Mission
SHC	Sacred Heart Community
Staff	Employees, volunteers and agency or contracted service delivery personnel

7. Responsibility and accountability

- Chief Executive Officer
  - Ensuring there are overall policies and procedures that promote a safe and secure environment for staff, volunteers and service users
- Managers
  - Ensure policies, procedures and practices are developed to ensure the residents' individual needs are met
- Management and All Staff
  - Ensure the following processes reflect the vision, mission and philosophy of care of the Sacred Heart Community and the Aged Care Standards
- All Staff
  - To practice in accordance with SHM and SHC Policy and Procedure

8. POLICY

SHC management encourages complaints and feedback from staff, residents, representatives, volunteers and visitors. Management will provide timely feedback on complaints and actions taken to the complainant. The information from complaints is used to make improvements to the quality of SHC's care and services. Management will share improvements that come out of complaints with staff and residents through meetings and education.

All residents and representatives are provided information regarding external complaints resolution mechanisms including but not limited to the Aged Care Quality and Safety Commission's complaints resolution functions and local Elder Rights Advocacy services.

9. PROCEDURE

9.1 Feedback (Comments and Complaints) – Information Distribution

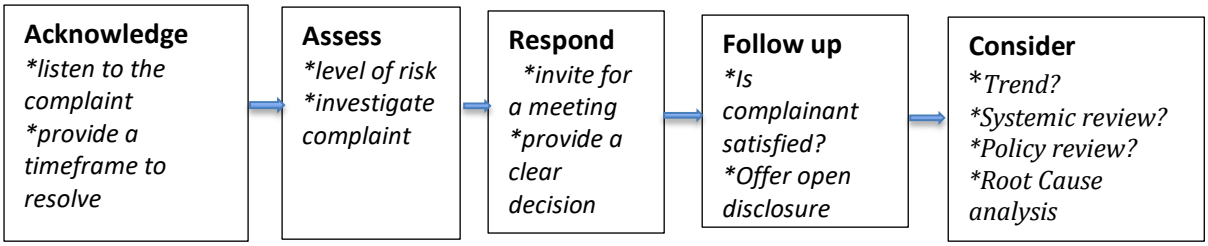
- All feedback is to be managed in accordance with SHM Compliments and Complaints framework.
- The Resident Handbook contains information on how to make a complaint and information on how to access an external complaints system.
- Aged Care Quality and Safety Commission "Do You have a concern?" Posters must be displayed through the home with the details of who to address concern to and external complaints information
- Aged Care Quality and Safety Commission "Do You have a concern?" pamphlets must be available in different languages as required by our residents displayed in the Foyer and provided on admission
- Local Elder Rights Advocacy information is available within the home.
- Aged Care Quality and Safety Commission "Do You have a concern?" and Local Elder Rights Advocacy information is provided to resident upon admission to the home
- Comments / complaints forms are located next to a locked box on each level throughout the home
- When something has gone wrong that caused harm or had the potential to cause harm to a resident the open disclosure framework will be used.

- Complaints are reported to the SHM Board of directors as part of the monthly Clinical Governance Board report.

9.2 **Feedback (Comments and Complaints)**

- Feedback may be made in person or in writing.
- Other opportunities to express feedback include;
  - Residents and relatives' meetings
  - Improvement forms (Green Forms)
  - Verbal feedback
  - Meetings
  - Audits report
  - Leecare resident incident reports
  - Leecare progress note entries / Leecare staff message
  - Incident reports
  - Hazard reports
  - Survey results
  - Resident care planning consultations
  - Email

- All complaints are acknowledged by the staff member receiving the complaints in person, via phone or email.
- Simple, straight forward feedback should be addressed as soon as possible by the register nurse in charge.
- The complainant is provided a reasonable estimate of how long it is likely to take to resolve the complaint and when the complainant will next be contacted.
- The nature and outcome of the feedback should be recorded on the green Comments / Complaints Form and given to the Facility Manager.
- Complaints are investigated by the RN/CCC/Facility manager after being received in a timely manner.
- Complaints referred to the Manager who will then discuss the issue with the complainant and seek to resolve the complaint.
- The complaint, investigation, conversations with complainant, outcomes and any other recommendations are documented.
- Complaints which cannot be resolved immediately will be acknowledged and a time frame will be established to resolve the problem.
- Where appropriate, the complainant will be kept informed in accordance with an 'open disclosure' approach.
- Learnings from the complaints will be registered on the Continuous Improvement Plan to ensure an appropriate systemic review is undertaken to help prevent the same issue from occurring again.



9.3 **Feedback (Comments and Complaints) – Serious / Unresolved Complaints**

- The Manager will acknowledge the complaint and advise the complainant that the matter will be investigated and responded to within an agreed timeframe.
- The Manager will determine the process to be adopted to reach resolution.
- Where the complaint cannot be resolved quickly, the complainant will be kept informed of progress.
- The complaint and the process for resolution must be documented including the nature and date of the complaint, related data, related conversations and actions taken.
- The solutions and the date of resolution will be documented, and actions taken to prevent similar complaints.
- Serious complaints involving illegal activities or unprofessional behaviour will be referred to the appropriate agencies and/or to professional bodies for investigation

9.4 **Feedback (Comments and Complaints) – External Review**

- Where a complaint cannot be resolved to mutual satisfaction the complainant will be assisted to access an external complaints agency for an independent review
- A complainant may also access external agencies confidentially and at their own discretion
- All complaints will be treated as confidential with anonymity and privacy maintained.
- Advocates and Interpreters are welcome to assist in the complaints process.

9.5 **Feedback (Comments and Complaints) – External Agencies**

- **Aged Care Quality and Safety Commission**
  - GPO Box 9819, in your capital city
  - Free call: 1800 951 822
  - Online: https://www.agedcarequality.gov.au/making-complaint/lodge-complaint
- **Elder Rights Advocacy (ERA)**
  - Level 2, 85 Queen Street Melbourne VIC 3000
  - Free call: 1800 700 600
  - E-mail: era@era.asn.au

- NDIS Commission
    - Phone 1800 035 544 Or
    - complete online complaints form on www.ndiscommission.com.au

References:

Aged Care Quality and Safety Commission –Open Disclosure Framework guide: https://www.agedcarequality.gov.au/resources/open-disclosure

Elder Rights Advocacy

https://www.elderrights.org.au

Better practice guide to Complaint Handling in Aged care
https://www.agedcarequality.gov.au/sites/default/files/media/better_practice_guide_to_complaint_handling_in_aged_care_services_-_2019.pdf

Document history

Version	Reason	Date
1	Initial document –TQM	2012
2	Update to New SHM Policy Format	Jan 2015
3	Reviewed - document simplified – l procedures updated references updated	April 18
4	Reviewed – Updated – Regulatory Changes	February 2019
5.	Reviewed – Updated -Open disclosure	July 2019
6	Reviewed -updated best practice guide	May 2021
7	Reviewed – Updated – Added reference to Leecare staff message	August 2021
8	Reviewed – Updated – added resources	Apr 2024