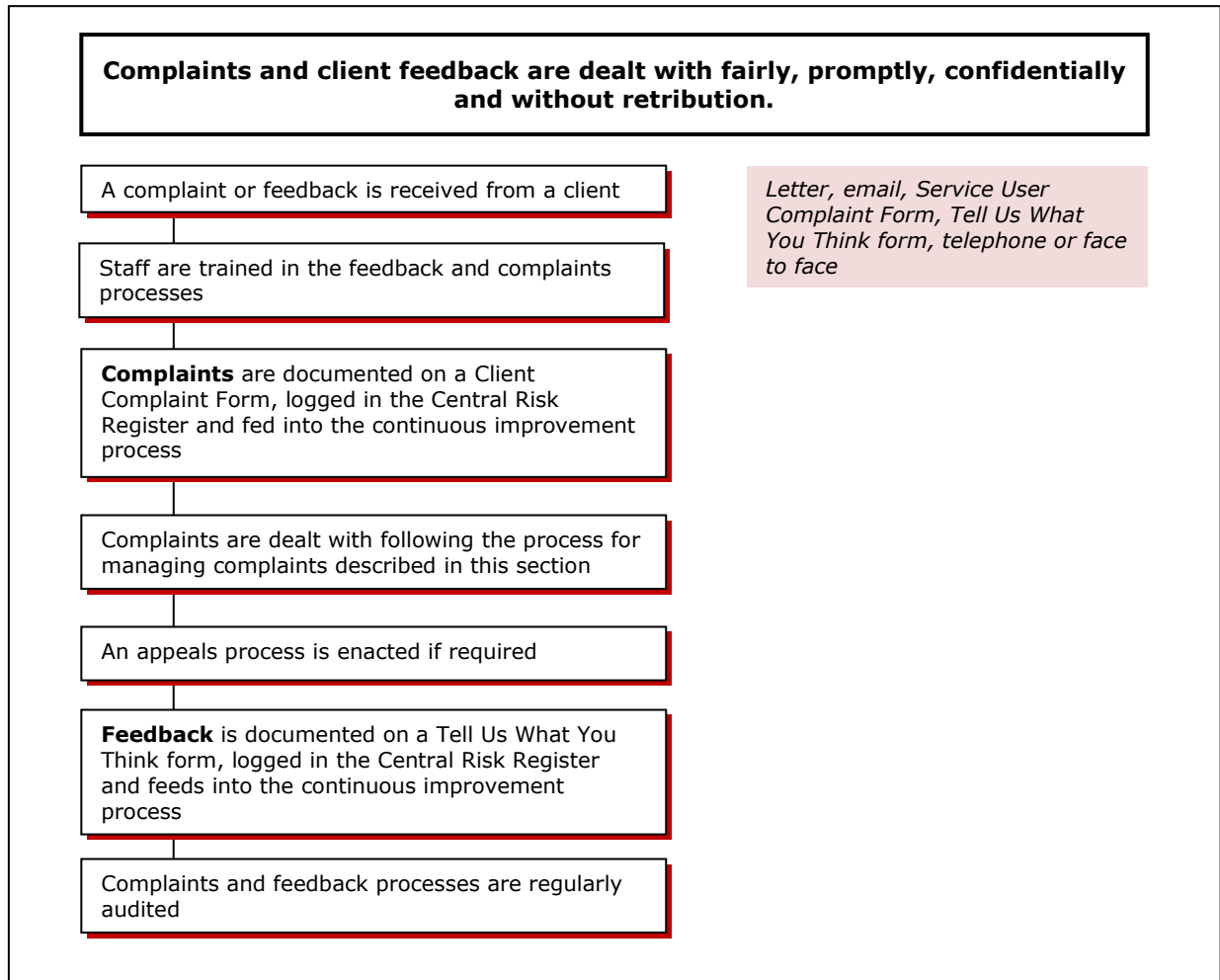


## COMPLAINTS AND CLIENT FEEDBACK



### FORMS AND RECORDS

Client Handbook	Shared Drive
Client Complaint Form	Shared Drive
Tell Us What You Think Form – Client/carer survey	Shared Drive
<a href="#">Central Risk Register</a>	Shared Drive – Program Manager

## 16.1 Client Complaints

Managing client complaints and feedback incorporates the following considerations, in particular those outlined in the following **Standards 1.1 - 1.6, 2.5, 6.1 – 6.4, 7.1 - 7.5 and 8.1 – 8.4 of the Aged Care Quality Standards:**

- ***Each client is treated with dignity and respect – with their identity, culture and diversity valued***
- ***Care and services provided, are culturally safe and appropriate***
- ***Each client is supported to exercise choice and independence, including to – make decisions about their own care and the way such care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care, and; communicate their decisions, and; make connections with others and maintain relationships of choice, including intimate relationships***
- ***Each client is supported to take risks to enable them to live the best life they can (Dignity of Risk) See Section 11 – Support Planning and Delivery.***
- ***Information provided to each client is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice***
- ***Each client’s privacy is respected and personal information kept confidential***
- ***Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer***
- ***Clients, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints***
- ***Clients are made aware of and have access to advocates, language services and other methods for raising and resolving complaints***
- ***Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong***
- ***Feedback and complaints are reviewed and used to improve the quality of care and services.***
- ***The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services***
- ***Workforce interactions with clients are kind, caring and respectful of each client’s identity, culture and diversity***
- ***The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles***
- ***The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards***
- ***Regular assessment, monitoring and review of the performance of each member of the workforce***
- ***Clients are engaged in the development, delivery and evaluation of care and services and are supported in that engagement***
- ***The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery***
- ***Effective organisation wide governance systems relating to the following – information management, continuous improvement, feedback and complaints etc***
- ***Effective risk management systems and practices, including but not limited to the following – managing high impact or high prevalence risks associated with the care of clients; identifying and responding to abuse and neglect of clients, and supporting clients to live the best life they can.***

A complaint is serious dissatisfaction with some aspect of R&R service provision. Clients are encouraged to express their complaints to enable us to improve the quality of our support. R&R welcomes information & feedback from clients which will enable us to improve the quality of our services

Clients are made aware, through the Client [Handbook](#), of their right to complain, either verbally or in writing, without fear of retribution of the complaints process and their right to use an advocate

in making a complaint. This information is explained to clients at the time of assessment and at reviews.

Clients can expect complaints to be dealt with fairly and promptly and for staff to take steps to ensure that clients feel comfortable to continue accessing the service after making a complaint. Persons affected by the complaint should be fully informed of all facts and given the opportunity to put their case forward.

### 16.1.1 PROCESS FOR MANAGING COMPLAINTS

Step	Timeline
1. A complaint is received via a Support Worker or directly from a client/representative via letter, email, face to face or telephone.	On day complaint is received
2. A <a href="#">Complaint Form</a> is created by the person receiving the complaint and the complaint is reported to the Program Manager	
3. The complaint is reviewed by the Program Manager relevant information is collected, and proposed action discussed	Within 2-3 working days of receipt of complaint
4. The Program Manager contacts (by telephone or letter) the client to advise: <ul style="list-style-type: none"> <li>o the complaint is being assessed</li> <li>o the process that is followed</li> <li>o the timeline</li> <li>o their right to an advocate and advocacy agency support (see Section 17: Advocacy)</li> <li>o Staff members/volunteers affected by the complaint are given an opportunity to respond &amp; state their case</li> </ul>	Within 5 working days of receipt of complaint
5. The Program Manager reviews the complaint and decides the action to be taken and who takes it. If it is a serious matter eg theft, the matter may also go the management committee for ratification of the proposed action	Within 10 working days of receipt of complaint or at the next management meeting
6. Action is carried out. Person/s affected by the complaint are fully informed of all facts and given the opportunity to provide further information	
7. Client is advised by letter of the actions taken to address the issues raised and the outcome of the complaint	
8. If the client is not satisfied with the outcome they are advised of the complaints appeal process (see Section 17: Advocacy).	
9. If the client wishes to appeal, the complaint is reviewed by the Management Committee, whose decision is final	Within 25 working days of receipt of complaint
10. The client is advised of the Committee's decision and of their option to go to an advocacy agency or other recognised entity. (see Section 17: Advocacy).	
11. When the complaint is finalised the relevant Cluster Team Leader/RnR Team Leader is identified by the Program Manager to make sure that the client feels comfortable to continue accessing the service and to obtain feedback on the complaints procedure. The complaint is then closed out.	

### 16.1.2 EXTERNAL COMPLAINTS

If a client chooses to complain to an external agency they are free to do so and R&R will support them as required. Agencies that clients can lodge a complaint with include:

- Aged & Disability Advocacy service (Queensland)
- Rights in Action
- Aged Care Quality and Safety Commission

Commonwealth Carer Resource Centre Qld  
Alzheimer's Association of Qld

## 16.2 Client Feedback

Feedback can be positive and negative. Negative feedback is defined as minor dissatisfaction or a minor issue that can be easily resolved and/or the client does not want to make a formal complaint. For example, feedback on an occasion of late service provision or dissatisfaction with a provided meal. Positive feedback is a compliment or praise regarding service delivery, staff or the organisation. Feedback can be formal or informal. Any complaints/feedback is documented in the Central Risk Register which is updated by the Program Manager.

### 16.2.1 FORMAL FEEDBACK

Formal feedback is given with the intention of providing feedback such as an agency or client completing a [Tell Us What You Think](#) form or specifically informing a staff person about their dissatisfaction with a service

When feedback is not written on a Tell Us What You Think form the staff person receiving it completes a form and attaches any documentation. The procedure outlined in 5.2.1 Tell Us What You Think Form is followed.

### 16.2.2 INFORMAL FEEDBACK

Informal feedback is made in the course of interaction, for example, a client quipping to the support worker that the social support service is not long enough.

Informal feedback is recorded by the staff person on a Tell Us What You Think form. The procedure outlined in 5.2.1 Tell Us What You Think Form is followed.

### 16.2.3 DISPUTES BETWEEN CLIENTS AND HOME CARE SUPPORT WORKERS

Home care support workers are required to report immediately to their Cluster Team Leader, any dispute with clients, regardless of how small. Disputes are reported verbally in the first instance. The Cluster Team Leader in conjunction with the RnR Team Leader/Program Manager then decides:

- Whether the client should be contacted
- If a written report is required
- Any other action to resolve the dispute as early as possible.

The Cluster Team Leader/RnR Team Leader may offer the client the opportunity to make a formal complaint. If the client accepts this offer the Cluster Team Leader/RnR Team Leader completes a Complaints form and the complaints process is followed.

### 16.2.4 USE OF AN ADVOCATE

Clients are advised that they can use an advocate at any point in the feedback or complaints process or if they feel their feedback or complaint was not satisfactorily managed or resolved. They are also advised of relevant agencies as described in Section 17: Advocacy.

## 16.3 People with Special Needs

Where clients may have special needs, such as people from culturally and linguistically diverse (CALD) backgrounds or Aboriginal and Torres Strait Islander people, the Cluster Team Leader/RnR Team Leader and Program Manager ensure that any cultural aspects are considered when reviewing a complaint or dispute and ensures the person feels comfortable in discussing a dispute. The presence of a family member or friend or the support of an interpreter may be required.

The Cluster Team Leader/RnR Team Leader or Program Manager also ensures that any actions, interventions or referrals are appropriate to people from special needs groups. This may require the involvement of organisations with expertise in special needs groups either in providing advice or assisting in actions.

## 16.4 Confidentiality of Complaints and Disputes

As far as possible, the fact that a client has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. The client'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.

## 16.5 Monitoring the Complaints and Client Feedback Process

Feedback and complaints processes and systems are regularly audited as part of the R&R audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) and Section 5: Continuous Improvement).