



Policy and Procedure Feedback and Complaints

Policy:

This policy is intended to ensure that the Continenence Foundation of Australia (“the Foundation”) handles complaints, feedback and concerns fairly, efficiently and effectively.

Complaints, feedback and concerns are valuable and important sources of information that are used for addressing the issues raised. They are vital for the continuous improvement of the services the Foundation provides.

This policy is part of the support system for the Foundation as per the National Standards for Disability Services (Standard 4: Feedback and Complaints), the Aged Care Quality Standards (Standard 6: Feedback and complaints) and any feedback or complaint related to services provided by the Foundation.

This policy will assist the Foundation to ensure effective systems are in place to manage feedback and complaints and to make use of the information for the benefit of people with a disability or consumers of our services.

SCOPE

This policy applies to all employees (paid or volunteer), contractors or business partners in relation to services provided by the Foundation. Complaints, feedback, concerns and issues may be received from people with a disability, consumers, families, carers, employees, general public, key stakeholders and relevant agencies of the Foundation.

PRINCIPLES

- Everyone has the right to make a complaint or provide feedback
- People making complaints should be supported to access complaints processes
- Complaints processes should be sensitive to any cultural or linguistic needs of the consumers/participants
- Rigorous complaints processes and systems are essential to providing safe and quality services and help to protect and provide a voice for people with disability, consumers and any person involved with the Foundation
- Feedback and complaints help identify risks to people with disability, consumers, families, carers, visitors, volunteers and employees. This also helps to support the Foundation to ensure it has a safe working environment in order to meet its work health and safety obligations
- Feedback and complaints are viewed as opportunities for the Foundation to continuously improve its services to provide safe and high quality care and services

DEFINITIONS

- **Aged Care Commission** – means the Aged Care Quality and Safety Commission
- **Allegation** – a claim that an illegal act has occurred. Allegations are always investigated and sometimes an external authority undertakes the investigation such as the police
- **Concern** – a notification that a person is worried that something is not working, has gone wrong or is otherwise not as it should be
- **Complaint** – formal claim that an incident has occurred, something is not working the way it should, something is inappropriate or someone is at risk. If a complaint is found to be related to an incident,



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then the Incidents and Accidents Management Policy and Procedure is required to be followed to support and maintain a safe environment as well as for legal and contractual purposes

- **Complaints Officer** – is the Clinical Services Manager
- **NDIS Commission** – means the National Disability Insurance Scheme Quality and Safeguards Commission

RESPONSIBILITIES

- All employees are responsible for the implementation of the feedback and complaints policy and procedure. This includes encouraging and supporting people accessing the Foundation's clinical services to raise any concerns, feedback or complaints they have on any issue. This will be included in orientation/induction of all employees and volunteers
- The relevant manager is responsible for ensuring feedback and complaints are recorded and actioned
- The relevant manager is responsible for communicating with external complainants including people with disability, consumers, family, carers and other key stakeholders during a complaints process
- The complaints officer is responsible for overseeing the complaints process

PROCEDURE

This procedure explains how the Foundation will implement its feedback and complaints policy. This procedure supports the Foundation to apply:

- National Disability Services Standards, in particular Standard 4: Feedback and Complaints
- Aged Care Quality Standards, in particular Standard 6: Feedback and Complaints as well as supporting any person involved in services from the Foundation.

There are systems and reporting requirements in place for incidents that cause harm or could have caused harm, including:

- serious injury
- abuse, neglect or exploitation
- theft
- accidents, injuries or death.

(Refer to: *WHSP05 Incident and Accident Reporting and Management Policy and Procedure*)

Regarding clinical services, the relevant manager or delegate will undertake a Risk Assessment Screen prior to a comprehensive continence assessment to determine whether a copy of an authorised restrictive practice plan needs to be obtained and considered as well as the location and timing of an appointment when undertaking a NDIS continence assessment.

Clinical Services: Planning and Support

- People with a disability or consumers undergoing a comprehensive continence assessment via the Foundation's clinical services will be informed on engagement of their care that they have the right to make a complaint and/or provide feedback at any time during their care journey. This will be stated within their initial appointment documentation. They will also be provided with a copy of the Australian Charter of Healthcare Rights (<https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights>). Consumers receiving aged care services are also provided the [Aged Care Charter of Rights](#)
- Feedback and complaints can be received verbally, in writing or in a way that suits the person making the complaint. Feedback and complaints can be made anonymously, via the *GF012 Feedback Form*, provided with initial appointment letters/documentations for comprehensive continence assessments.



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Information on how to provide compliments, complaint or feedback and contacts for external complaints and advocacy bodies can be found on the Foundation's website

- If related to NDIS services, feedback and complaints can be made directly with the Foundation and/or to the NDIS Commission (verbally and/or in writing)
- If related to aged care services, feedback or complaints can be made directly with the Foundation and/or to the Aged Care Commission (verbally and/or in writing)
- Families, carers, substitute or informal decision makers and advocates can also provide feedback or make a complaint on behalf of the person with disability or a consumer that they support including their right to contact the NDIS Commission, if related to NDIS services, or the Aged Care Commission, if related to aged care services. Families, carers, substitute or informal decision makers and advocates will be involved in the complaints process based on their role with the person with a disability or consumer
- If someone makes a complaint or provides feedback, the employee contacted is responsible for recording the complaint and informing the complaints officer
- Complaints should be documented on a *CGF01 Complaint Recording Form* within 24 hours (one business day) of being made. It is important that the employee checks with the person making a complaint that the complaint has been recorded accurately
- Complaint information is confidential and must not be shared with people outside of the complaints process
- The relevant manager will contact the person lodging the complaint within five working days to the complaint being made to acknowledge and discuss the matter after consulting the complaints officer
- Further details of the complaint and any response will be documented on **the CGF01 Complaint Recording Form** and in the **WHSR01 Complaints, Incidents and Accidents Register** by the relevant manager and kept for 7 years
- The relevant manager, the complaints officer and employee(s) will work with the person lodging the complaint to identify desirable outcomes in an effort to resolve the complaint within three weeks (21 business days) of the complaint being made
- If the complaint is against an employee, that employee will not have contact with the complainant while the complaint is being resolved and the complainant's care will not be adversely affected
- At any stage of the complaints process, the complainant can get support from an independent advocate
- Where a matter needs to be referred to an outside agency or otherwise investigated, all employees will cooperate with the inquiry and produce the material requested
- The complainant will receive verbal or written contact from the relevant manager on the progress, actions and outcome of the complaints process or investigation and be involved in the complaints process
- Any complaints that cannot be successfully resolved will be reported to the Foundation's Quality and Clinical Governance Committee, and the relevant state-based department of health, the Aged Care Commission, if related to aged care services, or the NDIS Commission, if related to NDIS services, as soon as reasonably possible, for review and consideration, by the complaints officer

Reporting

- Within 24 hours of becoming aware of the serious complaint, the relevant manager will report all serious complaints, such as allegations of abuse, neglect or exploitation, theft and injury, to the Chief Executive Officer and where required, under the relevant reportable incident scheme, to:
 - the relevant state-based department of health,
 - the Aged Care Commission, if related to aged care services, or
 - the NDIS Commission, if related to NDIS services,



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- The relevant manager will contact police where there is an allegation of a criminal offence within 24 hours
- The relevant manager will report any complaints to the complaints officer within 24 hours (one business day)
- De-identified complaint activity is routinely reported to the Foundation's Quality and Clinical Governance Committee as part of ongoing quality assurance and continuous improvement processes via the complaints officer
- The relevant managers will report any complaints to their immediate manager monthly

Review and Evaluation

- The Foundation will communicate with people with disability or consumers about quality evaluations and encourage their participation in evaluating services
- At least twice a year the Clinical Services Manager will analyse complaints data to determine service gaps, issues or trends in practice, procedures or policies that need to be amended to better safeguard people accessing services and improve services and report these to the Quality and Clinical Governance Committee

Key Contacts

Questions about how to implement this policy and procedure should be directed to the Clinical Services Manager on info@continenence.org.au or 03 8692 8400

RELATED LEGISLATION AND EXTERNAL POLICIES

- National Disability Insurance Scheme Act 2013: Principles
- United Nations Convention on The Rights of Persons with Disabilities
- National Standards for Disability Services
- National Disability Insurance Scheme Quality and Safeguarding Framework
- NDIS Code of Conduct
- Aged Care Act 1997
- AS/NZS 4269:1995 Complaints Handling
- Risk Management Principles and Guidelines AS/NZS ISO 31000:2009
- AS/NZS ISO 9001:2000 Quality Management Systems
- Information Privacy Act 2000
- Health Records Act 2001
- Privacy Act 1988; Privacy Amendment (Private Sector) Act 2000
- Australian Privacy Principles (Enhancing Privacy Protection) Act 2012

RELATED POLICIES AND PROCEDURES

- CGF01 Complaints Recording Form
- WHSR01 Complaints, Incidents and Accidents Register
- GF012 Feedback Form
- WHSP05 Incidents and Accidents Reporting and Management Policy and Procedure
- WHSF03 Incidents and Accidents Recording Form
- HRP02 Code of Conduct
- GP009 Quality and Clinical Governance Policy and Procedure
- Quality and Clinical Governance Framework



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REFERENCES AND RESOURCES:

- Aged Care Quality and Safety Commission – Make a complaint. Ref: <https://www.agedcarequality.gov.au/making-complaint>
- Australian Charter of Healthcare Rights – Ref: [Australian Charter of Healthcare Rights | Australian Commission on Safety and Quality in Health Care](#)
- National Disability Insurance Scheme (Complaints Management and Resolution) - Rules 2018 Ref: [Complaints management | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)
- National Disability Insurance Scheme Quality and Safeguards Commission, Complaints management – Ref: [Complaints management | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)
- National Disability Insurance Scheme Quality and Safeguards Commission – Effective Complaint Handling Guidelines for NDIS Providers – Ref: <https://www.ndiscommission.gov.au/sites/default/files/documents/2019-09/complainthandlingguidelinesforproviders.pdf>
- National Disability Services – Standard 4 – Policy Template – Complaints Policy
- National Disability Services – Standard 4 – Procedure Template – Complaints Procedure
- National Disability Services – Standard 4 – Supporting Resource – Complaints Register Instructions
- National Disability Services – Sample – Complaint Recording Sheet
- Victorian Disability Services Commissioner (2017) 'Everything you wanted to know about complaints...' [Booklet_everything_youwantedtoknow_.pdf \(odsc.vic.gov.au\)](#)