



No. Version.	P.05.2.A	Effective Date	8 January 2020
Drafted By	J Wong	Review Date	8 January 2021

Procedure Scope

This policy applies to feedback and complaints received from service recipients, their stakeholders, staff and the public about decisions, omissions and actions undertaken in the provision of supports by HenderCare.

This procedure is the responsibility of all employees of HenderCare (whether full-time, part-time or casual) and all persons performing work at the direction of, in connection with, or on behalf of HenderCare (for example contractors, subcontractors, agents, consultants, and temporary staff) working with HenderCare service recipients. Compliance with this policy is a condition of employment for all HenderCare staff.

Rationale

The purposes of this procedure are to outline the process in which people can give feedback and complaints to HenderCare, and the process staff must utilise to resolve them. It also provides staff with a process for recording and utilising this information. This has been framed around the Disability Services Act (1993), the NDIS Act 2013, the Aged Care Act 1997, the Children and Young People (Safety) Act 2019, the Lifetime Support Authority Contractual Obligations, other funder agreements and all other relevant legislation.

Procedure

1. Lodgement Process

- 1.1. Feedback and Complaints can be voluntarily provided at any time, in any way, by any stakeholder, through any of the following methods:
 - through a staff member (who will email it through to quality@hendercare.com.au)
 - on 1300 764 433;
 - by emailing quality@hendercare.com.au;
 - through our website hendercare.com.au/get-in-touch;
 - in person at one of our offices; or
 - by mail to the Quality Department, GPO Box 2961, Adelaide SA 5001.
- 1.2. HenderCare may also ask for your feedback. This could happen during:
 - service delivery planning days (involving service recipients and other stakeholders)
 - HenderCare meetings (involving service recipients and other stakeholders)
 - staff collection of feedback after a person interacts with the service (e.g. entry process; transition period check-ins; exit process, etc.)
 - annual service recipient satisfaction surveys. All service recipients (or their representatives / families) will be asked to complete these surveys
 - annual staff and stakeholder satisfaction surveys. All staff will be asked to complete these surveys and stakeholders will be selected on a random basis.
- 1.3. Complaints made to HenderCare, the NDIS Commission and other complaints bodies can be withdrawn at any time.
- 1.4. HenderCare staff can also assist a complainant with lodging a complaint if required.

2. Internal Feedback and Communication Mechanisms

2.1. The Executive Management Team ensures the appropriate communication processes are maintained and communication takes place regarding the effectiveness of the quality management system, quality performance, and service recipient satisfaction levels. This communication includes:

- Various ongoing staff meetings;
- Documented employee communications; and
- Client meetings held on a regular basis to receive feedback regarding satisfaction levels with service delivery.

2.2. Communication and feedback reporting channels include:

- HenderCare emails;
- Employee payslips;
- All-Team meetings;
- Progress/case notes;
- Reports;
- Letters;
- Telephone communication e.g. phone calls and text messages
- Social media;
- Other identified preferred method of communication.

3. Feedback Management Process

3.1. Upon receiving feedback, the staff member who receives it should send details of such through to quality@hendercare.com.au

3.2. The feedback will then be logged on the Continuous Improvement Register.

3.3. The feedback may be shared internally with other staff members if relevant.

3.4. The feedback may be used in marketing and communications material. HenderCare will get your consent for this before doing so.

4. 5-Step Complaints Resolution Process

4.1. Listen to Complaint

4.1.1. People are encouraged to speak directly to someone first, to attempt to resolve the complaint informally, rather than in a Formal Complaint.

4.1.2. When listening to a complaint, staff must:

- Listen openly to the concerns being raised by the complainant;
- Ask the complainant what outcome they are seeking;
- Inform the Complainant of the complaint process and how to formally make a complaint to HenderCare, the NDIS Commissioner or other complaints body, and the time the process may take;
- be empathic towards the person and action all commitments made; and
- action situations that pose an immediate threat or danger or require a specialised response.

4.1.3. If the complaint is resolved at this stage, it must still be sent to quality@hendercare.com.au for inclusion in the Continuous Improvement register.

4.1.4. If the complaint is not resolved at this stage, the complainant must be provided with information on the Lodgement Process.

4.2. Formal Complaint Lodged

4.2.1. When a formal complaint is lodged, staff must record all relevant information on F.43 Complaint Action Form, including but not limited to:

- Person receiving complaint
- Person making complaint
- Date of Complaint
- Details of Complaint
- Names of people alleged in Complaint (if applicable)

4.2.2. Staff must send F.43 Complaint Action Form to quality@hendercare.com.au

4.2.3. This will then be forwarded on to an appropriate Complaint Officer, alerting them to the complaint. The Complaint Officer is responsible for acknowledging receipt of the complaint, undertaking an investigation and resolving the complaint. Complaint Officers are:

4.2.3.1. Department Heads. Examples of this are:

- The HR Manager if it is a staff complaint,
- The Allied Health Manager if it is a complaint from an allied health service recipient.
- The State Manager of NSW if the complaint originates from a service recipient in NSW.

4.2.3.2. A person / external organisation appointed by the COO if:

- The relevant Department Head is unavailable
- The relevant Department Head has a Conflict of Interest
- The complaint is deemed as a high risk to HenderCare

4.2.4. The complaint will also be forwarded immediately to the COO if they are of a reportable nature. This will then need to be handled in tandem to this Complaints Process as per P.55 Incident Management Policy. This includes complaints that allege incidents of:

- criminal activity (immediate report to the police)
- abuse or neglect (immediate report to the relevant governing body)
- restrictive practice of a person with disability (immediate report to the NDIS Quality and Safeguards Commission)

4.2.5. The complaint will then be recorded on the Continuous Improvement Register which is accessible only to the HenderCare Management team, and the filled F.43 Complaint Action Form stored with the Continuous Improvement Register.

4.3. Formal Complaint Resolution

4.3.1. Complaint investigation must focus on the identified complaint matters only.

4.3.2. Parties involved in a formal complaint resolution process must be provided with procedural fairness and the support and information necessary to participate. This includes:

- information on their right to privacy, advocacy, interpreters or support people;
- information on the stages of decision making;
- being involved in the complaints process;
- being updated on the complaints progress; and
- receiving a complaint outcome.



4.3.3. The Complaint Officer will risk assess the complaint to determine actions required using the Risk Score Calculator as per P.73 Risk Management policy, shown below:

Risk Score Calculator / Level of Risk							
Risk is a measure of how likely it is for a hazard to cause harm and how severe that harm could be or the chance of something happening that will have an impact on objectives – measured as consequences and likelihood		Probability – Likelihood					
		Frequent	Likely	Possible	Unlikely	Rare	
		Several times a month	Several times a year	Every 1-2 years	Every 2-5 years	10 years+	
Severity - Consequences	Serious	Client: death or hospitalisation Staff: death or hospitalisation Services: complete loss of service Financial: loss > \$100K Environmental: fire requiring evacuation	5	5	4	3	3
	Major	Client: disability; sexual assault, abscond Staff: disability; sexual assault Service: major loss of service Financial: loss of \$50K to \$100K Environmental: fire larger than one room	5	5	4	3	3
	Moderate	Client: medical attention by GP required Staff: lost time for > 11 days or restricted duties Services: disruption to all users Financial: loss of \$10K to \$50K Environmental: fire contained in a room	5	4	4	3	2
	Minor	Client: first aid attention by RN Staff: lost time or illness of 5-10 days Services: disruption to some users Financial: loss of \$5k to \$10k Environmental: small fire - faulty equipment	5	4	3	2	2
	Minimum	Client: potential injury Staff: lost time or illness of < 5 days Services: minimal disruption Financial: loss of < \$5K Environmental: fire alarm - faulty equipment	4	3	3	2	1

4.3.3.1. **Level 5 - Serious Risk**

- Cease activity and acknowledge receipt of complaint immediately
- Advise CEO, COO and HenderCare Board
- Undertake investigation
- Manage reputational impacts and customer relationships
- Manage Legal Impacts
- Manage Communications impacts
- Written Complaint Resolution response within five (5) working days

4.3.3.2. **Level 4 - Major Risk**

- Cease activity and acknowledge receipt of complaint within 24 hours
- Advise CEO, COO
- Undertake investigation
- Manage reputational impacts and customer relationships
- Manage Legal Impacts
- Manage Communications impacts
- Written Complaint Resolution response within ten (10) working days

4.3.3.3. **Level 3 - Moderate Risk**

- Acknowledge receipt of complaint within two (2) working days
- Advise COO



- Undertake investigation
- Written Complaint Resolution response within 20 working days
- Where more than one similar Level 3 complaint has been made within a two (2) month period, escalate to Level 4.

4.3.3.4. Level 2 - Minor Risk

- Acknowledge receipt of complaint within two (2) working days
- Undertake investigation only if unable to resolve complaint at acknowledgement stage
- Written Complaint Resolution response within 20 working days
- Where more than three (3) similar Level 2 complaints have been made within a two (2) month period, escalate to Level 3.

4.3.3.5. Level 1 - Minimum Risk

- Acknowledge receipt of complaint within two (2) working days
- Written Complaint Resolution response within 20 working days

4.3.4. The Complaint Officer must acknowledge receipt of the complaint verbally based on the risk assessment grade, at most within two (2) working days. However, where a person has requested to remain anonymous, contact may not be possible or expected. The acknowledgement should:

- let the complainant know your name and position, and that you will be handling the complaint;
- advise the complainant that we take their complaint seriously;
- reassure the complainant that there will be no negative repercussions for making a legitimate complaint;
- reassure the complainant that their information will be treated with discretion and confidentiality;
- refer the complainant to other organisations where they are identified as being more suitable to handle it.
- listen to the complainant;
- If risk is Level 1-2:
 - attempt to resolve complaint
- If risk is Level 3-5, or complainant isn't satisfied with resolution as above
 - set realistic expectations regarding complaint resolution;
 - provide timeframes for resolution where possible;

4.3.5. Based on the risk assessment grade of the complaint, the Complaint Officer will then advise the relevant stakeholders, and undertake an investigation of the complaint if required. Options for the investigation include, but are not limited to:

- Review of internal files and documents relevant to the complaint;
- Discuss the complaint in full with the complainant
- Discuss any disparities identified with the complainant
- Request additional information when required. A timeframe within which further information is to be provided should be clearly communicated with the complainant. The Complaint Officer should consider granting extensions where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.
- Organise a meeting in a safe environment with the complainant. Where this is required, the complainant can determine where this will be held.



- Refer the complaint to an external legal firm for advice or complaints resolution utilising their organisational process.
- 4.3.6.If the complaint involves a staff member, the Complaint Officer should consult the HR Manager, and involve them in the process. The role of the HR Manager is to:
- Review internal HR files relevant to the complaint;
 - Interview the staff member
 - Write a report of the interview with the staff member and record it on their file
 - Send the report to the Complaint Officer, and CC quality@hendercare.com.au
- 4.3.7.Any investigation into an alleged perpetrator will be in accordance with the principles of natural justice. This includes:
- the individual must be given notice of each prejudicial matter that may be considered against them;
 - providing the individual who is the subject of the complaint with sufficient information to enable them to understand and respond to the complaint made against them (unless prohibited by law).
 - the individual must be given a reasonable opportunity to be heard on those matters before adverse action is taken, and to put forward information and submissions in support of an outcome that is favourable to their interests;
 - the decision to take adverse action should be soundly based on the facts and issues that were raised during that process, and this should be apparent in the record of the decision, and
 - the decision maker should be unbiased and maintain an unbiased appearance.
- 4.3.8.A Complaint Officer has the following options for resolving a complaint, including, but not limited to:
- Explaining processes
 - Rectifying an issue
 - Providing an apology
 - Ongoing monitoring
 - Training or educating staff

4.4. Communicate Resolution of Complaint

- 4.4.1. HenderCare will communicate a resolution for all complaints, based on the risk assessment grade, at most within 20 working days from acknowledgement.
- 4.4.2.If a complaint cannot be responded to in full within 28 days of acknowledgement, an update must be issued to the complainant. The update must provide the date by which a full response can be expected.
- 4.4.3.The Complaint Officer should discuss the outcome of a complaint investigation verbally with the complainant, and then compose a written response to the complainant on the outcome of their investigation and actions taken. The COO must review and approve all written responses before they are sent out. The written response should include:
- Information on what further action may be available to the complainant at the conclusion of the complaint investigation
 - Options to escalate the complaint further to the COO
 - Options to lodge a complaint with an external agency
 - Asking the complainant for their feedback regarding the Complaints process



4.4.4. If the complainant is not satisfied with the resolution in the written response, they can ask for the complaint to be escalated.

4.4.5. The complaint resolution should be emailed through to quality@hendercare.com.au for logging on the Continuous Improvement Register. Information to record includes:

- Actions taken to resolve complaint
- Evidence and interviews arising from the investigation
- Learning outcomes as a result of the complaint
- Any follow up required including any changes to current policies or procedures or new policies or procedures to be introduced as a result of the feedback.

4.5. External Complaint Lodgement

4.5.1. At any time, a complaint can be made to external complaint bodies. These options are kept updated at <https://www.hendercare.com.au/services/feedback-and-complaints/>

4.5.2. Staff must assist people making a complaint to contact complaints bodies such as the NDIS Quality and Safeguards Commission, where required.

4.5.3. Where a complaint about HenderCare is made to an external complaints body such as the NDIS Commission or the Department of Child Protection, all staff must:

- comply with any orders or requests made; and
- assist in any resolution process or inquiry undertaken.

5. Recording information arising from feedback and complaints

5.1. Non-Conformances

5.1.1. Any Non-Conformances such as incorrect procedures, unsatisfactory service delivery, unsatisfactory subcontractor performance, are to be logged on the Continuous Improvement Register.

5.1.2. Non-conformances are to be monitored by the Quality Department to identify any trends in Non-Conformances.

5.1.3. If any trends are identified, this is to be brought to the quarterly QSE meetings for appropriate corrective action to be taken to address the root cause of the problem.

5.2. Risks

5.2.1. If the feedback has highlighted a risk to the organisation, this should be recorded on the Risk Register as per P.73 Risk Management Policy

5.3. Health Risk

5.3.1. If a health risk to the community exists, it should be reported to external stakeholders

5.4. Reportable Incident

5.4.1. If the complaint reveals a reportable incident, it should be managed as per P.55 Incident Management Policy.

References

1. Internal Documents

- 1.1. P.05.1 Feedback and Complaints Management Policy
- 1.2. P.06 Privacy and Confidentiality Policy

- 1.3. P.55 Incident Management Policy
- 1.4. P.73 Risk Management Policy
- 1.5. P.108 HenderCare Service Recipient Charter
- 1.6. P.109 Information Management Policy
- 1.7. P.115 Continuous Improvement Policy
- 1.8. F.385 Service Recipient Handbook
- 1.9. Continuous Improvement Register

2. Standards

- 2.1. [NDIS Practice Standards 2019](#)
- 2.2. ISO 9001:2015
- 2.3. Attendant Care Industry Standards 2013
- 2.4. [Aged Care Quality Standards 2019](#)
- 2.5. [Department of the Premier and Cabinet, Circular ~~27/7/2015~~ on Complaint Management](#)
- 2.6. [Independent Commissioner Against Corruption, South Australia \(ICAC\) - Directions and Guidelines for Inquiry Agencies, Public Authorities and Public Officers](#)
- 2.7. [HCSCC Aboriginal and Torres Strait Islander Outreach Project: Ever felt like complaining: final report](#)

3. Legislation

- 3.1. [National Disability Insurance Scheme Act 2013](#)
- 3.2. [NDIS Quality and Safeguards Commission Rules](#)
- 3.3. [Aged Care Act 2019](#)
- 3.4. [Children and Young People \(Safety\) Act 2017](#)
- 3.5. [Independent Commissioner Against Corruption Act 2012](#)
- 3.6. [Health and Community Services Complaints Act 2004](#)
- 3.7. [Ombudsman Act 1972](#)

Approval



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A	08 January 2020	J Wong	Feedback and Complaints Procedure	08 January 2021