



FEEDBACK, COMPLIMENTS AND COMPLAINTS POLICY AND PROCEDURE

Policy Code	CFP001.01
Person Responsible	Director
Status (Draft/Released)	Released
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1.0 PURPOSE AND SCOPE

This policy and procedure sets out how any person can provide feedback and make complaints about any aspect of Kindred Health Group's operations and the process of addressing or responding to feedback and complaints.

This policy and procedure applies to the Director, staff, students, contractors and volunteers and all potential and existing clients, their family members and other supporters. The policy also applies to other service providers, government agencies and members of the community.

2.0 DEFINITIONS

Compliment – an expression of praise, encouragement or gratitude about an individual staff member, a team or a service.

Complaint – an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected.

For the purpose of this policy and procedure, a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

General complaint – addresses any aspect of the service e.g. a lost clothing item or the service's fees. The complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance – a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

3.0 POLICY

- Compliments, complaints and other feedback provide:
 - valuable information about client satisfaction; and
 - an opportunity to improve upon all aspects of its service.
- Kindred Health Group records and handles feedback effectively in order to:



- identify areas for improvement;
 - coordinate a consistent approach to complaint resolution;
 - reduce the potential for future complaints; and
 - allow for reporting and efficient allocation of resources.
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- Kindred Health Group's feedback, compliment and complaint handling system addresses the principles of:
 - visibility and accessibility;
 - responsiveness;
 - assessment and investigation;
 - feedback;
 - continuous improvement; and
 - service excellence.
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- Kindred Health Group seeks to build a responsive, efficient, effective and fair complaint management system. Resolving complaints at the earliest opportunity in a way that respects and values the person's feedback can:
 - aid in recovering the person's confidence about Kindred Health Group's services;
 - help prevent further escalation of the complaint.
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- Kindred Health Group's approach to feedback, compliments and complaints management ensures:
 - people understand their rights and responsibilities;
 - information on the feedback, compliment and complaint management process is easily accessible;
 - increased satisfaction of clients in the management of their compliments and complaints;
 - the recording of data to identify existing or emerging trends or systemic issues;
 - staff demonstrate an awareness of Kindred Health Group's feedback, compliments and complaints management processes;
 - staff develop the range of skills and capabilities required to manage compliments, complaints and feedback; and
 - an organisational culture that is focused on effective, person-centred complaints resolution and utilising feedback for continuous improvement.



4.0 PROCEDURE

- Kindred Health Group will promote best practice, continuous improvement and an open, supportive, respectful culture that encourages and supports staff, clients and other stakeholders to make complaints and report concerns without fear of retribution.
- Kindred Health Group's *Client Charter*, *Welcome Pack* and a *Feedback, Compliments and Complaints Brochure* provide clients, their families and carers and all other stakeholders with information about this policy and procedure, in an easy to understand format. This will include information on how feedback and complaints will be addressed and who to contact to provide feedback and complaints to external agencies, including external advocacy and support agencies. Information will be clearly displayed in Kindred Health Group and provided by staff when requested.
- Information about providing feedback and making complaints will be provided in a variety of formats where appropriate, including in Easy English and alternative languages. Interpreters and referrals to advocates can be provided.
- Kindred Health Group will provide all clients, their families and carers with this policy and procedure when they first access the service and, throughout service delivery, remind them of the policy and their right to make a complaint without fear of affecting their service.
- All personal information Kindred Health Group collects to manage feedback or complaints will be handled in accordance with privacy legislation and the *Privacy and Confidentiality Policy and Procedure*. Feedback and complaints will be dealt with in a confidential manner and will only be discussed with the people directly involved. All information regarding feedback and complaints will be kept securely in accordance with the *Records and Information Management Policy and Procedure*.
- Complaints and feedback can be lodged by a third party on behalf of another person, if their consent has been provided.
- Where required, an advocate or someone sensitive to the client's cultural needs will be appointed to assist in providing feedback or making a complaint.
- The Director will track and analyse feedback and complaint data to identify any ongoing issues and opportunities for service improvement.

Feedback

- Provision of feedback to Kindred Health Group is voluntary.
- Feedback will be collected regularly:
 - after each major interaction with the service (e.g. initial assessment and planning; reviews; exit);
 - during client service delivery;
 - at client forums; and
 - through satisfaction surveys.



- Stakeholders can provide feedback at any time through:
 - Feedback and Complaint Records;
 - phone: 0411 858 409
 - email: hello@kindredhealthgroup.com.au
 - post: 10 Little Dryburgh St South, North Melbourne VIC 3051
- Where feedback is provided verbally, the receiving staff member will transcribe the feedback onto a *Feedback and Complaint Record*.

Complaints Management Process

- Kindred Health Group's complaints management process can be simplified into five steps:
 - Receive;
 - Record;
 - Acknowledge;
 - Resolve; and
 - Communicate resolution.

1. Receive

- To lodge a complaint, individuals are encouraged to speak directly to a staff member first, in an attempt to resolve the matter without recourse to the complaints and grievances procedures.
- Staff will:
 - Listen – openly to the concerns being raised by the complainant.
 - Ask – the complainant what outcome they are seeking.
 - Inform – the complainant clearly of the complaint process, the time the process takes and set realistic expectations.
 - Be accountable – and empathic towards the affected person and action all commitments made.
 - Assess – situations that pose an immediate threat or danger, or require a specialised response.
- All complaints and grievances will be referred to the relevant supervisor (or Director) for resolution.
- The relevant supervisor will discuss minor complaints directly with the party involved as a first step towards resolution.
- If the complaint cannot be resolved promptly or within 24 hours, the Director will treat it as a grievance (advising the individual of their right to lodge a grievance if they have not already done so, with the assistance of a support person or advocate if they wish).
- A *Feedback and Complaints Form* will be made available to the individual to lodge their grievance; however it is not mandatory that they use the form. The *Feedback and Complaints Form* can be used to make anonymous complaints.



- Grievances can be lodged:
 - directly with a staff member, either verbally or by providing a completed *Feedback and Complaints Form*;
 - by email to: hello@kindredhealthgroup.com.au
 - by phone on 0411 858 409; or
 - in writing to: 10 Little Dryburgh St South, North Melbourne VIC 3051
- At any time, individuals can make a complaint directly to the National Disability Insurance Agency (NDIA) or the NDIS Commission.
- The Victorian Disability Workers Commission will receive complaints about disability workers from 1 July 2020.
- All clients making a complaint will be encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with the assistance of a staff member if required) through the National Disability Advocacy Program.
- If a complaint alleges actual or possible criminal activity or abuse or neglect, it will be referred to the Director immediately. The Director will follow the *Incident Management Policy and Procedure*, reporting the complaint and working with the relevant authority to investigate the allegation.
- Staff will take all reasonable steps to ensure a complainant is not adversely affected because a complaint has been made by them or on their behalf.

2. Record

- The Director will:
 - Record – all information that is relevant to the compliment or complaint, in its original and simplest form, in Kindred Health Group's *Complaints and Feedback Register*.
 - Store and protect – the *Complaints and Feedback Register* in a secure file, accessible only to the Management Team.

3. Acknowledge

- The Director will:
 - Acknowledge – receipt of the grievance within 2 working days to build a relationship of trust and confidence with the person who raised the complaint.
 - Provide anonymity – a person may request to remain anonymous in their lodgement and therefore contact may not be possible or expected.
 - Seek desired outcomes – provide realistic expectations and refer the matter to other organisations where identified as being more suitable to handle.
 - Avoid conflict of interest – by appointing a person unrelated to the matter as an investigator if necessary.
 - Provide timeframes and expectations – to the complainant where possible.



4. Resolve

- In resolving a complaint or grievance, the Director will:
 - Involve the complainant – keep them informed of the progress of the complaint and discuss any disparities identified in the information held;
 - Request additional information – when required but apply a timeframe that limits when it is to be provided by;
 - Consider extensions – only where necessary and always communicate any additional time requirements to the complainant with an explanation of the need;
 - Record all decisions or actions of the complaint investigation in Kindred Health Group's *Complaints Register*; and
 - Focus on the identified complaint matters only. A complaint is not an opportunity to review a whole case.
- Investigation of complaints will not be conducted by a person about whom a complaint has been made. If required, the Management Team will determine the appropriate person to undertake the investigation.

5. Communicate resolution

- Kindred Health Group will respond to all complaints and grievances as soon as possible and within 28 days from acknowledgement.
- If a complaint or grievance cannot be responded to in full within 28 days of acknowledgement, an update will be issued to the complainant. The update will provide the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.
- The Director (or delegate) will:
 - Discuss the outcome – where possible, verbally with the complainant before providing written advice and allowing them the opportunity to make further contact following receipt of the written advice.
 - Include information on recourse – further action available to the complainant at the conclusion of the complaint investigation. An action of recourse may be to escalate the matter further with an external agency or for a further review within the organisation.
 - Provide a further review – to enable the first investigation to be reviewed for soundness and allow additional information not available in the first complaint to be included.
 - Identify opportunities – relay complaint outcomes to the appropriate area within the organisation for action to improve service delivery.
 - Seek Feedback – from the complainant regarding their experience of the complaints process.
- Support will be provided to assist complainants understand correspondence regarding complaints and grievances where required (e.g. interpreters, referral to advocates, etc.).



- Options for actions responding to a complaint include but are not limited to:
 - explaining processes;
 - rectifying an issue;
 - providing an apology;
 - ongoing monitoring of issues; and
 - training or education of staff.
- Kindred Health Group's *Complaints and Feedback Register* will be used by Kindred Health Group's Director (or delegate) to record every complaint, track investigation progress and outcomes and how the outcomes have been communicated to stakeholders.

Procedural Fairness

- Procedural fairness:
 - is impartial;
 - requires a response proportionate to the complaint, accusation and likely remedial action;
 - ensures that a complainant or participant is not disadvantaged by the complaint or the process of resolving a complaint;
 - ensures that persons who are likely to be adversely affected by a complaint process are given the opportunity to present their views and have them heard.
- Procedural fairness must be afforded to a person if their rights or interests may be adversely or detrimentally affected in a direct and specific way. In those circumstances:
 - the person must be given notice of each prejudicial matter that may be considered against them;
 - the person 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.
- The precise requirements of procedural fairness can vary from one situation to another. The required steps can vary according to:
 - the nature of the matter being dealt with;
 - the options for resolving it;
 - the timeframe for resolution;
 - whether facts in issue are in dispute;
 - the gravity of possible findings that may be reached; and
 - the sanctions that could be imposed based on those findings.



Supporting children and young people to make a complaint

We support children to understand our complaints process. We encourage children to give feedback and tell us when something is wrong.

We provide children and young people with the following information to help them understand their rights and how to make a complaint:

Speak Up and Make a Complaint brochure -

https://childsafety.pmc.gov.au/sites/default/files/2020-12/speak-up-flyer_0.pdf

The above brochure is also available in different languages at the link here -

<https://childsafety.pmc.gov.au/resources/speak-up-make-complaint>

We seek to keep families informed whilst complying with client consent for sharing information.

We will support children to understand how to make a complaint, e.g. provision of translated documents, or explaining it to them verbally (with use of an interpreter if required).

NDIS: Complaints Escalation and Dispute Resolution

- If a complainant remains dissatisfied with the outcome of their complaint or grievance, they will be provided with the details of other agencies they can use to assist them to achieve a resolution.
- Escalated complaints will be tracked in the *Complaints and Feedback Register* in the same manner as other complaints and the same communication processes as outlined above will be applied.
- Complaints to the NDIA can be lodged:
 - by email to feedback@ndis.gov.au
 - by post to: National Disability Insurance Agency,
GPO Box 700, Canberra ACT 2601
 - by phone on 1800 800 110
- Complaints to the NDIS Commission can be lodged via:
 - web: <https://www.ndiscommission.gov.au/>
 - email: feedback@ndis.gov.au
 - phone: 1800 035 544 (free call from landlines) or TTY 133 677.
Interpreters can be arranged.

- NDIS participants purchasing products and services also have rights and protections under the Australian Consumer Law (ACL), including provisions on client guarantees and unfair contract terms. Consumer Affairs Victoria provides information and advice and, in some



cases, dispute resolution services for client disputes under the ACL. See <https://www.consumer.vic.gov.au>.

Victorian Disability Workers Commission – Complaints System

The Victorian Disability Worker Commission takes complaints about disability workers in Victoria from 1 July 2020.

How to make a complaint?

From 1 July 2020, you will be able to make a complaint by:

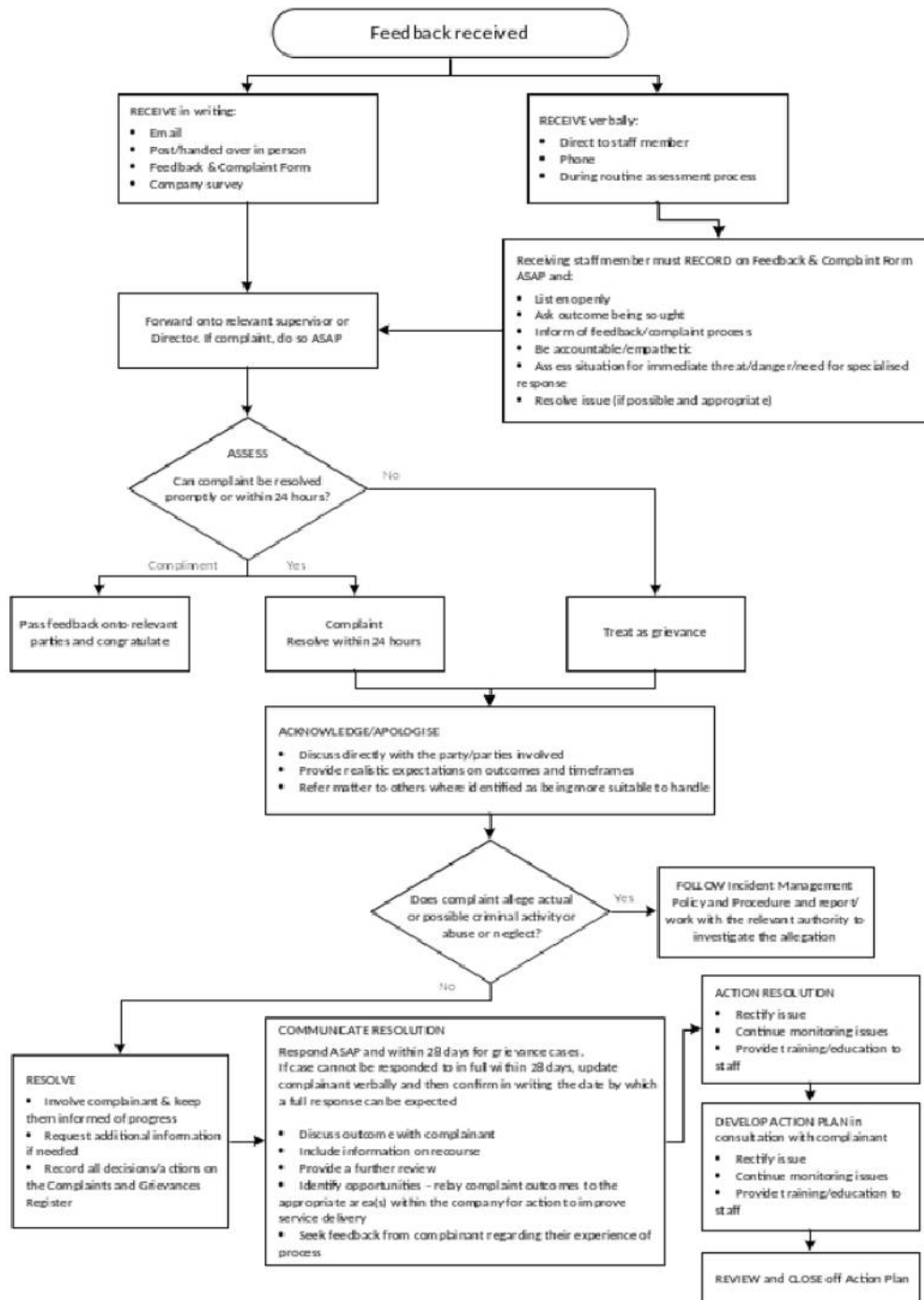
- Filling out a webform - <https://portal.vdwc.vic.gov.au/public/home>
- Calling VDWC on 1800 497 132 between 9.30am and 4.30pm, Monday to Friday.
- Writing to VDWC at the online contact form - <https://www.vdwc.vic.gov.au/about/contact-us>
- VDWC can arrange interpreters, including Auslan interpreters.

For more information, please visit <https://www.vdwc.vic.gov.au/making-complaints>

You can choose to make a complaint anonymously. But the Victorian Disability Worker Commission may be limited in its ability to fully and properly investigate or address the issues raised in an anonymous complaint and will be unable to provide you with feedback or information in relation to your complaint.



Feedback and Complaints Flowchart





POLICY AMENDMENT RECORD		
DATE	BRIEF DESCRIPTION OF AMENDMENT	AUTHORISED

End of policy document. Uncontrolled when printed.
