

COMPLAINTS MANAGEMENT Policy & Procedure

'caring for our community'	<u> </u>
QA REFERENCE	M't P&P No 01
INTRODUCED	10 th December 2008
	(Previously Complaints and Appeals – CM P&P No 07)
LAST REVIEWED	18 th August 2020
NEXT REVIEWED	18 th August 2023
RESPONSIBILITY	The Operational Leadership Group is responsible for the review and currency of this policy and procedure.
APPROVED	Approved by the Chief Executive Officer on 18 th August 2020.
	This policy and procedure is valid from the date of introduction and remains in force, as amended from time to time, until such time as formally revoked by resolution at a meeting of the Operational Leadership Group.
ENDORSED	Endorsed by the Operational Leadership Group on 18 th August 2020
REFERENCES –	
Related Legislative Acts and	Housing Act 1983 (Vic)
Other Sources of Authority	Health Complaints Act 2016 (the Act)
Related Standards,	https://www.ombudsman.gov.au/
Guidelines and Other References	https://www.odsc.vic.gov.au/
References	https://providers.dhhs.vic.gov.au/human-services-standards
Related MASP Policy and	Conflict of Interest HRM P&P No 28
Procedure Documents	Privacy and Confidentiality - M't P&P No 16
	 Privacy and Information Security - tenants and prospective tenants – P&T P&P No 01
	Complaints and Appeals - tenants and prospective tenants – P&T P&P No 03
	Staff Grievances – HRM P&P No 10
	Disciplinary Procedures – HRM P&P No 17
Related MASP Instructions and Guidelines	Working Together: You and MASP Brochure
Related MASP Forms and	Complaints and Appeals CWG F&T No 07
Templates	Client Feedback Questionnaire - CWG F&T No 03
ACRONYMS/DEFINITIONS	
• MASP	Mallee Accommodation and Support Program Ltd
• OLG	Operational Leadership Group
Complaint	 An expression of dissatisfaction made to or about an organisation regarding its staff, services or products that warrants response or resolution.

Complaints Management
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Complainant	 An employee, client, advocate, entity or member of the public who expresses their dissatisfaction about an organisation to either the organisation itself or an external body.
Escalation	 A process of reporting complaints to the relevant external body for example; Victorian Disability Services Commissioner if the complainant is not satisfied with the outcome of their complaint.

PURPOSE & SCOPE

MASP is committed to ensuring that any person (which includes clients and their families, carers, potential carers and advocates or organisations) using MASP services or affected by its operations, has the right to lodge a complaint or to appeal a decision made by the organisation.

All concerns that are raised will be addressed in ways that ensure access and equity, fairness, accountability and transparency.

MASP provides a complaints and appeals management procedure that

- allows any person to make a complaint or provide feedback
- facilitates complaints by cultivating a supportive environment in which they can be made
- is simple, accessible and easy to use
- is effectively communicated and promoted to all clients, carers, potential carers and stakeholders
- is proportionate to the size of the organisation and the services it provides
- ensures complaints or appeals are fairly assessed and responded to promptly
- is procedurally fair and follows principles of natural justice
- complies with legislative requirements

This policy DOES NOT apply to complaints made by MASP staff which involve any act, omission, situation or decision, related to their own work environment. These complaints are dealt with under the Staff Grievances HRM P&P No 10.

POLICY

MASP will

- ensure that all clients and their families, carers, potential carers and advocates are encouraged and supported to raise any concerns they have about the service or organisation;
- consider all complaints it receives regardless of whether or not the complainant is a client of the organisation;
- treat all complainants with respect, recognising that the issue of complaint is important to the complainant;
- maintain confidentiality of parties involved, keeping any information private to those directly involved in the complaint and its resolution ensuring that information will only be disclosed if required by law, or if otherwise necessary;
- ensure support and advocacy is available to clients, carers and potential carers who make a

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complaint and require support;

- resolve complaints, where possible, to the satisfaction of the complainant;
- clients, families and advocates, carers and potential carers have access to the organisation's complaints management policy;
- deal with all complaints in a timely manner, and aim to provide a formal response to the complainant within seven days of the complaint being received;
- keep parties to the complaint appropriately involved and informed of progress of the complaint;
- ensure that Board of Directors, staff, volunteers, clients, carers and potential carers are given information about the complaint's procedure as part of their induction/intake and are aware of procedures for managing client feedback and complaints;
- ensure all service users, stakeholders and members are aware of the complaints policy and procedures;
- ensure that all complainants are aware of and understand how to escalate their complaint to the relevant external body;
- ensure that a complainant is not penalised in any way or prevented from use of services during the progress of an issue;
- ensure that feedback data (both positive and negative) is considered in organisational reviews and in planning service improvements;
- review and evaluate the accessibility and effectiveness of the complaints management system and continually improve its processes.

PROCEDURES

Information for clients, carers, potential carers and stakeholders

MASP complaints and appeals procedure will be documented for clients, carers, potential carers and stakeholders which is made available via various means including at intake and in the orientation process.

All clients, carers, potential carers will be informed of their rights and responsibilities with regards to complaints and appeals at the earliest possible stage of their involvement with the organisation.

The policy will contain information on the following

- how to make a complaint or lodge an appeal, including an anonymous complaint
- contact person for lodging a complaint or appeal
- how the organisation will deal with the complaint or appeal, the steps involved and the timelines
- the rights of the complainant to an advocate, support person or interpreter
- how the person will be informed about the outcome of their complaint or appeal
- how to make a complaint to an external body including contact details

Training

Staff, carers and volunteers will be trained on the complaints management procedures during their induction, and as part of ongoing refresher training.

Managers and relevant staff will undergo training for complaints management and resolution to support

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clients, carers, potential carers throughout the complaint process and appropriately respond to complaints in an empathetic manner. This will include open communication strategies such as acknowledging the grievance without being defensive and making apologies while accepting responsibility for what occurred.

MAKING A COMPLAINT

A person wishing to make a complaint may do so in writing or verbally to

- the staff member they were dealing with at the time
- the supervisor of that staff member
- the relevant Manager or CEO or
- the Board of Directors or
- the relevant external body to the service delivery area.

Complaints can be made by

- delivering a completed "complaints or appeals" form to reception staff at head office or to any MASP work place. The Complaints or Appeals CWG F&T No 07 is available in hard copy (upon request) or on the MASP website;
- submitting a written complaint to MASP (with attention to the CEO) to PO Box 1686 Mildura Vic 3502;
- emailing a complaint to info@masp.org.au, where staff responsible for receiving the email will direct to the appropriate manager or CEO.
- telephoning 03 5021 6500. If the complaint is about
 - a staff member, the complaint will normally be directed to the relevant area Manager or CEO.
 - the CEO, the complaint will normally be dealt with by the Chair of the Board of Directors.

Lodging an Appeal

Clients, carers, potential carers or their advocates may lodge an appeal if they disagree with a decision made by the organisation, or by a staff member. An appeal should be made in writing within 14 days and submitted to CEO.

Procedure for Complaints and Appeals Management

Any staff member may be the recipient of a complaint and is responsible for

1. receiving the complaint and

- listening to the complainant, acknowledging the concern raised, and explaining the next steps to the complainant;
- either discussing with the complainant an agreed upon resolution (for smaller matters), or referring the complaint to the appropriate Program Manager or delegate for further investigation and management action.

The person managing the complaint will be responsible for

2. processing the complaint or appeal by

registering the complaint or appeal with the Manager Performance and Risk for the purpose of

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registering the complaint on the organisation wide complaints register;

• informing the complainant that their complaint has been received and providing them with information about the process and time frame.

3. investigating the complaint or appeal by

- examining the complaint within seven days of the complaint being received;
- investigating the complaint and deciding how to respond;
- informing the complainant by letter within 14 days of the complaint being received what is being done to investigate and resolve it, and the expected time frame for resolution;
- informing the complainant of the reasons why an expected time frame cannot be met (if required) and the alternative time frame for resolution. (As far as possible, complaints or appeals will be investigated and resolved within 14 days of being received).

4. responding to and resolving the complaint by

- making a decision or referring to the appropriate people for a decision within 14 days of the complaint being received;
- informing the complainant of the outcome and the reasons for decisions made
 - o if upheld (what will be done to resolve it)
 - o if resolved (how this has been achieved); or
 - o if no further action can be taken, the reasons why;
- informing the complainant of any options for further action if required;
- ensuring that the appropriate person makes an apology, if an apology is in order, and informing the complainant what the organisation intends to do to avoid further grievance.

5. reviewing the complaint and

• advising the complainant, if they are not satisfied with the investigation and the proposed resolution of their complaint or appeal, that they can seek a further review of the matter by contacting the CEO within 14 days post notification of outcome.

6. referring the complainant to relevant external body

 based on program and providing information and support to the complainant to make the complaint externally if necessary; if the complainant is still not satisfied with the outcome after Step 5 above.

Complaints involving specific staff members, volunteers or MASP members (including Board Director).

The area managers have delegated responsibility for resolving complaints or disputes involving staff members with the assistance of the Manager of People and Culture.

External complaints by clients, carers, potential carers or stakeholders made against a staff member or volunteer will be managed by the program managers or their delegates who will

- raise a CIMS incident report if in scope and client harm is identified;
- notify the staff member or volunteer of the complaint and its nature noting if it is a CIMS investigation that notification will occur as per the investigation plan;

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- investigate the complaint and provide the staff member or volunteer with an opportunity to respond to any issues raised;
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party
- take any other action necessary to resolve the issue (if appropriate) and approved by CEO.

Any disciplinary action against a staff member or volunteer arising from a complaint will be taken in accordance with the procedures contained in organisation's disciplinary procedures.

Complaints involving the CEO will be managed by Chair of the Board of Directors.

Complaints made against a MASP member (including Director) will be referred to the Board Chair. They or their delegate, will

- notify the person about whom a complaint is being made of the complaint and its nature;
- investigate the complaint and provide the member with an opportunity to respond to any issues raised'
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party.

Cooperation in external investigations

If any person makes a complaint about MASP to an external body (including police, ombudsman, etc) the CEO or Manager delegated by CEO will be responsible for liaising with the body responsible for investigating the issue. MASP will fully cooperate in any investigation which may take place; this includes participating in early resolution, conciliation, and/or reporting to the body about resolution and corrective actions if required.

Register of Complaints

A register of complaints and appeals will be kept on the Quality Drive for a minimum of seven years after the complaint has been made. The register will be maintained by the Manager Performance & Risk and will record the following for each complaint or appeal

- details of the complainant and the nature of the complaint
- date lodged
- action taken
- date of resolution and reason for decision
- indication of complainant being notified of outcome
- complainant response and any further action

The complaints register and files will be confidential and access restricted to the CEO and Operational Leadership Group.

A statistical summary of complaints and appeals will also be kept on the quality drive and maintained by the Manager Performance and Risk. This position will be responsible for providing a report on complaints to the Clinical Governance Committee, a sub Committee of the Board of Directors on a quarterly basis with the ability to report monthly as deemed necessary by the seriousness of the complaint.

Results from this report will be reviewed by the Board of Directors and CEO and Managers and used to

inform service planning by including a review of complaints and appeals in all service planning,

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monitoring and evaluation activities;

inform decision making by including a report on complaints and appeals as a standard item on staff and management meeting agendas.

Continuous improvement of the complaints management system

The complaints management system will be reviewed and evaluated annually. This will include

- review of all complaint and feedback policies and procedures;
- client and staff feedback about the accessibility and effectiveness of the complaints management system;
- implementation of a continuous improvement plan based on the review and feedback received.

END

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