

COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

Policy Category	Quality
Authorised by	CEO
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COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY

Purpose

Murray Mallee Aged Care Group values quality services, continuous improvement and employee, stakeholder, and client satisfaction.

The MMACG Compliments, Complaints and Feedback Policy and Procedure supports MMACG's capacity to collect information from clients, employees, and stakeholders to facilitate continuous improvement and quality management processes.

Policy Statement

The MMACG Compliments, Complaints and Feedback Policy and Procedure provides a safe, procedurally fair, confidential, and efficient avenue, in which clients, stakeholders and employees are encouraged and supported to give compliments, complaints and feedback.

MMACG will ensure that the compliment, complaint and feedback process is accessible, easy and facilitates anonymous submissions.

The person(s) who have raised the compliment, complaint or feedback will be involved in the investigation and resolution processes, if they wish to do so.

All compliments, complaints and feedback will be recorded in the Quality Management System (QMS) to facilitate the documentation and investigation of the compliments, complaints, and feedback. The system supports the oversight and review of investigations, corrective actions and/or improvements adopted post submission and facilitates statistical analysis and system review to ensure accountability.

Clients who submit a compliment, complaint or feedback may have access to all documentation relating to the submission, upon request.

COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

Definitions

Complaint

Received from a client, employee or stakeholder (complainant) and involves a process of investigation and resolution.

Feedback/Suggestion for improvement

Received from a client, employee or stakeholder who prefers the complaint/compliment/feedback to remain undisclosed to the party involved. The investigation process will remain the same for the feedback to uncover the causes, reasons, contributing factors and triggers of any concerns/negative feedback.

Compliment

Positive feedback received from a client, employee or stakeholder; no investigation or resolution process is required.

Responsibilities

All employees of MMACG are responsible for adhering to the Compliments, Complaints and Feedback Policy and Procedure.

All employees have a responsibility to:

- Acknowledge, report, and document all compliments, complaints and feedback received.
- Ensure that all clients are aware of their rights and are supported to make a compliment, complaint or feedback if they require assistance.
- Ensure that all clients are aware of how they can make a complaint to an external body if they wish to do so.
- Keep all information confidential and only disclose if required by law, or if the disclosure is otherwise appropriate in the circumstances.

All service consultants/managers have additional responsibilities to:

- Provide and explain this Policy and Procedure, and the associated Compliments, Complaints and Feedback Form and Flowchart to all clients during the client intake or periodic review process.
- Acknowledge, assess, and resolve all compliments, complaints and feedback in a fair, efficient, and timely manner, in line with the principles of procedural fairness and natural justice. The complainant must not be adversely affected in the process.
- Take appropriate action in relation to all compliments, complaints and feedback.
- Ensure that the client, and any person involved in a complaint or feedback is kept informed and involved in the investigation and resolution process.
- Review any decision made in relation to a complaint or feedback if a review is requested by the client.
- Ensure detailed and transparent documentation of the complaint or feedback in the QMS
- Ensure that all employees are trained in the Compliments, Complaints and Feedback Policy and Procedure.
- Help the support staff in using the QMS for reporting compliments, complaints and feedback.



COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

The executive management team and board of directors are responsible for:

- Oversight of all compliments, complaints, and feedback.
- Review of the compliments, complaints and feedback management system and statistical data (every 12 months).
- Maintenance of all documentation for a period of seven years.
- Reporting any requested information relating to complaints, to the Commissioner, if requested to do so by the Aged Care Quality and Safety Commission.
- Referral or notification to any other bodies, in accordance with any requirements under relevant commonwealth and state laws.

COMPLIMENTS, COMPLAINTS AND FEEDBACK PROCEDURE

Ways to provide compliments, complaints and feedback

In an effort to make the process more easy, quick and reliable, clients, representatives, staff and other stakeholders can send their compliments, complaints and feedback through the following ways:

- MMACG official website
- MMACG Facebook page
- Via Post to MMACG
- Via Phone Call to MMACG
- MMACG Compliments, Complaints and Feedback Form at office reception areas
- MMACG Quality Management System

To ensure that our clients understand and follow the process more effectively and comfortably, MMACG has developed a simple process (in the form of a flowchart) that is shared with the clients during initial onboarding and periodic reviews.

COMPLAINT PROCEDURE

On Receipt of a Complaint

- The person who initially receives the complaint must lodge the complaint in the QMS via mobile phone application/desktop version within 24 hours of receiving the complaint.
- The QMS will send an automatic notification of the submission to the relevant managers and delegates.

Acknowledgement, Investigation and Resolution of a Complaint

The Clinical Manager (for regional complaints) or the Adelaide Services Manager (for metropolitan complaints) are responsible for the investigation and resolution of the complaint, or, delegating this responsibility to the team leader/service consultant/manager responsible for the case management of the client.

COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

The person responsible for the investigation and resolution of the complaint must document the complaint in the client management system if the complaint is in relation to a client or a worker.

The Clinical Manager (regional) or Adelaide Services Manager (metropolitan) will investigate the complaint/delegate the complaint investigation process.

The person responsible for the complaint investigation will:

1. Contact the complainant to acknowledge the complaint **within 24 hours of receiving the complaint.**
2. Ensure that the MMACG Open Disclosure Policy and Procedure is adhered to.
3. Investigate the complaint as per MMACG Complaint Management Guide (PHI Resource).
4. Determine appropriate corrective actions.
5. Provide feedback to the complainant and/or their representative, regarding the complaint investigation and corrective actions, by phone or in writing. **Within thirty (30) days of receiving the complaint.**
6. Provide opportunity for the complainant to have further input into the complaint resolution process. The investigator should keep seeking input from the clients or their representatives until they are completely satisfied with the resolution.
7. Where appropriate, provide information to the complainant regarding the Aged Care Quality and Safety Commission:
Phone: 1800 951 822 (free call)
Online: <https://www.agedcarequality.gov.au/making-complaint/lodge-complaint/onlinecomplaints-form>
Post: Aged Care Quality and Safety Commission
GPO Box 9819
Adelaide
5000
8. Where appropriate, provide information on available Advocate Services, including MMACG's Advocacy Service List.
9. Implement all required corrective actions to resolve the complaint.
10. Document the investigation and resolution process
11. Action the Operations, Quality and Analysis Officer or any designated staff in his absence to review and close out the complaint.

Documentation of a Complaint

The person responsible for the investigation of the complaint is responsible for documenting all investigation actions, corrective actions, and outcomes in the QMS.

All systemic issues should be reported to the Deputy CEO/Operations Manager for further follow up.

Review and Closure of a Complaint

The Operations, Quality and Analysis Officer or any designated staff are responsible for the review and closure of all

COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

complaints.

The review and closure procedure includes the escalation of complaints, where appropriate, to various committees for oversight and governance purposes. Most importantly, the review process should make sure that the complaint has been managed as per the best practice guidelines. All issues identified during the review process should be actioned to the investigator requesting the completion within the 30 days' timeline. The complaint will remain open in the QMS unless it is completed as per the Complaint Management Guide.

This process also includes linking to relevant registers, personnel or clients and quality standards, within the QMS. If the corrective actions indicated a development/renew of any MMACG systems and processes, it will be documented in the MMACG Continuous Quality Improvement Register for further process.

FEEDBACK PROCEDURE

On receipt of Feedback/Suggestion for Improvement

The person who initially receives the feedback/suggestion for improvement must lodge it in the QMS via mobile phone application/desktop version.

The QMS will send an automatic notification of the submission to the relevant managers and delegates

Feedback and Quality Improvement Processes

The Clinical Manager (for regional feedback) or the Adelaide Services Manager (for metropolitan feedback) are responsible for the investigation and quality improvement processes, or, delegating this responsibility to team leaders/appropriate service consultant/manager.

If the feedback is negative and the feedback provider is unhappy with any aspect of the MMACG operations but did not want to make a formal complaint, it will still be investigated as per procedure laid down in *Acknowledgement, Investigation and Resolution of a Complaint* section of this Policy and Procedure.

If the feedback provider identifies an area of improvement in MMCG operations, services and staff, while also remains satisfied with the existing operations, the following process will be adopted:

The person responsible for the feedback/suggestion for improvement will:

1. Investigate the feedback/suggestion for improvement if required.
2. Determine appropriate corrective actions or opportunities for improvement.
3. Implement all required corrective actions or opportunities for improvement.
4. Document the investigation and quality improvement process in the QMS.
5. Action the Operations, Quality and Analysis Officer to review and close out the feedback/suggestion for improvement.

All feedback requiring follow up **with all staff** will be added to the relevant meeting Agenda and linked to the relevant Feedback entry.

Review and Closure of Feedback/Suggestions for Improvement

COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

- The Operations, Quality and Analysis Officer or any designated staff member are responsible for the review and closure of all feedback/suggestions for improvement.
- The review and closure procedure includes the escalation of feedback/suggestions for improvement, where appropriate, to various committees for oversight and governance purposes.
- This process also includes linking to relevant registers, personnel or clients and standards, within the ionMy system.
- If the corrective actions indicated a development/review of any MMACG systems and processes, it will be documented in the MMACG Continuous Quality Improvement Register for further process.

COMPLIMENT PROCEDURE

On receipt of a Compliment

The person who initially receives the compliment must lodge the compliment in the QMS via mobile phone application/desktop version.

The QMS will send an automatic notification of the submission to the relevant managers and delegates

The Clinical Manager (regional compliments) or Adelaide Services Manager (metropolitan compliments) are responsible for the follow up and documentation of compliments, or, delegating this responsibility to team leaders or an appropriate service consultant/manager.

The person responsible for the compliment will:

1. Document the compliment and all actions taken in response to the compliment in the QMS
2. Action the Operations, Quality and Analysis Officer to review and close out the compliment.

Review and Closure of Compliments

- The Operations Quality and Analysis Officer or any designated staff member are responsible for the review and closure of all compliments.
- The review and closure procedure includes the escalation of compliments, where appropriate, to various committees for oversight and governance purposes.
- This process also includes linking to relevant registers, personnel or clients and standards, within the ionMy system.



COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE

Policy Owner:	Deputy CEO/Operations Manager
Related Policies:	Incident Management Policy and Procedure Code of Conduct Risk Management Policy Open Disclosure Policy and Procedure Privacy and Confidentiality Policy
Related Forms:	Compliments, Complaints and Feedback Form Advocacy Service List Employee Confidentiality Form ionMy Compliance Application Guide Compliments, Complaints and Feedback Flowchart
Related Standards:	<i>Aged care quality standards</i> Standard 6: Feedback and Complaints Standard 7: Human Resources Standard 8: Organisational Governance
Legislative Reference:	<i>Aged Care Act 1997</i> <i>User Rights Amendment (Charter of Aged Care Rights) Principles 2019</i>
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