**COMPLAINTS, APPEALS AND FEEDBACK**

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| **Number:** | **4.1** | |
| **Code:** | **QAS** | |
| **Name:** | **COMPLAINTS, APPEALS AND FEEDDBACK** | |
| **Policy Statement** | Sunnyhaven values complaints and feedback from people with disability, families, carers, service providers and regulators to ensure people are treated fairly when they use our services.  We are committed to ensuring that any person or organisation using our services or affected by our operations has the right to lodge a complaint or to appeal a decision of the organisation and to have their concerns addressed in ways that ensure access and equity, fairness, accountability and transparency.  Complaints (including negative feedback) are an important source of information and we use this feedback to improve our services wherever possible for our participants and other stakeholders together with support for staff.  The difference between feedback and complaints. Feedback is warranted or  sought out by Sunnyhaven, whereas a complaint comes on its own.  This policy applies to all staff, contractors, volunteers or business partners. This policy is owned by the Board.  The organisation will provide a complaints and appeals management procedure that:   * is simple and easy to use; * is effectively communicated and promoted to all participants and stakeholders; * ensures complaints or appeals are fairly assessed and responded to promptly; * is procedurally fair and follows principles of natural justice; and * complies with legislative requirements. | |
| **Policy Information** | Sunnyhavenis responsible for ensuring that sufficient staff at appropriate levels are formally trained in dealing with complaints.  Managers are responsible for ensuring all their staff are familiar with the  Complaints, Appeals and Feedback Policy and are able to competently carry out frontline complaint handling or take appropriate action when required.  **Principles**   * Everyone has the right to complain; * People making complaints shall be supported to access the complaints   processes;   * Complaints process shall be sensitive to any cultural requirements; * Our robust complaints processes and systems are an important part of   quality service management and help safeguard people with  disability;   * Complaints identify risks to people with disability but also visitors and   staff and support Sunnyhaven to meet its Work Health & Safety  obligations;   * Complaints identify opportunities for Sunnyhaven to continuously   improve its services.  **Objectives:**  To ensure that Sunnyhaven has a robust and pragmatic framework in place to handle complaints and feedback, efficiently and effectively.  Sunnyhaven shall:   * acknowledge, assess and resolve all complaints in a fair, efficient and timely manner; * keep parties to the complaint informed of progress; * take appropriate action in relation to issues raised in complaints; * resolve complaints, where possible, to the satisfaction of the complainant; * Summarising key actions agreed to as a result of the complaint; * Accepting responsibility for what occurred and the impacts caused; * 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; * ensure advocacy is available to participants who make a complaint and require support; * take reasonable steps to ensure that any person who makes a complaint, and any affected person with disability, is provided with support, assistance and advised how to contact and make a complaint to the NDIS Commission; * ensure Board Members, all staff are given information about the complaints procedure as part of their induction and are aware of procedures for managing participant feedback and complaints; * ensure all service users, stakeholders and members are aware of the complaints, appeals and feedback policy and procedures; * 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.   **Definitions:**  **Complaint for a NDIS Provider –** A complaint is an expression of dissatisfaction with an NDIS Service provider.  **Complaint:**   * formal advice that an incident has occurred; * our service is not hitting the mark; * something is not working the way it should; * something is inappropriate or someone is at risk.   A serious incident process is required for legal and contractual purposes when a compliant is about a serious incident – “Reportable Incident”  **Allegation:**   * claim that an alleged illegal act has occurred.   Alleged 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. | |
| **Procedure** | **Collecting Participant and Stakeholder Feedback**  Feedback may be provided by individual participants, family members and stakeholders or in response to requests from the organisation.  Individual participants, family members or stakeholders may provide feedback by:   * completing and submitting the Feedback Form provided in the Participant Handbook and available to participants from staff members. * verbally informing a member of Sunnyhaven’s staff either in person or telephone. * during Participants’ meetings. * email or * mail.   **Information for participants and stakeholders:**  All participants will be informed of their rights and responsibilities regarding complaints, appeals and feedback in the ’Participant Handbook SHGR-REF135’ prior to commencement with the organisation.  It will contain information on the following:   * how to provide feedback; * how to make a complaint or lodge an appeal; * contact person for lodging a complaint or appeal; * how the organisation will deal with the complaint, appeal or feedback, * 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.   The information will also be made available to participants from CALD backgrounds  Staff should refer to the [*Levels of*](file:///Q:\REFERENCE%20DOCUMENTS\SHGR%20-%20REF136%20Levels%20of%20Authority%20for%20Incidents.docx) *Authority for Communication* document, which provides an overview of the stages and levels involved in the Complaints process.  **Feedback**  **Family & Participant Survey**  Sunnyhaven will seek feedback from Family members and Participants by distributing once a year.  The Quality Manager will manage the collection of information, analysing and creating action plans with Managers and the CEO. Survey  The effectiveness of the actions taken to address issues or opportunities of improvements identified from the survey will be checked in the next survey or a follow up will be completed by the Quality Manager if required:   * identify and implement action necessary to eliminate the cause of the problem, * investigating the root cause of a problem, * determine if similar issues exist, or could potentially occur elsewhere, * evaluate the effectiveness of the actions taken, * provide feedback to the family member(s), participant or other person who had completed the survey.   **Participant Representative Meeting**  Sunnyhaven will monitor our Participants' perceptions/feedback through Participant Representative Meetings that are held quarterly by the Quality Manager. The outcomes from these meetings are used to define an action plan to improve the quality of our services.  **Continuous Improvement**  The complaints process facilitates the ongoing identification of issues and implementation of changes to improve the quality and safety of NDIS supports to our participants.  **Complaints**  **Complaints Process Overview for Participants:**   1. Complaint received via email, phone, letter, verbal etc; 2. Complaint forwarded to the Customer Relations Manager; 3. Complaint provided to the CEO; 4. Customer Relations Manager logs complaint in Complaints Register SHGF – FO111 and files the Complaint; 5. Complaint investigated by the Customer Relations Manager; 6. Customer Relations Manager provides a response to the relevant parties; 7. Customer Relations Manager reports the outcomes of the Complaint(s) to the CEO and Board on a monthly basis.   **Complaints Process Overview for Staff**   1. Complaint received; 2. Complaint forwarded to the Human Resources Manager; 3. Complaint provided to the CEO; 4. Human Resources Manager logs complaint in Complaints Register SHGF – FO111 and files the Complaint; 5. Complaint investigated by the Human Resources Manager; 6. Human Resources Manager informs staff and managers involved of the outcome of the investigation; 7. Human Resources Manager provides a report to the CEO; 8. CEO reviews report findings  * Agree with findings or, * Requests further investigation.   **Receiving and Responding to a Complaint:**  Complaints can be made, verbally, in writing or filling out the ‘SHGF – FO117 Complaint Form’ by participants, their families, carers and advocates to:   * the staff member they were dealing with at the time; * the manager of that staff member; * the CEO or; * in writing by filling in the Complaint Form on our website,   [www.sunnyhaven.com.au](http://www.sunnyhaven.com.au)  The complaint form specially developed for Participants are available in all Sunnyhaven locations – ‘SHGF FO181 Participant Complaint Form’.  Written complaints are to be sent to:  ***Sunnyhaven Disability Services***  ***Customer Relations Manager***  ***35 Beach Street, Kogarah NSW 2217***  The Customer Relations Manager will be responsible for receiving this correspondence and directing it to the appropriate person to manage the complaint.  If the complaint is about:   * a staff member, the complaint will normally be dealt with by the Human Resources Manager; * a Manager, the complaint will normally be dealt with by CEO; * The CEO, the Customer Relations Manager will provide the complaint to the Board Chair.  1. **Complaints involving specific Staff Members or Board Members**   The Human Resources Manager has delegated responsibility to investigate staff complaints and report findings to the CEO.  The CEO has delegated responsibility for resolving complaints or disputes involving staff members.  Complaints involving the CEO will be managed by an independent investigator nominated by the Chairperson.  Complaint Forms will be provided to the complainant if they are about the CEO.  External complaints by participants or stakeholders made against a staff member will be managed by the Human Resources Manager or Customer Relations Manager who will:   * notify the staff member or volunteer of the compliant and its nature; * 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.   Any disciplinary action against a staff member or volunteer arising from a complaint will be taken in accordance with the procedures contained in Sunnyhaven’s Disciplinary Procedures.  Staff Grievance, where a staff member or volunteer makes a complaint concerning another staff member or volunteer, will be dealt with in accordance with the Sunnyhaven’s Grievance Policies.  **Internal Investigation:**  At the discretion of the CEO an internal investigation may be required. The CEO will appoint the Customer Relations Manager or delegate to coordinate and direct the internal investigation.  When an internal investigation is carried out the DSS 6.3.3 Incidents Investigation Policy may be followed, when applicable.  **External Investigation:**  At times, at the discretion of the CEO and or the Board Chairperson an external investigation may be required.  The CEO or the Board Chairperson will be the contact person and provide a brief about what will take place.  **Resolving the Internal Complaint:**   * 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: * upheld (and if so what will be done to resolve it) * resolved (and how this has been achieved); or * if no further action can be taken, the reasons for this. * Informing the complainant of any options for further action if required   **Objectivity and Fairness:**  Sunnyhaven Staff will:   * Address each complaint with integrity and in an equitable, objective and unbiased manner; * Ensure that the person handling a complaint is unrelated from any staff member whose conduct or service is being complained about; * Responsibly manage conflicts of interests, whether actual or perceived. In particular, internal reviews of how a complaint was managed will be conducted by a person other than the original decision maker.   **The following are key elements in resolving a complaint:**   * All parties have the right to have any complaint addressed. * Any complaint can be addressed by either the formal or informal options under this procedure. * There is a guarantee of timeliness, confidentiality and objectivity when an issue is raised. * The principles of natural justice will be given to both the person making the complaint and the person or persons who are subject of the complaint. Noting the rules of natural justice and procedural fairness in essence include such things as:   1. The hearing rule – i.e. anybody affected by the complaint ought to have an opportunity to be heard.  2. The bias rule – i.e. the decision-maker ought to be fair and impartial.  3. The no evidence rule – i.e. decisions must be made based upon logically probative evidence.   * No person making a complaint will be victimised or disadvantaged for making a complaint.   **Complaints Outcomes:**  The Manager appointed to coordinate the complaint is responsible for:   * evaluating the need for action to eliminate the cause(s) of the complaint, in order that it does not recur or occur elsewhere by: * reviewing and analysing the complaint; * determining the causes of the complaint; * determining if similar complaints exist, or could potentially occur. * defining corrective and preventative action and describing these actions in the Internal Investigation Report or in the Complaint Register; * making sure all the actions are completed in a timely manner; * reviewing the effectiveness of the actions taken; * updating risks and opportunities determined during planning, if necessary; * suggesting changes to the Quality Management System, if necessary.   **Reviewing the Complaint:**  If the complainant is not satisfied with theinvestigation and proposed resolution of their complaint or appeal they can seek a further review of the matter by writing to the CEO or contacting an external complaint body.  **Referral to External Complaint Bodies:**  All participants are provided with a Participant Handbook which includes information on external complaint bodies available to them.  The complainant may refer the matter to independent third parties such as NSW Ombudsman or the NDIS Quality and Safeguarding Commission.  **Resolving complaints through conciliation**  Conciliation may attempt to resolve a complaint that could not be resolved through the initial assessment phase of the processes. The most common form of conciliation is a meeting between the person making the complaint, the person with disability affected by an issue raised in the complaint and Sunnyhaven. Participation in a conciliation meeting is an open and voluntary process for all parties.  Each person is given the opportunity to put forward their views. Involvement in this process must include the participant and/or their guardian/ person responsible.  If the conciliation results in the parties agreeing to particular actions and outcome.  **Appeals**  **Lodging an Appeal**  Participants or their advocates may lodge an appeal if they disagree with a decision made by the organisation, or by a staff member, related to the service provided.  An appeal should be made in writing on the Feedback Form and submitted to the Customer Relations Manager.  **Procedure for Complaints and Appeals Management**  The person managing the complaint will be responsible for:   * processing the complaint or appeal; * registering the complaint or appeal in the Complaints Register; * informing the complainant that their complaint has been received and providing them with information about the process and timeframe.   **Investigating the Complaint or Appeal:**   * examining the complaint within 48 hours of the complaint being received; * investigating the complaint and deciding how to respond; * informing the complainant by letter within 7 days of the complaint being received of what is being done to investigate and resolve it, and the expected timeframe for resolution.   As far as possible, complaints or appeals will be investigated and resolved within 14 days of being received.  If this timeframe cannot be met, the complainant will be informed of the reasons why and of the alternative timeframe for resolution.  **Referring Complaints to Other Bodies:**  *Making a Complaint to the NDIS Quality and Safeguards Commission.*    Anyone can make a complaint to the Commission including, NDIS participants, other people with disability, friends, families, carers, advocates and workers.  Complaints can be made to the Commission orally, in writing or by any other appropriate means and can be made anonymously. Unless received anonymously, the Commission must acknowledge receipt of the complaint.  Complaints to the Commission may also be withdrawn, by the complainant, at any time.  If a complaint raises an issue that concerns the possible commission of a criminal offence, it must be referred to the appropriate law enforcement, Sunnyhaven shall also comply with any relevant mandatory reporting and Work Health & Safety Laws.  **Privacy**  Sunnyhaven collects and uses information, including sensitive information to form part of the complaints process. We will only share outcomes with guardians or people responsible for their participants.    **Record Keeping:**  A register of complaints, appeals and feedback will be kept in the Complaints and Feedback Registers. The registers will be maintained by the Customer Relations Manager/Administration Assistant and will record the following for each complaint, appeal or feedback:   * Details of the complainant and the nature of the complaint/feedback; * Date lodged; * Action taken to remediate or resolve complaints/concerns; * Date of resolution and reason for decision; * Indication of complainant being notified of outcome; * Complainant response and any further action.   Records of the complaint will be kept by the Customer Relations Manager and filed as confidential, then destroyed after 7 years as per NDIS requirement. The exception being if the situation regarding the complaint matter has arisen within that period of time.  The Customer Relations Manager adds the information of the complaint(s) and feedback in monthly reports to the CEO. | |
| **RELATED DOCUMENTS** | | |
| **Policy context:** This policy relates to | | |
| Standards or other external requirements | | [DSS 4 - Feedback and Complaints](file:///Q:\POLICIES\Operational\DSS%20Standard%204%20-%20Feedback%20and%20Complaints\DSS%204.0%20Feedback%20policy%20V.2.docx)  AU/NZS ISO 9001:2016 - 10.2  NDIS Quality and Safeguarding Framework |
| Legislation or other requirements | | Disability Inclusion Act 2014  Community Services (Complaints, Reviews and Monitoring) Act 1993 No 2  Ombudsman Act 1974  Privacy Act 1988  Convention on the Rights of Persons with Disabilities  National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018. |
| Contractual obligations | | [DSS 4 - Feedback and Complaints](file:///Q:\POLICIES\Operational\DSS%20Standard%204%20-%20Feedback%20and%20Complaints\DSS%204.0%20Feedback%20policy%20V.2.docx) |
| **Documents related to this policy** | | |
| Related policies | | DSS 6.3.3 Incidents Investigation Policy  DSS 6.4 Feedback Policy |
| Forms, record keeping or other organisational documents | | [SHGF – FO117 Complaint Form](file:///\\dc1-fs-001\SUH$\home%20drives\alessandra.luz_SUH\QA_%20Alessandra\Quality%20System%20By%20Ale\In%20review\FORMS\GENERIC%20FORMS\SHGF%20-%20FO117%20COMPLAINTS%20FORM.doc)  SHGF – FO181 Participant Complaint Form  [SHGF – FO 111 Complaints Register](file:///\\dc1-fs-001\SUH$\home%20drives\alessandra.luz_SUH\QA_%20Alessandra\Quality%20System%20By%20Ale\In%20review\REGISTERS\SHGF%20-%20FO111%20COMPLAINTS%20REGISTER.doc)  [SHGF – REF136 Levels of Reporting for Incidents](file:///\\dc1-fs-001\SUH$\home%20drives\alessandra.luz_SUH\QA_%20Alessandra\Quality%20System%20By%20Ale\In%20review\REFERENCE%20DOCUMENTS\SHGR%20-%20REF136%20Levels%20of%20Authority%20for%20Incidents.docx)  SHGF – FO233 Complaint acknowledgment |

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| **Policy review and version tracking** | | |
| **Review** | **Date Approved** | **Approved by** |
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