

Policy 16	COMPLAINTS AND FEEDBACK
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Record of policy development		
Version	Date approved	Date for review
2.3	December 2020	December 2022
2.2	May 2019	January 2021
2.1	January 2018	January 2021

Policy purpose:

Coastlink is committed to ensuring that any person or organisation using Coastlink’s services or affected by its operations has the right to lodge a complaint, provide feedback or to appeal a decision of the organisation. All concerns that are raised will be addressed in ways that ensure access and equity, fairness, accountability and transparency.

Policy:

The organisation will provide a complaints and feedback 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 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
- procedures in place for listening to children and dealing with concerns or complaints about behaviours towards a child, a disclosure of abuse or abuse.

Principles:

Coastlink will:

- ensure that all clients, and their families, 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. Information will only be disclosed if required by law, or if otherwise necessary
- ensure support and advocacy is available to clients who make a complaint and require support
- resolve complaints, where possible, to the satisfaction of the complainant
- clients, families and advocates 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 2 business days of the complaint being received
- keep parties to the complaint appropriately involved and informed of progress of the complaint
- ensure that Coastlink board members/employees/volunteers are given information about the complaint's procedure as part of their induction and are aware of procedures for managing client feedback and complaints
- ensure that all Coastlink board members/employees/volunteers are aware of their duty of care in reporting and responding to concerns and complaints
- ensure procedures are in place for listening to children and dealing with concerns or complaints about behaviours towards a child, a disclosure or report of abuse
- ensure all clients, 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 bodies including the NDIS Commission, Office of the Children's Guardian, and Aged Care Quality and Safety Commission.
- 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

Relevant Standards	
NSW Disability Service Standards:	
1. Rights	4. Feedback & Complaints
2. Participation & inclusion	5. Service Access
3. Individual outcomes	6. Service Management
NDIS Practice Standards:	
2. Provider Governance and Operational Management – Feedback and Complaints Management	
Aged Care Quality Standards	
1. Consumer dignity and choice	7. Human resources
6. Feedback and complaints	8. Organisational governance

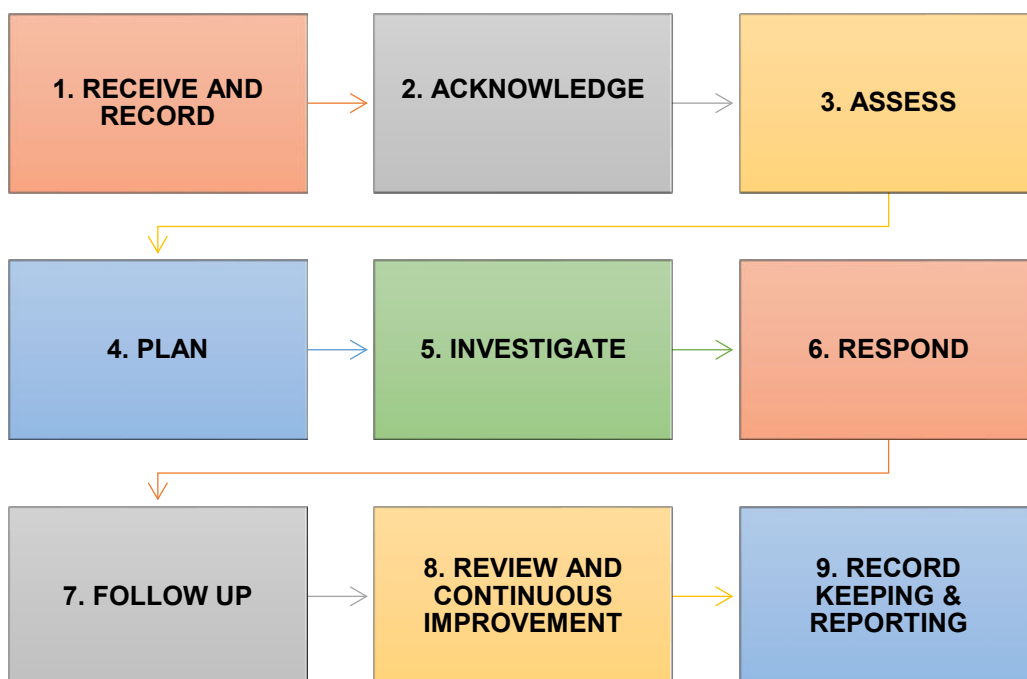
Related Legislation & References
Aged Care Act 1997 (Cth), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care
Aged Care Quality & Safety Commission
Better Practice Guide to Complaints Handling in Aged Care Services (2013)
Children and Young Persons (Care and Protection) Act 1998
Commonwealth Home Support Programme Guidelines
Commonwealth Privacy Act 1988
National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
National Disability Insurance Scheme Act 2013
National Disability Insurance Scheme Code of Conduct
NDIS Quality and Safeguards Commission
NDIS (Procedural Fairness Guidelines) 2018
United Nations Convention on the Rights of Persons with Disabilities

Related Procedures	
Documents/Forms	
Client Handbook	Shared Drive
Client Complaint Form	Coordinators
Tell Us What You Think Form	Shared Drive

Responsibilities and delegations	
This policy applies to: Clients Employees/volunteers	It will be distributed through: Client handbook, Coastlink website, Coastlink brochures Employee/volunteer handbook, shared drive
The positions responsible for monitoring complaints & feedback is:	<ol style="list-style-type: none"> 1. Operations Manager – oversight of the process 2. CEO – major complaints or those requiring external representation 3. Board – complaints in relation to the CEO
Policy approval	Board

Definitions
Refer to Definitions list at front of Coastlink Policy and Procedure Manual

16.1 COMPLAINTS AND FEEDBACK MANAGEMENT PROCEDURE OVERVIEW



16.2 COMPLAINTS AND FEEDBACK MANAGEMENT PROCEDURE

Introduction

Coastlink has adopted a robust complaints handling and resolution process to be used when managing a complaint. Not all complaints will require every step to be initiated, as a complaint may be resolved without the need to investigate, and others may need to be referred externally due to conflict of interest or the serious nature of the complaint. Coastlink staff should ensure that all legal and legislative requirements are met when managing a complaint.

Learning and development

All staff and volunteers of Coastlink are to be trained in their role within the management of complaints and feedback. All clients are to be provided information on the process, and to understand their rights to make a complaint and provide feedback on the organisation.

1. Receive and record

The person receiving the complaint should listen to the complaint, ask questions to clarify, and ask the complainant what their desired outcome is. This information should be documented.

2. Acknowledge

Acknowledge the complaint within 2 days and let the person know what to expect and the timeframe within which the organisation will respond. Acknowledgement can be formal or informal, verbal or written, but should be recorded as having occurred.

3. Assess

Assess the level of risk involved, the priority level and the complainant's desired outcome – is it realistic and do their expectations need to be managed?

4. Plan

Plan and document the approach that will be taken to investigate the complaint. Decide what will be investigated and how, who is required to be involved, and the expected timeframe. It is important to keep a record of the process as this may change.

5. Investigate

Conduct and document the investigation, ensuring that it is impartial, confidential and transparent. It should form a view of the complaint based on the available evidence and come to an appropriate resolution. The complainant should be involved in the process and informed of how it is progressing.

6. Respond

Inform the complainant of the findings or decision and explained how it was reached. Explain the corrective actions that will be taken and make an apology if appropriate. Provide information on how the complainant can seek further information or review. The response should be either informal or formal, depending on the nature of the complaint.

7. Follow Up

The complainant should be contacted to ensure they are satisfied with the outcome and the complaints process. If they are unhappy with the response, they should be offered the option to request a review of the decision. Alternatively, provide them with information

and support to access advocacy, mediation and/or refer the complaint to the relevant external body.

8. Review and continuous improvement

Take this opportunity to review and update relevant organisational policies and procedures involved in the complaint. The complaints process should be reviewed regularly, and feedback should be sought from clients, staff and other stakeholders about the effectiveness of the process.

9. Record Keeping and Reporting

Gather all relevant documents from the investigation and resolution and file them appropriately, according to relevant guidelines and funding agreements.

16.3 COMPLAINTS AND FEEDBACK MANAGEMENT PROCESS

Step 1. Receive and record	Timeline
<p>a. A complaint may be received from a client, carer or other stakeholder via:</p> <p>b. Letter – addressed to the Operations Manager, PO Box 759, Gosford NSW 2250</p> <p>c. Email – info@coastlink.org.au</p> <p>d. Phone – 02 43211022</p> <p>e. Website - http://www.coastlink.org.au/site/complaint-form</p> <p>f. Face to Face – by speaking with any staff member</p> <p>g. Or directly to:</p> <p>NDIS Quality and Safeguarding Commission: Phone - 1800 035 544 or Website - Here</p> <p><i>Or</i></p> <p><i>National Relay Service</i> www.relayservice.gov.au <i>then 1800 035 544</i></p> <p><i>Translating and Interpreting Service</i> <i>131 450</i></p> <p><i>Or</i></p> <p>Aged Care Quality and Safety Commission: Phone – 1800 951 822 or Website - Home Aged Care Quality and Safety Commission</p> <p>A complaint in relation to the CEO may be sent via:</p> <p>a. Letter – marked “Confidential – Board Chair”, PO Box 759, Gosford NSW 2250</p> <p>b. Email – marked “Confidential – Board Chair” in the subject box info@coastlink.org.au</p> <p>c. NDIS Quality and Safeguarding Commission: Phone - 1800 035 544 or Website - Here</p> <p><i>Or</i></p> <p>Aged Care Quality and Safety Commission: Phone – 1800 951 822 or Website - Home Aged Care Quality and Safety Commission</p> <p>d. Staff should encourage clients to submit a complaint by phone, letter, email or on the Coastlink Complaint Form found on the website or available from the office.</p> <p>e. Staff should listen to the complaint without judgement, and ask questions to clarify their understanding of the complaint.</p> <p>f. Staff should ask the complainant what their desired outcome is. Staff should not advise a client that the desired outcome is possible, unless the outcome is within their delegated authority, as this may be misleading for the complainant.</p>	<p>On day the complaint is received</p>

<p>g. If the complaint is able to be resolved by the person receiving the complaint in the first instance, the resolution and any agreed actions are to be recorded.</p>	
<ol style="list-style-type: none"> 1. A Client Complaint Form (<i>ProSIMS TimeOnLine incident process may be used by staff in lieu of the "form" where possible</i>) is created by the staff member receiving the complaint and the complaint is reported to their Coordinator or the Operations Manager. The TimeOnLine form will be automatically sent to the Operations Manager and the support worker's Coordinator on submission. The complaint should contain: <ul style="list-style-type: none"> o Name and contact details of the person making the complaint and/or their representative (unless it is made anonymously) o The nature of the complaint o The outcome being requested o The name of the staff member receiving the complaint and the date received 2. A Complaint that is identified to have an imminent risk to staff, clients or others is to be immediately reported to the CEO 3. A Complaint is recorded in the Complaints Register by the Operations Manager 4. A Complaint in relation to the CEO is received and recorded by the Board Chairperson 	
Step 2. Acknowledge	Timeline
<ol style="list-style-type: none"> 1. Where the incident is not critical, the Coordinator or Operations Manager will contact the client (by telephone, in person or letter) to identify any support, including cultural or linguistic, that they may need to understand and participate in the complaints process and to advise: <ul style="list-style-type: none"> o that the complaint has been received and recorded o the complaint is being assessed o the process that is followed including confidentiality and any particular actions due to the nature of the complaint o the timeline for investigating the complaint o their right to a staff contact person of their choosing and the agreed contact person and their contact details o their right to an advocate and advocacy agency support (see Section 17: Advocacy) o their right to make a complaint to the Ombudsman o their right to make a complaint to the NDIS Commission o when they will be contacted again. 2. The Coordinator or Operations Manager will record the acknowledgement, and any additional information 	<p>Within 2 working days of receipt of complaint</p> <p>Within 2 working days of receipt of complaint</p>

<p>provided by the Complainant as part of the investigation into the complaint.</p> <p>3. If the complaint is able to be resolved by the Coordinator or Operations Manager in the process of acknowledgement, the resolution and any agreed actions are to be recorded and the matter closed accordingly.</p>	
Step 3. Assess	Timeline
<p>1. Assess the level of risk involved. Critical – an immediate risk to staff, clients or others may exist. A risk to the organisation may exist. Refer immediately to the CEO. Moderate – a risk to staff, clients or others may have existed but has now passed. Action may need to be taken to prevent further risk. Refer to the Operations Manager for further advice. Low – no risk to staff, clients or others is identified. Refer to the Operations Manager.</p> <p>2. Complainants desired outcome – does it pose a risk to the organisation, staff, clients or others? Is it within the control of the organisation, or beyond the authority of the organisation?</p> <p>3. Does the complaint need to be referred to an external body such as:</p> <ul style="list-style-type: none"> ○ Police ○ NSW Ombudsman ○ NDIS Quality and Safeguarding Commission ○ Aged Care Quality and Safety Commission ○ Office of the Children’s Guardian ○ Community Services <p>4. If the complaint is in relation to a client, there should be no disruption to services provided to the client during the course of an investigation, unless there is an identified risk to the client. The Operations Manager is to be informed should a client not be able to receive a service due to a complaint.</p>	<p>Within 2 working days of receipt of complaint</p> <p>Within 2 working days of receipt of complaint</p> <p><i>If the complaint refers to an incident, the processes identified in Policy 19 for incident management must be followed; including, in the case of a “critical incident” advising the NDIS Commission and following the reporting 24 hour and five-day reporting rules as described in Policy 19.</i></p>
Step 4. Plan	Timeline

<p>1. The Operations Manager is updated by the Coordinator about the process to action the complaint and the proposed action/plan is agreed.</p> <p>2. The Coordinator and/or the Operations Manager will develop a plan to investigate the complaint. This plan will include:</p> <ul style="list-style-type: none"> • Risk level • What actions need to be taken short/long term • What resources may be required including who has delegated authority for these • Who will be responsible for completing actions • When actions will be completed by • How the progress of the complaint and outcomes will be communicated to the complainant, and • How the progress of the complaint actions and implementation will be oversights. • Any follow up actions, such as staff training, that may be required after the initial complaint is closed • Who will be responsible for ensuring follow up actions are completed <p>3. Where appropriate, the complainant may be invited to participate in developing the plan by the Coordinator or Operations Manager.</p> <p>4. Any actions outside of the delegated authority of the Operations Manager should be referred to the CEO.</p>	<p>Within 7 days of receipt of complaint</p> <p>Within 7 days of receipt of complaint</p>
Step 5. Investigate	Timeline
<p>1. Investigation principles include: impartiality, confidentiality, transparency and timelines.</p> <p>2. Person/s affected by the complaint are fully informed of all facts through ongoing updates on progress of the complaint and are given the opportunity to provide further information and contribute to the solutions.</p> <p>3. An investigation may not be necessary for every complaint.</p>	<p>Within 15 days of receipt of complaint</p>

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| <ol style="list-style-type: none"> 4. Investigations should only include those staff who are required in order to maintain the confidentiality of the complainant. 5. The CEO is to be immediately informed should, in the course of the investigation, it is found that risk has escalated or that the organisation needs to refer the complaint to an external body. The investigation should not proceed any further unless advised to do so by the CEO. The CEO and Operations Manager will hold responsibility for informing the complainant if appropriate. 6. Should any staff be required to be interviewed in the course of the investigation, they are to be provided adequate information so as to understand the reason for the interview whilst not providing information that may be additional to their involvement in the complaint. 7. Any staff involved in the complaint should be offered the opportunity to have a support person when being interviewed. 8. Any clients involved in the complaint should be offered the opportunity to have a support person or advocate when being interviewed. Clients should not be interviewed unless they have a clear understanding of the purpose of the interview, and informed of their rights in the process. 9. Any staff member or client participating in an investigation should do so freely and not be coerced or feel intimidated to participate. 10. All investigations, including interviews should be accurately documented. All notes should be signed and dated by those involved. Staff/clients have a right to request a copy of any notes taken in relation to any input they provide in an investigation. 11. It may not be practicable to provide feedback to those involved in the investigation due to confidentiality. Those involved should be advised when (if at all) they might anticipate further communication. 12. At the completion of the investigation there may be recommendations for actions to be taken, or it may be identified that no actions can be taken. | <p>Within 15 days of receipt of complaint</p> |
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<p>13. The Coordinator or Operations Manager should consider if actions are conducive to the outcome sought by the complainant. If not, an explanation should be prepared for the complainant to understand why.</p> <p>14. The complainant should be kept informed on any progress during the investigation and included wherever practicable.</p>	
<p>Step 6. Respond</p>	<p>Timeline</p>
<ol style="list-style-type: none"> 1. Action is carried out, including providing an apology to the complainant if appropriate. 2. The client is advised of the actions taken to address the issues raised and the outcome of the complaint in a letter. 3. Inform the complainant of the findings of the investigation, including actions or decisions made, and explain how this was reached. This may be done in writing, by phone or face to face. 4. An apology may be offered by the Coordinator, Operations Manager, or CEO, if appropriate. 5. Explain any corrective actions that will be taken. 6. Actions should be completed within the agreed timeframes. 7. If it is planned to extend action timeframes beyond 15 days from the receipt of the complaint, the complainant should be advised. 8. Provide the complainant with an opportunity to comment on the outcomes. Any feedback should be recorded. 9. Provide information on how the complainant can seek further information or review of the matter if they are not satisfied with the outcome. 	<p>Within 15 days of receipt of complaint</p>
<p>Step 7. Follow up</p>	<p>Timeline</p>
<ol style="list-style-type: none"> 1. If the client is not satisfied with the outcome they are advised of the complaints appeal process. (see Section 17: Advocacy). 2. If the client wishes to appeal, the complaint is reviewed by the CEO. In the case of a complaint against the CEO, the board may decide to appoint an external entity to review. 	<p>Within 15 days of receipt of complaint</p> <p>Within 25 days of receipt of complaint</p>

<ol style="list-style-type: none"> 3. The client is advised of the CEO's decision and of their option to go to an advocacy agency (see Section 17: Advocacy) 4. When the complaint is finalised a staff person is identified by the Coordinator or Operations Manager to make sure that the client feels comfortable to continue accessing the service and to obtain feedback on the complaints procedure. 5. The complaint is then closed out and recorded. 	<p>Within 25 days of receipt of complaint</p> <p>Within 25 days of receipt of complaint</p>
Step 8. Review and continuous improvement	Timeline
<ol style="list-style-type: none"> 1. The Operations Manager is to advise the CEO of any policies or procedures that may need to be reviewed as a result of the complaint, and a plan for this to occur. 2. Complaint actions/outcomes/trends may be referred to the Continuous Improvement Committee and/or the WH&S Committee where appropriate, maintaining the confidentiality of those involved. 3. Any service/system improvements that are a result of a complaint should be recorded in the Complaints Register. 4. Any WH&S actions required should be referred to the WH&S Committee at their next meeting. 5. Any staff training, including those pertaining to policy and/or procedure changes, should be planned and documented to be undertaken within a reasonable timeframe. 6. The complaints process review should occur no less than annually, and should include the feedback provided from those who have used the process. 7. All new employees are to be trained in the complaints process as a part of their induction, or at the next available training date. 8. All existing employees should confirm that they understand the complaints process annually 9. All new clients should receive information on the complaints process. 	<p>Within 25 days of receipt of complaint</p> <p>At the next meeting as determined appropriate by the CEO or Operations Manager</p> <p>As required</p> <p>As determined in step two of this process</p> <p>As required</p> <p>Annually</p> <p>At induction</p> <p>Annually</p> <p>As required</p>
Step 9. Record Keeping and Reporting	Timeline

<ol style="list-style-type: none"> 1. The Board of Directors is updated about all complaints at each Board meeting. The information must contain the number of open and closed cases, along with an extract of the Complaints Register including all new complaints, complaints that have been closed in the last reporting period, and all outstanding complaints. copy of any recent complaints 2. Any external agency notifications should be reported to the Board, and updates on any progress provided by the CEO at each Board meeting until the matter is resolved or there is to be no further involvement by Coastlink. 3. Records must be kept for 7 years from the date the record was made. 	<p>Bi-Monthly</p>
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