



Yellow Door
a new era of care at home

Consumer Complaints Policy

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| Scope | All Staff | Issue Date | April 2015 |
| Manual | Human Resource | Reviewed | Sept 2017 and August 2019, next due 2022 |
| Reference | HR-010 | ACHS | 2.1.4 |
| Approved By | General Manager | Version | 3.0 |

Purpose

Yellow Door views the receipt of complaints as an opportunity for improvement. Open discussion of the needs of clients and their concerns about the quality of care helps healthcare professionals and services providers to understand potential problems and how they can improve their service. Responding promptly and appropriately to complaints and ensuring clients are provided with an opportunity to seek independent advice and support with respect to their complaint is an important way of restoring trust in a service and preventing a minor grievance escalating into a major incident.

Definitions

Client - refers to any patient, consumer, carer, resident, client, doctor or other person using our services

Complaint- is an expression of dissatisfaction with a care service. They may be in written or verbal form. A formal complaint is typically made in writing.

Complaints Officer- a senior staff member designated as the "Complaints Officer". Chris Kelly is the Complaints Officer at Yellow Door.

Communication of Complaints Procedure

Yellow Door will provide all its staff and clients with information about how to give feedback and complaints at the time of employment or engagement and designate a person or persons to whom complaints should be addressed.

At or prior to the commencement of the provision of care services to a Client, Yellow Door will provide the Client with information about advocacy services such as that provided by the National Aged Care Advocacy Service and NDIS Quality and Safeguard Commission.

Yellow Door will maintain a feedback and complaints log, which will be used to record the feedback or complaints received whether in writing, by telephone or in person. The log will include sufficient details to allow Yellow Door:

- to investigate the complaint further (if required);
- take any remedial action required to address the complaint; and
- contact the affected person to provide them with a response to their complaint.



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Minor Complaints

Minor complaints are complaints that can be resolved on the spot by Yellow Door staff and need not be the subject of further action.

Staff who receive a minor verbal complaint will handle the complaint in accordance with Yellow Door's Managing Feedback Flowchart and report the complaint and how it was addressed, as soon as possible via email or entry into Visual Care notes at the end of a shift. Management will review any feedback logged at weekly management meetings or quarterly Governance meetings.

Formal Complaints

Any staff member who receives a major/formal verbal complaint from a cClient will handle the complaint in accordance with Yellow Door's Managing Feedback Flowchart and notify the Complaints Officer as soon as possible. If appropriate, the Complaints Officer will advise the employee or Client that he or she may wish to seek independent advice and support (including advocacy) with respect to the complaint involving:

- Aged Care Complaints Commissioner
- Aged Care Quality and Safety Commission
- Disability Advisory and Complaints Service SA; or.
- NDIS Quality and Safeguard Commission

Yellow Door will log the complaint in the Feedback Log and ensure the complaint is reviewed and, if appropriate, investigated to determine whether any remedial action is required, or to change any procedures, policies or physical and human resources to prevent a recurrence.

All complaints of a clinical nature received via the state or territory Health Complaints Commissioner (however titled) are to be notified to management as any written response/s are required to be seen by the Insurers and/or lawyers before being sent.

Complaints received in writing must be given to the Complaints Officer on receipt and entered into the incident database as a feedback entry.

On receipt of a formal complaint, the Complaints Officer will ensure the complainant receives an acknowledgement (verbal or written) within 2 working days, informing the complainant about the complaints process, investigation process and what they can expect.

If appropriate, The Complaints Officer will ensure that an investigation is conducted and a written response provided to the complainant within 28 days. Written responses to be signed by the most appropriate Manager.

Any complaint investigation or verbal/written response is to be cognisant of and compliant with the Commonwealth Privacy Act Private Sector Amendment 2001. The client's right to privacy must be preserved and protected.

The client must not be adversely affected by the complaints procedure.



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Stakeholders with a complaint regarding the provision of disability or aged care services have the right to complain to the NDIS Quality and Safeguard Commission, Aged Care Complaints Commissioner at the Aged Care Quality and Safety Commission (as applicable).

As a guide, an investigation will be conducted by the Complaints Officer where a complaint is in respect of conduct that has resulted in:

- Injury
- Adverse client outcome
- Breach of duty of care; or
- Potential liability of Yellow Door

Preventing Recurrence

A summary of complaints, actions and outcomes is to be presented to Yellow Door's Governance Committee and discussed.

Responsibilities

Yellow Door must inform new clients of their rights including how to make a complaint in the Initial Assessment period. Yellow Door will provide each client with a feedback and complaints brochure at the time of entering into a service agreement.

An easy to understand complaints procedure must be included in all service agreements for every Client. A complaint can also be made on the Yellow Door website in the "Get in touch" page.

The managers of Yellow Door carry overall responsibility for management of this policy and any related attachments. The Governance Committee will ensure that the policy is compliant with all legislative requirements, and is responsible for ensuring the policy is reviewed and updated in line with the timeframes set.

All staff are responsible for ensuring they familiarise themselves with this policy and any related attachments, which in effect, form part of this policy.

References

- Australian Council for Safety and Quality in Healthcare
- Australian Council for Safety and Quality in Healthcare, Open Disclosure Standard: National Standard for Open Communication in Public and Private Hospitals following an Adverse Event 2003, available at www.safetyandquality.com
- and Aged Care Act 1997, available at www.health.gov.au/acc/standard/facility/sgoal.htm
- <https://www.agedcarequality.gov.au/making-complaint/complaints-process>
- Australian Standard Customer satisfaction—Guidelines for complaints handling in organizations (ISO 10002:2004, MOD)
- NDIS Quality and Safeguard Commission



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Related Documents

| Ref | Name |
|-----|-----------------------------|
| P05 | Risk Management - Policy |
| P06 | Risk Management - Procedure |
| P02 | Code of Conduct |

Document History

| Version | Document History | Date |
|---------|---|------|
| 1.0 | Revised to meet the requirements of ACHS | 2015 |
| 2.0 | Revised to standardise all policies and procedures | 2017 |
| 3.0 | Revised following internal audit and review of template NDIS and Aged Care Agreements | 2019 |