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| **Example of response to person centred complaints resolution process self audit** | | | | | |
| **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| You have written policy | **Sample Response** | **Sample Response** | **Sample Response** | **Sample Response** |
| and procedures to support your complaints resolution process. | 2 | Complaints Handling Policy  Endorsed on 1 July 2016 | Need to ensure policy reviewed in 2016. | Review policy  John Green to coordinate review to be completed by 3 September 2016 |
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| Your policy is published | 4 | Policy is only available | Reviewed policy needs | John Green to provide revised |
| and people can readily |  | to staff. | to be placed on | policy to Jane Smith, website |
| access your complaints |  |  | website and more | coordinator, for inclusion on |
| policy. |  |  | available to people | website by 3 September. |
|  |  |  | using services. | People using services to be |
|  |  |  |  | made aware of the policy and |
|  |  |  |  | how to access it. |
| Your process is | 1 | Unclear from | Clarify what training | John Green to investigate what |
| sufficiently resourced |  | information provided | and support is | is currently provided to staff by |
| with appropriately |  | as whether staff are | provided to staff and | September 2016 |
| trained staff who are |  | appropriately trained | whether further |  |
| empowered to handle |  | and empowered to | training is required. |  |
| complaints. |  | handle complaints. |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| A complaint resolution process should be open and available to all. |  |  |  |  |
| You have a short summary paragraph that states the importance of feedback/complaints to you including:   1. Statement of principle 2. Recognition of the capacity to fail 3. What you are going to do 4. How you are going to do it 5. Why you think it is important 6. Signed by the CEO/organisation manager.   This policy statement should be easily understood by people using your services and families and could include such things as the right to confidentiality, right to have support in making a complaint and the right to be protected from retribution. |  |  |  |  |
| Your written policy clearly explains to people using your services your strategic intent – the key principles that underpin your complaints resolution process.  The policy should expand on what the policy statement mentions. It could include:   1. a commitment by your organisation to the importance of complaints whether they are made verbally or in writing 2. recognise the importance of complaints to quality and continuous improvement 3. that people will not be adversely treated should they make a complaint 4. the right to complain will be made visible and accessible, and that part of this may be that people may be able to access support to make a complaint 5. that you will seek to be responsive in seeking to resolve complaints in a timely way. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| A complaint resolution process should be open and available to all. |  |  |  |  |
| Your procedures identify the steps needed to handle complaints.  The procedures should explain how the principles contained in the policy statement and policy will be put into practice. The document should clearly explain:   1. what to do when receiving a complaint, and make clear staff responsibilities at the different levels 2. the approach to take when a complaint involves safety concerns for people using your services 3. recording requirements and response timeframes 4. give staff direction on what to do when investigating a complaint, including adhering to the principles of natural justice 5. how confidential information will be handled within the service. |  |  |  |  |
| The procedure for handling complaints from people using services is separate to the grievance process for staff complaints.  *Whilst the principles underlying the approach to handling staff grievances may be similar to handling complaints from people using services it is important to keep these two processes separate. There are different laws and associated obligations relating to handling staff grievances, such as occupational health and safety, and if these requirements are included in the procedure for handling complaints from people using services it can cause confusion.* |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 1. Accessible | A complaint resolution process should be open and available to all. |  |  |  |  |
| 1.5.  Communication | You widely communicate your commitment to complaint handling to people using your services, including for example: a general information package, brochures, posters, signage and information on the website that explain how people can provide feedback to the service.  You inform people using your services of any changes made to your services as a result of their feedback or complaint.  *This should explain that both verbal and written feedback is encouraged and that a complaint is considered to be any expression of dissatisfaction. This information is available throughout the organisation at key service access points and circulated regularly.* |  |  |  |  |
| 1.6. Provision of information | You encourage people using your services to complain and you have made it easy for them to do so.  You provide information that is clear and easy to understand on when, where and how to make a complaint.  The information should be made available in appropriate formats having appropriate regard to ability and cultural identity. This information should explain:   1. rights and responsibilities of the people using your services and staff in relation to complaints 2. who to direct complaints to 3. processes for lodging and managing complaints 4. steps and timeframes in assessing and resolving complaints and disputes 5. internal and external avenues for making a complaint 6. process for review of decisions and mechanisms for appeal 7. recording and reporting of complaints. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 1. Accessible | A complaint resolution process should be open and available to all. |  |  |  |  |
| 1.7. Complaints process | The complaints process is easy, effective, efficient and flexible, with multiple access and referral points that are actively promoted. |  |  |  |  |
| 1.8. Support | You support people with disability to:   1. raise any concerns they have about the service provider 2. have issues resolved regarding aspects of the service with which they are dissatisfied 3. access advocacy or other independent supports to assist with making a complaint. |  |  |  |  |
| 1.9. Translating and interpreting | Staff have access to translation and interpreter services to support people with disability and their family. |  |  |  |  |
| 1.10. Staff education, training and support | All staff know and understand your complaints policies and procedures. Information and ongoing training is provided to new and existing staff, to ensure they have the necessary skills and knowledge to be able to respond positively and effectively to complaints. Your training program for staff includes areas such as:   1. active listening skills 2. customer service 3. acknowledging mistakes and providing apologies 4. handling criticism and managing conflict 5. problem solving 6. investigating complaints 7. responding to difficult behaviours in order to effectively identify underlying issues or concerns 8. writing in plain English, and 9. stress management. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 1. Accessible | A complaint resolution process should be open and available to all. |  |  |  |  |
| 1.11. No adverse | People using services do not experience retribution for |  |  |  |  |
| consequences | making a complaint. |
| for people who have made a complaint | You make it clear in your policy, procedures and client information that not only are complaints encouraged, but that any adverse treatment of a person who has made a |
|  | complaint will not be tolerated. |
| 1.12. Cost | There are no fees or charges involved in making a complaint. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 2. Person Centred | The process used to respond to complaints ensures the voice of the person with disability is heard and their perspective considered in how the matter is resolved |  |  |  |  |
| 2.1. Balance of | The assessment and investigation of complaints seeks to |  |  |  |  |
| important to | identify what is *important to* and what is *important for* the |
| and important | person with a disability, in determining an appropriate |
| for | resolution of the complaint. |
|  | (Refer to Chapter 8 of the guide for an explanation of the |
|  | difference between important to and important for). |
| 2.2. Respect | People are treated respectfully, courteously and sensitively. |  |  |  |  |
| 2.3.  Confidentiality and Privacy | The person making a complaint has the right to have their confidentiality and privacy protected throughout the complaint handling process, in accordance with relevant legislation.  *This means that information gathered during the complaint process is protected and only used to resolve the complaint or address broader issues arising from the complaint, and information is shared with staff on a need to know basis. This includes ensuring the positive outcomes arising from complaints received and other shared learnings are communicated in a way that does not identify the person making the complaint.* |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 3. Responsive | Complaints are dealt with in a timely manner. |  |  |  |  |
| 3.1. Timeliness | Communication from the person is responded to promptly in an open way which is responsive to their needs. |  |  |  |  |
| 3.2. Outcome | You seek information from the person about what they would like to see happen or how they see the complaint being resolved. |  |  |  |  |
| 3.3. Clarification | Wherever possible, the staff member investigating the complaint clarifies the issues and allegations through meeting directly with the person making the complaint. |  |  |  |  |
| 3.4. Early resolution | Your guidelines suggest early resolution through informal discussions, mediation and/or provision of an apology where appropriate as an initial process. |  |  |  |  |
| 3.5. Offering something | Where it is not possible to provide the person making a complaint with what they want, you take reasonable steps to offer the person something. This offer should be a way of acknowledging the impact of the problem on the person who made the complaint. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 3. Responsive | Complaints are dealt with in a timely manner. |  |  |  |  |
| 3.6 Staff responsibility | Complaint handling is recognised as an integral part of the staff role and workload and not an extra.  *Each level in the organisation should have as part of their responsibilities the provision of support and ongoing education to staff on handling complaints effectively.* |  |  |  |  |
| 3.7 *‘It’s OK to complain!’* culture | The organisation promotes a culture of receptiveness as part of good human service practice. Complaints are seen as an important way to improve the quality of the service.  *Staff should feel comfortable when they need to raise complaints made by people using your services with their manager.* |  |  |  |  |
| 3.8 Positive approach | Staff have a positive attitude towards dealing with complaints. |  |  |  |  |
| 3.9 Encouraging feedback | Staff are encouraged to make suggestions and identify problems even if a complaint is not made. There is a process in place for staff to report concerns and offer feedback. |  |  |  |  |
| 3.10 Assessing performance | In staff performance reviews the manager discusses complaint handling. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 3. Responsive | Complaints are dealt with in a timely manner. |  |  |  |  |
| 3.11 Staff recognition | You appreciate and recognise those staff who anticipate and resolve complaints. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.1. Clear timelines | Your complaints resolution process is easy to use and allows you to record, track and report complaints to ensure compliance with specified complaint handling timelines. |  |  |  |  |
| 4.1.1. Stages of a complaint | For those complaints that cannot be dealt with immediately, your organisation has reasonable target timelines for the stages of the complaints handling process and makes the person aware of these timelines. |  |  |  |  |
| 4.1.2. Process to ensure timely response | You, have a process to alert staff and managers to key points in the complaints process to help meet target timelines for complaints. |  |  |  |  |
| 4.1.3. Meeting timelines | Your target timelines are monitored, reported and generally met. |  |  |  |  |
| 4.2. Ongoing communication | You keep the person informed at all stages of the progress of their complaint.  *This includes monitoring the progress of complaints and advising the person of extensions of times and reasons for extensions.* |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.3. Remedy implementation | Remedies are implemented as soon as possible after a matter has been resolved. |  |  |  |  |
| 4.4. Extended application | In cases where a remedy is provided to a person making a complaint, active steps are taken by you to identify other people similarly affected and to provide them with the remedy, even if they have not made a complaint. |  |  |  |  |
| 4.4.1. Consistent application of remedies | The remedies offered to people with similar issues are consistent.  Where few complaints have been received, you would need to be clear in your approach as to how you would ensure that this occurs. |  |  |  |  |
| 4.4.2.  Monitoring outcomes | The implementation of remedies is monitored, reported and reviewed to ensure outcomes are appropriate and service improvements are made. |  |  |  |  |
| 4.5. External complaints authorities | If complaints involve a conflict of interest or remain unresolved, you refer the people who made the complaint to the appropriate external complaints body/authority. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.6. Investigation | The person investigating the complaint acts reasonably, objectively and in good faith, with each complaint investigated on its own merit. |  |  |  |  |
| 4.6.1. Natural justice | You adopt an approach to the handling, management and resolution of complaints and grievances that is underpinned by natural justice principles.  *This means making sure that people are:*   1. *heard* 2. *that any conflict of interest is avoided.* 3. *people likely to be adversely affected by a decision or action are given reasonable opportunity to comment on the information or material.* |  |  |  |  |
| 4.6.2. Complaints file | The person investigating the complaint maintains a secure, central investigation file, documenting each step of the investigation process and all communications, and completes a report documenting the investigation findings. It may also be appropriate to place this information on the client file. |  |  |  |  |
| 4.6.3. Managing complaints | As part of a quality improvement process your guidelines require that each completed investigation is reviewed, preferably by a person who has not been involved in the complaint matter, to identify improvements in the investigation process.  *This evaluation may be informal or formal depending on the nature and complexity of the investigation.* |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.6.4. Right of reply | You allow persons or work groups about whom the complaint is made the time to properly investigate and respond to the complaint. |  |  |  |  |
| 4.7. Conflict of interest – code of conduct | Staff are aware of the relevant code of conduct requirements where a conflict of interest may have been identified or is likely to be perceived by the person. |  |  |  |  |
| 4.8 Decisions | You make fair, objective and consistent decisions, taking into account all relevant circumstances and based on relevant factors, available evidence and authoritative  criteria. |  |  |  |  |
| 4.8.1. Right of reply | You inform the person or work group about whom the complaint is made, of your decision/s and reason for the decision/s and, if necessary, invite comment. |  |  |  |  |
| 4.8.2. Right of reply | You inform the person who made the complaint of any decision on their complaint and provide the person with detailed reasons for the decision/s appropriate to the complexity of the complaint.  *Your guidelines could also require the person bringing the complaint to be notified of any specific changes made as a result of the complaint.* |  |  |  |  |
| 4.9. Conflict of interest | You ensure that the person reviewing the approach to the complaint has not had significant involvement in the issue under review and does not have a personal interest in the outcome. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.10.  Transparency | You openly acknowledge areas for improvement and apologise, thereby increasing confidence and accountability. |  |  |  |  |
| 4.11. Reviews | You make sure the person making a complaint is informed of their right to internal reviews of decisions and you advise on how they may do this. |  |  |  |  |
| 4.11.1.  Confidential review | You review the complaint confidentially if requested by the person making the complaint and if appropriate. |  |  |  |  |
| 4.11.2.  Independent review | You inform people who have made a complaint that their complaint will be reviewed by a person who has not been involved in the complaint matter, where possible. |  |  |  |  |
| 4.11.3. External review | You inform the person of further avenues of review if they are not satisfied with the outcome of the internal complaint process conducted by the organisation. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.11.4. Promotion of options | You regularly publish information about a person’s right to seek internal review, external review or referral of their complaint to another body. |  |  |  |  |
| 4.11.5. Staff support to access external review | Your staff understand the alternative avenues for dealing with a complaint and advise people of their rights to take their complaint to an external complaints body. |  |  |  |  |
| 4.12. Complaints register and or service improvement | You have a simple and accessible process for recording, tracking, monitoring and responding to complaints, which also records the outcomes. This information is systematically used to inform service improvements. |  |  |  |  |
| 4.12.1. Essential information | You identify and record essential information on all  complaints, whether they be verbal or in writing:   1. person’s details including: name address, contact details, age, gender, cultural identity, type of disability 2. issue and description of complaint including date complaint received complexity of complaint, and factors important to and for the service user. 3. outcome sought 4. source of complaint 5. action taken and outcome achieved, category and description 6. date closed and time taken 7. recommendations for service improvement. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 4. Accountable | Your process for resolving complaints is clearly outlined so that people know what to expect. |  |  |  |  |
| 4.12.2. Data analysis | Complaints data is collected in sufficient detail to facilitate comparisons with previous periods and identify system- wide and recurring patterns and trends in complaints. |  |  |  |  |
| 4.12.3. Statistics and shared learnings | Information on trends or aggregated complaints data is made publicly available. |  |  |  |  |
| 4.12.4. Staff responsibility for data collection | You have a member of staff responsible for ensuring consistency, timeliness and quality in how complaints are dealt with and data collected. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 5. Excellence | The complaints resolution process is part of a quality culture which sees complaints as an opportunity for improvement. |  |  |  |  |
| 5.1. Reporting results | Where appropriate you report the results of your complaints resolution process to the people who made the complaint, organisational staff and executive leadership group.  *This should raise awareness of the complaint handling process and how complaints contribute to service improvement.* |  |  |  |  |
| 5.2. Continuous improvement | You generate regular reports about the effectiveness of the complaint resolution process against measurable objectives and where appropriate make recommendations for improvements to service delivery. This may also have implications for other areas such as staff development. |  |  |  |  |
| 5.2.1.  Complaints data | Aggregated complaints information is regularly provided to those who can take operational and policy decisions on improving service. e.g. Boards of management. |  |  |  |  |
| 5.2.2. Regular reviews | You conduct regular reviews of your complaints resolution process, including policy, procedures and guidelines, to determine how it is working.  *These reviews include seeking the views of all stakeholders on how well the process is operating and how it could be improved.* |  |  |  |  |
| 5.2.3.  Implementation plan | Following each review an implementation plan is developed, identifying what actions are to be taken, by whom and by when. |  |  |  |  |

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| **Person centred complaints resolution process self audit** | | | | | |
| **Principle** | **Criteria** | **Assessment Indicator 1, 2, 3, 4** | **What evidence supports your assessment?** | **Recommended actions for improvement** | **Action plan (Who, what and when)** |
| 5. Excellence | The complaints resolution process is part of a quality culture which sees complaints as an opportunity for improvement. |  |  |  |  |
| 5.2.4. Audit and quality checks | Where possible your review process includes an audit or sample investigation of files to confirm the accuracy of information recorded on the complaints process. |  |  |  |  |
| 5.2.5.  Organisational process improvements | Complaints data is regarded as an important source of information on service quality and informs systemic improvement of organisational policies and procedures. |  |  |  |  |
| 5.3. Strategy/ governance | Complaints data and learnings are taken into account in corporate governance and strategic planning processes. |  |  |  |  |
| 5.4.  Organisational culture | You have a complaints friendly culture which is grounded in a clear understanding that the future of your organisation depends on the people using your services being satisfied.  *This means that people feel comfortable raising complaints as well as receiving them as stated in your Policy Statement.* |  |  |  |  |
| 5.5. Follow up | You follow up with people who made a complaint on their experience of your complaints process. |  |  |  |  |