



Burnett Respite Services Ltd
Trading as Carinbundi

COMPLAINTS MANAGEMENT POLICY AND PROCEDURES

This is a Controlled Document

Document Information and Revision History

Original Ratification	11 th June, 2011	New Policy
Original Author/s	General Manager	Peter Cullen

Revision History

Revision No.	Date	Author/s	Notes
1	20 April 2007	General Manager	Amendment of Flowchart to be more inclusive of all programs.
2	20 April 2007	General Manager	Conversion of Complaints Register into Continuous Improvement System.
3	April 2009	General Manager	Review of all Policies.
4	11 June 2011	General Manager	Review and ratification of all Policies.
5	8 October 2012	General Manager	Background added to Policy. Policy Statement added to ensure support in raising concerns, and “How To Raise a Concern” section added.
6	3 March 2013	General Manager	Note added stating that lodging a complaint of a serious or critical nature can be made directly to funding body.
7	15 April 2013	General Manager	Q-ProjeX added to flowchart.
8	15 April 2013	General Manager	Section added to ensure contact and feedback is maintained.
9	27 November 2017	CEO	Update of all policies.
10	13 May 2019	WH&S Manager	Update of policy to reflect NDIS Quality and Safeguards Commission requirements.
11	29 th June, 2022	CEO & Management Team	Reviewed policy – added Regular Review and Supporting Documents. Section – No: 6.
12	17 th October, 2023	Senior Quality Manager	Update of Policy to reflect QMS Numbering System.
13	20 th February, 2024	CEO & Senior Management Team	Review and ratification of policy

Complaints Management Policy and Procedures

1. Objective

Carinbundi is committed to ensuring that any person or organisation using Carinbundi services, or affected by its operations, has the right to lodge a complaint 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.

2. Responsibilities

The Board is committed to good corporate governance and acknowledges the importance of proactively monitoring and reviewing organisational policies and procedures. In the interests of good corporate governance and recognising the skills of the CEO and team in this area the Board delegates the responsibility for the monitoring and review of all policies and procedures to the CEO, except where a policy or procedure relates to corporate governance or work health and safety.

The Board shall be responsible for:

- The monitoring, review, and revision (where necessary) of all organisational policies and procedures related to corporate governance and work health and safety;
- Overseeing the CEO and his or her annual monitoring, review and revision of organisational policies and procedures; and
- Auditing compliance with corporate governance and work health and safety policy provisions, record keeping and training.

The Board reserves its right to withdraw or delegate responsibilities to other officers within the organisation from time to time.

The CEO shall be responsible for:

- The annual monitoring, review, and revision (where necessary) of all organisational policies and procedures (excluding corporate governance and work health and safety policies);
- Auditing compliance with policy provisions, record keeping and training; and
- Annual reporting to the Board of all reviews of Policies and Procedures as part of regular annual performance review.

All Staff are responsible for:

- Adhering to all policies and procedures of the organisation; and
- Ensuring they are fully aware of and understand their obligations in relation to this policy.

3. Policy

The organisation provides a complaints and appeals management procedure that:

- Ensures that all clients and their families/carers/advocates are encouraged and supported to raise any concerns they have about the service or the organisation;
- Is simple, accessible, and easy to use;
- Treats all complainants with respect, recognising that the issue of complaint is important to the complainant;
- Maintains 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;
- Ensures support and advocacy is available to clients who make a complaint and require support;
- Resolves complaints, where possible, to the satisfaction of the complainant;
- Ensures clients, families and advocates have access to the organisation's Complaints Management & Procedures Policy;
- Deals with all complaints in a timely manner, and aims to provide a formal response to the complainant within fourteen (14) business days of the complaint being received;
- Keeps parties to the complaint appropriately involved and informed of progress with the complaint;
- Ensures the Board / Committee, staff, and 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, including the Complaints Management and Resolution requirements of the *NDIS Quality and Safeguards Commission*;
- Ensures that all complainants are aware of, and understand, how to escalate their complaint to the *Quality & Safeguard Commission*;
- Ensures that feedback data (both positive and negative) is considered in organisational reviews, and in planning service improvements;
- Reviews and evaluates the accessibility and effectiveness of the complaints management system and continually improves its processes;
- Ensures Managers undergo training for complaints management and resolution to support clients throughout the complaint process, and appropriately respond to complaints in an empathetic manner. This will include open communication strategies such as acknowledging the grievance without being defensive and making apologies while accepting responsibility for what occurred;
- Staff will be trained on the complaints management procedures during their induction, and as part of ongoing refresher training;
- Ensures that no person will in any way be victimised, targeted, or have services withdrawn due to the lodging of any concern or complaint which is lodged in good faith; and
- Burnett Respite Services Ltd has, and maintains, a complaints management system in line with the *Australian Standards for Complaints Handling (AS 4269-1995)* and the *Health Services Quality Framework Standard 5 and the NDIS Quality and Safeguards Commission Rules*.

4. Definitions

Complaint: is when a client or staff member indicates they wish to pursue the matter through the formal complaints process, or the matter is not resolved informally to the satisfaction of the concerned person and that person indicates they wish to pursue the matter further.

Concern: is demonstrated dissatisfaction. A concern indicates a level of anxiety or uneasiness in regard to a person or service of the organisation.

Complainant: is an employee, client, advocate, entity, or member of the public who expresses their dissatisfaction about an organisation to either the organisation itself or an external body.

Escalation: is the process of reporting complaints to the *Quality & Safeguard Commission* if the complainant is not satisfied with the outcome of their complaint.

5. Procedures

The purpose of these procedures is to set out how the policy is to be implemented within Carinbundi.

All clients will be informed of their rights and responsibilities with regards to complaints and appeals at the earliest possible stage of their involvement with the organisation.

What is the Difference Between a Concern and a Complaint?

Carinbundi acknowledges that in many cases, demonstrated dissatisfaction will be a concern rather than a complaint. A concern indicates a level of anxiety or uneasiness in regard to a person or service of the organisation.

A concern becomes a complaint when a client or staff member or another person:

1. Indicates they wish to pursue the matter through the formal complaints process; or
2. The matter is not resolved informally to the satisfaction of the concerned person and that person indicates they wish to pursue the matter further.

Procedures for Complaints and Appeals Management

Receiving a Complaint:

Any staff member may be a recipient of a complaint, and is responsible for:

- Listening to the complainant, acknowledging the concern raised, and explaining the next steps to the complainant; and
- Depending on the type and severity of the complaint, either discussing with the complainant an agreed upon resolution (for smaller matters) or referring the complaint to the Relevant Manager / CEO / HR for further investigation and action.

Processing the Complaint or Appeal:

The person managing the complaint will be responsible for:

- Registering the complaint or appeal in the Quality Management System 'Complaint Register';
- Informing the complainant that their complaint has been received and providing them with information about the process and timeframe; and
- Initiate Quality and Safeguards reporting, if required follow Quality and Safeguards reporting process.

Investigating the complaint or appeal:

- Examining, and responding to the complainant, within fourteen (14) business days of the complaint being received;
- Investigating the complaint and deciding how to respond;
- Informing the complainant by letter, within fourteen (14) business days of the complaint being received, of what is being done to investigate and resolve it, and the expected timeframe for resolution; and
- As far as possible, complaints or appeals will be investigated and resolved within fourteen (14) business days of being received. If this timeframe cannot be met, the complainant is informed of the reasons why, and of the alternative timeframe for resolution.

Responding To, and Resolving, the Complaint:

- Making a decision or referring to the appropriate people for a decision within fourteen (14) business days of the complaint being received;
- Informing the complainant of the outcome and the reasons for any decisions made;
- 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 is:
 - Informing the complainant of any options for further action if required; and
 - If an apology is in order, ensuring that the appropriate person makes the apology and informs the complainant what the organisation intends to do to avoid further grievance.

Reviewing the Complaint:

If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal, they can seek a further review of the matter by the CEO within fourteen (14) business days.

Referral to External Procedure:

A formal external complaints procedure may follow if the complainant is still not satisfied with the outcome. The complainant will be referred to the *NDIS Quality Safeguards Commission* and provide information and support to make the complaint externally if necessary.

Complaints Involving Specific Staff Members or Volunteers:

The CEO has delegated responsibility to Program Managers and / or HR for resolving complaints or disputes involving staff members or volunteers.

Internal complaints, where a staff member or volunteer makes a complaint concerning another staff member or volunteer, may be dealt with in accordance with the Carinbundi '*Grievance and Disputes Policy*'.

External complaints by clients or stakeholders made against a staff member or volunteer will be managed by the CEO or their delegate who will:

- Notify the staff member or volunteer of the complaint 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; and
- 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 Carinbundi's *'Disciplinary Procedures'*.

Complaints involving the CEO will be managed by the BRSL Board Chair.

Complaints Involving Board or Committee Members:

Complaints made against a Board / Committee member will be referred to the BRSL Board Chair.

The Chair, or his / her delegate, will:

- Notify the person about the complaint and its nature;
- Investigate the complaint and provide the member with opportunity to respond to any issues raised; and
- Attempt to mediate the dispute (if appropriate) and / or attempt to resolve the matter to the satisfaction of the outside party.

Where the Chair is the subject of a complaint, the complaint should be referred to another Office Bearer.

If the matter remains unresolved, the Chair, or notified Office Bearer, will raise the matter at the next Board meeting. Depending on the seriousness of the complaint, the Board may deal with the matter at its meeting or refer the matter to the process outlined in Carinbundi's Constitution.

Cooperation in External Investigations:

If any person makes a complaint about Carinbundi to an external body (including Police, Ombudsman) the CEO or delegated manager will be responsible for liaising with the body responsible for investigating the issue. Carinbundi will fully cooperate in any investigation which may take place. This includes participating in early resolution, conciliation, and/or reporting to the Body about resolution and corrective actions if required.

Record Keeping:

A register of complaints and appeals will be kept in a *'Complaints Register'* for a minimum of seven (7) years after the complaint has been made. The Register will be maintained by the relevant Manager and will record the following for each complaint or appeal:

- Details of the complainant and the nature of the complaint;
- Date lodged;
- Action taken;
- Date of resolution and reason for decision;
- Indication of complainant being notified of outcome; and
- Complainant response and any further action.

Copies of all correspondence will be kept in confidence and held by the HR Manager, or relevant Program Manager.

The Complaints Register and files will be confidential, and access will be restricted to the Relevant Manager, authorised staff, and the CEO.

A summary of complaints and appeals will also be kept by the HR Manager. The HR Manager will be responsible for preparing a report monthly to the CEO and the *Continuing Quality Improvement & Risk Committee*. Results from this report will be reviewed by the CEO and the Continuing Quality Improvement & Risk Committee and used to:

- Improve service planning by including a review of complaints and appeals in all service planning, monitoring, and evaluation activities; and
- Improve decision making by including a report on complaints and appeals as a standard item on staff and management meeting agendas.

Continuous Improvement of the Complaints Management System:

The complaints management system will be reviewed and evaluated every 12 months. This will include:

- Review of all complaints and feedback policies on a monthly basis and procedures every 12 months;
- Client and staff feedback about the accessibility and effectiveness of the complaints management system; and
- Implementation of a continuous improvement plan based on a 6-month review and feedback received.

MAKING A COMPLAINT

A person wishing to make a complaint may do so in writing, or verbally to:

- The staff member they were dealing with at the time;
- The Manager / Supervisor; or
- The CEO.

Complaints can be made by:

- Emailing to carinbundi@carinbundi.com.au;
- Completing a Complaint / Feedback submission form, via the website at www.carinbundi.com.au;
- In writing to 52a Hinkler Avenue, Bundaberg North, QLD 4670, or PO Box 7011 Bundaberg North, QLD 4670. The CEO will be responsible for receiving this correspondence and directing it to the appropriate person; or
- By telephone on (07) 4158 9600.

Lodging an Appeal:

Clients or their advocates may lodge an appeal if they disagree with a decision made by the organisation, or by a staff member. An appeal should be made within fourteen (14) business days to the CEO.

When the Complaint is about:

- A staff member - the complaint will normally be dealt with by the HR Manager;
- Manager - the complaint will normally be dealt with by the HR Manager;
- HR Manager – the complaint will normally be dealt with by the CEO; and
- The CEO - the complaint will normally be dealt with by the BRSL Board Chair.

If a complainant is not satisfied with the outcome of a complaint, they can contact the *NDIS Commission* by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. If necessary, interpreters can be arranged;
- National Relay Service (<http://www.relayservice.gov.au/>) and ask for 1800 035 544; or
- Complete a Complaint Form - NDIS Quality & Safeguards Commission Website (<https://www.ndiscommission.gov.au>).

6. Regular Review and Supporting Documents

This policy is subject to revision, as Carinbundi will regularly audit and review its management processes to ensure a 'safe work' environment.

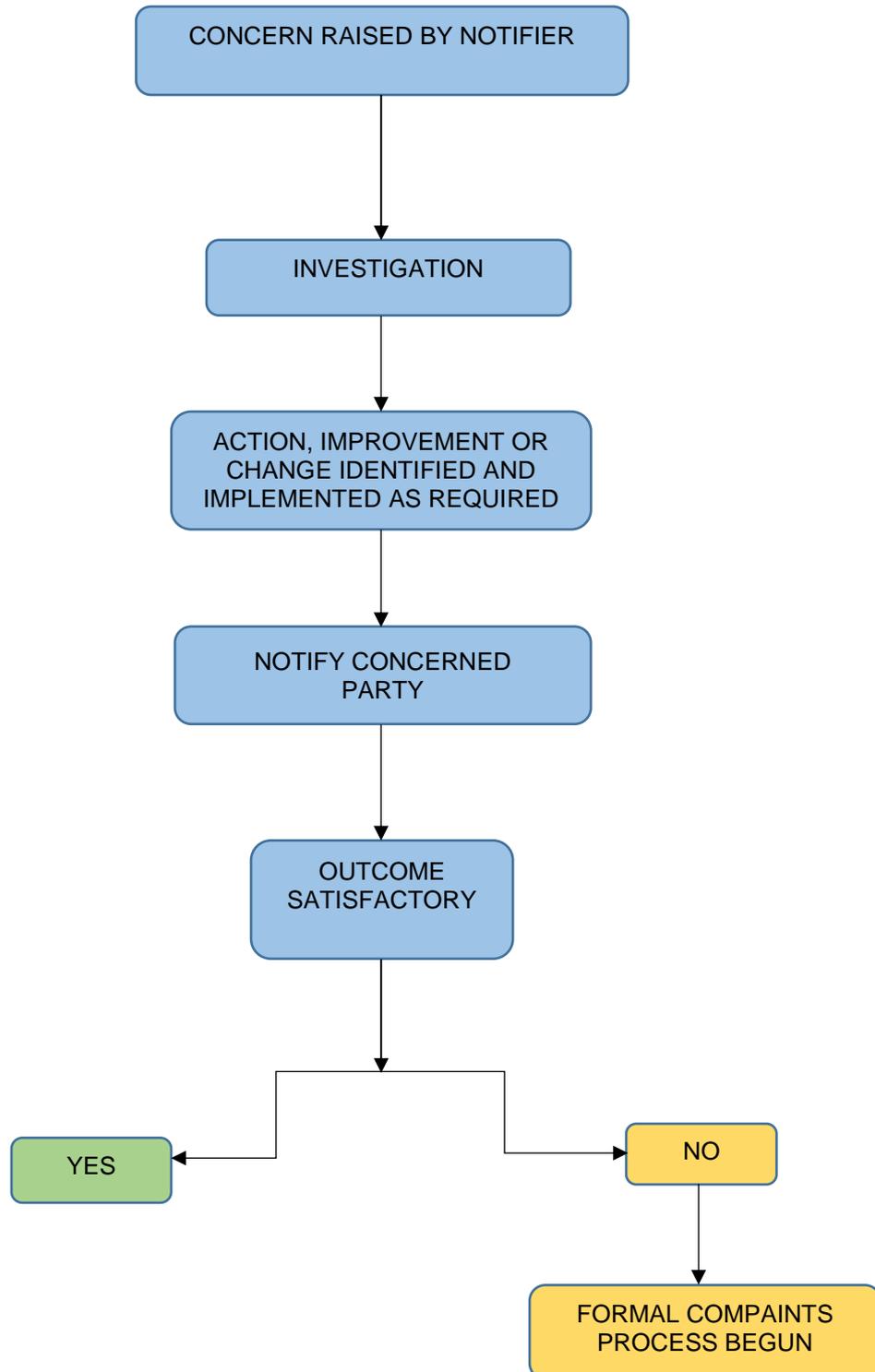
Supporting documents in conjunction with policies and procedures to this policy refer:

- Mental Health Policy;
- Bullying and Harassment Policy;
- Grievance and Dispute Policy;
- NDIS Reportable / Non-Reportable Incidents Policy; and
- EAP – Employee Assistance Program.

7. Further Information

Any employee / person requiring further information about this policy should contact any member of the Management team.

'CONCERNS' FLOW CHART



'COMPLAINTS' FLOW CHART

