



COMPLAINTS POLICY

Manual: Service Delivery

Document ID: E.08

1. PURPOSE

This policy describes how Mercy Services manages and deals with complaints and feedback about any of the services it provides.

2. WHO DOES THIS POLICY APPLY TO

This policy applies to all personnel; the Board, staff and volunteers

3. POLICY

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

Mercy Services welcomes information and feedback from clients which will enable us to improve the quality of our services.

Mercy Services will provide a complaints and appeals 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, residents 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

This policy is linked to C.05 Quality Improvement Policy and E.27 WhistleBlowing Policy

4. PRINCIPLES

Mercy Services will:

- ensure that all clients, residents, 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

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required by law, or if otherwise necessary

- ensure support and advocacy is available to clients and residents who make a complaint and require support
- resolve complaints, where possible, to the satisfaction of the complainant
- clients, residents, 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 **14 days** of the complaint being received
- keep parties to the complaint appropriately involved and informed of progress of the complaint
- ensure that **Board** members, staff and **volunteers** are given information about the complaints procedure as part of their induction and are aware of procedures for managing client feedback and complaints
- ensure all service users, 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 **Aged Care Quality & Safety Commission or the NSW Ombudsman**
- 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

Mercy Services will respond to complaints in line with an open disclosure process:

1. Expression of apology/regret when a person has experienced harm;
2. Explanation of Mercy Services situation and policy that may have contributed to this harm;
3. Explanation of the consequences/changes that have resulted from Mercy Services response; and
4. Explanation of steps Mercy Services will take to ensure there is no recurrence of the harm to the person or others.

5. PROCEDURE

Information for clients and stakeholders

Mercy Services complaints and appeals procedure will be documented for clients and stakeholders in the Complaints Fact Sheet which is made available:

- [Upon admission to one of our programs or to our residential facility](#)
- [On our web site mercyservices.org.au](http://mercyservices.org.au)
- [Upon request to any staff member or volunteer](#)

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- For people who are vision impaired, non-verbal or do not speak English the policy will be communicated in a manner that you prefer.

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.

The Complaints Fact Sheet will contain information on the following:

- how to make a complaint or lodge an appeal, including an anonymous complaint
- contact person for lodging a complaint or appeal
- how the organisation will deal with the complaint or appeal, 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

Training procedures

Staff will be trained on the complaints management procedures during [their induction, and as part of ongoing refresher training](#).

Relevant staff will 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.

Making a complaint

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

- We encourage any person making a complaint to approach a staff member or volunteer they feel comfortable dealing with
- [Grapevine Whistleblowing Hotline 1300 933 977](tel:1300933977) or mercyservices.grapevineonline.com.au
- [Aged Care Quality & Safety Commission](#) or the [NSW Ombudsman](#)

Complaints may be made by:

- submitting a completed Feedback and Complaints form into the Suggestion Box located at:
 - 24 Combo Lane Singleton
 - 15 Stenhouse Drive, Cameron Park
 - 32 Union Street, Tighes Hill
 - 13 Brooks Street, West Wallsend

Or online at www.mercyservices.org.au and then emailing it to complaints@mercyservices.org.au

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- Written complaints may be sent to [13 Brooks Street West Wallsend 2286](#). [Quality Clinical & Safety Advisor](#) will be responsible for receiving this correspondence and directing it to the appropriate person.
- Feedback and complaints via telephone may be made on [\(02\) 4962 6680](#)
- Anonymous complaints may be made by [Grapevine Whistleblowing Hotline 1300 933 977](#) or mercyservices.grapevineonline.com.au

If the complaint is about:

- a staff member, the complaint will normally be dealt with by Head of the Team the staff member is from and/or by the Head of People & Culture.
- a person in the Leadership Team, the complaint will normally be dealt with by the Head of People & Culture if it is about the Head of People & Culture the complaint will be dealt with by the CEO.
- CEO the Head of People and Culture will gather information in the first instance, and is then required to forward the complaint to the Chair of the Board of Directors.

Lodging an appeal

[Clients, residents 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 in writing via email or in writing and submitted to the Quality Clinical & Safety Advisor.](#)

Procedure for complaints and appeals management

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

1. Receiving the complaint:
 - listening to the complainant, acknowledging the concern raised, and explaining the next steps to the complainant
 - 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 on to the relevant supervisor or Head of the Team the complaint is about for further investigation and action.

The person managing the complaint will be responsible for:

2. 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 time frame
3. Investigating the complaint or appeal:
 - examining the complaint within [3 days](#) of the complaint being received

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- investigating the complaint and deciding how to respond
- informing the complainant by letter, email or phone call within **7 days** of the complaint being received of what is being done to investigate and resolve it, and the expected time frame for resolution

As far as possible, complaints or appeals will be investigated and resolved within **14 days** of being received. If this time frame cannot be met, the complainant will be informed of the reasons why and of the alternative time frame for resolution.

4. Responding to and resolving the 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 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
- informing the complainant of any options for further action if required
- 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

5. 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 [Quality Clinical & Safety Advisor](#).

6. Referral to external procedure:

A formal external complaints procedure may follow Step 4 if the complainant is still not satisfied with the outcome. The complainant will be referred to [Aged Care Quality & Safety Commission or the NSW Ombudsman](#) and provided information and support to make the complaint externally if necessary.

Complaints involving specific staff members or volunteers

The [Head of People & Culture](#) has delegated responsibility 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, will be dealt with in accordance with Mercy Services F.08 Staff Grievances.

[External complaints by clients, residents or stakeholders made against a staff member or volunteer will be managed by the Head of People & Culture, or appropriate delegated person – Head of the relevant Team or the Volunteers Coordinator, who will:](#)

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- 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
- 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 F.06 Managing Unsatisfactory Performance.

Complaints involving the CEO will be managed by Board Chair.

Complaints involving organisation Board Director

Complaints made against a Director of the Board will be referred to the Chair. The Chair, or their delegate, will:

- notify the person about whom a complaint is being made of the complaint and its nature
- investigate the complaint and provide the Director 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

Where the Chair is the subject of a complaint, the complaint should be referred to Deputy Chair.

If the matter remains unresolved, the Chair or Deputy Chair 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 Institute Leadership Team of the Institute of the Sisters of Mercy Australia & Papua New Guinea as detailed in the constitution.

Cooperation in external investigations

If any person makes a complaint about Mercy Services to an external body (including police, Ombudsman) the CEO will be responsible for liaising with the body responsible for investigating the issue. Mercy Services 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 the Complaints and Compliments Register for a

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minimum of seven years after the complaint has been made. The register will be maintained by [Quality Clinical & Safety Advisor](#) 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](#)
- [Complainant response and any further action](#)

Copies of all correspondence will be kept in the clients, residents or staff members file on the relevant CMS or file in the data centre.

The complaints register and files will be confidential and access is restricted to:

- [CEO](#)
- [Quality Clinical & Safety Advisor](#)
- [Head of People & Culture](#)
- [Head of Home & Community Care](#)
- [Head of Community Transport](#)
- [AOD Manager](#)
- [Clinical Manager](#)
- [Facility Services Manager](#)
- [Executive Project Officer](#)

A statistical summary of complaints and appeals will also be kept in Complaints and Compliments Register and maintained by [Quality Clinical & Safety Advisor](#). [The Quality Clinical & Safety Advisor](#) will be responsible for preparing a report on the type of complaints/incidents and their frequency to [the Risk & Continuous Improvement Committee and the Board of Directors](#).

Results from this report will be reviewed [the Risk & Continuous Improvement Committee and the Board of Directors](#). and used to:

- inform service planning by including a review of complaints and appeals in all service planning, monitoring and evaluation activities
- inform decision making by including a report on complaints and appeals as a standard item on staff and [Risk & Continuous Improvement Committee](#) meeting agendas

Continuous improvement of the complaints management system

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

- review of all complaint and feedback policies and procedures
- client and staff feedback about the accessibility and effectiveness of the complaints management system
- implementation of a continuous improvement plan based on the review and feedback received

6. DEFINITIONS

Complaint: is an expression of dissatisfaction made to or about an organisation regarding its staff, services or products that warrants response or resolution.

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 Aged Care Quality & Safety Commission or the NSW Ombudsman if the complainant is not satisfied with the outcome of their complaint.

7. KEY PERFORMANCE INDICATORS

Mercy Services achieves successful completion of required external audits
 Continuous Quality Improvement outcomes can be linked to risk management initiatives
 Continuous Improvement Suggestions are initiated from all areas of the business.

8. EXPECTED OUTCOME

Mercy Services operates within a governance framework to improve the safety and quality of care can service for its community through robust continuous improvement activities

9. OTHER RELATED POLICIES AND PROCEDURES

C.05 Quality Improvement Policy
 E.23 Client Safeguarding
 E.27 WhistleBlowing Policy
 F.08 Staff Grievances

10. REFERENCES

Complaints Information for Clients and Residents

11. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0		Approved by RCI on 26 May 2020

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