

THE BRIDGE

Organisational Policy – FEEDBACK AND COMPLAINTS RESOLUTION

General Policy Statement:

The Bridge Inc. (The Bridge) recognizes the value of feedback and complaints from its service users and other stakeholders.

Feedback mechanisms are available in a variety of formats and feedback is encouraged across all service areas and at all levels in order to maximize high quality, responsive and transparent service provision.

Where feedback takes the form of a complaint, The Bridge ensures the complainant is supported to utilise the complaints resolution process. The complaints resolution process is underpinned by the principles of accessibility, procedural fairness, responsiveness, accountability and confidentiality.

Though encouraged, complaints may not necessarily be reported directly to The Bridge and may be reported to external complaint resolution services, advocacy services or government departments who will initiate contact with The Bridge on behalf of the complainant.

1. General principles

- 1.1 Feedback from participants and stakeholders is a valuable tool in the delivery of services to participants. Positive feedback can reinforce to staff the benefits of high-quality service provision while negative feedback can provide an opportunity for review of practice, service improvements and better engagement with stakeholders.
- 1.2 It is the responsibility of the leadership team at The Bridge (Coordinators and Managers) to ensure participants are informed of the feedback avenues available to them throughout their period of service.
- 1.3 Participants are informed that undertaking any form of service evaluation is voluntary, and they have the right to decline participation if they so wish. Service evaluation activities may also be completed anonymously.
- 1.4 Participants with limited literacy skills or vision impairment may request the assistance of an advocate/ carer to complete service evaluation activities and may seek assistance from appropriate staff.
- 1.5 Feedback may be positive or negative and may be lodged in person (verbal), by email/letter, website (feedback section), feedback/suggestion sheet or survey response.
- 1.6 The term 'complainant' is the term for the person making the complaint and encompasses participants, supported employees, advocates, parents, carers, members of the public and employers/business networks.
- 1.7 Generally, a complainant is seeking acknowledgement, answers, action and/or an apology.
- 1.8 A complainant will be supported in their right to lodge a complaint and will not be adversely affected as a result of making a complaint ensuring impartial, confidential and transparent complaint investigation.
- 1.9 A complainant will be encouraged to involve support from the person/s of their choice including parent, partner, friend, advocate and where required an interpreter.
- 1.10 A complainant will be advised by staff of services available to them, if they require support and do not have an advocate or support person.

- 1.11 Every effort will be made to provide for a comfortable and non-threatening environment in which the complaint may be made / resolved.
- 2. Evidence of feedback and complaints management in service provision**
- 2.1 Participants are informed of the feedback and complaints process upon entry to the specific service by designated staff.
- 2.2 The feedback and complaints process is presented in a user-friendly format.
- 2.3 Information related to provision of feedback and making a complaint is readily available at all service sites via posters and handouts, including Participant Handbooks.
- 2.4 Feedback and Complaints registers are in place for each service of The Bridge and are maintained by the Quality Team.
- 2.5 The Complaint procedure is available for staff reference.
- 2.6 Feedback Forms are available for completion by participants. Surveys are conducted at each service and results / analysis and reports generated for circulation to staff and promotion of results to participants and stakeholders.
- 2.7 Improvement suggestions resulting from feedback/complaints are added to the relevant service Continuous Improvement Register for follow up.
- 2.8 Feedback opportunities available to participants involved in external audits for Quality Standards Certification.
- 3. Complaint Notification: Receiving and Acknowledging a Complaint**
- 3.1 The complaint is acknowledged by the relevant service Coordinator/ Manager, within 1 business day where possible, but a maximum of 3 business days from notification.
Note: where the complaint is against the Coordinator or Manager that persons line manager will be informed and make the initial contact with the complainant to follow up the complaint.
- 3.2 If any person makes a complaint about The Bridge services to an external body (including the NDIS Quality and Safeguards Commission), The Bridge will liaise with the external body responsible for investigating the issue and 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.
- 4. Complaint assessment and investigation timeframes**
- 4.1 The nature and severity of the complaint is assessed and the possibility of early resolution or requirement for investigation is determined.
- 4.2 Every effort will be made to facilitate early resolution of a complaint quickly and simply.
- 4.3 Where necessary an investigation will commence and be conducted by the most appropriate Coordinator or Manager.
- Where the matter relates to another person - that person will be informed and will be asked by the investigator for their views/understanding of the matter.
 - Where the matter relates to a policy or process - the issue will be discussed with relevant staff/management.
 - If the **complaint is serious** (eg allegation of abuse/neglect or poor quality of care) or it becomes apparent that the **complaint may put The Bridge at significant risk** - it is reported to the General Manager and/or CEO as soon as possible and the Board subsequently informed immediately.
- 4.4 If necessary, a meeting will be conducted with all parties, as soon as is practicable, once both parties are made aware of the complaint, in order to discuss the issues raised. The meeting enables all parties to discuss issues raised in the complaint and explain their version of events/understanding of the circumstances leading to the complaint.

- 4.5 A relevant external support person or authority may attend to support either party during the mediation meeting including union representatives, advocate, carer or partner.
- 4.6 The complaint will continue to be investigated through higher levels of line management until it is resolved, including where necessary with the involvement of an external complaint resolution agency.

5. Complaint outcome administration timeframes

- 5.1 Within 10 business days, where possible - the investigator will attempt to ensure a resolution/outcome to the complaint.
- 5.2 The complaint outcome and any actions taken will be made known to all parties by the investigator. Refer sections 6 & 7 for specific details.
- 5.3 If an outcome has not occurred within 10 business days of the investigation beginning all parties will be required to agree to the development of an **Action Plan** (internal template) developed by the investigator in consultation with the complainant.
- 5.4 The Action Plan outlines the steps that will be taken to work towards a resolution to the complaint and by whom. The completed Action Plan is forwarded to the Quality Manager and relevant Manager/s, for review as appropriate.
- 5.5 Internal communication procedures will be used to inform staff of any changes in staffing arrangements or service/organisational procedures resulting from the complaint.
- 5.6 The complainant will be contacted to ensure they are satisfied with the outcome and the complaints process. If the complainant is not satisfied with the outcome, they are able to request a review of the decision. Alternatively, the complainant will be provided with information and support to access advocacy or mediation services and/or referral to the relevant external complaints' resolution body.
- 5.7 Following resolution of the grievance the investigator will determine if it is appropriate to forward a **Complaint Resolution Satisfaction Form** (internal template) to the complainant to confirm their degree of satisfaction with the way the complaint was resolved. This is a discretionary form.

6. Complaint Actions

- 6.1 When an issue/allegation has been proven or admitted to it is a **substantiated** complaint. The investigator will:
- explain the findings of the investigation to the complainant
 - arrange for or provide an apology, if appropriate
 - summarise the key actions to be taken next by The Bridge.
- 6.2 When an issue/allegation cannot be substantiated it is referred to as an **unsubstantiated** complaint. The investigator will:
- inform both parties that the allegations cannot be proved due to lack of evidence
 - provide counseling to both parties
 - explain to both parties the standard of behaviour expected at the service;
 - consider whether there is a need for broader intervention e.g. raise awareness more broadly at The Bridge
 - warn all parties regarding confidentiality and victimization; and/ or
 - monitor the situation.

7. Vexatious complaints

- 7.1 Action will be taken against vexatious complainants as deemed appropriate by the General Manager and/ or Chief Executive Officer.

7.2 Any actions taken will be recorded on the Complaint Form and, where appropriate, in file notes in the internal client management database.

8. Feedback and Complaints records storage

- 8.1 File notes in the relevant client database are completed upon notification of a complaint. Service specific procedures ensure confidentiality of the complaint details, as appropriate.
- 8.2 All formal feedback and complaints received by services are centrally notified to the Quality Manager, in conjunction with reporting to the relevant line Manager. Formal feedback is that which has been specifically and intentionally provided by a stakeholder and received by a Coordinator/Manager as per section 1.5.
- 8.3 For all services a Complaint Form (The Bridge proforma) is completed. The details in the completed form are reviewed by the Quality Manager so summary information can be entered into an electronic, password protected, service-based Feedback and Complaint Register.
- 8.4 All Complaints and Feedback records are retained for 7 years and may then be securely destroyed, unless required for legal purposes.
- 8.5 Service Feedback and Complaints Registers are maintained by the Quality Team as an annual register.

9. Corrective and preventive action

- 9.1 All complaints logged onto the Complaint and Feedback Register include a section to record Key Learnings that have resulted from the complaint investigation and resolution.
- 9.2 As appropriate, for complaints concerning staff conduct, the circumstances leading to the lodgment of a complaint will be explored with the staff member by their line Manager.
- 9.3 Changes recommended and/or made to service documentation and/ or processes as a result of corrective action are recorded in the relevant service Continuous Improvement Register.
- 9.4 When required, strategies will be implemented to ensure the cause of the complaint does not re-occur.

10. Review of feedback and complaints

- 10.1 The Quality Manager completes a Feedback and Complaint Summary Report across all service areas each month and forwards this to the respective Manager for their awareness and to the CEO for reporting to the Board.
- 10.2 An annual report on Complaints per service area is also prepared for the Board, indicating complaint themes and comparison with the previous year.
- 10.3 During internal reviews of complaints, common themes are reported to Managers and follow-up may be undertaken with relevant service staff and Coordinators/Managers, including team-based training/awareness and specific staff development.

11. Reference services and weblinks

- **NDIS (National Disability Insurance Scheme) Quality and Safeguards Commission**
PH: 1800 035 544
<https://www.ndiscommission.gov.au/providers/provider-responsibilities/complaints-management>
- **Office of the Disability Services Commissioner (Vic – non NDIS participants):**
PH: 1800 677 342
www.odsc.vic.gov.au/

- **VALID** (Victorian Advocacy League for individuals with disability):
PH: 03 9416 4003
www.valid.org.au/
- **Complaints Resolution and Referral Service** (for Disability Employment Services):
PH: 1800 880 052 TIS: 13 14 50
NRS: 1800 555 677
www.crrs.net.au/
- **Department of Social Services Customer Service Line** (for Disability Employment Services):
PH: 1800 805 260
- **STOPline** (External Whistleblower service contracted by The Bridge)
PH: 1300 30 45 50 EMAIL: thebridge@stopline.com.au
PO Box 175 Hawthorn Victoria 3122
www.stopline.com.au/

12. Reference documents

- OP6- Whistleblower Policy
- OP8- Protection of Human Rights Policy
- OFC3- Steps to resolve a complaint procedure