

MGT.2 – External Feedback and Complaints Policy

1. Purpose

Carers Queensland, values feedback from community and recognises its importance for continuous quality improvement. This policy provides guidance to all clients and stakeholders in the community on how feedback is managed at Carers Queensland.

2. Principles

The following principles guide Carers Queensland in its feedback and complaints management:

- a. The best interest of the clients is the primary considerations in providing services;
- b. Feedback and complaints are key to continuous quality improvement;
- c. Clients, communities and other people affected by the operations of Carers Queensland have the right to provide feedback and complaint;
- d. Due respect to people’s right to confidentiality will be observed at all times.

3. Key Terms and Definitions

| Term | Definition |
|------------|---|
| Feedback | Is the process of providing information to the organisation about any aspect of its service, program and activities. It may be an observation, helpful suggestion or other comment. |
| Complaint | Any written or verbal statement outlining a problem or concern involving the organisation. |
| Compliment | Any written or verbal statement outlining what the organisation is doing well. |

4. Key Process

4.1. Communicating the Feedback and Complaints Policy

1. Contents of this policy are to be made available to all stakeholders through the website, other resources and publications as appropriate.
2. The following information shall be included:
 - a. How to lodge a complaint and provide feedback to Carers Queensland;
 - b. The complaints management process, timelines, confidentiality;
 - c. Relevant forms
 - d. How people can access an advocate;
 - e. Access to the charter of rights and responsibilities for Home Care;
 - f. The process for pursuing an unresolved case through an external body, such as the Department of Social Services.

4.2. Receiving feedback, complaints and grievances

1. Feedback and complaints can be received from different channels:
 - a. Team Leaders in regional offices;
 - b. Carer Advisory Service phone line;
 - c. Website;
 - d. Postal letter directly addressed to the Chief Executive Officer
2. All feedback and complaints are provided to the Chief Executive Officer within two (2) business days from receipt for review and coordination of response. Receipt of the complaint/feedback

is also acknowledged in writing within two (2) business days from receipt. If necessary, a phone call should also be made to the person.

4.3. Collection and Monitoring of Information about Feedback and Complaints

1. Information regarding feedback and complaints is collated in a feedback and complaints register.
2. Complaints and feedback are analysed for trends and provide necessary recommendation for improvement action in accordance with the Continuous Improvement Policy.
3. Confidentiality of information about complaints and feedback is maintained.

4.4. Responding to Complaints and Feedback

4.4.1. Feedback/Complaints Responses

Stage 1: Internal: Internal response to a complainant is to be given in writing within 28 business days and may involve the following:

- a. Investigating the complaint and providing the respondent with an opportunity to respond to issues raised;
- b. Attempting to mediate the dispute (if appropriate) and/or attempt to resolve the matter;
- c. Taking appropriate action as a result of the complaint.

Stage 2: External: If measures taken in Stage 1 are unsuccessful and the complainant is still dissatisfied, external action may be taken to resolve the issue (i.e., external mediation and dispute resolution services, escalation to a funding body complaints process). The length of time it will take to respond to the complaint will depend on the individual policies of the external service being utilised.

4.4.2. Response Coordination

The above response will be coordinated accordingly depending on who the subject of the complaint or feedback is:

- a. For complaints involving a member of staff, complaints are forwarded to the respective Senior Manager, who will coordinate a response.
- b. For complaints involving the Chief Executive Officer, complaints are forwarded to the Chair of the Board, who determines the party to investigate the complaint.
- c. For complaints involving a member of the Board, the Chair determines who will investigate the complaint in consultation with the rest of the Board members and Chief Executive Officer (where appropriate).
- d. Where the Chair is the subject of a complaint, it should be referred to the Secretary of the Board in consultation with the Chief Executive Officer (where appropriate).

4.5. Complaint and Feedback Resolution and Follow-up

1. Complaints are to be acted upon within 28 business days after receipt.
2. Carers Queensland will regularly assess consumer feedback and complaints to review satisfaction with the actions taken.
3. The Feedback and Complaints Register is regularly reviewed to inform service planning, risk management and continuous improvement processes.

4.6. Support for Clients and Carers Making a Complaint

1. Clients and carers have the right to use an advocate of their choice to negotiate on their behalf.
2. An advocate may be a family member or friend, or an external local advocacy agency.
3. It is the responsibility of the Chief Executive Officer to ensure that complainants are aware of Carers Queensland's appeals mechanism and of external agencies to assist them with their appeal.

4.7 Documentation and Storage

1. All details of a formal complaint are documented by the person managing the complaint.
2. All relevant documentation shall be stored accordingly in accordance with the Record Management Policy.

4.8. Reporting

1. The Chief Executive will report on unresolved and/or high impact complaints to the Board of Directors at relevant Board meeting.
2. Complaints will be reported to the relevant funding bodies where such a report is a condition of the funding.

5. Related Policies

This policy is to be read and applied in conjunction with the Continuous Improvement Policy and Risk Management Framework Policy.

6. Review

This policy is to be reviewed every two years or earlier when need arises in accordance with the Policy Development and Review Policy.