POLICY AND PROCEDURE

Purpose

The purpose of this policy is to ensure that all complaints and feedback involving Subee client, staff and stakeholder are responded to, reported, investigated, and finalised in a transparent, effective, and timely manner, and in accordance with legislative and contractual requirements.

The aim of feedback and complaints reporting is to learn from events and improve services to clients and client outcomes.

Scope

This policy applies to all staff and clients of Subee as well as the general public. The policy applies to all formal and informal feedback (complaints and compliments) that sit outside of the incident process.

Feedback is considered a vital part of continuous quality improvement and should be received and acted upon without prejudice and in good faith, regardless of the content.

Feedback can be internal or external and may trigger the incident process at the discretion of the receiving manager.

All complaints and feedback must be handling within Subee's Open Disclosure Policy.

Relevant Standards and Legislation

Aged Care Act 1997, The New Aged Care Standards 6 Feedback and Complaints & Standard 8 Organisational Governance. The National Disability Insurance Scheme Rules 2018, Practice Standard 2 Provider Governance and Operational Management

National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018

National Disability Insurance Scheme Act 2013, s 73Z (4) and s 16 of the NDIS (Incident Management and Reportable Incident) Rules

Australian Community Industry Standards (ACIS) 5.0, Standard 2.5

Definitions

Complaint: An expression of dissatisfaction with the level or quality of service, conduct of an employee, or the application of policies and procedures that affect service delivery.

Compliment: An expression of satisfaction around service delivery which may focus on exemplary employee conduct or commitment, efficiency, accessibility, or responsiveness. Compliments reflect expectations that have been exceeded.

Incident: An Incident is defined as a specific event or deviation from procedure that may result in injury (minor or major) or death; or damage to private or public property, and as such requires resolution and/or reporting.

If the receiving manager decides that the complaint is an incident, they are responsible for implementing the incident process.

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Procedure

For the purposes of this policy a client is defined as a direct client of Subee (including their nominated representative), one that is brokered through a third party, or a service provider.

All employees are responsible for knowing and following this procedure.

Subee has a policy of maintaining clear communication channels and open disclosure for feedback of any nature. Clients, potential clients, staff, service providers and any community stakeholders can provide feedback via the Subee website, the Client Feedback form, staff portal, Subee Facebook page, biannual client satisfaction survey, verbally or by email. Feedback may also be reported verbally by staff as a result of direct client contact.

Feedback may be anonymous in nature, relate to a specific incident or client, or be generic. It may also result from client surveys initiated at least annually. Feedback does not automatically constitute the raising of an incident record.

All feedback is to be treated confidentially, within and outside of the business. Information is shared internally strictly on a need-to-know basis that supports resolution and continuous improvement. All feedback is acted upon without prejudice and in good faith, regardless of the nature of the feedback and in line with policies around mandatory reporting. In all instances feedback is assumed to be a positive consequence of service delivery in that it supports continuous improvement of processes.

Reporting System

Client and Service Provider Feedback forms are disseminated as part of Subee Information Pack, upon request or as online contact form accessible on the website. https://subee.com.au/feedback/

Feedback is encouraged at every opportunity within the service delivery process. Clients and service providers are given several clear options to provide feedback including:

- In writing on the Client and Service Provider Feedback form
- Verbally or via email information should be recorded on the Client and Service Provider Feedback form, Incident Report, client/employee record whichever is more appropriate.
- Informal feedback taken verbally can be recorded on the client/employee record should be reported to the Service Coordinator or Team Leader
- As part of the annual survey and evaluation process (or more frequently as required)
- Using the contact form on the website

Clients and service providers may choose to speak to:

- Any staff member they are comfortable discussing their concerns with
- Alternatively, to speak directly with the Senior Management Team.

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Contact details are provided on the Client and Service Provider Feedback Form and on the website. Support Workers are encouraged to pass on both formal and informal feedback. This may coincide with the Incident Reporting Process.

Once received the process is as follows:

- All feedback is to be passed onto the responsible senior staff member. In the first instance this is the Roster Coordinator or Site Service Coordinator who will escalate to Team Leaders to manage or delegate as necessary as an 'Incident'.
- An Incident is defined as a specific event or deviation from procedure that may result in injury (minor or major) or death; or damage to private or public property, and as such requires resolution and/or reporting.
- All incidents of an urgent nature (those which put the client, staff, or business at risk) should be escalated to the General manager and Team Leaders immediately.
- An incident report form should be filled out by the receiving staff member and the process on the form followed.
- Client surveys are conducted biannually, or more frequently as directed by the General Manager Management. They are managed by the Quality Manager and are underpinned by the same assumptions of other types of feedback. Survey outcomes are reported directly to the General manager and Team Leaders.

- Survey trend results are also feedback to staff and clients in writing.
- All complaints, compliments, incidents, and the like, regardless of the reporting method and the site, should be recorded centrally on the Visual Care Incident Register. The register is a key reporting mechanism for management reviews and CQI.
- All complaints and feedback are managed within
 Subee Open Disclosure Policy
- Complaints and feedback are a standing agenda item for the following meeting; Quality and Management Meetings, Clinical Meetings, Governing Board Meetings, Consumer Advisory Meetings, Admin Meetings and Community Support Worker Meetings.

Resolution

Note, that for the purposes of this policy, the completion of a Client and Service Provider Feedback form does not necessarily indicate an incident or involve a resolution process. This additional step is initiated at the discretion of Team Leaders or General Manager.

All processes involving record keeping and the collection and storage of personal and sensitive information should be read in conjunction with the Privacy Policy.

It is the responsibility of Team Leaders to ensure all records are managed in a timely manner and closed only upon satisfactory resolution.

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- Resolution is achieved only when the client, staff member or any other stakeholder is advised in writing or verbally.
- If the client or other party is not happy with the resolution, refer them to the General Manager.
- If the matter is still not resolved, it is Subee's responsibility to advise stakeholders of opportunities for further recourse such as the Disability Advocate, Older Person Advocacy Network OPAN, police, and government agencies.
- Principles of open disclosure has been followed.

Appeals Process

If you are unhappy with how your complaint has been dealt with by Subee Management team, please let us know in writing within 30 days.

Subee will review your situation. A review is not a reinvestigation of your complaint. We would be looking at whether the processes staff followed were fair and adequate, and whether the conclusions reached were reasonable on the information available.

Staff and clients however are entitled to make an external appeal against the decision Subee has made.

Appeals can be made to Fair Work Ombudsman

- Fair Work Commission or Ombudsman
- NDIS Quality & Safeguards Commission
- Aged Care Quality & safety Commission

• Ombudsman

Review System

Incident reports, Corrective Action and Non-Conformance Reports are recorded on Subee's Quality and Information System (Visual Care).

Incident reports and action plans are discussed at monthly Quality Meeting.

The Quality Coordinator is responsible for capturing information on the Incident Register. Trends and gaps in services that need reviewing can be obtained from Visual Care reports.

Complaints and feedback trends ae discussed with Subee Governing Board and Consumer Advisory Group.

Relevant Documentation

Client and Service Provider Feedback Form Incident Management Policy Privacy and Confidentiality Policy Open Disclosure Policy Advocacy Policy

Resources

- NDIS Quity and Safeguard Commission 1800 035 544 feeback@ndiscommission.gov.au
 - Commonwealth Ombudsman 1300 362 072
- disabilityteam@ombudsman.gov.au
 - NSW Fair Trade 133220

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