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| **Purpose** | The service will ensure that the right of the service user to make a complaint is understood, respected and upheld. |
| **Scope** | The services’ personnel, service users and their families/ whānau. |
| **Policy** | All complaints will be managed in a systematic way as outlined in this document.  Some complaints require notification to HealthCert will be processed using the approved [template](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31). |
| **Performance Indicators** | * Complaint process time frames are adhered to. * Service Improvement measures are implemented. |
| **References** | |
| **Legislation** | [Code of Health and Disabilities Services Consumer’s Rights 1996](http://www.hdc.org.nz/the-act--code/the-code-of-rights) |
| **Standards**  **Guidelines** | [NZS 8134: 2008 Health and Disability Services Standards](http://www.health.govt.nz/system/files/documents/pages/81341-2008-nzs-health-and-disability-services-core.pdf)  NZS 8158: 2012 Home and Community Support Sector Standard  Cultural Diverse Practice Resource  [HDC complaints processes](http://www.hdc.org.nz/complaints)  [DVD for providers – Making it easy to do the right thing](http://www.hdc.org.nz/publications/resources-to-order/dvds) |
| **Service**  **Documents** | Open Disclosure  Adverse Events |
| **Definitions** | |
| **Complaint** | A complaint is   * Any expression of dissatisfaction about services provided. * Dissatisfaction with the conduct of a staff member/student placement/ contractor/Board member/director of the service. |
| **Comment** | A comment/feed-back is an observation, remark or expression of opinion about aspects of services that could be improved. All comments will be considered as an opportunity to improve the services provided.   |  | | --- | | **A comment is not a complaint** | |
| **Complaint**  **sources** | * Directly from a service user and/or their family/whānau. * Through the Health and Disability Commissioners office. * Through the Privacy Commissioners office. * By a member of parliament. * Through Consumer Advocates. * By a service provider. * By a member of the public. |
| **Anonymous Complaints** | Complainants have the right to be anonymous. Investigation will occur within the limitations caused by the anonymity. |
| Image result for image of exclamation mark | **The service does not distinguish between formal and informal complaints.**  **A complaint is a complaint is a complaint…………** |

**[Overview](http://www.hdc.org.nz/publications/other-publications-from-hdc/fact-sheets/timeframes-for-responding-to-complaints-under-right-10-of-the-code)**

Complaint received

**Verbal Complaint**

**Written Complaint**

Within a working day of receiving the complaint

* email
* fax
* letter
* note
* Document the complaint on the adverse event report.
* Check with the complainant that the record is accurate.

Person receiving the complaint

**is**

**Moderate and high risk** complaints:

* Acknowledge the complaint in writing.
* Include [advocacy](http://advocacy.hdc.org.nz/), [HDC information](http://www.hdc.org.nz/) & [HealthCert](http://www.health.govt.nz/about-ministry/contact-us/groups/healthcert-contacts).
* Preferably meet face to face with the complainant.
* If required report the complaint to and/or the DHB/funder.

Processes the complaint to the manager

**Manager**

**Low risk** complaints can be resolved by meeting the complainant

* Acknowledge the complaint.
* Inform of the right to [advocacy](http://advocacy.hdc.org.nz/).
* Negotiate a time, place and participants of the meeting.
* Consider cultural support and/or interpreter support.
* Offer peer support.

Within 5 working days

* Decides how the complaint will be resolved.
* Follows open disclosure processes.
* Informs the complainant of the complaint process.
* Decides who investigates the complaint.

**Decision on the complaint**

**To be made within 10 days of the complaint being acknowledged**

* A letter with the result of the investigation is send/given to the complainant.
* Includes information on appeal processes.
* Invites the complainant to discuss the outcome of the complaint.
* Updates the complaints log.

**Complaint resolved**

* Summary of the meeting/outcome of the investigation is send to the complainant.
* Includes [HDC information](http://www.hdc.org.nz/) on complaints.
* Updates the complaints log.

**Complainant not satisfied**

**Appeal initiated**

**Investigation time needs extension**

Inform the complainant that the investigation will exceed 10 days.

Update the complainant on progress of the investigation every 20 days.

**Complaint closed**

Final letter to the complainant includes the open disclosure requirements:

APOLOGY – INFORM WHAT HAPPENED – INFORM WHAT MEASURES HAVE BEEN PUT IN PLACE TO MAKE CHANGES OR IMPROVEMENTS

**Appeal Process**

**The complainant does not accept the outcome of the complaints investigation**

**Within 1 week**

**Manager/External Reviewer**

* Seeks information from the person who investigated the complaint.
* Reads the complaints related documentation.

Contacts the complainant:

* Offers to meet.
* Ascertains what the complainant is unhappy about.

**Discerns:**

**Meeting**

* Soundness of investigation.
* Need for re-investigating.
* Any other steps to be taken.

**Within 5 working days**

**Possible participants:**

**Decision for next action is made**

* advocate
* supports
* interpreter
* cultural support
* peer support

Close investigation and complaint

yes

no

**Inform the complainant of the decision in writing**

Refer the complaint to

* The [Health and Disability](http://www.hdc.org.nz/complaints) Commissioner if

the complainant is not satisfied.

Or

* The [Privacy Commissioner](http://privacy.org.nz/your-privacy/how-to-complain/).
* Update the complaints log.
* Re-investigate again.
* Update the complaints log.

**Complaints information provided to service users & their families/whānau**

**The services personel**

**Written and verbal information on the complaints processes provided**

[videos, brochures, audio](http://www.hdc.org.nz/complaints):

When a request is made

When a complaint is made

When a complaint is considered

On display

At service entry

**Investigation Process**

**To be completed within 10 days**

**Manager**

* Ascertain facts.
* Analyse all written evidence.
* Interview people involved.
* Interview people who may have observed anything.
* Assess and refer to best practice guidelines.
* Enlist a specialist if required.
* Enlist a cultural advisor if required.

**Service user does not want the investigation to continue:**

* No further involvement of the service user in the investigation.

If the following conditions apply continue with the investigation using the ‘Adverse Event’ and/or ‘Disciplinary’ processes:

* Service user injury.
* Misconduct of staff.
* Staff action outside scope of practice.
* High risk to client/whānau, staff member or the service.
* Non-compliance with legislation.

**Throughout the complaints process**

* Implement the open disclosure processes.
* Ensure the service user has support available.
* Ensure staff has support available.

**Notification and Communication**

**Immediately**

**Manager/CEO**

**Reported – as relevant – to**:

* [WORKSAFE NZ](http://www.business.govt.nz/worksafe/)
* agencies funding the service DHB/ACC/MSD/
* [Health and Disability Commissioner](http://www.hdc.org.nz/)
* [Privacy Commissioner](http://www.privacy.org.nz/)
* [HealthCert](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31)

Regulatory Bodies (examples):

* [Nursing Council of NZ](http://www.nursingcouncil.org.nz/)
* [Medical Council NZ](https://www.mcnz.org.nz/)
* [Occupational Therapy Board NZ](https://www.otboard.org.nz/)

Complaints that:

* Involve a serious injury.
* Have the potential to be of interest to the media.
* Are of a sensitive nature.
* Involve serious misconduct.

3- Monthly reports

Reports to the Board of Trustee’s /Director:

* Complaints lodged.
* Complaints resolved.
* Status of investigations.
* Results of investigations.
* Trends and analysis.

Reports to the Quality Committee:

* Possible areas of improvement.



Only the CEO or Director/Chair -person will talk to the media about complaints lodged.

**Service Improvement Processes**

**3 monthly**

* Identify areas of service improvements as the result of a complaint.
* Follow-up with service improvement request.
* Assess the effectiveness of improvement measures taken.
* Update the complaints log.

**Quality Committee**

**6 monthly**

* trend analysis.
* checks if service improvement requests are implemented.
* analyses effects of service improvement measures.

**Monthly**

Discusses possible service improvement measures at (as relevant to a specific complaint or the trend):

* Staff meetings.
* Service user meetings.
* Brings feed-back from those meetings to the Quality Committee.

**Manager**

**2 monthly**

Discusses possible service improvement measures with

* Leadership group.
* External stakeholders.
* Board of Trustees or Directors.
* Brings feed-back from those meetings to the Quality Committee.
* All documentation relating to the complaint will be filed in the complaints folder either electronically or a paper folder.
* The service user’s record will refer to the complaint and where the documentation is held.

**THE COMPLAINTS DOCUMENTATION IS NOT HELD IN THE SERVICE USERS RECORDS/FILE!**



# Consultation

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| --- | --- |
| Group/Role | Date |
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