

COMPETENCIES



SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

Service providers (organisations and individuals), clients, stakeholders and funders in the process of handling complaints received from a client, a member of the client’s family, or other member of the community in relation to the care of an individual within the service providers duty of care

DESIRED OUTCOME

- To assist service providers to respond to complaints in a responsible and ethical manner
- To maintain the standard of care delivered by the Community Support and Services industry

BACKGROUND

- In the course of delivering a support or service, a service provider or support worker may receive a complaint. Such a complaint may be lodged through informal or formal channels.
- Complaints should be responded to with due diligence and process to demonstrate a service provider’s commitment to the ongoing safety of a client.
- All providers should have a complaints handling policy or similar in place for responding to complaints received from a client or member of their support network. This may include complaints from a family member a friend or a member of the community. The service provider should provide training to all employees including support workers. This training should have a focus on the employee’s role and responsibilities in handling complaints.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living to participate in social, family and community activities in the person’s home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Complaint is any item that is raised to a service provider or member of staff which indicates the clients care may have been at risk.

Open disclosure is defined in the Australian Open Disclosure Framework as “an open discussion with a client (and/or their support person(s)) about a client safety incident which could have resulted, or did result in harm to that client while they were receiving health care. The open disclosure process is a discussion between two parties and may include a series of discussions and exchanges of information that take place over several meetings. Essential elements of open disclosure are:

- an apology;
- a factual explanation of what happened;
- an opportunity for the client to relate their experience;
- a discussion of the potential consequences; and
- an explanation of the steps being taken to manage the event and prevent recurrence.

GUIDELINE

Any complaint received in relation to a service should be responded to with due diligence. The response should be appropriate to the type of and seriousness of the complaint received.

Service providers should have a Complaints Management policy in place to deal with complaints about a service. The policy must handle all types of complaints regardless of their origin or degree of severity.

The policy should highlight:

- the role of each employee in responding to a complaint and the employee’s responsibility for reporting and recording the complaint;
- the requirements and process for documenting complaints;
- how complaints will be responded to and handled;
- the escalation process for unresolved complaints.

Service Providers should provide training to all staff on their role in handling complaints. The training will include who complaints should be reported to and how they should respond to complaints that they receive directly.

Service Providers should refer to the requirement of the funding body under which a client is funded and ensure all guidelines set out within the funding agreement for the client are followed. Service Providers should also follow any requirements for Serious Incident Reporting set out by the funding body.

Service Providers are to have an effective system for management and resolution of complaints about the supports or services provided and the system must be appropriate to the size the organisation and the complexity of the services and supports delivered.

Guidelines for Complaint Management (Anderson, 2019; Gottwald & Lansdown, 2014; "Guidelines for the Aged Care Complaints Scheme.pdf"; Satchell et al., 2016; Ziegenfuss & O'Rourke, 1995)

- Providers should actively enable clients, their families and support decision makers, visitors, staff and volunteers to provide feedback or raise a complaint about any aspect of our service, the care we provide or the operations.
- The aim is to improve the quality of care and services provided by adopting a positive, blame-free approach to resolving complaints.
- Complaints received by the service are seen as an opportunity for improvement. All feedback should be taken seriously.
- Providers will make all reasonable efforts to understand issues or concerns, and resolve complaints within the service when they arise.
- The timely and efficient management of complaints fosters a positive, cooperative attitude with clients, support decision makers, visitors, volunteers and staff.
- Complaints will be addressed promptly with the aim of providing a formal response within a timely period. Providers will communicate openly and regularly while working to resolve the complaint. Where appropriate, the client will be actively involved in resolving the issue. Once a resolution has been reached, the Provider will discuss the outcome to ensure satisfaction with the outcome of the complaint. If the person is not happy with the outcome of the complaint, they are encouraged to ask for an internal reconsideration of the decision. Additionally, clients are welcome to access external advocacy and complaint resolution mechanisms.
- All clients and/or their family members and support decision makers are informed regularly about the process for lodging a compliment or complaint.
- Complainants are encouraged to lodge their complaint in writing. This will assist with understanding the nature of the complaint and ensure that the facts provided are correct.
- The complaint is to be referred to the relevant staff member for registration on the Complaints Register.
- Complainants have the right to ask us for an internal reconsideration of decisions.
- Options for internal reconsideration of decisions and external complaint resolution are offered to any complainant who is not satisfied with the resolution of their complaint within the service.
- Complainants have the right to seek assistance from aged care advocacy services in raising a complaint.
- Any staff member can be approached to provide compliments, to raise a concern or make a complaint. Where a staff member is not empowered to handle or resolve complaints on behalf of the service, the staff member will be able to refer the complaint to other staff and/or act as an advocate for the complainant and assist with completing forms for them.
- Any complaints received are registered on the Complaint Register, acknowledged, and investigated where required. Feedback on how the complaint was managed and resolved is sent to the complainant once the complaint is closed. Where the complainant is not the client, the client will also be informed.

Confidentiality

- All information regarding complaints will be kept confidential amongst the staff concerned with its resolution.
- Complaint documentation will be kept in a safe, secure place and accessible only to staff handling the complaint.
- Compliment and complaint information may be forwarded to the management team as part of ongoing improvement activities within the service.
- Statistics on all types of compliments and complaints will be recorded and used to inform ongoing improvement activities. For this purpose, compliment and complaint information may be disseminated to management and other staff. However, the identity of the complainant or persons named in the feedback will not be disclosed.

Principles for Open Disclosure (Carrillo et al., 2021; Harrison et al., 2019; Leung & Porter, 2019; McLennan & Moore, 2019; Mullally & Corby, 2021)

Providers are committed to ensuring ensure that clients and their support decision makers person(s) and staff are:

- Communicating effectively about a client incident or issue;
- Provided with an opportunity to recount their experiences, concerns and feelings and are listened to; and
- Treated respectfully.

Providers are committed to providing an organisational culture of safety and quality strengthened by:

- Creating a supportive environment in which client incidents are identified and reported without attribution of blame;
- Encouraging staff to openly inform, listen to and support the client, their decision maker(s), and staff who may have been involved in a client incident; and
- Sharing lessons learned from client incidents to identify and develop strategies to prevent potential incidents.

The objectives of Open Disclosure are:

- Establish a culture which supports open communications between clients, staff and decision makers after the client incident;
- Ensure that communications with and support for all occur in a timely and empathic manner; and
- Ensure that consistent processes for open disclosure are implemented.

Open disclosure:

- Is a dialogue between two parties;
- Is not a legal process; and
- Does not imply that an individual or service has blameworthy facts to disclose.

Investigation of a client incident:

- When a client has been harmed as the result of any client incident, an investigation into the incident must commence as soon as practicable. The circumstances of the incident, including the severity of harm and/or distress experienced by the client and their support person(s), will determine the level and method of investigation. The findings from each investigation into a client incident are an essential part of the information that is provided to a client and their support person(s) during the open disclosure process.
- Clients and/or their support person(s) are encouraged to participate in the ongoing investigation process. If they choose to do so, the Organisation should provide appropriate support to enable this to occur.
- A team member has responsibility for the initial conversations with the client and/or their support person(s) and staff members to obtain their account of the incident, as well as gathering any physical information associated with the incident. He/she is not responsible for initial open disclosure discussions, which will be usually conducted by the clinician most directly involved in the incident, the person who first recognises the incident, or his/her line manager.
- The investigation team has responsibility for conducting a thorough multidisciplinary investigation to determine any underlying causes that may have contributed to the client safety incident. Where issues are identified that have contributed to the incident, the investigation team will recommend quality improvement action/s to address these issues, aimed at preventing a recurrence.

Restrictions on the release of information

- There are some restrictions on the information that can be released during open disclosure discussions. For example, Critical Incident Reviews are protected by special privilege and the working documents of the Root Cause Analysis team attract privilege if they have been created at the request of or for the purpose of the team's use. Client legal privilege can protect certain documents from being disclosed, specifically documents created, or communications made, in confidence for the dominant purpose of obtaining legal advice in relation to the incident, or for use in legal proceedings (including civil claims for compensation; coronial inquest hearings; and prosecutions before a disciplinary body).

Risk management

- Preparation for open disclosure of a client incident requires careful consideration and assessment of risks - to the organisation, the client, their support person(s), and staff, including the risk of media exposure or litigation. Undertaking risk management processes should not delay appropriate and timely open disclosure.
- Implementing effective open disclosure requires that each Organisation operates within the integrated risk management and quality improvement processes. Identifying and learning from the underlying causes of client incidents, complaints and claims, with the aim of implementing solutions to prevent recurrence adds value to both risk management and quality improvement.

- A risk management plan needs to be developed to address identified risks. Any risk that is beyond a staff member's capacity or delegation of authority needs to be escalated to a higher level of management for acceptance and management of the risk.
- Implementation of a risk management framework in line with standards established by the Australian/New Zealand Standard Risk Management Principles and Guidelines AS/NZS ISO 31000:2009, and Organisational Policy and Framework provides a systematic process that determines when, how and by whom recommended actions and lessons learned should be cascaded, addressed and monitored.
- Open disclosure must be managed to completion irrespective of other circumstances occurring at the same time for example, commencement of Complaints processes, coronial or legal proceedings.

Record management

- If open disclosure is initiated with the client and/or their support person(s) following any client incident, including near misses and no harm incidents, the clinician responsible for the care of the client must record that fact in the client's health care record. Once the incident is notified in the incident management system, the notifier must document the unique identification number in the health record.
- For formal open disclosure it is recommended that all records associated with the open disclosure process are kept together, for example, records of meetings and outcomes.
- Where open disclosure has occurred, managers should record that fact in the notes section of the incident management system. Organisations should establish a system for recording the open disclosure process including outcomes.
- Open disclosure is most effective if it is coupled with restorative action where appropriate. Early recognition and approval for reimbursement for out-of-pocket expenses incurred as a direct result of a client incident sends a strong signal of sincerity. Evidence suggests that restorative action can be a determining factor in a person's decision not to litigate. Practical support offered through reimbursement does not imply responsibility or liability. Out-of-pocket expenses may include, but are not limited to, accommodation, meals, travel and childcare.
- Offers of reimbursement are made at the discretion of the Director and on a case-by-case basis. Reimbursement of any out-of-pocket expenses must be documented in the open disclosure records.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- NDIS Quality and Safeguards Commission
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- Australian Community Industry Standards
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