

# FEEDBACK MANAGEMENT SYSTEM



# FEEDBACK AND COMPLAINTS INFORMATION

Welcome to SummitCare.

**Our Vision "Working Together to Provide Peace of Mind" begins and ends with residents and their families. We can only achieve your peace of mind when we are on your level when concerns or issues arise.**

Feedback and Complaints information forms part of our continuous improvement system for the organisation. All information provided by you is considered confidential and is used as a valuable tool towards ensuring continuous improvement. We encourage your submissions across any area and thank you for taking the time to give your feedback.

**Please use the Complaints Form in this booklet to make a complaint.**

**Please use the Compliment and Feedback Form in this booklet to make a compliment or offer feedback.**

We encourage you to give us feedback and comments about our service. SummitCare recognises the rights of residents and concerned others to make a complaint. This feedback enhances communication and helps us to understand residents' and families' expectations. We want to work together with residents, families and friends to provide care that meets your needs - all day, every day. Your feedback and comments are valuable ways to help us achieve this goal.

You are welcome to make criticisms as well as to give compliments. SummitCare is committed to building positive communication and to using the feedback to improve the services we provide. Both positive and negative feedback will assist us to improve the quality of our care. Positive comments and compliments give us opportunities to build upon the good experiences and to acknowledge these to our staff.

We encourage and appreciate your support of our 'Summit Star Program' as your way to recognise staff who have exceeded your expectations.

Complaints are also a very important source of information. Complaints tell us what went wrong or what isn't working well and how this can be improved.

# FEEDBACK AND COMPLAINTS INFORMATION

SummitCare's Feedback Management System is based upon the principles of:

- Fairness,
- Accessibility,
- Responsiveness, and
- Efficiency.

Our staff have the skills and commitment to handle complaints positively and are comfortable about reporting and receiving complaints. All complaints are taken seriously. They are dealt with in the same way.

All complaints are logged in a formal record-keeping system so we can track your concerns and make sure that we work through our systems to ensure they are handled responsively and effectively. This consistent system makes no assumptions about the seriousness of a complaint for the resident or the person raising the complaint. Our complaints handling system has a feedback loop to check whether the complaint indicates a need for changes to service delivery or to policy and to ensure those changes are made.

We communicate any changes to residents, families and staff so they know complaints are welcomed and they really can make a difference to service delivery. *The "Person Responsible" will be included in all communication about a complaint, even if they are not the person making the complaint.*

SummitCare staff are trained to handle complaints in a non-confrontational manner. Your behaviour also contributes to how well we can achieve a smooth resolution of the issue. Threatening behaviour will not be tolerated.

Privacy regulations require that we can only communicate with the "Person Responsible" regarding complaints about Clinical issues and Care related issues. We expect that the "Person Responsible" will inform other relevant people if this is appropriate. We encourage you to contact us with your concerns.

# FEEDBACK AND COMPLAINTS INFORMATION

If you need help in making a complaint to us you may contact:

The Aged-care Rights Service (TARS) on 02 9281 3600. This organisation provides an advocacy service and assistance in making complaints.

If you would prefer not to make a complaint directly to us, you may also contact the Aged Care Complaints Scheme on 1800 550 552. This scheme is part of the Department of Health and Ageing.



# COMPLAINT FORM

<b>Date:</b>	
Name of person making complaint:	
Are you the 'person responsible'? (the person who makes the decisions about care and finances for the resident)	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, is the 'Person Responsible' aware you are making this complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Complainant's address:	Street: Suburb: State: <span style="float: right;">Postcode:</span>
Phone:	(Business hours): <span style="float: right;">(Home)</span> Mobile:
Email address:	
The best way to contact me is:	Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>
My preferred language is:	
Do you require any special assistance to lodge this complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Are you lodging this complaint on behalf of:	Yourself <input type="checkbox"/> A resident <input type="checkbox"/>
Name of resident: (if applicable)	
Is the resident aware you are making the complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you spoken to a staff member about this issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of staff member:	
<b>My complaint is:</b> Use the space here to give a short summary of your concerns:	

# COMPLAINT FORM

Additional space to describe your complaint if required:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
The main issues I am concerned about are:	
1.	<hr/> <hr/>
2.	<hr/> <hr/>
3.	<hr/> <hr/>
4.	<hr/> <hr/> <hr/> <hr/>
The results I would like to see from my complaint are:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Signature of complainant: _____	
Date: _____	
Signature of staff member receiving complaint: _____	
Date: _____	
<b>Office use only:</b>	
If the complaint was made verbally (face-to-face or by telephone), staff receiving the complaint must complete this form and ask complainant to sign it.	
<b>Contact details for the 'Person Responsible' who is to be included in correspondence:</b> Name: _____	
Address: _____	
Email: _____	
<input type="checkbox"/>	Complaint made verbally. Form completed by staff      Date: _____
<input type="checkbox"/>	Acknowledgement letter sent      Date: _____
<input type="checkbox"/>	Referred to: _____      Date: _____

# COMPLIMENT AND FEEDBACK FORM

<b>Date:</b>	
Name of person giving feedback:	
Are you the 'person responsible'?    Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(the person responsible for decisions about care and finances for the resident)</small>	
Address:	Street: Suburb: State: <span style="float: right;">Postcode:</span>
Phone:	(Business hours): <span style="float: right;">(Home)</span> Mobile:
Email address:	
The best way to contact me is:	Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>
Are you lodging this feedback on behalf of:	Yourself <input type="checkbox"/> A resident <input type="checkbox"/>
Name of resident: (if applicable)	
My compliment / feedback is:  _____  _____  _____  _____  _____	
Is this feedback regarding particular staff?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name(s) staff member(s): _____	
Would you like to nominate this person(s) for a Summit Star Award? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature of person giving feedback: _____ Date: _____	
Signature of staff member receiving feedback: _____ Date: _____	
<b>Office use only:</b>	
<input type="checkbox"/> Acknowledged	Date: _____
<input type="checkbox"/> Referred to:	Date: _____

