

Feedback and Complaints

Purpose

This document outlines the clear expectations for the recording and response to all complaints and feedback. It sets out the roles and responsibilities of Aged Care Workers, timeframes for resolving complaints, risk and escalation processes and the importance of frontline resolution.

This document should be read in conjunction with Privacy Framework and is underpinned by the Incident and Complaints Framework which provides information relating to accountabilities.

This policy is informed by:

- Aged Care Act (2024)
- National Disability Insurance Scheme Act (2013)

Policy Statement

Catholic Healthcare Limited (CHL) is dedicated to creating a safe and welcoming environment for older persons, employees, volunteers, students, visitors, contractors, and others in all service settings.

CHL promotes an open, accessible and transparent approach to complaint handling and is committed to resolving complaints. CHL utilises a continuous improvement approach to strengthen its culture of safety, satisfaction and fairness and minimise the risk of harm occurring.

This procedure establishes clear expectations for the recording and response to all complaints and feedback. It sets out the roles and responsibilities of Aged Care Workers, timeframes for resolving complaints, risk and escalation processes and the importance of frontline resolution.

Applicability / Scope

This Policy and Procedures applies to the workforce in CHL across **Residential Care Services (RCS), Home & Community Services (HCS) and Retirement Living (RL)**. It is applicable to complaints and feedback relating to any aspect of care or services provided to Consumers.

All our workforce, contractors and temporary Aged Care Workers need to be aware of and comply with this policy.

This policy **DOES NOT** cover allegations and matters in relation to litigation. These matters should be escalated to and managed by the CHL Legal Team.

This policy **DOES NOT** apply to matters in relation to employees' complaints (Aged Care Workers complaining about other Aged Care Workers/external contractors) and where required these complaints

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should be directed to the Human Resources Department (HR) and/or Legal including appropriate Business Unit Managers. Please refer to [People - Code of Conduct - Policy](#).

This procedure should be read in conjunction with the [CHL Whistle Blower Policy](#), [CHL Privacy Policy Whistle Blower Policy](#), [CHL Privacy Policy](#), [CHL Open Disclosure Policy and Procedure](#), [CHL - Incident and Complaint Management Investigation Toolkit - Procedure](#) and internal procedures for the management of whistleblower complaints made under the *Aged Care Act 2024*.

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2. Defining Feedback and Complaints

Feedback is a valuable and critical tool in assessing consumer confidence, satisfaction, and safety in the delivery of CHL services. Feedback can be delivered via a variety of means and it may be complimentary about Aged Care Workers and/or service delivery, or it may be of a nature where areas for improvement are identified. Generally, feedback is information used for continuous improvement. Feedback will be recorded in accordance with complaints and feedback procedures of the relevant business area.

Complaints, as defined in the Australian and New Zealand Standard Guidelines for complaint management in organisations (**AS/NZS 10002:2014**), are "expressions of dissatisfaction made to or about an organisation related to its products, services, Aged Care Workers or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required."

A complaint is an expression of dissatisfaction made to and about CHL that is related to its products, services, Aged Care Workers, or the handling of a complaint. If a verbal complaint is received, the person receiving the complaint must ensure that they have fully understood and captured the particulars of the complaint. A complaint may also be recorded as an incident, including a reportable incident under the Serious Incident Reporting Scheme (SIRS). However, not all incidents generate an associated complaint from a consumer.

When a complaint is made, CHL will seek to resolve the issues raised and may respond in writing to the complainant. Opportunities for continuous improvement will be captured in plans of continuous improvement.

Complaint timeframes should be adhered to. There may be occasions when complaint issues are unable to be resolved. When all available options of resolution have been exhausted, consumers should be

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advised of their options to escalate their complaint to the Aged Care Quality Safety Commission (ACQSC) or the NDIS Quality and Safety Commission (NDIS) if they have not done so already. Strengthening confidence and relationships with consumers will always be a priority.

Consumers should be made aware of the difference between providing feedback (information used for continuous improvement) and making a complaint (a matter requiring resolution).

A whistleblower complaint under the Aged Care Act 2024, is where an individual makes a disclosure alleging a suspected breach (please see section 119 below).

When managing whistleblower complaints, CHL must protect the identity of the discloser by keeping the complaint confidential, in addition to ensuring that the discloser does not face reprisal.

If you receive a whistleblower disclosure, either verbally or in writing, the matter must be referred to the Investigations, Incidents and Complaints Team (ICT) immediately via complaints@chcs.com.au. The ICT will lodge the whistleblower complaint in ERICS and manage it.

A privacy complaint may be lodged by an individual who believes that CHL has mishandled their personal information. If you receive a privacy complaint, please refer it to the Privacy Contact Officer. The ICT will lodge all privacy complaints in ERICS and manage them. The ICT can be contacted via privacy@chcs.com.au or complaints@chcs.com.au.

What a Complaint is NOT - A complaint as defined within this policy does not include:

- i. Aged Care Worker complaints about other Aged Care Workers should be reported immediately to the Manager or Senior Managers such as the Regional Manager or Aged Care Worker in charge. Aged Care Worker complaints should be recorded and managed in accordance with relevant business unit procedures.
 - a. If the matter is serious, or the complainant does not feel confident or safe to raise their complaint with the RM or senior managers, the Aged Care Worker can raise the concern through the CHL **"Stopline"**. Please refer to [CHL Whistleblower Policy](#).
 - b. Please note however, as mentioned above, there may be circumstances where a complainant (Aged Care Worker or consumer) may elect to have their whistleblower disclosure treated as a complaint or feedback.
- ii. **Maintenance requests** – e.g., request to replace light bulb.
- iii. **Requests for information** – e.g., request information on lifestyle program
- iv. **Responses to requests for feedback** about the standard of our service provision e.g., survey results.
- v. **Service requests** - e.g., request to make the bed with fresh linen; make a cup of tea etc.
- vi. **Do not send requests HCS** - generally do not send requests will be managed as feedback, unless the relevant Business manager or Care Advisor is of the opinion that the issues raised should be treated as a complaint.

3. Capturing learnings and instilling a culture of continuous improvement

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- CHL is committed to continuous improvement in the way it manages feedback and complaints. This requires the refinement and strengthening of policies and procedures that imbed the principles of natural justice, procedural fairness, equity of access and legislative compliance.
- The development of procedures that encourage consumers to voice their concerns and complaints is critical in ensuring a transparent and supportive environment where feedback and complaints are responded to promptly and fairly and used to drive continuous improvement in the delivery of high-quality care.

CHL's external feedback, complaints and whistleblower policy is readily available to the public through CHL's website. It will also be made available within CHL Residential Aged Care Homes, and is to be made available to all stakeholders upon request.

- CHL understands the importance of compliance with relevant policies and procedures and being able to articulate how learning from complaints and consumer feedback are opportunities to strengthen quality, safety and consumer satisfaction.

CHL working practices will reinforce to all Aged Care Workers the importance and value of feedback and complaints as a critical resource in shining a light on consumer satisfaction, quality and safety. CHL policies will reinforce to Aged Care Workers and consumers that complaint handling and feedback offers significant opportunities to fix issues and improve service delivery. CHL encourages a culture of disclosure when mistakes are made. Mistakes which are disclosed will be addressed from a position of improving the delivery and safety of services with a **protective and not punitive approach**. This facilitates:

- Changes to services, systems, practices, procedures and/or products where weaknesses are identified through the management and analysis of complaints, and
- Communication to the workforce and consumers on the changes and improvements brought about through the handling of complaints and their analysis.

Reports on feedback and complaints will include:

- i. the number and type of feedback and complaints received.
- ii. the number of complaints by facility/service.
- iii. trends and themes of complaint and incidents data.
- iv. any increase or decrease in complaints and incidents over time.
- v. resolution timeframes in line with agreed KPI.

Information gathered from complaints and feedback should be analysed and used to improve services, systems, and procedures across CHL. Opportunities for improvement can be identified from individual complaints or more likely, analysis which requires an understanding of the contributing factors including key drivers/root cause of the complaints.

Each CHL Business Unit should consider and review the continuous improvement activities required/arising from complaints and feedback analysis and should be discussed/reported at relevant governance and risk forums.

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Continuous improvement opportunities identified through complaints and feedback data should be captured and tracked to completion in the Plans for Continuous Improvement (PCI) by relevant CHL Business Units.

Reporting, trends, and analysis should include identifying systemic issues/key drivers of complaints that need to be actioned.

CHL will ensure that Consumers are aware that feedback and complaints are welcomed and ensure consumers:

- i. are made aware of the channels for providing feedback and complaints (internally) including the escalation process and how we will support them in the making of complaints/raising concerns if they wish.
- ii. can provide feedback or make a complaint anonymously.
- iii. if they are not satisfied with the resolution that they are made aware of and provided access to external services to assist them with making a complaint.
- iv. have access to information to escalate complaints externally to agencies such as the ACQSC or the NDIS (as appropriate).
- v. can access advocacy services and will be supported to accessing an advocate of their choosing if they wish to do so (this can be a family member, friend, guardian, etc.).
- vi. can access translation services should English be a second language
- vii. are regularly encouraged to provide feedback about the quality of service they receive.
- viii. feel safe and comfortable raising a concern or making a complaint without fear from reprisal irrespective of their culture, language, and can make a complaint easily, and are supported and assisted in doing so.

CHL will ensure that:

- i. the complaint resolution process is accessible, confidential, fair, timely and transparent.
- ii. a collaborative approach is used with complainants in the resolution of their complaint to ensure that their needs and expectations are recognised and addressed.
- iii. complainants can have an open and honest discussion with a nominated workforce member (Open Disclosure) if something has gone wrong that could harm or has harmed someone.

This policy and the related procedures including guidance/resources are made widely available to Aged Care Workers.

4. Promoting & Encouraging Feedback

CHL will ensure that information about feedback, complaints and incident management is promoted:

- i. on CHL's website
- ii. CHL App
- iii. on posters and brochures at each facility
- iv. in CHL publicity information
- v. during individual or private discussions with consumers
- vi. during (informal) meetings with consumers
- vii. during (formal) regular case conferences and

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- viii. at organised feedback sessions (such as Focus Groups and Residents & Representatives Meetings) with consumers.

If a consumer decides to make a complaint or provide feedback, there are to be no costs associated with such matters. This includes if the complaint or feedback is withdrawn.

Members of the workforce that work directly with consumers should actively seek feedback by:

- i. regularly ask consumers if they wish to provide any feedback or make a complaint either paper based or digitally.
- ii. provide easy access to paper and digital feedback forms.
- iii. provide any necessary assistance to a person to give feedback or make a complaint.
- iv. offer consumers opportunities to complete surveys.
- v. Inform consumers of external complaint mechanisms.

5. Consumer Support Services

Some consumers will require additional support to make a complaint or raise feedback, either due to access needs (e.g., hearing or vision impairment), due to vulnerable situations (e.g., ill health, bereavement), or because English is a second language (requiring translation and interpreting services).

Aged Care Workers need to be able to assess if support is required and provide appropriate options to assist consumers to make a complaint or provide feedback.

The assessment for support services can be based on the needs in the consumer's care plan, special needs and/or by identifying trigger points when speaking with the complainant.

There should be due consideration for the consumer's equity of access and participation within their communities to assist with the complaints management and escalation process.

Consumers with special needs may belong to the following groups/ communities/ backgrounds:

- i. People from culturally and linguistically diverse communities (CALD).
- ii. People from Aboriginal and Torres Strait Islander communities (ATSI).
- iii. People who live in rural and remote areas.
- iv. People living with cognitive impairment including dementia.
- v. People living with disabilities.
- vi. People from lesbian, gay, bisexual, transgender, and intersex (LGBTIA) communities.
- vii. People who are financially and socially disadvantaged
- viii. Veterans, including the spouse, widow, or widower of a veteran.
- ix. People who are homeless or at risk of homelessness
- x. People experiencing mental health problems and mental illness.

Some consumers may have special access needs due to language barriers, cultural differences or hearing or visual impairments. Such consumers should have options made available including services like the [National Relay Service](#) and the [Translating and Interpreter Service](#) to assist them with making their complaint.

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The person managing the complaint should know how and when to refer a consumer to support services or independent advocate services. There shall be no charge to the consumer for using these services to raise a complaint.

Independent Advocacy Services are:

- Advocacy services that are independent of CHL and free from any real or perceived conflict of interest. A consumer should be given information and access to independent advocacy services to make a complaint, if required, Older Persons Advocacy Network (OPAN) offers free aged care advocacy services that are independent and confidential. Consumers can contact OPAN on 1800 700 600 or via [OPAN – Feedback and Complaints webpage](#).

Record evidence of involvement, use of support service or advocate to raise a complaint in ERICS.

6. Privacy & Confidentiality

The person receiving the complaint shall not disclose information obtained, except for necessary administrative or supervisory/escalation purposes or for the purposes of obtaining advice, without consent of the complainant or when required or permitted by law.

CHL will handle all complaints in compliance with relevant privacy and other relevant laws and all complaint information must be treated as 'confidential'. Except to the extent necessary, a complainant's identity and personal details will be restricted to Aged Care Workers.

Only de-identified complaint data will be used for continuous improvement activities and education purposes.

CHL complaints are recorded in ERICS. These applications are secure and access to the complaints data is restricted to Aged Care Workers. Paper based complaint forms and supporting information must be maintained in secured storage.

Personally identifiable information about any individual raising a complaint should only be disclosed or used in compliance with the [CHL Privacy Policy](#) and [CHL Open Disclosure Policy and Procedure](#) as required or permitted by law.

7. Open, confidential and anonymous complaints

Open complaints are where the identity and contact details of the complainant is known. When internal open complaints are received CHL will keep the complainant informed of the progress of the complaint and the complainant will be able to provide CHL with further information.

Anonymous complaints are those where the complainant does not reveal their identity.

Confidential complaints are where the identity of the complainant is known, but the complainant wishes for their identity to be kept confidential. In such circumstances CHL does not reveal the complainant's name.

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Anonymous and confidential complaints can be difficult to progress when a complaint is made against an Aged Care Worker. The principles of natural justice and procedural fairness generally require a respondent to know the identity of a complainant for the purposes of a comprehensive and relevant response.

Complainants' right to confidentiality must not be overridden, **unless authorised by CHL's Chief Legal Counsel.**

If a complaint is made about the treatment of a resident or client by someone other than the resident, client or supporter, the resident or client (if they have capacity) should be informed, and their consent obtained to manage the complaint. If capacity is an issue, consent should be obtained from the supporter.

8. Whistleblower Complaints

If an individual makes a whistleblower disclosure that qualifies for protection under section 547 of the Aged Care Act 2024 (Aged Care Act), they may elect to have the disclosure managed as a complaint or feedback.

The following individuals can make a whistleblower disclosure under the Aged Care Act:

- Employees, contractors, or volunteers
- Care recipients or their supporters
- Family members, carers, or visitors
- Independent aged care advocates

It is important to establish that where the complaint appears to involve a breach of the Aged Care Act, confirmation of the intention to invoke whistleblowing protections must be established. Make sure to be alert for the potential of any complaint or feedback to be a whistleblower disclosure, and where there is uncertainty, make sure to seek clarification from the complainant.

CHL supports a no-wrong door approach in terms of how an individual can make a whistleblower complaint or feedback. Therefore, if it is confirmed that the complainant has the intention of making a whistleblower complaint, the complaint must be escalated immediately to the ICT at Macquarie Park for it to be managed. If it is confirmed that the complaint is not a whistleblower complaint, it will be managed as per the normal complaints process.

When managing whistleblower complaints, CHL must ensure the following whistleblower protections are afforded to the discloser under section 548 of the Aged Care Act:

- a) the individual is not subject to any civil, criminal or administrative liability (including disciplinary action) for making the disclosure
- b) no contractual or other remedy may be enforced, and no contractual or other right may be exercised, against the individual on the basis of the disclosure

Section 550 also requires CHL to protect the identity of the discloser, including keeping the information disclosed confidential.

When making a whistleblower complaint, the discloser can make their report to the following entities:

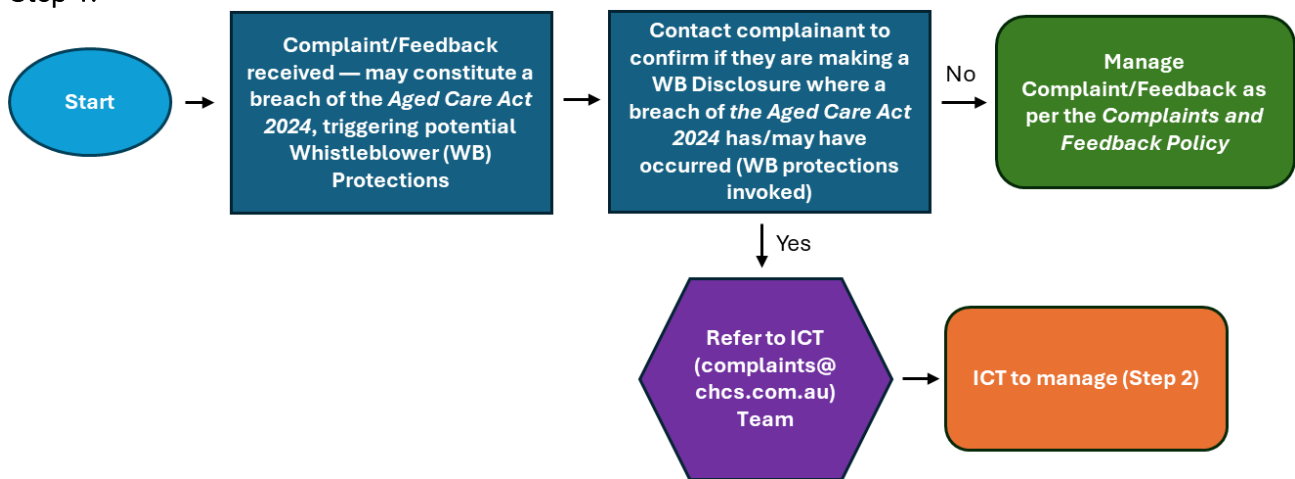
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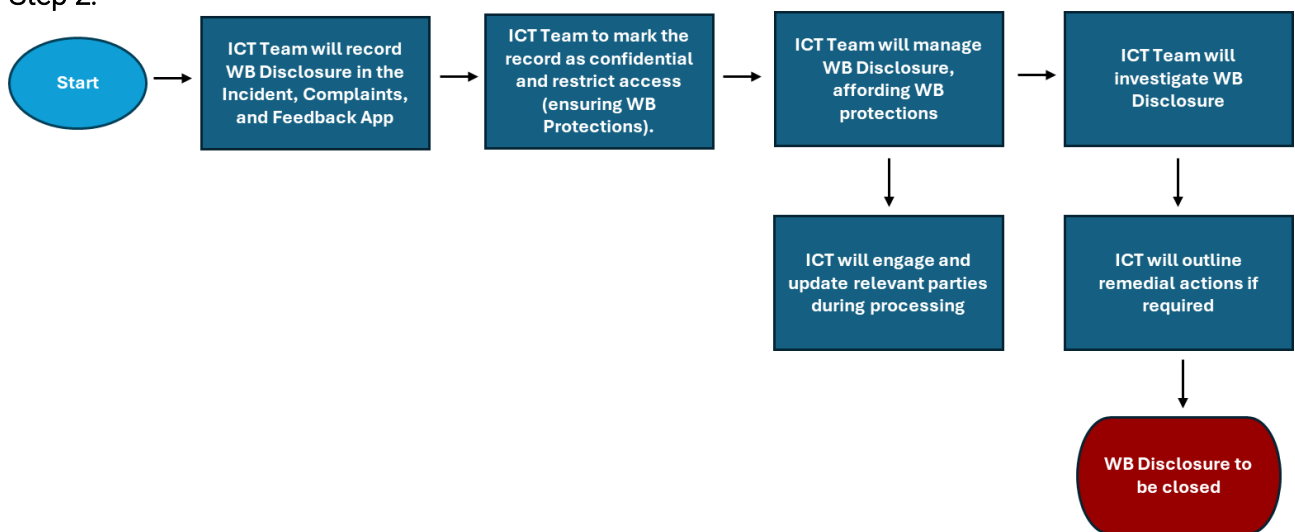
- an Appointed Commissioner or a staff member of the Aged Care Quality and Safety Commission;
- the System Governor, or an official of the Department
- a registered provider
- a responsible person of the registered provider
- an aged care worker of a registered provider;
- a police officer;
- an independent aged care advocate

7.1 Whistleblower Disclosure Assessment (Confirmation of Approach)

Step 1:



Step 2:



All whistleblower complaints must be recorded in ERICS. For whistleblower complaints where the complainant does NOT feel comfortable raising issues or concerns directly with the Service/Home’s

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Leadership Team (e.g., allegations of mistreatment, neglect, fraud etc. Stopleveline can also be accessed anonymously if required.

“**Stopleveline**” provides a wholly independent, confidential option for reporting matters of serious misconduct/issues occurring within CHL. Stopleveline will capture details of the matter being reported via the App, Web, Phone, Fax, or Letter and will then forward details to the nominated Lead Responsible Person within CHL who will then initiate an investigation into the claims made. At CHL, the Lead Responsible Person is the Chief People Officer, Human Resources. Whistleblowers have the option to disclose their identity when making a report or remain anonymous.

“**Stopleveline**” can be contacted at any time of the day, **7 days a week** via phone on 1300 304 550 or via web on chcs.stoplevelinereport.com.

9. Privacy Complaints

A privacy complaint is an objection to the way personal, health or sensitive information has been handled or stored. For example, a person may complain that their health information has been inappropriately accessed or disclosed. A privacy complaint may be made by any person that CHL stores or holds personal information about.

The Privacy Act 1988 notes that an individual who considers that an organisation or agency has interfered with their privacy should make their complaint to that organisation or agency first and allow an adequate opportunity for the complaint to be dealt with by the organisation or agency (generally giving 30 days for a response).

If the individual is not satisfied with the response to the complaint, the individual may, if the complaint is about an organisation, take their complaint to a relevant external dispute resolution (EDR) scheme of which the organisation is a member.

The main EDR agencies relevant to CHL are:

The Office of Australian Information Commissioner

Phone: 1300 363 992

Postal: GPO Box 5288, Sydney NSW 2001

Website: <https://www.oaic.gov.au/privacy/privacy-complaints/lodge-a-privacy-complaint-with-us>

The Information and Privacy Commission NSW

Email | ipcinfo@ipc.nsw.gov.au

Phone | 1800 472 679

Address | Level 15, McKell Building, 2-24 Rawson Place, Haymarket NSW 2000

Postal | GPO Box 7011, Sydney NSW 2001

Website:

The Aged Care Quality and Safety Commission

Email | info@agedcarequality.gov.au

Phone | 1800 951 822

Website: <https://www.agedcarequality.gov.au/contact-us/complaints-concerns>

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Privacy complaints are to be managed by CHL's Privacy Contact Officer. If you receive a privacy complaint, please send it to one of the following locations as soon as possible:

privacy@chcs.com.au
complaints@chcs.com.au

More information in relation to privacy complaints can be found in the [Dealing with Privacy Complaints Policy](#).

10. Feedback Documentation

Feedback, negative and positive, should be recorded in ERICS.

For RCS: each Home's Leadership Team or the delegated key personnel are responsible for the ongoing maintenance of the information held in ERICS to ensure it is accurate and contemporary.

For HCS, RL and other CHL Business Units: the delegated key personnel are responsible for the ongoing maintenance of the information held in ERICS to ensure it is accurate and contemporary.

Feedback data will be analysed for commonalities and trends by each Business Unit:

- i. The Practice, Quality and Risk (PQR) team will provide information on trended feedback data to Residential Care Managers, Regional Managers and RAC Executive Managers for consideration regarding continuous improvement activities.
- ii. **For HCS and RL:** the designated Quality Manager will provide information on trend data for relevant managers and stakeholders.

11. Classification of Complaints – Internal & External

Internal Complaints – are complaints received internally to Home, HCS, RL and/or to CHL Head Office via letters, email, internet portal, customer relations teams.

All complaints are risk assessed utilising a Critical Assessment Scale (CAS). Refer to [Enterprise Risk Incident Escalation Matrix](#).

The CAS matrix determines the level of harm associated with each complaint, allowing for a **proportionate response** to complaints.

A CAS rating must be applied to all complaints. Early identification of what systems and/or processes have failed is imperative so that risk mitigation action is swiftly taken.

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External Complaints –are complaints referred to CHL by a regulator such the ACQSC, NDIS, Healthcare Complaints Commission (HCCC), Australia Practitioner Regulation Agency (AHPRA), QLD Health Ombudsman and/or Legal source etc.

Both external and internal complaints can be sent to and received via complaints@chcs.com.au, which will be redirected as necessary by the ICT to the responsible Business Unit for management in accordance with complaint policy and procedures.

HCS complaints can also be sent to homecarecomplaints@chcs.com.au.

All external complaints from a regulator should be forwarded to the ICT via email to complaints@chcs.com.au. This mailbox is the primary designated inbox for correspondence between CHL and the ACQSC where complaint notifications, submissions and finalisation are received. Responses to external **complaints managed by the relevant business unit should** be submitted to the ICT for onward submission to the relevant regulator via the complaint's mailbox.

When external complaints are received the ICT will:

- i. Acknowledge the complaint with the source of the External Complaint, for example: ACQSC.
- ii. Record the complaint in ERICS.
- iii. Apply a harm rating, and **either retain carriage of the complaint or allocate** it to the relevant business unit according to the harm classification for follow up actions with a view to resolving the issues raised in the complaint.
- iv. The ICT will be available to offer advice and guidance to business units in the management of all internal and external complaints.
 - a. The personnel managing the complaint must work collaboratively (with the complainant if possible) to assess and or investigate the issue/s raised, provide supporting documentation/evidence for submission to the relevant regulator.
- v. The ICT will escalate matters such as high-risk complaints and incidents with the relevant operational teams, including Legal as part of supporting the Home's risk management and continuous improvement process. The ICT will submit the response to:
 - a. the external complaint authority via the mailbox: complaints@chcs.com.au and liaise/collaborate with the authority to resolve and close the complaint.
 - b. Options for resolution are dependent on the severity of the complaint, as directed by the external complaints body, including, but not limited to:
 - Early resolution: includes phone calls between CHL and the complainant including the external body.

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- Service Provider resolution: CHL investigates the concern and provides feedback directly to the complainant.
- Conciliation: The external authority assists by accompanying the complainant in a face-to-face meeting with CHL as well as mediation through a private mediator.
- Investigation: CHL must complete a full investigation and provide a response to the external authority.
- ACQSC Directions (including Notice of Intent): The ACQSC will direct the actions provided by the service provider.

12. Escalation – Internal Mechanisms

A complaint may be escalated for internal review.

Complaints may be escalated for further review by the relevant business unit to the ICT or Legal if the complainant is dissatisfied with the process or the outcome of the complaint. The purpose of the escalation is to seek an internal review to determine if the initial handling of the complaint was sufficiently robust and appropriate in the circumstances. If it was not, feedback will be provided by the ICT to the relevant business Unit to inform additional evidence gathering and further attempts to resolve the complaint will be undertaken.

Generally, only CAS **1 and 2** complaints will be subject to internal escalation review by the ICT. The ICT will not be involved in ongoing dispute resolution with complainants in internal review matters unless requested to do so by a Chief Officer.

Other business units can also refer a complaint to Legal and the ICT for internal review and/or support and guidance but must do in consultation with their senior manager.

The ICT Manager will escalate significant risk and reputational concerns to the Chief Quality Officer.

13. Escalation – External Mechanisms

Whilst CHL encourage all complainants to raise any concerns with us directly, there may be circumstances where the resolution of complaint issues is not possible, and a complainant is advised that they may wish to escalate their complaint to an external body such as the ACQSC & NDIS. CHL supports the right of complainants to raise complaints with external regulators, and we will provide the necessary support and advice if needed.

This may also include referring the complainant/s to an Advocacy Group (RAC & HCS) and mediation service appointed by Fair Trading (for RV only) as part of the resolution process.

An Aged Care Advocacy Service provides independent advice and support, and an independent Advocate is an impartial person that may assist and help the individual/s understand and pursue his/her rights in the

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aged care system. The Advocate works on the aged care consumer/representative's behalf and act on his/her direction to represent their wishes. An Advocate can support the individual in making sure that the aged care consumer/representative have a say in decisions that affect the resident and to help resolve complaints and concerns.

Consumers that are **NDIS Participants** will be supported in accessing an advocate of their choosing if they wish to do so (this can be a registered supporter, family member, friend, guardian, etc.).

14. Communication & Correspondence

The consumer or representative must be engaged throughout the complaints process. Communications with the resident, client or representative, including all written documentation, related to complaints need to be clear, timely, and unambiguous.

At a minimum, the communication includes:

- I. an acknowledgement within 1 business day or as soon as practicable.
- II. a response to the findings of the investigation within five business days
- III. If no resolution within 5 days, an update on the progress made so far and a communication plan for updates going forward agreed.

Where possible, the complainant and/or consumer should be involved in identifying options and actions to resolve the complaint.

Complaint-related communication can be provided to the resident, client or representative either in person, at family meetings, in writing (email or letter) or over the phone, depending on the complainants preferred communication style.

The personnel responsible for managing the complaint will liaise/collaborate with the complainant. In circumstances where the ICT is not managing an external complaint, an ICT member will review the submission/s and submit the response on behalf of the relevant Business Unit.

15. Complaint involving other Internal CHL Business Units and External Organisations

Depending on the nature of the complaint, it may be necessary to transfer the complaint to another CHL business Unit, e.g. Sales & Admission Team, Marketing, Finance & Accounting etc. When this occurs, the complaint process should follow the guidance in CHL complaint procedures.

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Where the complaint involves external organisation/s, e.g. vendors, external service providers; we will work with the external organisation/s where we are the primary source of the complaint to ensure that communication with the complainant is clear and coordinated.

The personnel responsible for managing the complaint should advise the complainant as soon as possible if we are unable to deal with any part of their complaint and provide advice about where it may be directed (if known and appropriate).

16. Resolution Timeframes

The length of time taken to resolve a complaint can vary and depends on a range of factors including level of risk, complexity of the issues raised, and the complainant's engagement with the process.

Best efforts will be made to resolve a complaint at the earliest opportunity.

Performance indicators for the resolution of complaints are as follows:

- **Internally: within 28 days** (80 percent of overall complaints– internal benchmark).
- **Externally: within 60 days** (the ACQSC has an internal KPI to finalise 80 % of complaints within 60 days).

17. Open Disclosure

Open disclosure related to complaints is the open discussion with consumers when something goes wrong where harm, or the potential to cause harm to a consumer, has occurred.

It involves an expression of regret and a factual explanation of what happened, the potential consequences, and what steps are being taken to manage the issue and prevent it happening again. Even if something has gone wrong or we have not met their expectation, but it has not resulted in harm, the general principles of open disclosure (e.g. apologise, explain what happened, learnings) should still be applied.

An apology or open disclosure is not an admission of guilt of fault by CHL.

In the context of a complaints and incidents, open disclosure **must** be used when a consumer has been harmed. Harm may be physical, psychological, or social resulting in loss of quality of life, impairment, suffering, injury, disability, or death.

A key part of the open disclosure process is asking if the consumer would like anyone to be notified or if they need support e.g. family, carers and other support people and representatives.

Open disclosure conversations can be confronting, particularly if it is a difficult situation or not something the person does regularly and/or is comfortable doing. Aged Care Workers need to be aware of the

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requirements of open disclosure and in what circumstances it must be used and when to escalate and engage Senior Leaders.

Aged Care Workers facing an open disclosure conversation should seek support from their senior Managers including the ICT who can coach or facilitate any difficult open disclosure processes and conversations.

A transparent and honest discussion with a consumer and/or their supporters must include the following:

- i. a factual explanation of what occurred or could have occurred.
- ii. a discussion of the actual and/or potential consequences.
- iii. an opportunity for the resident and/or their supporter to recount their experiences, concerns, and feelings.
- iv. an opportunity for the consumer and/or their supporter to ask further questions.
- v. an explanation of the steps taken to manage the event and prevent its recurrence; and
- vi. an apology to the resident and/or their supporter, without attribution of blame or speculation about the course of events.

Where necessary, medical practitioners and/or allied health professionals should be involved in open disclosure discussions.

Following an open disclosure process, relevant Aged Care Workers should consult with the resident, client, and/or AR ongoing care plans, and a consideration of any ongoing support that consumer may require.

Refer to [CHL Open Disclosure Policy & Procedure](#).

18. Complaints Management

Principles of Complaint Management

CHL Complaints Management is based on the following 7 principles:

- **Commitment:** We are committed to resolving complaints and have a culture that informs consumers of their rights to complain and how to complain. We value complaints and recognise them as being an integral part of our ongoing drive for continuous improvement and strengthened safety and quality.
- **Accessibility:** We will ensure that the complaint process is easily accessible to all consumers with clear information on how to lodge a complaint and support for those who need it. We will also involve consumers in the resolution of their complaints.
- **Transparency:** Maintain an open and transparent process where complainants are informed of the steps involved in resolving the complaint and the expected timeframes for resolution.

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- **Confidentiality:** Complaint information will be handled according to privacy laws and CHL Privacy policy. Information will only be shared on a need-to-know basis with relevant personnel.
- **Responsiveness:** We will acknowledge and address complaints promptly and demonstrate our commitment to resolve issues in a timely manner and prevent escalation. This includes meeting all regulatory reporting requirements
- **Accountability:** We are accountable for our decision making and complaint handling performance. We provide clearly articulated reasons for our decisions
 - **Continuous improvement.** CHL will share the lessons learned from complaints across the organisation to prevent harm and strengthen quality.

CHL takes a three-tiered approach to complaint handling as follows:

- 1) **Frontline resolution.** A frontline Aged Care Worker receive the complaint, assess it and resolve it immediately, if possible.
 - a) Frontline **resolution of complaints at the point of care or contact** is always preferable, whenever possible. This demonstrates to consumers that their concerns have been taken seriously. The likelihood of a complaint being escalated internally or externally is significantly reduced when concerns are addressed quickly.
- 2) **Investigation.** If a frontline Aged Care Worker cannot resolve the complaint, it will be referred to a relevant supervisor for investigation.
- 3) **Access to external review** – If the complainant is still aggrieved with the process or outcome of the complaint, we inform them of their rights to escalate to the ACQSC or other regulatory bodies.

All complaints are categorised using [CHL Enterprise Risk Incident Escalation Matrix](#). Each complaint is given a Critical Assessment Score (CAS), known as a CAS rating. The CAS score determines the level of escalation and informs the nature and appropriate level of investigation. All CAS 1 or CAS 2 complaints will be reviewed by the ICT, and central oversight at head office will be maintained to ensure consistency in risk identification and classification. The Chief Quality officer, Chief Residential Officer and the Chief Communities Officer may also direct that the ICI investigates a complaint.

CAS provides guidance for Aged Care Workers in the identification and application of harm assessments identified in complaints and incidents. **Escalation** of complaints to managers and the Executive Leadership Team (ELT) are in accordance with the established harm classification (CAS) and escalation procedures.

Table 1: Critical Assessment Score Escalation

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The table below outlines the escalation expectations in line with the Critical Assessment Score.

| Score | Escalations |
|-------------------------------------|-------------------------------------|
| Critical Assessment Score 1 (CAS 1) | ELT / CEO Board |
| Critical Assessment Score 2 (CAS 2) | Chief Residential/Chief Communities |
| Critical Assessment Score 3 (CAS 3) | Regional Manager |
| Critical Assessment Score 4 (CAS 4) | Business/Residential Manager |
| Critical Assessment Score 5 (CAS 5) | Business/Residential Manager |

CAS 1 and 2 Complaints

For CAS 1 and certain CAS 2 complaints, the Incident Response Team (IRT) will nominate the lead investigator and the investigation methodology to be followed. Refer to [CHL - Incident and Complaint Management Investigation Toolkit - Procedure](#).

Types of investigation will include:

Complaint Investigation- Comprehensive Review

Complaint Investigation - Concise Review

5 Whys review or Investigation

Establishing contributory and possible root causes will always be an investigative focus with the identification of opportunities for improvements to strengthen quality and safety clearly articulated. ICT investigations into Aged Care Worker misconduct may be conducted in collaboration with HR and the relevant Residential/Business Manager.

Types of complaints or incidents that involve ICT involvement with HR would generally include the following:

Elder Abuse

Financial coercion of consumer by an Aged Care Worker.

Inappropriate Aged Care Worker relationships with a consumer.

Allegations of sexual assault made against an Aged Care Worker.

Death of a consumer due to suboptimal delivery of care and treatment

Harm caused to a consumer due to suboptimal delivery of care and treatment.

Death or harm to a client due to system failure/s.

CHL's complaints management process:

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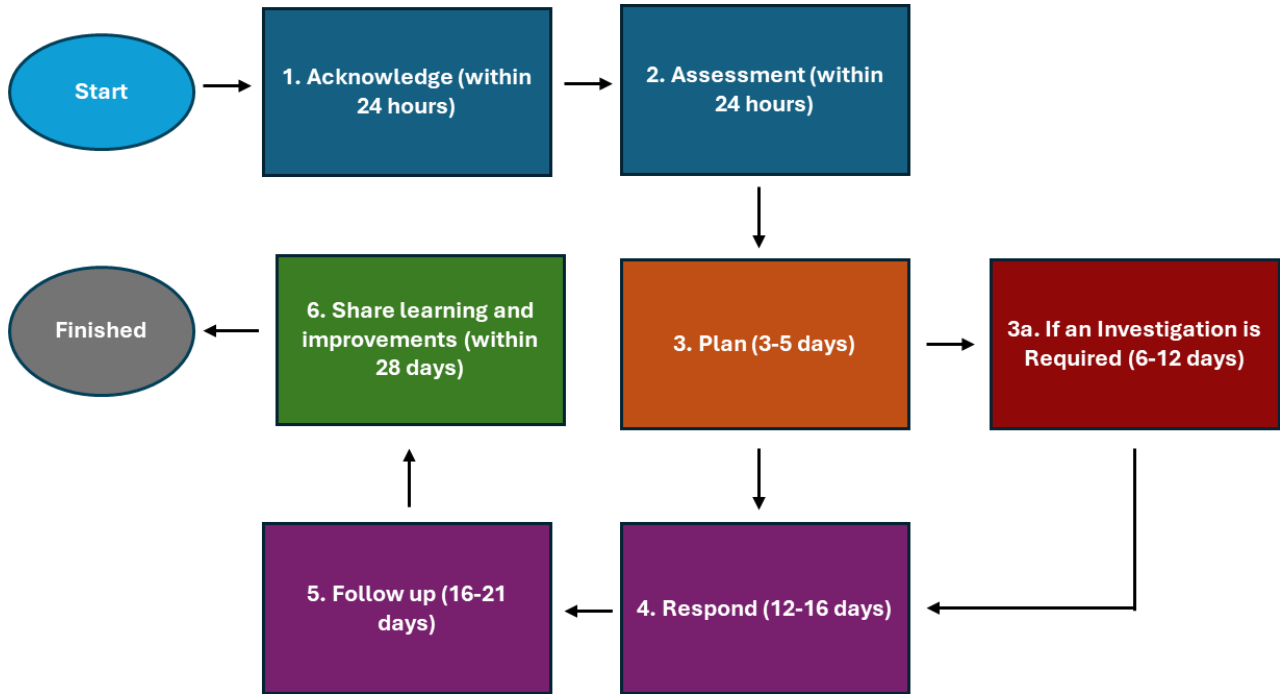


Table 2: Complaints Management Process Actions

The table below outlines the primary actions to be taken at each step in the complaints management process:

| Process | Actions | Person/s Responsible | Timeframe |
|------------------------------|--|----------------------|-----------------|
| Step 1 – Acknowledge. | Acknowledge all complaints quickly, and if in writing within 24 hours of receipt. Outline the complaints process, and the issues to be examined. Invite the consumer and their representatives to participate in the solution process. Provide contact details and where possible the name of a contact person. Ensure the supporter has been notified of the complaint and Open disclosure has been completed if necessary. Reassure the complainant that confidentiality will be respected during the process. Give an estimate of how long it is likely to take to resolve the complaint. | RM/CM/CA/CW | Within 24 hours |

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| | <p>If complaint is made by telephone and cannot be resolved straight away, explain to complainant how the complaint will be managed and when they will next be contacted. Document phone call.</p> <p>Complaints in writing may be able to be acknowledged and resolved at the same time.</p> <p>Record the complaint/feedback in ERICS, ensuring that accurate information is captured, and the correct issues are identified.</p> | | |
| <p>Step 2 Assessment and severity rating</p> | <p>If it is determined that the complaint or feedback is a whistleblower disclosure, ensure to refer the matter to the ICT as soon as possible.</p> <p>If the complaint is a privacy complaint, refer it to the Privacy Contact Officer.</p> <p>Assess if you have enough information to determine the nature and severity of the complaint. If not, contact the complainant and clarify the concerns and issues raised by the complainant.</p> <p>Determine the level of harm to the wellbeing, safety and health of consumers and Aged Care Worker identified in the complaint.</p> <p>Confirm the level of harm and severity rating (CAS rating).</p> <p>Escalate in line with the Enterprise Risk Escalation matrix</p> <p>For actual and potential CAS 1 complaints, the IRT is convened to undertake assessment and determine management approach - refer to CAS 1 timeline in incidents procedure</p> <p>Determine if any other legal representatives should be contacted.</p> <p>Ask the complainant how they would like to see their complaint resolved.</p> <p>Ascertain whether other regulatory agencies need to be notified, or if the complaint needs to be reported as a SIRS/NDIS incident.</p> | <p>RM/CM/CA/BM</p> <p>RM/REM/RSM/RBM/BM</p> <p>RM/CM/CA/BM</p> <p>RM/REM/RSM/RBM/BM/CRO/CCO</p> | <p>Within 24 hours</p> |

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| Step 3 – Plan | <p>Define the complaint issues to be examined.</p> <p>Identify the resolution the complainant is seeking and whether this expectation can be met.</p> <p>List the possible sources and types of information that need to be gathered. This may include relevant eCase documentation such as Care Plans, Best Med medication data, CCTV footage, and information from witnesses.</p> <p>Include the consumer, complainant and Aged Care Worker to achieve a mutual resolution.</p> <p>Provide an estimate of the time it will take to resolve the complaint.</p> <p>Note any special considerations that may apply, for example, if there is sensitive or confidential information involved. The amount of detail in the plan should reflect the complexity and seriousness of issues you are trying to resolve.</p> <p>Remain flexible and adjust the plan as circumstances change and added information becomes available.</p> <p>Resolve the complaint- Make all efforts to resolve the complaint swiftly with the least possible formality</p> <p>Most complaints can and should be resolved at the point of receipt if verbal or within 72 hours if written.</p> | <p>RM/CM/ CA/BM</p> | <p>3-5 days</p> |
| Step 3.A – Investigation required. | <p>If an investigation is necessary to identify suitable solutions to resolve the complaint, or the complaint is unable to be resolved by an Aged Care Worker, the complaint should be investigated.</p> <p>The conduct of and resources allocated to an investigation should be proportionate to the level of complexity, risk or harm caused.</p> <p>Determine the scope of the investigation and appropriate methodology based on the severity and nature of the complaint (Comprehensive investigation/Concise investigation/5 Why's, refer to Complaints and Incidents toolkit.</p> | <p>RM/CM/ CA/BM</p> <p>Leads maybe any one of the following: RM/REM/ RSM/RBM/ BM/HR/ICT, Quality Improvement Specialist</p> | <p>6-12 days</p> |

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| | <p><u>Investigation principles:</u></p> <ol style="list-style-type: none"> 1. Confidentiality <ul style="list-style-type: none"> - Protect the privacy and dignity of residents, families, and Aged Care Worker involved in the investigation. - Ensure that information gathered during the investigation is kept confidential and shared only with those who have a legitimate need to know. 2. Impartiality and Objectivity <ul style="list-style-type: none"> - Investigators must remain neutral and avoid any conflicts of interest. It's important to ensure the investigation is free from bias or preconceived notions. - The investigation should be based solely on evidence, avoiding assumptions or personal opinions. 3. Evidence-Based Approach <ul style="list-style-type: none"> - Collect all available evidence, including witness statements, medical records, surveillance footage, and any relevant documentation. - Base conclusions on verified facts and data, ensuring all evidence is considered before making a determination 4. Timeliness <ul style="list-style-type: none"> - Investigations should be conducted promptly to ensure the issue is addressed quickly and to prevent further harm or risk to residents. - Timely resolution also helps maintain trust with residents, families, and Aged Care Workers. 5. Transparency <ul style="list-style-type: none"> - The investigation process should be clearly communicated to all parties involved, including residents, their families, and Aged Care Workers. They should be informed of the process, expected timeframes, and outcomes. - Any findings or decisions made as a result of the investigation should be | | |
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| | <p>clearly explained.</p> <p>6. Legal and Regulatory Compliance</p> <ul style="list-style-type: none"> - The investigation must comply with relevant laws, regulations, and standards, including those set by government bodies such as the Aged Care Quality and Safety Commission in Australia. - Ensure adherence to policies regarding mandatory reporting, especially in cases of suspected elder abuse or neglect. <p>7. Fairness</p> <ul style="list-style-type: none"> - Ensure that all parties involved have an opportunity to present their perspective and provide evidence. - Treat all individuals with respect and reserve any judgements until the investigation is complete and findings are clear. <p>8. Documentation</p> <ul style="list-style-type: none"> - Maintain comprehensive records of the entire investigation process, including interviews, findings, evidence, and any decisions made. - Proper documentation ensures accountability and can be referred to in future disputes or regulatory reviews. <p>9. Follow-Up and Corrective Action</p> <ul style="list-style-type: none"> - After the investigation, take appropriate corrective actions to address the findings. This could include the Aged Care Worker retraining, policy changes, or disciplinary action where necessary. - Monitor the effectiveness of any corrective actions to ensure the issue does not recur. <p>10. Resident/Client and Witness Centred Focus</p> <ul style="list-style-type: none"> - Always prioritise the health, safety, and well-being of the residents and witnesses during and after the investigation. Residents/Clients' voices should be heard, and their concerns validated | | |
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| | <p>- Ensure that the investigation leads to outcomes that enhance the quality of care for residents.</p> <p>By following these principles, investigators can conduct fair, transparent, and effective investigations. For CAS 1 complaints, the IRT will appoint an Investigation Lead and decide on the need for an external investigator. Review preliminary findings and consider if stood-down employees can return to duties with risk mitigation (as/if required). Determine the need to adjust investigation timeframes. If not made earlier, consider notifications to the Insurer post-preliminary investigation. Consider any requests by external bodies for information/meetings. Complete investigation report or a record of findings and finalise findings and recommendations. Consider the need for a panel review with the relevant Chief Officer. If not directed, consider notifications to external regulatory bodies (AHPRA, NDIS/ACQSC - Banning Orders Register etc.)</p> | | |
| <p>Step 4 – Respond</p> | <p>Once a decision has been made, communicate the outcome clearly to the complainant and any other relevant party. Seek to resolve the concerns and issues raised. Depending on the complexity of the complaint, the outcome notification may be via a conversation. This includes complaints that are investigated. Consider if additional formal open disclosure is required to communicate findings. For complaints of a more serious or complex nature, a written outcome should be provided and/or the investigation report provided to the complainant or any other relevant party.</p> | <p>RM/CM/ CA/BM Investigation lead</p> <p>RM/CM/ CA/BM/ Investigation Lead</p> | <p>12-16 days</p> |

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| | Thought should be given to providing the complainant and consumer with an apology. While it may not be clear whether an individual or the service was responsible, it is appropriate to say sorry when things go wrong. Inform the complainant of proposed action to prevent any reoccurrence | | |
| Step 5 Follow up: | Encourage the complainant to provide feedback. If a complainant is not happy with the outcome of the complaint, consider other options such as an internal review of CAS 1 and 2 complaints and advice of option to escalate complaint to the ACQSC. Consider internal review for CAS1 and 2 complaints by the ICT. If a claim made by the complainant is not accepted, this should be noted and explained in a sensitive manner. Determine closure criteria for the incident (Resolved, Partially Resolved, not resolved). Remember that some complaints can't be resolved, and if a resolution is not possible, the complainant should be advised of options to escalate to the ACQSC, and the complaint should be finalised. | RM/CM/ CA/BM/ Investigation Lead | 16-21 days |
| Step 6 – Share Learning and Improvements | Develop Plans for Continuous Improvement (PCI) to capture and track recommendations at service and relevant business units. Link learnings to ongoing Aged Care Worker training. | RM/CM/REM/RBM | Within 28 days |
| Legend | CRO- Chief Residential Officer CQO- Chief Quality Officer CCO- Chief Communities Officer REM- Regional Manager RBM- Regional Business Manager RSM- Regional Support Manager RM- Residential Manager BM- Business Manager CM- Care Manager CW- Community Worker | | |

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| | HR- Human Resources | | |
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19. Unacceptable Complainant Conduct (UCC)

Most consumers act reasonably and responsibly in their interactions with us, even when they are experiencing high levels of distress, frustration, and anger about their complaint. However, in a very small number of cases some complainants behave in ways that are inappropriate and unacceptable – despite our best efforts to help them.

Unacceptable Complainant Conduct (UCC) refers to the inappropriate behaviour by a complainant or consumer which, because of its nature or frequency raises substantial health, safety or resource issues for our employees, other consumers and even the complainant. [Residential - Visitor Code of Conduct - Policy](#)

Among the common UCC behaviours are:

Rude, threatening, or physically aggressive, abusive language or behaviours, bullying, denigrating or defamatory language or behaviours, and/or other inappropriate conduct towards CHL employees, other consumers, and visitors.

Individuals appearing to be intoxicated, under the effect of drug & alcohol who are verbally or physically aggressive towards CHL employees, other consumers, and visitors.

Obstinacy in communicating with CHL employees, exaggeration, or dishonesty in explaining a complaint, unreasonable persistence (such as numerous telephone calls in a shift/day) with a complaint that is already being investigated, or that has been investigated and/or closed with demands that are unrealistic or disproportionate to the matter raised.

In accordance with the CHL Visitor Code of Conduct, we keep CHL employees healthy and safe and promote a culture of zero harm. In this context, we do not tolerate unacceptable conduct that impacts the wellbeing and safety of our Aged Care Workers, and they have our full support in dealing with UCC. As a result, we will take appropriate action to deal with any conduct that negatively affects our Aged Care Workers and will support our employees to do the same.

It is important to note that UCC actions are intended to be applied in a proportional way. The threshold when invoking the UCC procedure is high, and it should be seen as a last resort when all other reasonable attempts to rectify the behaviour have failed.

Restrictions or termination of services

If the UCC continues, actions such as service restrictions or ultimately, termination of services may be taken. Restriction on services or terminating a consumer's access to care is always a last resort and such decisions must be approved by the relevant ELT member and reviewed by Legal.

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20. Documentation Systems

All complaints must be documented in the designated system. The table below outlines the specific requirement.

| Complaint Type. | Designated system |
|------------------|-------------------|
| Consumer related | ERICS. |

21. Roles and Responsibilities

Consumers and their Supporters

- Encouraged to make complaints and Inform the Residential Manager/Care Manager/Care Advisor of any complaints about service delivery in a timely manner.
- Participate in and suggest solutions in order to resolve complaints.
- Contribute to service improvements as part of Continuous Quality Improvement (CQI).

All Aged Care Workers and Associated Providers

- Proactively identify and report concerns and issues to the supervisor/on duty as soon as safe and practical.
- Document complaints and feedback.
- Participate in complaints management/investigations maintaining privacy and confidentiality.
- Participate in open disclosure, lessons learnt and continuous improvement activities.
- Registered Nurses/Care Advisors/ Community Workers
- Proactively identify and report concerns and issues/risks to the supervisor on duty, escalating to management in accordance with the Enterprise Escalation Matrix.
- Proactively respond to complaints and when necessary, ensure the safety of all affected, providing first aid, preserving the scene, removing or managing malfunctioning equipment contacting 000 etc.
- Document and record complaints in the designated complaint management register applications.
- Prepare and contribute to reports to regulators in accordance with timeframes.
- Participate in investigation of complaints and maintain privacy and confidentiality.
- Participate in open disclosure, lessons learnt and continuous improvement activities.

Registered Nurses / Care Advisors/ Community Workers

- Proactively identify and report concerns and issues/risks to the supervisor on duty, escalating to management in accordance with the Enterprise Escalation Matrix.
- Proactively respond to complaints and when necessary, ensure the safety of all affected, providing first aid, preserving the scene, removing or managing malfunctioning equipment contacting 000 etc.
- Document and record complaints in the designated complaint management register applications.
- Prepare and contribute to reports to regulators in accordance with timeframes.
- Participate in investigation of complaints and maintain privacy and confidentiality.
- Participate in open disclosure, lessons learnt and continuous improvement activities

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Care Managers/ Care Advisors

Ensure that complaints are accurately recorded and review complaints data for trends and opportunities to strengthen safety and quality.

- Escalate complaints in accordance with the Enterprise Risk Escalation Matrix.
- Participate in the management of complaints and lead investigations.
- Maintain privacy and confidentiality in the complaints process.
- Proactively review CAS 1 and 2 complaints identifying contributing factors and implementing strategies to prevent re-occurrence and minimise harm to consumers.
- Prepare and contribute to reports to regulators in accordance with timeframes.
- Ensure that clinical governance processes are robust enough to identify opportunities to strengthen safety and quality.

People Leaders (Residential and Business Managers)

- All Aged Care Workers are aware of the complaints management policy and processes and have attended training in accordance with CHL's education program.
- Ensure that all supervisors are aware of and comply with the complaint and escalation protocols with the service.
- Communicate regularly with the consumer, carer or family during the management of the complaint.
- Ensure all complaints are documented in the designated organisational complaint management system.
- Undertake relevant complaint management training.
- Monitor complaint notifications in the complaints management system and ensure all steps of the complaints management process are adhered to prevent re-occurrence.
- Support Aged Care Workers involved in complaints.
- All complaints are promptly reviewed and analysed to minimize harm, prevent reoccurrence, and provide a timely response in accordance with CHL protocols.
- Monitor timelines and execution of remedial works and improvement actions.
- Monitor Aged Care Worker practice to ensure compliance with this policy and related policies and procedures.
- Monitor and review hazards to take proactive steps to mitigate risk
- Support and/or undertake open disclosure

Regional Managers

- All complaints are recorded, categorised and escalated correctly
- All complaints are managed efficiently and effectively, investigated where necessary and corrective/improvement actions implemented

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- Complaint trends are monitored, and improvement actions are implemented as part of effective governance.
- Partner with PQR/HR on serious complaints to support timely investigation and reporting.
- Participate/lead investigations and open disclosure to maintain privacy and confidentiality.
- Ensure all service level recommendations from complaints analysis and investigations are implemented, monitored and evaluated for effectiveness.

Chief Residential Officer/Chief Communities Officer

- Receive and respond to all CAS 1 and CAS 2 complaint escalations.
- Escalate complaints according to policy requirements, and in case of serious complaints (CAS 1 and CAS 2) escalate to the relevant business stream's Chief Officers and the Chief Legal Counsel.
- Lead/Contribute to investigations of CAS 1 complaints (or other complaints that may be due to serious system problems).
- In partnership with the Chief Quality Officer, convene the IRT to triage and conduct a preliminary assessment, and risk mitigation (for CAS 1 complaints).
- Sign-off on the scope of investigation for the CAS 1 complaints (or other complaints which may be due to serious system problems)
- Notify the Chief Legal Counsel of complaints with the potential to become legal claims.

Chief Quality Officer

- Ensure CHL has systems in place to report, review and take action to prevent complaints and protect people in healthcare settings, and improve the delivery of safe, high-quality care and services.
- Ensure that CHL meets its regulatory obligations for complaints management.
- Ensure policies and strategies are in-place to improve the delivery of safe and high-quality care and services.
- Provide advice and seek regular reports from Management on quality and safety issues, trends and lessons learned from complaints management.
- Analyse systems failings and human factors contributing to complaint trends and develop organisational improvement plans and strategies to eliminate and reduce the potential for harmful events to occur.

CEO

- Notify the Governing Body if urgent attention is required for a CAS 1 complaint or a CAS 2 complaint that has potential risk (or other complaints that may be due to serious system problems)
- Advise the Board on strategies to minimise organisation-wide system errors.

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- Ensure an organisation-wide approach to recognizing and responding to actual, potential or emerging risks as they are identified.

Chief Legal Counsel

- Lead/Contribute to investigations of serious complaints (or other complaints that may be due to serious system problems).
- Facilitate communication with Insurers where required.
- Facilitate obtaining legal advice where required and ensure processes are in place to protect privileged information and documents
- Provide Legal Advice on matters

Investigation, Incident and Complaints Team (PQR).

- Manage all whistleblower complaints and privacy complaints.
- Lead/Contribute to investigations of CAS 1 complaints (or other complaints that may be due to serious system problems).
- Ensure the incident investigation findings, reports and recommendations report are submitted within agreed timeframes.
- Assist in clarification, classification, and reporting requirements under the ASQSC, NDIS Commission, and other legislative bodies.
- Develop and maintain policies, procedures, and templates to facilitate effective complaints management across CHL, adhering to best practices.
- Disseminate complaint learnings to the appropriate Aged Care Workers, CHL Departments and other stakeholders as required.
- Analyse and provide insight for monthly complaints data, benchmarking, and trends, identifying organisational continuous improvement opportunities.
- Report on trends for complaint data and outcomes of CAS 1 complaints (or other complaints which may be due to serious system problems) reviews to peak safety and quality committees, the Board and relevant groups within CHL.

Incident Response Team (Mixed) – led by CQO or their delegate.

- Consider the need for engagement of an external investigator.
- Appoint safety check teams to undertake safety checks associated with CAS 1 complaints.
- Assign a dedicated family contact for CAS 1 complaints (or complaint that may be due to serious systemic problems).
- Consider notifications to other external regulatory bodies under statutory provider obligations.
- Ensure the complaint investigation findings report, and recommendations report are submitted within timeframes.

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Investigation Lead – as appointed by the Incident Response Team.

- The investigation lead can be a CHL employee from operational or non-operation streams or can be referred externally.
- Lead and coordinate the investigations
- Undertake information gathering and develop incident chronology. Present preliminary findings to the panel to confirm and advise on the next steps
- Finalise the findings and recommendations and complete the final report.
- Develop the case study and lessons learnt for organisational learning.

22. Definitions

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| ACQSC | <p>Aged Care Quality and Safety Commission.</p> <p>The national regulator of aged care services, and the primary point of contact for residents and providers in relation to quality and safety in aged care in Australia.</p> <p>The Commission’s primary purpose is to protect and enhance the safety, health, wellbeing, and quality of life of aged care residents; to promote aged care residents’ confidence and trust in the provision of aged care services; and to promote engagement with aged care residents about the quality of their care and services.</p> |
| Aged Care Quality Standards | <p>The Quality Standards with which organisations approved to provide aged care services in Australia are legally required to comply.</p> <p>Refer to the Commission’s website for Quality Standards guidance and resources.</p> |
| Apology | <p>An expression of sympathy or regret, or of a general sense of benevolence or compassion, in connection with any matter, whether or not the apology admits or implies an admission of fault in connection with the matter.</p> |

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| Australian Health Practitioner Regulation Agency | The Australian Health Practitioner Regulation Agency (AHPRA) is the national organization responsible for implementing the National Registration and Accreditation Scheme across Australia. AHPRA's primary role is to support the National Boards of regulated health professions in ensuring public safety by overseeing the registration and accreditation of health practitioners. It regulates health practitioners through standards, codes, and guidelines, manages complaints and investigations into professional conduct, and ensures that practitioners maintain the necessary qualifications and skills to practice safely and effectively. |
| Business Units | Business Units refer to CHL teams that provide support to enable the delivery of service for Residential Aged Care (RAC), Home & Community Services (HCS) and Retirement Living (RL). For example: Property, IT & IT Support Services, Marketing, Sales & Admissions, HR etc. |
| Capacity | <p>Capacity is a legal term referring to the ability to exercise the decision-making process.</p> <p>Capacity is specific to the type of decision to be made and when the decision must be made. It can change or fluctuate and can be influenced by the complexity of the decision, support available to the person and the time the decision is made.</p> <p>An adult with capacity has the right to make legally recognised decisions about their life, such as health care choices, support services they may need, where they live and how they manage their finances.</p> <p>If an adult has impaired capacity for making a particular decision, someone else (a substitute decision-maker) might be needed to make the decision for them.</p> |
| Client | Client refers to an individual accessing services through CHL Home & Community |

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| Complainant | A complainant is any person making a complaint. A complainant may choose to remain anonymous. |
| Complaint | An expression of dissatisfaction made to or about CHL that is related to its products, services, Aged Care Workers, or the handling of a complaint, where a response or resolution is explicitly, implicitly expected and/or legally required. A complaint may be verbal or written and received in person or electronically. A complaint can be made directly to any member of the Workforce. |
| Complaints, feedback and incident register App. | Central register for the recording of all RAC feedback, complaints and incidents. |
| Connect | CHL's internal electronic database. |
| Consumer, Resident, Older person, Individual | Refers to any person that is accessing the services within CHL for Residential Aged Care (RAC), Home & Community Services (HCS) and Retirement Living (RL). |
| Continuous Improvement | A systematic, ongoing effort to raise Catholic Healthcare's performance in achieving outcomes for older people. |
| Critical Assessment Scale | <p>Critical Assessment Scale (CAS) and Incident Escalation</p> <p>The CHL CAS provides a prioritisation rating for each incident to ensure a standardised objective measure of severity is allocated to each incident to:</p> <ul style="list-style-type: none"> • Inform the level and type of investigation • Implement the required actions and • Identify the appropriate reporting, including escalation and referral to relevant CHL Committees |

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| | <ul style="list-style-type: none"> Each Residential Manager will review every incident and with appropriate consultation prioritise them as either: CAS 1 – Critical Harm CAS 2 – Significant Harm CAS 3 – Moderate Risk CAS 4 – Minor Harm CAS 5 – No Harm/Near Miss. |
| Elder Abuse | <p>Elder abuse is any act which causes harm to an older person and is carried out by someone they know and trust, such as a family member, friend or Aged Care Worker. Elder abuse can occur in aged care homes. The abuse may be physical, social, financial, psychological, or sexual, and can include mistreatment and neglect.</p> <p>CHL Aged Care Workers have a responsibility to identify abuse of older people and respond appropriately</p> |
| External Complaint | <p>External complaints are complaints referred to CHL through a regulator such the ACQSC, NDIS, Healthcare Complaints Commission, Australian Practitioner Regulation Agency, QLD Health Ombudsman and/or Legal source etc.</p> |
| Feedback | <p>Feedback is a valuable and critical tool in assessing consumer confidence, satisfaction, and safety in the delivery of CHL services. Feedback can be delivered via a variety of means and it may be complimentary about Aged Care Workers and/or service delivery, or it may be of a nature where areas for improvement are identified.</p> |
| Health Care Complaints Commission. | <p>The Health Care Complaints Commission (HCCC) in New South Wales is an independent statutory body responsible for investigating and resolving complaints about healthcare services and</p> |

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| | <p>practitioners. Its primary role is to protect public health and safety by addressing issues related to the professional conduct, competence, or quality of care provided by health practitioners and organizations. The HCCC ensures that healthcare services meet appropriate standards, and it can take disciplinary action, refer cases for further investigation, or work towards resolving disputes between patients and providers.</p> |
| QLD Health Ombudsman | <p>The Queensland Health Ombudsman is an independent statutory authority responsible for receiving and managing complaints about health services and health practitioners in Queensland. Its primary function is to protect public health and safety by overseeing the handling of serious complaints, conducting investigations where necessary, and ensuring accountability within the health sector. For the Complaints Policy.</p> |
| Home & Community Services | <p>A person who receives or is to be provided, Home & Community Services (HCS) by CHL.</p> |
| Incident, Complaints Investigation team | <p>Made up of the Manager, Incidents and Complaints and the Incidents, Complaints Investigation Officer.</p> |
| Investigation Response Team | <p>Made up of the Chief Residential Manager, Chief Quality Officer, Chief Communities Officer and Chief People Officer as applicable to the Incident or Complaint being investigated. The role of the IRT is to triage CAS 1 and CAS 2 incidents that cause death or significant injuries and determine the management and investigative approach. Such incidents will also be the subject of a panel review where investigation findings and Plans for Continuous Improvement agreed.</p> |
| Natural Justice | <p>Natural justice means that a person needs to make decisions and treat people fairly and without bias.</p> |

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| <p>NDIS Quality and Safety Commission</p> | <p>National Disability Insurance Scheme Quality and Safety Commission. The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established to improve the quality and safety of services funded by the National Disability Insurance Scheme (NDIS).</p> <p>It registers and regulates NDIS providers. The NDIS Commission works to ensure that NDIS participants receive high-quality supports and services that promote choice, control, and dignity.</p> |
| <p>Near miss</p> | <p>A near miss is when an occurrence, event or omission happens that does not result in harm (such as injury, illness, or danger to health) to a resident or another person but had potential to do so.</p> |
| <p>Open Disclosure</p> | <p>Open disclosure related to complaints and incidents is the open discussion with consumers when something goes wrong where harm, or the potential to cause harm to a consumer has occurred. It involves an expression of regret and a factual explanation of what happened, the potential consequences, and what steps are being taken to manage the issue and prevent it happening again. Even if something has gone wrong or we have not met their expectation, but it has not resulted in harm, the general principles of open disclosure (e.g. apologise, explain what happened, learnings) should still be applied. Open disclosure is a discussion and an exchange of information that may take place over several meetings.</p> |
| <p>Panel Review</p> | <p>Includes the relevant IRT members and Senior Managers involved in management of the complaint. Its purpose is to ensure that all relevant information has been considered, processes followed and adequate Plans for Continuous Improvements in place</p> |

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| Privacy Complaint | A privacy complaint is an objection to the way personal, health or sensitive information has been handled or stored. For example, a person may complain that their health information has been inappropriately accessed or disclosed by CHL. |
| Privacy Laws | Includes the Privacy Act 1988 (Cth), the Privacy and Personal Information Protection Act 1998 (NSW), the Health Records and Information Privacy Act 2002 (NSW) and any other applicable legislation. |
| Procedural Fairness | The right to be heard, equality and decisions based on the same set of established rules. |
| Residential Care | All care and services provided in any residential care home operated by CHL. |
| Retirement Living | An accommodation service provided by CHL to a person. |
| Supporter | <p>A person who is a consented partner in care nominated by an older person. Each individual is able to choose if they wish to register their supporters. Existing Authorised Representatives within My Aged Care will automatically be a registered supporter under the Aged Care Act, 2024.</p> <ul style="list-style-type: none"> • Does not have decision-making authority; • Must act honestly, diligently, and in good faith; • Are required to promote the will and preferences of the older person, including decisions they may personally disagree with; • May help communicate complaints or concerns but cannot make complaints or decisions on the older person's behalf, unless they also hold an active legal appointment (e.g. guardianship or enduring power of attorney). |

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| | Older people are not required to register a supporter. Unregistered supporters (e.g. carers or family members) may continue to assist, but they do not hold any formal recognition under the Act. |
| Unacceptable Complainant Conduct | Unacceptable complainant conduct (UCC) refers to the inappropriate behaviour by a complainant which, because of its nature or frequency raises substantial health, safety or resource issues for our employees, other consumers and even the complainant. |
| Whistleblower complaint | Under the Aged Care Act, a whistleblower complaint/feedback refers to a protected disclosure made by someone, such as an Aged Care Worker, care recipient, or family member, who reasonably believes that an aged care provider or its Aged Care Worker has breached the <i>Aged Care Act 2024</i> or has identified misconduct, negligence, abuse, fraud, or other serious wrongdoing. |
| Workforce | All CHL employees, volunteers, students, visiting medical practitioners, allied health professionals, and contractors (including all Aged Care Worker employed, hired, retained, or contracted to provide services under the control of CHL). |

2.

23. Version history

| Version number | Risk rating | Edits | Approval Date |
|----------------|-------------|--|---------------|
| V7 | 3 (low) | Update to reflect reforms terminology, change of system. | 23/10/2025 |
| V6 | 4 (med) | Consolidation of existing documents, enterprise focussed, updated with system and role changes | 22/10/2024 |

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24. Appendix

24.1 Related Documents

| Document Source (link) |
|---|
| CHL - Incident Management - Consumer - Procedure |
| CHL - Enterprise Risk Incident Escalation Matrix - Poster |
| CHL - Incident and Complaint Management Investigation Toolkit - Procedure |
| CHL - Risk Management - Policy |
| CHL - Serious Incident Escalation Pathway- Form |
| Internal Complaint Decision Letter Template.docx |

23.2 References

| Document Source (link) | Document Name |
|--|--------------------------------|
| Aged Care Rules 2025 | Federal Rules of Aged Care Act |
| Aged Care Act 2024 | Federal Act |
| Coroners Act 2003, | Qld legislation |
| Coroners Act 2009 No 41, | NSW legislation |
| Incident Management Guide (safetyandquality.gov.au) | ACQSC |
| Incident Management (nsw.gov.au) | NSW |
| National Disability Insurance Scheme Act 2013 | Federal Act |
| National Aged Care Advocacy Program (NACAP) | National Advocacy Program |
| OPAN | Older Persons Advocacy Network |
| Open disclosure Framework and guidance, | ACQSC |
| Recording incidents in an incident management system, | ACQSC |
| Register of injuries, | NSW Safe Work |
| Reportable incidents, | NDISC |
| SIRS decision support tool, | ACQSC |
| Serious Incident Response Scheme - Guidelines for residential aged care providers, | ACQSC |
| Work Health and Safety Act 2011, | Australian Government |
| Work Health and Safety Regulation 2017, | NSW legislation |

25. Keywords for search

Incident management, investigation, incident management process, risk assessment, whistleblower, unacceptable complainant conduct

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