Live Well Home & Community Services

The Jesmond Group

Policies and Procedures

JG FEEDBACK MANAGEMENT POLICY

Purpose

This policy establishes a high-level framework for managing feedback, complaints, and compliments across The Jesmond Group's Residential Aged Care and Home & Community Services. It ensures TJG welcomes all feedback and handles complaints effectively, in compliance with Australian laws and standards. The policy's aim is to promote a positive feedback culture where issues are addressed promptly and fairly, improvement opportunities are identified, and consumers' rights and dignity are upheld.

Scope and Applicability

This policy applies to all TJG services (Residential Aged Care facilities and Home & Community services), all employees, volunteers, contractors, and any others who may receive or manage feedback. It covers **all forms of feedback** – including complaints (expressions of dissatisfaction where a response or resolution is expected), compliments (expressions of praise or appreciation), and suggestions. It also encompasses interactions with consumers (residents/clients), their families, representatives, and visitors.

Feedback that involves or alleges a **serious incident** (e.g. abuse or neglect) is managed under this policy *and* in alignment with the Serious Incident Response Scheme (SIRS) requirements (with immediate actions and mandatory reporting as appropriate). This policy should be read in conjunction with policies and procedures on complaints handling, incident management (including SIRS), privacy & confidentiality, advocacy and whistleblowing.

This policy does **not** apply to:

- Staff grievances or employment-related matters (covered under HR and whistleblower policies)
- Legal disputes or insurance claims under active review

Older Person Outcome

Older people and their representatives feel safe, respected, and supported to provide feedback or raise concerns without fear. They understand how to access feedback systems, feel culturally safe in doing so, and trust that their feedback will be acted upon fairly, promptly, and transparently. Feedback contributes to better services and strengthens their autonomy, dignity, and experience of care.

Organisation Statement

The Jesmond Group views feedback as essential to high-quality, person-centred aged care. We actively encourage all feedback – including complaints – and commit to managing it respectfully, safely, and effectively. Our culture of openness, learning, and no blame ensures complaints are addressed in a way that builds trust, upholds the rights of older people, and informs continuous improvement. Every consumer has the right to be heard, understood, and supported in shaping the care they receive.

Aged Care Standards

- Standard 2: The Organisation

1. Guiding Principles for Effective Feedback Management

The Jesmond Group (TJG) is committed to a positive complaints culture and staff are expected to embrace these principles in daily practice. We view feedback and complaints as opportunities to learn and improve our services. Our feedback management system is built on the following core principles, which incorporate best practice based on the NSW Ombudsman's six effective complaint management principles and additional person-centered values:

- **Respectful Treatment:**
  - Every complainant is treated with courtesy, empathy and respect. We acknowledge consumers' dignity and diverse backgrounds in all interactions. This includes being **culturally safe and trauma-informed** – we recognize past trauma and cultural needs, and strive to ensure the complaint process itself does not retraumatize or marginalize anyone. Consumers can raise concerns **without fear of reprisals** or prejudice.
- **Information and Accessibility:**
  - We ensure information about how to provide feedback or make a complaint is clear and readily available. The complaints process is **accessible to all**, including people with cognitive or communication difficulties, those from non-English speaking backgrounds, and those with vision/hearing impairments. We offer multiple avenues to give feedback (in person, phone, written, online, etc.) and provide interpreting or translation services and easy-read materials as needed. Consumers are also informed of advocacy services that can assist them in making a complaint (e.g. aged care advocates, translators). Anonymous and confidential feedback is accepted to encourage openness.
- **Communication:**
  - We communicate openly and honestly throughout the complaint process. Complainants are kept informed about the progress of their issue, what is being done to resolve it, and the outcome. We explain the steps involved and give clear reasons for decisions or actions taken. Our communication is **timely, transparent and in plain language**, so that complainants know what to expect at each stage.
- **Taking Ownership:**
  - The Jesmond Group takes responsibility for resolving issues raised in feedback. Staff do not dismiss or deflect complaints – we "own" the problem and see it through to resolution. If a mistake or fault is identified on our part, we engage in **open disclosure**, acknowledging what went wrong and offering a sincere apology and explanation early in the process. We focus on solving the problem rather than blaming, and we involve the complainant in developing solutions whenever possible.
- **Timeliness:**
  - Feedback and complaints are dealt with promptly and within clear timeframes. We acknowledge receipt quickly (e.g. within 24 hours for written complaints) and aim to resolve issues as soon as practicable, appropriate to their urgency and complexity. Complainants are advised of expected timelines for resolution and kept updated on any delays. Our system is designed to be **responsive**, ensuring complaints are not overlooked or unnecessarily prolonged.
- **Fairness and Impartiality:**
  - The complaint handling process is **procedurally fair** and impartial. All parties are treated equitably and without bias. Complaints are assessed on their merits and facts, and we ensure the person handling a complaint is objective and not directly implicated in the matter. We respect the principles of natural justice – giving those involved the opportunity to present their perspective and responding without prejudice. There will be no negative consequences for anyone raising a complaint in good faith.
- **Transparency and Accountability:**
  - The process for making and resolving complaints is transparent. We have clear procedures that are publicly available, and we document each step of a complaint's handling. Complainants receive explanations for outcomes and can review decisions. The organization's leadership oversees the complaints system to ensure it is working effectively. We monitor our performance in complaint management and report on it internally, demonstrating accountability.
- **Consumer-Focused Resolution and Empowerment:**
  - We center the complainant's needs and desired outcomes in the resolution process. From the outset, staff will ask the complainant what they are seeking or hoping to achieve. Where possible, we involve consumers (or their representatives) in developing action plans to resolve their complaint. We strive to empower consumers by validating their concerns, keeping them engaged in finding solutions, and offering choices (for example, the option to have a support person or advocate present during discussions). Even if a desired outcome can't be fully met, we explain why and explore alternative solutions collaboratively. This approach reinforces each consumer's sense of control, dignity and trust in our services.
- **Continuous Improvement:**
  - We view complaints and all feedback as a source of insight for improving our services. There is a strong "no-blame" culture – issues are seen as opportunities to fix systems and processes rather than to assign fault. Trends and root causes are analyzed, and lessons learned from complaints are shared across the organization to prevent recurrence. In summary, we **value complaints** and see them as integral to our quality improvement cycle.

2. Accessible and Inclusive Feedback Channels

To uphold the above principles, TJG provides a variety of accessible channels for consumers (and their representatives or advocates) to offer feedback or lodge complaints. We recognize that different individuals have different needs and preferences for communication, so we strive to make feedback mechanisms as inclusive as possible. Key feedback channels include:

- Information on Entry:
  - All new residents/clients (and their families or substitute decision-makers) are provided with information about TJG's *Feedback Management* and the process for raising concerns at the start of service delivery (e.g. during admission or intake). This includes written information (in welcome packs or agreements) and verbal explanation by staff.
- Feedback Forms:
  - We make available **feedback, complaint, suggestion and compliment forms** at entry points and throughout each service location including digital formats accessible through for instance, online or through QR Codes. These forms can be used to submit compliments, suggestions or complaints. Staff will assist anyone who needs help to fill out a form. Feedback forms can be submitted in person or via designated collection boxes.
- Anonymous & Confidential Feedback:
  - To encourage open expression of concerns, we provide options for **submitting anonymous and confidential feedback or complaints**. For example, secure suggestion boxes are placed in convenient locations at facilities (e.g. at reception or common areas) so that residents, clients or visitors can drop written feedback anonymously or confidentially if they choose. We inform consumers that while anonymous complaints will be taken seriously, our ability to fully investigate or respond may be limited without knowing the identity of the complainant (see Section 8).
- In-Person and Verbal Feedback:
  - TJG operates an 'open door' policy for feedback – management and staff are approachable and encourage consumers to speak up. We offer opportunities for feedback and complaints to be raised and discussed in person, for instance during **care plan meetings, resident/client meetings, community forums, and focus groups**. Regular forums (such as resident council meetings or client advisory groups) include standing agenda items for attendees to voice any concerns or suggestions. Frontline staff are trained to welcome feedback during day-to-day interactions and will attempt to address minor issues on the spot if possible.
  - Consumers may access our website to provide feedback: https://jesmondgroup.com.au/contact-us/ or alternatively write to us and mail their feedback to the Executive Management Team:
    - **The Jesmond Group**
      Level 2, Suite 2, 9 George Street, North Strathfield, NSW 2135
- Support and Advocacy:
  - We recognize that some consumers may require **advocacy or communication support** to make their voices heard. TJG provides information about independent advocacy organizations and support services that can assist consumers with complaints. For example, residents and clients are informed of the **Older Persons Advocacy Network (OPAN)** and how to access advocacy support, and of the free **Translating and Interpreting Service (TIS)** for those who speak languages other than English. We will facilitate access to hearing or speech assistance services if needed. Consumers are encouraged to use a support person or advocate of their choice at any stage of the feedback process.
- External Avenues:
  - Information is given about how to raise a complaint externally if a consumer prefers or if they feel a matter has not been resolved internally. This includes contact details for the **Aged Care Quality and Safety Commission (ACQSC)** for any aged care related complaints, as well as details for other relevant oversight bodies (for example, the NDIS Quality and Safeguards Commission for disability-related complaints, or state health complaints agencies, depending on the service). While we aim to resolve issues internally, consumers have the right to contact these external bodies at any time, and we support their right to do so.
- Accessible Communication:
  - All feedback channels are designed to be **accessible**. We provide information about giving feedback in languages other than English and in alternative formats (e.g. large print or audio) as required. Key documents like the feedback form and policy summary are available in plain language. Staff also communicate with consumers in a way that suits their needs – for example, using simple language, providing interpreters, or engaging communication aides for those with cognitive or communication impairments. The goal is to eliminate barriers so that every voice can be heard. Consumers are encouraged to access the following services for assistance:
    - National Relay Service (Hearing/Speech):
      - 1300 555 727 | TTY: 133 677
    - Translating & Interpreting Service (TIS):
      - 131 450
    - Auslan Interpreters - Deaf Connect:
      - SMS: 0476 857 251 | FaceTime: 0407 647 591
      - interpreting@deafconnect.org.au

By offering multiple avenues and supports for feedback, TJG ensures that **everyone** – regardless of background, language, or ability – can freely share their experiences and concerns. We regularly remind and encourage consumers and families to use

these channels, reinforcing that feedback (positive or negative) is welcomed and will be used to improve our services.

3. Compliments and Suggestions: Valuing the Positive Consumer Voice

At The Jesmond Group (TJG), we recognise that feedback is not solely about resolving complaints — it is equally about acknowledging what is working well and inviting ideas that help shape the future of our services. **Compliments and suggestions** are essential components of a healthy feedback culture and contribute meaningfully to organisational learning, workforce morale, and continuous improvement.

3.1 Compliments: Recognising Excellence

Compliments are expressions of appreciation or satisfaction regarding the care, services, or support provided by TJG. These may relate to individual staff members, teams, programs, or the overall quality of the consumer's experience.

TJG values and encourages compliments as they:

- Provide important affirmation to staff and teams, reinforcing positive behaviours and practices.
- Enhance employee morale and engagement, particularly when individual efforts are formally recognised.
- Help identify strengths within our services that can be celebrated, shared, or embedded into broader practice.
- Support a strengths-based culture, fostering pride in the quality of care provided to older people.

All compliments received — verbal or written — are documented in the Feedback Register and shared appropriately with the individuals or teams involved. Compliments are also used in reporting and evaluation processes to ensure that good practice is identified and maintained.

3.2 Suggestions: Encouraging Ideas for Improvement

Suggestions are ideas or proposals offered by consumers, their families, or representatives that seek to improve the quality, accessibility, or delivery of services. These may include recommendations on daily routines, environment, programs, communication, or other service features.

TJG encourages suggestions as they:

- Empower consumers to actively shape the care and services they receive.
- Promote a partnership approach to care, where consumer preferences and insights are used to drive innovation.
- Enable early identification of improvement opportunities before issues escalate into dissatisfaction or complaints.
- Reinforce the message that *every voice matters* and that consumers are central to decision-making.

Suggestions are acknowledged, recorded, and considered seriously, regardless of whether or not they result in immediate change. Where appropriate, suggestions are explored collaboratively through resident meetings, family forums, or consumer advisory groups.

3.3 Embedding Positive Feedback into Practice

TJG actively reviews and reflects on compliments and suggestions to ensure that consumer voices contribute to:

- **Service planning and review:** informing enhancements to activities, menus, communications, and daily operations.
- **Staff development:** using positive feedback to inform recognition, performance reviews, and reward initiatives.
- **Organisational culture:** reinforcing behaviours that align with TJG's values of dignity, respect, compassion, and accountability.
- **Continuous improvement:** integrating suggestions and accolades into service improvements, governance reports, and quality systems.

4. Complaint Handling Process

TJG follows a structured **complaint handling process** to ensure that all complaints are addressed consistently and thoroughly. The process is designed to be **consumer-focused**, ensuring fairness and resolution for the complainant, while also meeting regulatory requirements (such as confidentiality, timeliness, and record-keeping). The key steps in the process are as outline below, for details please refer to the **JG Feedback Procedure**.

- Receipt and Acknowledgement
- Assessment and Triage
- Planning and Investigation
- Response and Resolution
- Follow-Up, Escalation and Closure

Throughout the above process, **confidentiality** and **impartiality** are maintained. Those handling the complaint will do so without bias, and any staff member who is the subject of a complaint will not be the one investigating it. Complainants will be

protected from any form of retribution or disadvantage for having made a complaint – this is explicitly against TJG policy and ethos. Every complaint is an opportunity to improve, and we approach it in that light.

5. Managing Anonymous and Confidential Complaints

TJG accepts and will act on **anonymous** and **confidential** complaints, while recognizing the challenges they present. We differentiate between these types of complaints and handle each appropriately:

5.1 Anonymous Complaints:

- An **anonymous** complaint is one made by a person who **does not identify themselves (no name or contact information given)**. We treat the content of anonymous complaints seriously and will investigate the issues raised to the extent possible. However, the complainant should understand that anonymity may **limit the extent of investigation or resolution** we can provide. Without the ability to seek clarification or additional detail, and without a way to report back the outcome, some anonymous complaints may be difficult to fully resolve. Nonetheless, we will attempt to substantiate the concern through other means and take any corrective actions available.
- All anonymous feedback is documented in the complaints register and considered in our improvement processes just as named complaints are. If an anonymous complaint indicates a serious risk (e.g. allegations of abuse), we will escalate and investigate with the same urgency, noting that external reporting (like SIRS) may still be required even without knowing the complainant's identity.

5.2 Confidential Complaints:

- A **confidential** complaint is one where the complainant **provides their identity and contact details but requests that their identity not be disclosed** to the subject of the complaint or others. In these cases, TJG will respect the request for confidentiality to the fullest extent possible.
- This means that the complaint will be investigated without revealing the complainant's identity to the implicated person or beyond the staff who absolutely need to know in order to address the issue.
- We will advise the complainant that maintaining confidentiality might sometimes constrain the investigation (for example, it may be hard to act on certain allegations without revealing some context), but we will try to find a solution that resolves the issue while honoring their request. Disclosure of the complainant's identity will only occur if required by law or if necessary to ensure safety, and even then, we would seek the complainant's consent first if at all possible.
- All staff involved are reminded of their obligation to handle the matter discreetly. In cases where a complaint is made on behalf of a resident or client by a third party (such as a family member or advocate) and that third party requests confidentiality, we must also consider the rights of the resident/client.
- If the resident/client is capable of understanding and has not already consented to the complaint, we will inform them (unless doing so would compromise safety) and seek their consent to investigate or resolve the matter. This is to ensure the resident/client is aware of concerns about their care and can participate in the resolution if they wish. (For example, if a family member complains about some aspect of the resident/client's care, the individual should usually be informed about the complaint unless they lack capacity or the family has a legal authority to act on their behalf.) In any case, the details of the complaint will be kept as confidential as possible within the investigation and resolution process.

5.3 Limitations:

Both anonymous and confidential complaints inherently limit feedback to the complainant. For anonymous complaints, we cannot directly provide a response or outcome to the person. For confidential complaints, it may be challenging to fully investigate if we cannot disclose certain information. We acknowledge these limitations openly. Nonetheless, TJG will do everything feasible to address the issues raised. Trends from anonymous complaints are monitored in the same way as other complaints. If multiple anonymous complaints point to the same problem, we will certainly act on that. Confidential complainants will receive a response (since we know who they are), and we will take care in communication to protect their confidentiality (for instance, using their preferred contact details, and not divulging identifying information in discussions with others).

6. Managing Unreasonable Complainant Conduct (UCC)

While TJG endeavors to treat all complainants with respect and courtesy, we also have a duty to protect our staff and ensure a safe environment. **Unreasonable Complainant Conduct (UCC)** refers to situations where a complainant's behavior is inappropriate and exceeds acceptable boundaries, to the extent that it **raises substantial health, safety, or resource issues** for the organisation, our staff, other consumers, or even the complainant themselves. TJG is committed to dealing fairly with all complaints, but *unreasonable conduct* will not be tolerated. We will take steps to manage such conduct, balancing the complainant's right to be heard with the rights of staff and others to be treated with respect and safety.

6.1 Zero tolerance for abuse:

In accordance with our Code of Conduct and workplace health and safety policies, TJG will not tolerate **violent, abusive, or threatening behavior** toward our staff or residents/clients. We are responsible for keeping our workforce safe and promoting a culture of zero harm. Complainants exhibiting aggressive or harassing behavior will be asked to modify their conduct, and if

they do not, we will take appropriate action which may include discontinuing a call/meeting or involving security or police if necessary. Our employees have full management support to disengage from any interaction that is abusive or dangerous. Please also refer to **JG Consumer & Visitor Code of Conduct** for further details.

Most complainants are reasonable: It is important to note that the vast majority of individuals who provide feedback or make a complaint do so in a reasonable manner – even if they are frustrated or distressed, they remain respectful and cooperative. Only in a **small number of cases** do complainants behave in ways that are truly unreasonable or unacceptable. TJG recognises that often difficult behavior can stem from distress, so we attempt to de-escalate and understand the person's concerns. We treat all complainants with empathy initially. UCC procedures are only invoked for those rare cases where despite our best efforts to help, the complainant's conduct continues to be unreasonable.

6.2 What is UCC?

Unreasonable Complainant Conduct can include a range of behaviors that **grossly deviate from normal expectations**. Examples include, but are not limited to:

- **Aggressive or Abusive Behavior:**
  - This includes **yelling, swearing, issuing threats, or any form of verbal harassment** directed at staff or others. It also includes **physical aggression** or **intimidation**, such as invading personal space, throwing objects, or gestures that could be seen as aggressive. Any threatening of harm (directly or implied) is taken very seriously.
    - *Example:* A complainant screaming at staff and using offensive language, or sending emails with derogatory and defamatory remarks about staff members.
- **Threats or Acts of Violence:**
  - Any explicit threats to safety, or actual attempts at violence, are absolutely unacceptable. This could involve threats to harm someone, to damage property, or stalking/menacing behaviors. Complainants who appear to be **under the influence of drugs or alcohol** and exhibit aggressive behavior also fall in this category.
    - *Example:* A visitor who is intoxicated making loud threats in the facility, or a client's family member threatening to sue or harm staff personally.
- **Unreasonable Persistence or Demands:**
  - This can involve excessive contact or refusal to accept a decision.
    - For instance, repeatedly contacting numerous staff members about the same issue (hoping for a different answer), making **unrealistic demands** for outcomes that are beyond the scope of the complaint, or persisting in a complaint that has been comprehensively addressed and closed.
  - It also includes trivial or vexatious complaints made in bad faith.
    - *Example:* A person who files the same complaint every week and demands the firing of an entire staff team for a minor issue, despite the issue already being resolved, or someone who inundates the office with daily calls/emails long after a complaint has been finalized.

6.3 UCC Guidance on de-escalating and setting boundaries

When UCC behaviors occur, TJG will manage them according to the guidelines (inspired by the NSW Ombudsman's *Managing Unreasonable Complainant Conduct* manual). Our approach generally is to **de-escalate and set boundaries**.

a. **Initial Response:**
- The staff member or manager dealing with the individual will remain calm and professional. They will politely explain the standards of conduct expected (*for example, "I want to assist you, but I cannot continue this conversation if you swear or threaten me."*). Often, a simple caution that the behavior is not acceptable can lead the person to moderate their approach.

b. **Limit Setting:**
- If the unreasonable conduct continues, we may implement specific limits or conditions on the complainant's contact with us.
  - For example, we might designate a single point of contact (one staff member that the complainant must communicate with) to prevent staff disruption or "staff shopping."
  - We may require that all future communication be in writing (or conversely, only by phone) if that helps manage the behavior. We can also set limits on the frequency or duration of contacts – e.g. scheduling one call per week to update on an issue, rather than allowing numerous daily calls.
  - In some cases, we may inform the complainant that correspondence will be read and filed but not responded to unless they raise new information (this is a strategy for persistent, repetitive complainants).

c. **Security and Exclusion:**
- If a complainant's behavior poses an immediate threat (e.g., physical violence on premises), safety takes priority. Such individuals may be asked to leave the premises or escorted out, and in extreme cases may be **barred from the facility**

for a period of time (with alternative arrangements made for them to receive information about their loved one's care, if applicable).

- We will involve law enforcement if needed to protect staff and residents. Any such actions are a last resort, but staff safety and resident safety are non-negotiable.

d. **Support for Staff:**
   - Managing UCC can be stressful for staff. TJG ensures that employees have guidance (training in conflict de-escalation and UCC strategies) and management backing. Incidents of UCC are documented, and debriefings are conducted so staff can discuss and recover from any distress.
   - If needed, counseling or employee assistance services (EAP) are offered. Management will also consider whether any reasonable requests underlying the complaint can still be addressed once the behavior is managed, to avoid penalizing the substance of a concern due to the behavior.

e. **Continued Service with Conditions:**
   - In aged care, we generally cannot "terminate" services to a person simply because they complain unreasonably – we have a duty of care to our residents and clients. Instead, we manage *how* the interactions occur to ensure that behavioural expectations, interactions and communication are framed around respect, appropriate communication, use of complaint pathways, and non-interference with staff clinical judgment and scheduling.
     - For instance in Residential Services, a family member who has been found to be abusive to staff may be required to communicate only with the Residential Manager (bypassing frontline staff), or to attend meetings with a second staff member present as a witness.
     - For instance in Home & Community Services, a client and/or their family member who have been found to be abusive to staff, a letter of expectations outlining behavioural expectations may be issued.

6.4 Considerations to Limit Access/Entry:

TJG's policy aligns with the Ombudsman's recommended practices on UCC. **Any decision to significantly restrict a complainant's access usually as a last resort (for example, writing a letter to inform them that their conduct is unacceptable and limiting their contact to certain conditions), will be made at a senior management level and communicated clearly to the complainant in writing.** We will always **warn** the person of our intentions to apply restrictions unless the behavior immediately precludes it (e.g. a violent incident requiring immediate action).

Unreasonable conduct by a complainant is managed firmly but fairly. The person's substantive complaint will still be addressed, but their behavior may be controlled to ensure it does not harm others or consume disproportionate resources. Our overriding goal is to maintain a safe and respectful environment for everyone, while continuing to resolve legitimate issues raised in complaints.

7. Roles and Responsibilities

Effective feedback and complaint management is a shared responsibility across all levels of The Jesmond Group. The following outlines key roles and their responsibilities under this policy:

7.1 The Board:

- The TJG Board holds ultimate governance responsibility for the quality and safety of services, including how feedback and complaints are managed. The Board must ensure that there are effective systems and processes in place for managing feedback and complaints. The Board (and/or a subcommittee such as a Clinical Governance Committee) will receive and review regular reports on feedback/complaint trends, themes, and outcomes to monitor organisational performance and risk.
- They are responsible for **monitoring that continuous improvement actions** are taken in response to feedback. The Board also needs to understand and ensure the organisation meets all **external reporting obligations** (for example, SIRS notifications, mandatory complaints reporting to funding bodies, etc.). In short, the Board **sets the tone for a positive feedback culture** and **holds management accountable** for implementing this policy effectively.

7.2 Management (Executives, General Managers, Operations & Quality Managers, Residential Managers, Managers):

- Management is responsible for the day-to-day implementation of the feedback management system. Key responsibilities of management include:
  - **Promoting a No-Blame Culture:**
    - Foster an environment where feedback and complaints are encouraged and seen as opportunities to improve, not as threats. Managers should model a responsive, open attitude toward feedback, encouraging staff to report issues and consumers to speak up. When responding to complaints, managers take a *"no-blame" approach*, focusing on facts and resolution rather than blame or defensiveness.

- Complaint Handling & Investigation:
  - Ensure that all complaints are acknowledged and addressed in a timely, coordinated manner. Managers either investigate complaints themselves or assign appropriate personnel to do so, ensuring that **every complaint receives a suitable investigation or review** using the most appropriate methods. They must also ensure **open disclosure practices** are followed – if consumers have been harmed or put at risk, managers lead the communication of apologies and explanations to those affected. Managers should review and sign off on complaint responses, especially for serious matters, to ensure they are adequate.
- Resource and Support:
  - Provide staff with the tools, training and support necessary to handle complaints. This includes training on how to encourage and receive feedback, how to log issues, conflict resolution skills, and knowledge of when to escalate matters (such as indicators that something is a serious incident or needs higher approval).
  - Managers should **ensure all staff receive initial and ongoing training** in identifying, managing, and reporting feedback and complaints. They also ensure key staff (like those in customer service or clinical leads) are trained in complaints management, analytical skills for trend analysis, and continuous improvement techniques. If specialist expertise is needed for an investigation (e.g. clinical expertise for a clinical complaint), managers arrange that.
- Record-Keeping:
  - Oversee the maintenance of the **Feedback/Complaint Register** (electronic system). Managers ensure that complaints and outcomes are logged accurately and that the register is kept up-to-date. They verify that for each complaint, there is a complete record from initial report to final resolution, including any correspondence.
- Monitoring and Review:
  - Regularly **discuss and review complaints** and feedback data in management meetings and committees. For example, a Manager might table all recent complaints and compliments in a monthly meeting to review progress and identify any systemic issues. Management is expected to analyse the data for trends (e.g. multiple complaints about a particular issue) and ensure that appropriate improvement actions are initiated.
- Continuous Improvement Actions:
  - Ensure that when complaints reveal problems, these are translated into **continuous improvement plans**. Managers incorporate outcomes of complaints into the service's quality improvement plan or risk management plan as appropriate. They also verify that improvements are implemented and evaluated. For example, if a complaint led to a new protocol or staff training, managers should follow up to confirm it has been effective.
- Reporting:
  - Escalate serious issues to senior executives or the Board as needed, and report on feedback/complaints performance. Managers must ensure the Board (and relevant governance committees) are kept informed of significant complaints, emerging risks, and the effectiveness of the complaints management system.
  - They should prepare summary reports that include numbers and types of complaints, response times, resolution rates, actions taken, and improvements made. Additionally, managers must **understand external reporting requirements** and make sure that any notifiable issues (like elder abuse allegations (SIRS), misconduct, etc.) are reported to government authorities in line with law.

7.3 All Staff and Volunteers:

Every staff member and volunteer at TJG has a role in effective feedback management. **Staff are the "eyes and ears" of the organisation** and often the first point of contact for feedback or complaints. Responsibilities of all staff include:

- Encourage Feedback:
  - Actively encourage residents/clients and their families to provide feedback. Staff should create a welcoming atmosphere for feedback in daily interactions – asking if everything is okay, if there's anything that could be done better, etc., and thanking consumers for any suggestions or comments.
- Assist in Making Complaints:
  - If a consumer indicates they have a concern or complaint, staff should support them in raising it. This might involve helping them fill out a feedback form, providing advice on how they can complaint or simply listening and writing down the issue on their behalf. Staff must never ignore or dismiss a complaint. If a staff member cannot address the issue immediately, they should promptly refer it to someone who can (e.g. their supervisor or manager).
- Immediate Issue Resolution:
  - Where a complaint is minor and within the staff member's control to fix on the spot, they should do so (and then inform their manager and document it). For example, if a meal was cold and the client complains, the staff can apologize and immediately provide a hot meal without needing a formal process – though they should still record the feedback.
- Respect and Professionalism:
  - Maintain a respectful attitude toward complainants, even if the person is upset or angry. Staff must not retaliate or become defensive when a complaint is made. All feedback is to be taken in good faith. Professional conduct is

essential – remembering that the complainant's perspective is valid to them and needs addressing.

- **Privacy and Confidentiality:**
  - Keep details of complaints confidential. Staff should not gossip about a complaint or disclose information to those not involved. They must also respect the privacy of people who provide anonymous or confidential complaints as outlined in Section 8.
- **Documentation:**
  - Accurately document complaints and any feedback received. If a staff member resolves an issue informally, they should still pass on the feedback to their manager or log it so that the organisation can track trends. If they receive a formal complaint, they should record the details and inform management immediately.
- **Follow Policy and Training:**
  - Adhere to this policy and the procedures for complaint handling. Staff should utilize their training – for example, using de-escalation techniques they've learned if a person is angry, knowing where to find the complaint form or online portal, and understanding when something needs to be escalated (such as a safety issue).
- **Continuous Improvement Participation:**
  - Contribute to solutions. Staff are encouraged to suggest improvements if they see recurring feedback. They may participate in complaint review discussions or quality improvement initiatives that arise from complaints.

In essence, **every staff member is an ambassador for TJG's values** in feedback management. By being approachable, attentive, and proactive, staff can resolve many issues at ground level and prevent escalation. All staff and volunteers are required to cooperate fully with investigations or resolution actions when needed, and to undertake training related to complaints handling as directed.

7.4 TJG Contractors & Service Providers

TJG also expects all **contractors and service providers** to uphold the principles of this policy. For instance, agency staff or allied health providers working in our facilities should inform management if a consumer raises a complaint with them, and they should cooperate in any investigation if the complaint involves their service.

8. Monitoring, Evaluation & Continuous Improvement

Handling complaints is not just about resolving individual issues – it is also about **learning and improving**. TJG has mechanisms in place to monitor the effectiveness of feedback management and to continuously evaluate outcomes for ongoing improvement:

8.1 Centralized Record Keeping:

All feedback, complaints, and compliments are logged in a central register or database (with separate registers maintained for each service *if applicable*, feeding into an organisation-wide overview). This central record allows management to track each case to completion and to analyze data across the organisation. The register captures key information (dates, issues, outcomes, time taken to resolve, etc.) enabling oversight of our performance in complaint handling (e.g., monitoring if we are acknowledging within required timeframes, resolving within target times, etc.).

8.2 Regular Reporting and Review:

Complaints and feedback data are a standing agenda item in relevant meetings at all levels. For example, at the facility or service level, complaints are discussed in staff meetings or quality committees. At organisational level, a summary of complaints (number, types, outcomes, any serious issues) is reviewed by the Clinical Governance Committee and the Board on a regular basis (e.g., quarterly).

Complaints remain on the agenda of meetings until all parties are satisfied that the issue has been resolved. This means unresolved or ongoing complaints are continually followed up in management meetings to ensure they are progressing. Additionally, the Privacy and Risk committees may review complaint trends related to their domains (e.g., privacy breaches, work health & safety issues). This multi-tiered review ensures that complaints are visible to leadership and that there is follow-through on actions.

8.3 Trend Analysis:

Management and quality teams analyze complaint data to identify **trends or recurring themes**. This analysis might look at, for example, whether multiple complaints are coming from the same area, about the same issue, or during a particular time period. By identifying patterns, we can address underlying causes.

For instance, if several complaints relate to call bell response times in an aged care home, this points to a need to review staffing or processes in that area. All complaints are classified by category and severity, which facilitates aggregation and trend analysis. We also look at **near-misses** or minor feedback since those can foreshadow larger issues. The outcome of trend analysis is documented in quality improvement plans. Identified issues lead to organisation-wide actions as needed (policy changes, additional training, resource allocation, etc.).

8.4 Quality Improvement Actions:

Complaints feed directly into our continuous improvement system. Each valid complaint is considered an "improvement opportunity." We maintain an improvement log where actions resulting from complaints are recorded and tracked to completion. Examples of improvement actions might include revising a procedure, providing refresher training to staff, upgrading equipment, or even physical environment changes.

We ensure that **actions are taken without delay** for any critical safety issues discovered. For less urgent improvements, we still set target dates and responsibilities. The effectiveness of actions is later evaluated (did the change resolve the issue and prevent recurrence?). This is often discussed in follow-up meetings or through audits. Importantly, we do not close the loop until we verify that the solution is working.

8.5 No Blame, System-Focused Analysis:

As noted, TJG employs a **"no blame" approach in analyzing complaints for improvement**. This encourages honesty and openness in staff reporting. When things go wrong, we examine processes and systems rather than individual fault (unless of course there was willful misconduct, which would be handled through HR).

Techniques like Root Cause Analysis (RCA) are used for significant incidents or complex complaints to delve into underlying causes beyond the immediate issue. By finding root causes, we can implement more effective corrective actions and reduce the likelihood of recurrence. We also ensure that any learning is not isolated – if a problem is found in one location, we assess if it could happen elsewhere and apply improvements across the board.

8.6 Sharing Lessons Learned:

TJG is committed to sharing the outcomes of feedback and the improvements made as a result. Internally, we communicate lessons learned from complaints to all relevant staff. For example, if a complaint revealed a gap in protocol, once a new protocol is adopted, staff are informed about the change and the reason (without breaching confidentiality about the specific complaint).

We might feature de-identified case studies in staff newsletters or meetings as learning tools. Externally, we also practice transparency with consumers: where appropriate, we inform residents/clients (and their representatives) about changes made due to feedback. We may publish "You said, We did" summaries on notice boards or newsletters to show consumers how their feedback leads to improvement. By **sharing what is learnt throughout the organisation, and with residents/clients** (as applicable), we close the feedback loop and build. This also encourages more feedback, as people see that it results in action.

8.7 Monitoring Timeliness and Satisfaction:

As part of performance monitoring, we track metrics like acknowledgment times, resolution times, and complainant satisfaction. We may conduct follow-up surveys with complainants (where appropriate) to gauge their satisfaction with how their complaint was handled, regardless of outcome. This can highlight areas for process improvement (e.g., if feedback indicates people didn't feel well informed during the process, we can focus on improving communication). Timeliness is monitored against any internal targets or regulatory expectations. Any significant delays or backlog of complaints are flagged and addressed with additional resources or process changes as needed.

8.8 Audit and Evaluation:

Periodically, TJG may audit its complaint management system. This could involve an internal audit (checking a sample of complaints to ensure procedure was followed, documentation is complete, etc.) or even external audits (e.g., as part of accreditation by the Aged Care Quality and Safety Commission). We evaluate whether the principles in this policy are being upheld in practice. The results of audits feed into refining the policy and procedures. We also welcome external feedback from regulators or advocacy groups on our complaint handling approach.

9. Enterprise Risk Severity Assessment Code (SAC) & Escalation Guide - Complaints

Please refer to JG RESOURCE - Enterprise Risk Severity Assessment Code (SAC) and Escalation Guide V2.0.

Key Definitions

Term or Abbreviation	Definition
Feedback	Any verbal, written, or digital communication received from consumers, their representatives, or others that may include compliments, suggestions, comments, or concerns about care or services. Feedback may or may not require a response.
Complaint	An expression of dissatisfaction or negative feedback made to or about The Jesmond Group (TJG), related to its care, services, staff, or decisions, where a response or resolution is explicitly or implicitly expected or legally required.
Anonymous Complaint	A complaint lodged without the complainant disclosing their identity. While such complaints are taken seriously and investigated where possible, the ability to respond or follow up may be limited.
Confidential Complaint	A complaint where the complainant's identity is known to TJG but the individual requests that it not be disclosed to others involved. Confidentiality is respected as far as possible, though investigative limitations may apply.

Older Person / Older People / Consumers / Residents/ Clients	"Older people and consumers including residents and clients" refer to individuals receiving aged care services, including Aboriginal and Torres Strait Islander (ATSI) peoples and those from Culturally and Linguistically Diverse (CALD) backgrounds. This inclusive definition ensures that the diverse needs, preferences, and identities of all individuals are recognised and met within aged care services. While 'older people' generally refers to those advanced in age, specific eligibility criteria vary across services.
Unreasonable Complainant Conduct (UCC)	Behaviour by a complainant that, due to its nature or frequency, raises substantial health, safety, resource, or equity concerns for staff, consumers, or the organisation. Examples include abusive language, threats, excessive contact, or persistent unfounded complaints.
Critical Incident	High-severity events resulting in or likely to cause critical harm, such as unexpected deaths, major injuries, abuse, or critical system failures. These incidents require immediate escalation to senior leadership and regulatory authorities.
Incident	Any event, act, or omission that results in or has the potential to cause harm to older persons, consumers, employees, or the organisation. Incidents may include physical harm, psychological harm, breaches of privacy, or operational failures that affect the delivery of care or services.
Serious Incident Response Scheme (SIRS)	A mandatory reporting framework established to manage and escalate serious incidents in aged care settings, ensuring regulatory compliance and the safety of older persons and consumers

References

- NSW Ombudsman – Effective Complaint Management Guidelines (4th Edition, 2024)
- NSW Ombudsman - 6 Principles for Effective Complaint Management
- NSW Ombudsman – Managing Unreasonable Conduct by a Complainant (Practice Manual, 3rd Edition, 2021)
- ACQSC - Better Practice Guide to Complaints Handling in Aged Care Services (23 March 2021)

Relevant Legislation

- Aged Care Act 2024
- Aged Care Rules 2025
- Strengthened Aged Care Quality Standards
- Code of Conduct for Aged Care
- Privacy Act 1988
- Work Health and Safety Act 2011

Relevant Policies

- JG Advocacy & Substitute Decision Making Policy
- JG Incident & SIRS Management Policy
- JG Grievance Management Policy
- JG Privacy & Confidentiality Policy
- JG Open Disclosure Policy
- JG Whistleblower Policy

Relevant Procedures

- JG Feedback Management Procedure

Related Documents

- JG CF01 Critical Incident & Complaint Investigation Report
- JG RESOURCE - Enterprise Risk Severity Assessment Code (SAC) and Escalation Guide V2.0
- JG RESOURCE - Feedback and Complaints QR Poster
- JGRC Incidents and SIRS Management Procedure
- JGRC RESOURCE Have Your Say - Feedback Guide
- JGRC RESOURCE Consumer & Visitor Code of Conduct Poster

Key Words for Search

Feedback	Complaints	Suggestion	Compliments
Consumer Voice	Unreasonable Conduct	Complainant	Advocacy

Review History

Date of Update	Outline of Change
01 April 2021	• Created • SMEs:

	▫ Operations Team
16 May 2023	• Reviewed with minor formatting, language, roles revisions and documents attached
16 May 2025	• Major revision to include best practice principles and alignment with Strengthened Standards
29 October 2025	• Minor update to include contemporary references from ACQSC and Aged Care Rules 2025

Version Control

Approver	Owner	Date Approved	Document Expiry Date
Chief Operating Officer	Operations	1 July 2025	30 June 2028

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