

Feedback and Resolution Policy

Version 9.0

Policy Number	POL-37
Policy Name	Feedback and Resolution Policy
Policy Area	Governance
Policy Owner	Chief Executive Officer

Introduction

Richmind WA (RW) provides an environment where individuals and organisations engaged with its services or affected by its operations have the right to voice their concerns and lodge feedback. The organisation is committed to addressing feedback in a manner that upholds principles of access, equity, fairness, accountability, and transparency. As an organisation, we strive to deliver high-quality services, inclusive services, and value any feedback that can contribute to the organisation's continuous improvement. We welcome feedback, compliments, and recognition of our services, as we acknowledge the fundamental role of consumer and stakeholder feedback in shaping our operations and expressing gratitude to those who provide valuable input to the organisation.

By promoting a culture of open communication, RW aims to ensure that all individuals feel heard and respected. It encourages the sharing of experiences, opinions, and suggestions to foster a positive and collaborative relationship between the organisation, consumers, and stakeholders. RW is committed to taking appropriate actions to address feedback, implement improvements, and enhance its services based on the valuable feedback received. This commitment reflects its dedication to providing the highest standards of care and service delivery while maintaining accountability and transparency throughout the process.

Purpose

We understand the importance of providing a platform for consumers, family members, carers, external stakeholders, and the public to express their feedback, or appeal decisions made by RW. We are committed to ensuring that all individuals engaged with or impacted by our operations or corporate delivery of services have the right to participate in these processes.

We manage feedback in a manner that upholds the values of our organisation, which include fairness, accountability, and transparency. We strive to create an environment where individuals feel

comfortable and safe expressing their concerns or providing feedback. We value the insights and perspectives shared by our stakeholders, and we are dedicated to addressing their feedback with professionalism and integrity.

Our feedback and resolution process is designed to align with relevant legislation, compliance requirements, and standards. By adhering to these guidelines, we ensure that our procedures are fair, consistent, and in line with industry best practices. We are committed to reviewing and improving our processes to maintain the highest standards of service and accountability. Through this commitment, we aim to foster a culture of continuous improvement and open dialogue. We actively encourage individuals to provide feedback, raise concerns, or appeal decisions, as we believe that their input is invaluable in helping us enhance our services and ensure that they meet the needs and expectations of our stakeholders.

We are dedicated to treating all feedback and appeals with the utmost seriousness and addressing them promptly and thoroughly. By doing so, we strive to build and maintain trust, strengthen relationships, and deliver services that make a positive difference in the lives of our consumers and stakeholders.

Scope

RW welcomes the feedback of all consumers, participants, family members, carers, external stakeholders, and members of the public. The information received is used to monitor and enhance our service delivery, as part of our commitment to improve the care we provide to our community. We recognise the unique needs of individuals from groups such as those with a lived experience of mental distress, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities, those of different ages and abilities, social class, ethnicity, gender, and people who identify as LGBTIQ+.



Policy Statement

We are committed to resolving issues raised in a prompt and satisfactory manner, fostering a supportive environment that empowers individuals to provide compliments or give feedback, whilst maintaining the reputation of the organisation.

The feedback and Resolution management procedure:

- Allows any person to provide feedback in formats that are simple, accessible, inclusive, and easy to use.
- Allows any person to provide feedback anonymously.
- Keep clear and accurate records on feedback in quality management system.
- Ensures that the feedback and resolution procedures take into consideration diversity factors such as language and culture.
- Is effectively communicated and promoted to all persons that engaged with, or impacted by, the operations or corporate delivery of our services.
- Appropriately involves all persons in the resolution of the feedback keeping all parties informed of the progress.
- Is procedurally fair and follows principles of natural justice.
- Complies with legislative requirements.
- Registers feedback and resolutions within our quality improvements processes to enhance our services as part of our continual effort to improve the care we provide to our community.

Compliments and Feedback

Compliments are expressions of praise, encouragement or gratitude about services or staff. They provide valuable feedback about a person's level of satisfaction with the organisation.

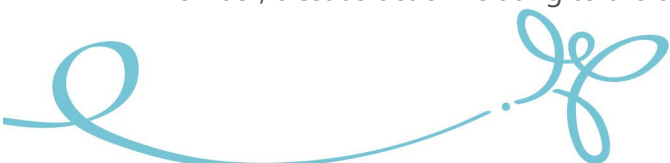
Compliments provide the organisation with:

- Valuable indicators of the effectiveness of a service.
- Useful insights about the aspects of service that are most meaningful to our consumers or stakeholders.
- Examples of good practice that can be shared throughout the organisation.
- An opportunity to recognise the efforts of staff and boost morale.

Staff will acknowledge all feedback and compliments, providing thanks for the interest and time. Where possible, persons providing complimentary feedback will be informed of how the feedback will be used and assured that it will be passed on to the relevant staff members.

Feedback

Feedback is an important way for us to be accountable to the public, as well as providing valuable prompts to review organisational performance and the conduct of people that work within and for it. Feedback is defined as an expression of dissatisfaction with any service provided, a staff member, dissatisfaction relating to the unmet needs of a consumer, quality of RW property or



action by the organisation or its representative/s that has had negative impacts on any individual or group where a response or resolution is explicitly or implicitly expected or legally required. Feedback may also be made about the feedback and resolution handling process.

Effective feedback and resolution handling provides three key benefits:

- It resolves issues raised by a person who is dissatisfied in a timely and cost-effective way.
- It provides information that can lead to improvements in service delivery.
- Where feedback is handled properly, a good system can improve the reputation of an organisation and strengthen public confidence in an organisation's administrative processes.

Communication Feedback and Resolutions Procedure

This procedure is available to consumers/participants, family members, carers, external stakeholders, and members of the public on the website, and within the documentation provided in our welcome and/or information packs.

All persons will be informed of their rights and responsibilities with regards to feedback and appeals at the earliest possible stage of their involvement with the organisation (including NDIS participants).

Vexatious Complaints

Vexatious complaints are a groundless complaint that causes distress, detriment, or harassment to the subject of the complaint. These complaints are often repetitive, burdensome, and largely unjustified when compared to the contents and potential impacts.

A complaint may be regarded as vexatious if the complainant:

- Continues to pursue a complaint that has already been addressed and provides no new information that warrants further action.
- After reasonable efforts, fails to provide additional information, which is likely to be available, relevant to, and supportive of, the issues raised in the complaint.
- Lies or gives misleading information.

We are committed to engaging in a procedurally fair investigation process in response to all feedback regardless of any assumptions about the feedback being vexatious. When feedback is suspected of being vexatious, it is important to recognise that person providing feedback may often be aggrieved, frustrated, or have other reasons for their behaviour, the focus must be on careful consideration of the contents of the feedback rather than the attitude of the person providing the feedback.



Lodging an Appeal

Individuals and/or their advocates may lodge an appeal if they disagree with a decision made by the organisation.

Individuals and/or their advocates may also access external advocacy services such as MHAS, HaDSCO, Complaints Ombudsman, Mental Health Commission, or the NDIS Commission, to support the review of the way in which feedback has been handled and resolved.

Reporting and Escalation

If the content of the feedback pertains to instances of assault, sexual assault, criminal behaviour/crime, abuse or death, a delegate will contact relevant emergency services.

A register of all feedback and appeals will be kept for a minimum of seven years.

Results from this register will be reviewed by the Service Quality and Risk Committee on a quarterly basis and will be used to inform service planning, monitoring and evaluation of activities, including quality and continuous improvement activities.

All feedback is reported to the Richmond WA Governance Committee on a quarterly basis however the Chief Executive Officer (CEO) may choose to escalate any feedback to this committee or the Richmond WA Board, outside of this schedule based on their discretion as the responsible officer and license holder of the organisation.

Staff Training

All staff will be trained on the contents of the Feedback and Resolution Policy and Procedure during their induction to the organisation. Staff training will include how to acknowledge and report feedback, how to explain the process of investigation, and what services are available to support an individual through the feedback process. This training will be available on ELMO.

Breaches of Policy

Following the completion of the Feedback and Resolution training staff will be expected to ensure that they are familiar with the contents of the associated policy and procedure, including their location and if they do not feel confident in any of the content, they will seek assistance from their manager or team leader.

Any breaches or failure to follow the instructions provided in the training of associated policy and procedure may result in workers being required to recomplete training or may be referred to People and Capability for performance management.

Related Documents

- PRO-88 Feedback and Resolution Procedure



- Feedback and Resolution Form
- Employee Grievance Resolution Policy and Procedure
- POL-36 Quality and Continuous Improvement Policy
- PRO-67 Quality and Continuous Improvement
- RW Diversity Statement
- PRO-62 Retention and Disposal of Records

Supporting Information

- Disability Services Act 1993
- Guidelines for Handling Complaints about Mental Health Services 2018
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme Procedural Fairness Guidelines 2018
- National Standards for Disability Services
- National Standards for Mental Health Services
- Licensing and Accreditation Regulatory Unit (**LARU**)
- Privacy Act 1988
- QIC Health and Community Services Standards
- Standards Australia Complaint Handling Standard As 4269-1995



Review Timeframe and Responsibility

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Review Period:	2 Years
Next review date:	November 2026
Prepared by:	GM Quality Governance and Risk & Quality and Compliance Manager
Preparation date:	February 2026
Reviewed by:	Operations General Management Team
Reviewed date:	27 March 2023
Reviewed by Consumer and Family Reference Group:	June 2023
Approved by:	Chief Executive Officer
Approval date:	April 2023

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