

COMPLAINTS MANAGEMENT POLICY

For retirement village complaints, please refer to the Village Complaints Policy.

1. INTRODUCTION

This Policy outlines Oceania's process for complaints management and reporting.

Any resident, family member, visitor, contractor or staff member who has a concern or complaint regarding Oceania (including any concern or complaint about any of its people, operations or property) may raise a concern or make a complaint.

For the purposes of this Policy:

- A “**concern**” is an issue that causes concern or anxiety or is regarded as important by the individual raising the issue; and
- A “**complaint**” is a statement by an individual that something is unsatisfactory or unacceptable.

It is the responsibility of the person receiving a concern or complaint to relay it to their manager (unless the concern or complaint is about the manager in which case the complaint can be made to the one-up manager) so that the concern or complaint can be addressed and recorded. Where a concern or complaint is received by a member of staff at Corporate Office (including through Oceania's call centre), the concern or complaint should be relayed to the Quality, Compliance and Audit Manager (“**QCAM**”) so that it can be logged. If the concern or complaint is in relation to management, culture or a people related issue, then the complaint or concern should be relayed to a member of the People & Culture team.

Each complaint will be escalated to the relevant Investigating Manager specified in Schedule Two, depending on the severity of the complaint.

For care centre complaints that are mostly operational, the BCM would usually be the investigating manager. It is recommended that a mutually convenient appointment time is made to discuss the complaint in the first instance.

For care centre complaints that are mostly clinical the CM will usually follow up with the support of the BCM if the complaint is low risk, with escalation to RCM for more support.

A form for raising concerns or lodging complaints is available at front reception, on the main notice board and on IRENE. Oceania will assist an individual to raise a concern or lodge a complaint where the individual requires additional help (for example, if English is a second language for the individual or if the individual has poor eyesight).

All concerns and complaints received (other than concerns and complaints referred to the People & Culture team or received via Whistleblower), and the outcome of any investigation, will be recorded in the Complaints Reporting System. All concerns and complaints will remain open until the complainant is satisfied with the outcome of any investigation. Individual complaints will be allocated an ID number in the Complaints Reporting System and there is restricted access to the files. This accessibility will be controlled via QCAM office staff and can be changed, if necessary, as the investigation progresses.

Any concerns or complaints referred to the People & Culture team will be recorded in the People & Culture complaints system, which has restricted access to the files.

Oceania's complaint process will be used for the purposes of continuous improvement and to improve the quality of care and service provided to Oceania's residents.

2. PROCEDURE

Complaints Process

Step One

- Once the complaint is received, the person receiving the complaint will log the complaint in the Complaints Reporting System. Corporate staff will forward onto QCAM Complaints email address for logging.
- The QCAM will review the complaint and will assess the risk associated with the complaint as per the Complaints Reporting Severity Matrix set out in Schedule One. The level of risk of the complaint should be assessed as quickly as possible.
- Once the level of risk has been assessed, the QCAM will escalate the complaint to the Investigating Manager.
- If the complaint has not already been acknowledged, QCAM will acknowledge the complaint in writing within five working days of the complaint being received. This will confirm that the complaint has been received and advise the complainant of the process that will be followed.
- If the matter is a concern or a verbal low risk complaint, that is simply resolved this can be entered directly into the concerns section.

Step Two

- The Investigating Manager will undertake an investigation into the complaint within 10 working days of receipt of the complaint. Once the investigation has been completed, the Investigating Manager will meet with the complainant and a support person to discuss the complaint and identify resolution opportunities. If it is not possible to meet in person, the Investigating Manager will contact the complainant by telephone in the first instance and then in writing to discuss the complaint and identify resolution opportunities.
- If the issue is effectively resolved at this point, a detailed letter will be sent to the complainant by the Investigating Manager, addressing the issues, and detailing the action taken and the agreed resolution. The documentation will clearly show that resolution has been to the satisfaction of all parties.
- If the complaint is resolved, the Investigating Manager will identify actions for improvement and will ensure that all quality improvement actions have been completed prior to the complaint being closed in the Complaints Reporting System.

Step Three

- If agreement is not reached during Step Two, the Investigating Manager will set up a further meeting to discuss the issue with the complainant. This meeting of informal mediation should include all appropriate people and their advocates.
- If satisfactory agreement is reached at or following this meeting, a detailed letter will be sent to the complainant by the Investigating Manager, addressing the issues, and detailing the action taken and agreed resolution. The documentation will clearly show that resolution has been to the satisfaction of all parties.
- If the complaint is resolved, the Investigating Manager will identify actions for improvement and will ensure that all quality improvement actions have been completed prior to the complaint being closed in the Complaints Reporting System.

Step Four

- If agreement is not reached, the issue is not resolved within 20 working days of receipt of the complaint, or if the Investigating Manager determines that the severity of the risk has increased, a further meeting will be held with the Director of Clinical and Care Services or the Group General Manager Sales & Services (if the complaint relates to any other issue).
- This meeting will be minuted and a follow-up letter detailing the issues raised and agreed resolution will be sent to the complainant.
- If the complaint is resolved, the Investigating Manager will identify actions for improvement and will ensure that all quality improvement actions have been completed prior to the complaint being closed in the Complaints Reporting System.

Investigation Process

In undertaking an investigation, the Investigating Manager will comply with the requirements of Oceania's Privacy Policy, Oceania's Privacy Breach Procedure and Oceania's Internal Confidentiality policy.

All written correspondence relating to a low risk or medium risk complaint that is being sent to a complainant must be peer reviewed first.

All written correspondence relating to an high or extreme risk complaint that is being sent to a complainant must be reviewed and approved by the Director of Clinical Care Services or the Group Counsel (if the complaint relates to clinical care staff, professional practice, clinical, code of rights or resident issues) or the Group General Manager Sales & Services (if the complaint relates to any other issue).

At all stages of this process, accurate and full documentation will be kept, and the Complaints Reporting System will be updated with all written communications, meetings and conversations relating to the complaint.

Non-resolution of care centre complaints

If a satisfactory outcome is not achieved by the formal complaints process outlined above, Oceania recommends that residents or family members may wish to obtain independent advice.

A resident or family member may also complain directly to the Health & Disability Commissioner.

3. GENERAL

Complaints are monitored at Corporate Office to ensure appropriate action has been taken and to identify any trends.

The complaint procedure is pre-admission documentation provided to all incoming residents and given to each resident before or on entry to the care centre.

The complaints management process is sensitive to and respects the values and beliefs of residents, and any complaints regarding individual staff members will be dealt with in accordance with the individual staff member's employment agreement. Staff disciplinary procedures are dealt with in the first instance by the Business & Care Manager, with input from the People Partner as required. All staff disciplinary investigations relating to clinical staff should involve the Clinical Manager and the Regional Clinical Manager in both investigations. The Business & Care Manager will contact the National Operations

Manager or the Regional Clinical Manager and the People Partner for advice and assistance as necessary. The Regional Clinical Manager will inform the Director of Clinical and Care services about any staff disciplinary issues relating to clinical staff.

Staff receive training relating to the complaints procedure at least every two years. All staff are initially trained on these policies during their induction programme and ongoing in-service education.

Monitoring of complaints

To enable ongoing analysis and monitor trends, all complaints are entered into the Complaints Reporting System. Monthly reports are generated from the Complaints Reporting System to assist with identifying trends and specific areas of concern. These results will be communicated to staff in a few ways, including during Business & Care Manager and Clinical Manager calls, during Clinical Governance Committee meetings, during regional clinical and operations meetings and during other relevant staff meetings.

Anonymised case studies of completed complaint investigations will be used as a learning tool for staff education on an ongoing basis.

4. RELATED POLICIES, DOCUMENTATION AND REFERENCES

Type	Title / description
Policy	Code of Residents Rights and Responsibilities Informed Consent Policy Open Disclosure Policy Interpreter Policy Satisfaction Survey Policy Whistle Blowing Policy Village Complaints Policy
Document	Oceania Code of Conduct Whistleblower Poster
Form	Compliment, Complaint or Suggestion form Resident Satisfaction Survey
Legislation	Privacy Act 2020 Health and Disability Commissioner Act 1994 Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

5. APPROVAL AGENCY

This Policy is approved by the Director of Clinical and Care Services.

This Complaints Management Policy does not limit or otherwise affect Oceania's Whistleblowing Policy. Any person may raise an issue or disclose a serious wrongdoing at any time to the independent whistleblower service, which is operated by an organisation independent of Oceania, its Board and management.

SCHEDULE ONE – COMPLAINT REPORTING SEVERITY MATRIX

Consequences			
Extreme	High	Medium	Low
<p>Residential care</p> <ul style="list-style-type: none"> • Significant issue regarding substandard quality of care • Serious issues that may cause long term damage such as grossly substandard care, professional misconduct or abuse of rights and death • Any complaint received from DHB, MOH, Coroner, HDC or HDC advocacy service • Complaints that indicate a potential systematic quality or risk management issue that may have a wider impact on the organisation • Major enquiry by external agency. Major threat to public confidence that may create an impact at national or regional level • Unanticipated patient death; permanent disability or incapacity, need for major additional medical or surgical intervention, personal health or other information exposed on a wide scale; high financial or other tangible cost/s to the patient and/or family • Disabling anxiety, embarrassment, anger, cultural offence or other subjective experience/s sufficient to compromise the patients' normal patterns and levels of activity over a protracted period of time 	<p>Residential care</p> <ul style="list-style-type: none"> • Complaint with multiple care related concerns • Request for copies of resident files notes is to be considered as serious and must be explored • Complaints re staffing levels or against individual staff member • Complaint regarding allegation of theft • Inquiry by external agency. Threat to confidence creating an impact at a local level. • Any complaint received from DHB, MOH, Worksafe, Coroner, HDC or HDC advocacy service • Patient injury requiring extended treatment; personal health or other information breached beyond DHB; significant financial or other tangible personal/family cost/s. • High level of negative personal consequences reported, affecting the person's daily life for a significant but limited period. 	<p>Residential care</p> <ul style="list-style-type: none"> • Service or experience below reasonable expectations in several ways but not causing lasting problems • Has the potential to impact on service provision and risk adverse impact on resident but without lasting harm • Complaints re nutrition and/or hydration • Complain re loss or damage of resident personal property such as hearing aid and dentures • Patient injury requiring short-term treatment; health information privacy breached but contained within Oceania; some measurable but manageable cost to the patient or their family • Complaint issue causing definite emotional impact for a short period. 	<p>Residential care</p> <ul style="list-style-type: none"> • Unsatisfactory service or experience not directly relating to care. No impact or risk to provision of care or risk to resident • Unsatisfactory service or experience directly relating to care but involving either a single resolvable issue or a very low impact and/or risk to provision of care or risk to client. • Complaints re food • Complaint that can be easily resolved at the time by senior staff • Complaint issue causing definite emotional impact for a short period. • No personal impact; complainant may wish to register concern only
<p>Operations / Other</p> <ul style="list-style-type: none"> • Significant issue regarding service delivery that may cause lasting problems and impact on continued service provision • Complaint that may cause lasting problems for the organisation with a possibility of litigation and adverse national publicity • Significant complaint from a lawyer, union or advocacy 	<p>Operations / Other</p> <ul style="list-style-type: none"> • Complaint that could potentially lead to litigation • Inquiry by external agency regarding an issue that could threaten confidence at a local level • Any complaint received from Worksafe or any injury to a 	<p>Operations / Other</p> <ul style="list-style-type: none"> • Service or experience below reasonable expectations in several ways but not causing lasting problems. • Has the potential to impact on service provision and risk adverse impact on resident but without lasting harm. • Staff injury requiring short-term treatment 	<p>Operations / Other</p> <ul style="list-style-type: none"> • Service or experience regarding personal preferences (likes/dislikes) but not causing harm or lasting problems to person

<p>service about work conditions that may cause reputational damage or external agency enquiry</p> <ul style="list-style-type: none"> Complaint that indicates a potential systematic quality or risk management issue that may impact the wider organisation Enquiry from an external agency that could threaten public confidence and create an impact at national or regional level Incident involving a staff member, supplier or visitor that could result in death, permanent disability or incapacity. 	<p>staff member that requires long-term treatment</p> <ul style="list-style-type: none"> Complaint re food standard that endangers the health of consumer Complaint re staff bullying of another staff member leading to distress and long-term consequences. 	<ul style="list-style-type: none"> Complaint re food standard that could lead to harm Complaint re staff bullying leading to reduced teamwork and disharmony 	
<p>Property</p> <ul style="list-style-type: none"> Collapse of structure on development site – crane, scaffold, building, land slip with potential to cause injury Fire on site with the potential to cause injury. Or fire damage that disrupts our ability to provide services Security breach that may threaten personal safety Issue with building evacuation process that has the potential to cause injury or breach regulatory compliance 	<p>Property</p> <ul style="list-style-type: none"> Failure of utilities (power, water, sewage etc) that impacts our ability to provide uninterrupted service to our residents Issue with heating or hot water that impacts our ability to provide a safe environment for our staff and residents Issue with a flood/ burst pipe that impacts our ability to provide uninterrupted service to our residents Issue with an elevator that may cause a person to become trapped or may severely limit access Issue with Nursecall that could result in failure to respond appropriately to a resident in need 	<p>Property</p> <ul style="list-style-type: none"> Complaint about excessive construction noise causing distress to residents Complaint about offensive smells causing distress to residents Water that is too hot with potential to cause injury Complaint that an uneven surface may contribute to injury Complaint that access is inadequate and is causing anxiety or distress to staff, visitors or staff 	<p>Property</p> <ul style="list-style-type: none"> Complaint from neighbour about poor traffic management and dust protection around the site Complaint from neighbour about trees overhanging with possibility of building damage or personal injury

SCHEDULE TWO – RISK PROCESS / FRAMEWORK

Steps	Extreme Risk	High Risk	Medium Risk	Low Risk
1 Escalation / Notification	BCM/CM RCM/ROM DC&CS / GGMS&S CEO [CFO/ GGC/ GM Property]	BCM/CM RCM/ROM DC&CS / GGMS&S CEO [CFO/ GGC/ GM Property]	BCM/CM RCM/ROM	BCM/CM
Investigating Manager	DC&CS / GGMS&S (with CEO/ GGC where appropriate)	DC&CS / GGMS&S	RCM/NOM	BCM/CM
2. Immediate Action	GM takes urgent action according to the risk and assigns responsibility for next steps.	GM takes urgent action according to the risk and assigns responsibility for next steps	RCM/ROM takes action according to the risk and assigns responsibility for next steps	BCM/CM takes action according to the risk and assigns responsibility for next steps
Referred to Health & Safety Manager / People & Culture at this stage if relevant				
3.Type of investigation required	<ul style="list-style-type: none"> Internal investigation / ICAM Root cause analysis External investigation 	<ul style="list-style-type: none"> Internal investigation Root cause analysis External investigation (if necessary) 	<ul style="list-style-type: none"> Internal investigation Root cause analysis 	<ul style="list-style-type: none"> Internal investigation
4. Reassess risk	GM reassess risk	GM reassess risk	RCM/NOM reassess risk	BCM/CM reassess risk
5. Notifications under relevant legislation – eg section 31 notification required for key clinical indicators, relevant health and safety notifications Follow relevant policy steps				
6. Actions and Responsibilities are determined by the type and category of the complaint All actions and responsibilities are logged accordingly				
7. Responses and timeframes	<ul style="list-style-type: none"> Formal acknowledgement letter within 5 working days Feedback to complainant within 10-20 days Progress report – if investigation is taking more than 20 days Final outcome notification Actions for improvement identified and not closed until action plan developed and signed off 			<ul style="list-style-type: none"> Emailed or verbal acknowledgement Final outcome notification Staff advised of outcome and lessons
8. When all actions completed – Investigating Manager closes complaint				
9. All high and extreme risk clinical complaints are reported to CGC and the learnings from those complaints are discussed by the CGC. There must be an evaluation of the corrective actions.				
10. All complaints (including any complaints made to the People & Culture team) are reported to the Board in the monthly Complaints Report.				

COMPLAINTS FLOW CHART

Complaint received

Log the complaint in the Complaints Reporting System in IRENE

Add the complainant's name and contact information, resident name if applicable, complaint background and staff name if involved.
Save this information prior to leaving the Complaints Reporting System.

Escalation to QCAM, assessment of risk and appointment of Investigating Manager

Once logged, the complaint is escalated to QCAM who will review all complaints received, assess the level of risk of the complaint and escalate the complaint to the Investigating Manager using the Severity Matrix and the Risk Process/Framework in Schedules One and Two.

The Investigating Manager will acknowledge the complaint in writing within five working days.

Investigation

The Investigating Manager will review and investigate the complaint within 10 working days of receipt of the complaint.

The complaint will be investigated in accordance with the Risk Process/Framework in Schedule Two.

The Investigating Manager will provide feedback/progress reports in accordance with the policy.

Resolution of Complaint

Once the complaint has been resolved to the complainant's satisfaction, the Investigation Manager will complete the investigation outcome in the Complaints Reporting System, including identifying actions for improvement.