

Complaints Policy

8 February 2024





1. Policy Statement

- 1.1. The SILC Charitable Trust group of companies (hereby known as “The Trust”) recognises the importance of responding to complaints in maintaining quality services and the wellbeing of people receiving support.
- 1.2. The Trust is committed to ensuring that all complaints are dealt with appropriately and in a timely manner.
- 1.3. Complaints can come from many people including but not limited to;
 - People we support
 - Family/whanau, advocates, funder representatives
 - Staff
 - General public
- 1.4. The Trust is committed to ensuring that the rights of people are respected and upheld and that services provided by the Trust are of good quality.

2. Scope

- 2.1. This policy applies to all staff, management and Board members of The Trust.
- 2.2. This policy is applicable to any person and/or families/ whanau supported by the Trust
- 2.3. This Policy does not apply to disputes between staff. These are managed through a separate process.



3. Purpose

3.1. The purpose of this policy is to;

- ensure the rights of individuals raising complaints are respected and supported
- ensure the protection of the person making a complaint,
- ensure the Trust maintains an environment that supports people to make a complaint,
- provide information and direction to all staff, management, and the Board on how to respond to complaints,
- ensure that all complaints received contribute to the continuous improvement of our services.

4. Accessibility

4.1. This Complaints Policy is made available to all employees and Board members of the Trust and is accessible publicly on the SILC website. An “easy read” version is also available to anyone who requires it.

5. Confidentiality and Protection of the Complainant

- 5.1. Staff must be aware that any retaliation or condemnation of the complainant will not be tolerated.
- 5.2. All feedback must be kept confidential. If there is a formal process required in the event of a concern or complaint there should be no discussion with the person other than through the formal process and by the designated investigator.



- 5.3. If necessary staff involved in a complaint should be removed from the service where the complainant resides pending investigation. This is in the interest of both the complainant and the staff person involved.
- 5.4. All complaints must remain confidential and not be discussed or addressed other than through the formal process.

6. Ensuring a Rights-Based Culture

- 6.1. All People receiving services and their families will be made aware of their rights to provide feedback to the Trust and to make a complaint. This policy will be included with the Service Agreement and will be refreshed annually as the Service Agreement is reviewed. This policy is available in easy read.
- 6.2. All staff employed by the Trust will be made aware of the person's rights to make a complaint. It may be appropriate to support the person to make a complaint or to refer to an advocate. All people receiving support from the Trust should be aware that they have the option to take their complaint to the Health and Disability Commissioner or Whaikaha.
- 6.3. Staff must be aware that there should be no discrimination or retaliation made against the person making a complaint.



7. Principles of Responding to a Complaint

7.1. We Acknowledge

- A complaint must be acknowledged within 5 working days of receipt. This acknowledgment should include the commitment to investigate and relevant timeframes for the investigation process.

7.2. We Investigate

- All complaints are investigated in a manner that is both objective and impartial and will be initiated within 10 working days of receipt of the complaint.

7.3. We Respond

- We provide an update to the complainant at 20 working days and throughout the investigation on progress made and any further expected timeframes.
- Following the resolution of the complaint feedback will be provided to the complainant. This feedback will not include confidential information about staff but will provide an overview of how SILC has responded to the complaint.

7.4. We act

- Where opportunities present to improve the way we do things we ensure our practices are amended accordingly in a way that supports continuous improvement.

8. Dissatisfaction with a Decision

- 8.1. In the event that a person making a complaint is not satisfied with the outcome they will be advised of their rights to raise their concerns with the Health and Disability Commission. Details of how to access this service will be made available.



9. Procedure

- 9.1. A complaint may be received in writing or verbally and may be given to anyone from the Trust. Any member of the Trust that receives a complaint must capture the details of that feedback using the Feedback Form in Vincent.
- 9.2. When a person supported by The Trust wishes to make a complaint this must be supported by an appropriate person. The person must be advised they can seek support to provide feedback. This could be provided by a friend, family an independent advocate or the Health and Disability Advocate. If there is any doubt about who the most appropriate person should be then clarification should be sought from the General Manager SILC.
- 9.3. The person receiving the complaint completes the electronic Feedback Form providing as much information as possible about the complaint and the outcome the person is seeking. This form is available on VINCENT
- 9.4. The Feedback Form is automatically emailed to the CEO and General Manager SILC. All service-related complaints are managed by the General Manager SILC. Where a complaint involves staff the HR Manager is advised and provides support as required.
- 9.5. Where the complaint is about any other business unit the Chief Executive will manage and delegate the complaint to the relevant Business Unit Manager.
- 9.6. The General Manager SILC (or relevant Business Unit Manager) should provide written acknowledgement of the complaint acknowledging the complainant's distress and confirming that the matter will be investigated. This should be done within 5 working days of receipt of the complaint.
- 9.7. If necessary, steps should be taken to remove any implicated staff member from service while an investigation takes place.



- 9.8. It may be necessary to defuse the situation by appointing a facilitator. This facilitator could be either internal or external. The decision to engage an external facilitator should be discussed with the CEO.
- 9.9. The complaint is investigated by someone who is not directly managing the situation or service. During the investigation process, all communication with the person raising the complaint should be managed by the allocated Executive Team member. This is to ensure the integrity of the process.
- 9.10. The allocated Executive team member is responsible for liaising with the person who provided the feedback within the agreed timeframes. These include:
- Ensuring the outcome of any investigation is provided within **20 working days** of the investigation.
 - If more time is required the person is advised as to why this is required and what the expected timeframe for completion is.
 - Where necessary for ongoing situations provide regular progress reports (no less than monthly)
- 9.11. All notes and actions must be recorded and dated in the Feedback Form on VINCENT and any relevant documentation including any correspondence sent or received should be attached electronically to the Feedback Form. Where applicable copies of documentation should also be placed on the personal file of the person we support or staff member.
- 9.12. The allocated Executive Team member is responsible for providing feedback to the complainant on the findings of the investigation and any improvement that has been identified to take place.
- 9.13. Once the allocated Executive team member has completed the process and has recorded all the relevant notes and actions and uploaded the relevant documentation they change the status in the Feedback Form in VINCENT to “submit for closure”



- 9.14. The Chief Executive receives notification of the “submit for closure” and reviews the actions and either closes out the Feedback Form or requests further action if required. The Chief Executive is the only person who can close a Feedback Form. In the event that the CEO is the investigator, the investigation will be reviewed by a member of the Executive team not involved in the investigation who will be responsible for ensuring the investigation is complete and sign off for closure.
- 9.15. High-level information and data relating to the feedback is provided to the Board for review. This process then becomes part of factor 10 of Basic Assurances and becomes part of The Trust Quality Assurance and continual improvement process. No personal information or details are provided to the Board
- 9.16. If a person is dissatisfied with the outcome of their complaint, they will be advised of their right to take the matter up with the Health and Disability Commission or Whaikaha. They will be provided with details of how they can access these services.



10. Links to Legislation


- Code of Health and Disability Services Consumer Rights
- Privacy Act 2020
- Human Rights Act 1993
- Whaikaha, Accident Compensation Corporation, District Health Board and Ministry of Social Development Contracts
- United Nation Convention on the Rights of Persons with Disabilities


11. Links to Documentation

- Protected Disclosure Policy
- Contracts (Ministry of Health, ACC and Ministry of Social Development)





12. Document Control

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