

Self Audit Tool

Person centred complaints management
system self audit

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As your disability service prepares to be audited independently against the standards from 2009, this self audit provides guidance on how to demonstrate compliance with Industry Standard 7: Complaints and disputes (Department of Human Services, *Quality Framework for Disability Services in Victoria*, 2007b).

Through the use of this self audit, together with other processes, your disability service organisation can assess the extent to which your current system meets the requirements outlined in the self audit, and identify any improvements that need to be made.

Background: relevant principles and standards

The following self audit is informed by the Ombudsman Victoria (OV) *Good Practice guide to complaint handling*, and is designed to assist Victorian disability service providers assess the extent to which they have an effective complaints system. The audit is comprehensive, covering all facets of good complaint management based on the Australian and International complaint handling standards. Service providers should be able to use this person centred complaints management system self audit to evaluate their strengths and identify areas for improvement.

The Australian Standard Complaint Handling ISO 10002–2006

Effective complaints handling can increase your community's satisfaction with services, protect their rights, make the service more person centred, inform them of the complaints service and provide efficient, fair and accessible complaint handling practices. Where complaint handling is monitored, it can improve the quality of services and the complaint management process. The Australian Standard for Complaint Handling, ISO 10002–2006, provides organisations with an authoritative complaint handling framework.

The Australian Standard outlines 9 guiding principles for managing complaints and disputes: visibility, accessibility, responsiveness, objectivity, charges, confidentiality, customer-focused approach, accountability and continual improvement.

This self audit incorporates these standard's principles into those adopted by the Disability Services Commissioner (DSC) below. The following outlines how the DSC principles incorporate those from the standard:

- Accessible** – visibility, accessibility and charges
- Person centred** – *customer* focused approach and confidentiality
- Responsive** – responsiveness and objectivity
- Accountable** – accountability
- Excellence** – continual improvement.

Outline of principles used in self audit



Accessible – People who use the service know how to make a complaint. The information on the complaints process is easy to understand, and offers different ways to make a complaint. People can get support to make a complaint if they need it. There is no charge for making a complaint.



Person centred – The process used to respond to complaints ensures that the voice of the person with a disability is heard and their goals and aspirations are considered in how the matter is resolved. People are treated respectfully, courteously and sensitively. This includes treating information confidentially.



Responsive – There is a clear process for ensuring complaints are acknowledged immediately, are handled in an objective, unbiased and timely way and people are kept informed of the progress of their complaint. Part of being responsive is recognising the opportunity to maintain/improve the relationship between the provider and the person with a disability. A key part of being responsive is ensuring staff are empowered to respond to complaints quickly and fairly.



Accountable – The process for resolving complaints is clearly outlined so people know what to expect. Each complaint is approached reasonably, objectively and in good faith. People are informed of the decision in relation to their complaint. The principles of natural justice are applied to the investigation of complaints. The service provider has clear processes to ensure people who complain are not adversely affected. There is a clear process of review and appeal in relation to complaint decisions. The organisation accounts for and reports on the actions and decisions taken with respect to complaints handling



Excellence – The complaints handling system is part of a quality culture which sees complaints as an opportunity to improve and to move towards more

person centred services. There are clear policies and procedures which ensure complaints are monitored and reviewed by those who can take operational and policy decisions on improving the service. The training and support of staff assists in creating and maintaining such a culture.

How to use the self audit

Reviewing your organisation's approach to complaints

Valuing complaints

A good complaints system is about how complaints are received and valued, how they're responded to and resolved. Equally important is how the organisation captures and learns from the experience.

A useful approach to reviewing your complaints handling is to first consider whether you value the opportunity complaints provide to improve the quality of your service. If your organisation already has a culture where staff and service users are actively encouraged to learn and develop from their experiences then this will not be a problem.

If complaints are not valued by the organisation then it is important to explore why. Handling complaints may be seen as not being real work, as a nuisance or a problem that people wish would just go away. If this is the case then it is important to look at why. Sometimes it can be useful to reflect on your expectations of quality service and your own experience of complaining in order to understand why there may be a difficulty in valuing complaints.

The importance of seeing complaints as an early warning of more significant issues is highlighted in the bus story on page 7.

Where there is a fundamental recognition of the value of complaints to the service's capacity to improve the quality of its service then your organisation will have a culture where it is OK to complain.

How people perceive the quality of the service you provide will be a very individual experience, informed by their own expectations.

For example, a service user may place particular emphasis on workers arriving on time to support them and, whilst the quality of the support provided is also important, if it does not happen in a timely way then they may not consider this to be a quality service.

Given that what quality looks like can be different for each service user, it is particularly important to take a person centred approach to reviewing the quality of your service through its approach to complaints.

Approaching this task

There are five key steps to reviewing your current complaints handling system:

Step 1: Map what is happening now

It is important to gain an understanding of what is currently happening, from various perspectives.

In order to develop a complete picture of your current approach to complaints handling it is important to involve all stakeholders in the review process. This includes service users, families, staff, executive leadership group and board of management. Each of these groups may offer you a different perspective on how well your current system is operating.

One way this can be approached is through a group event, where you invite all stakeholders to explore their current understanding of and experiences with the complaint system, identification of strengths and suggestions for improvement. It is important to get the views of both those who have and those who have not made a complaint, as this will offer different perspectives. It is useful to break the group up into smaller groups, which may be similar stakeholders, e.g. staff, or mixed groups.

You can also hold individual meetings, either as part of existing meetings or specifically convened meetings of particular groups to separately consider the same issues. Once this information has been analysed and summarised then it should be conveyed back to those you consulted with to make sure the different views have been properly understood.

Other approaches include surveys or hosting more informal gatherings for service users and families where they can express their view in a more informal environment. It may also be useful to compare your approach to complaints with a similar organisation.

Step 2: Work out what is missing

Having identified what your approach will be to the review process, you will then need to decide on the questions to ask. A useful starting point is to consider both what is and what is not working in your current approach to complaints handling. It can sometimes be helpful to consider what is working and not working in the service more generally, as this may have potential implications for complaints handling. If your organisation has not had many complaints you may want to look at what is working and not working about your relationship with service users and potentially how you resolve conflict.

For example, if one of the things that is working in the organisation is its ability to respond in a timely way to people requiring assistance, it would be useful to know if complaints are being responded to in an equally timely way. If they are, great; if not what, can be learnt from the service delivery, that can be applied to handling complaints?

Once you have had the broader discussion about what is working and not working, then it is useful to consider:

1. What have we tried?
 2. What have we learned?
 3. What are we pleased about?
 4. What are we concerned about?
- +1. What will we do next?

This set of questions can be applied equally to what is and what is not working.

Step 3: Agree on the priority areas for work

To assist in determining priorities it can be helpful to use the following matrix. Ask the group to consider what their initial priorities are. Then map these onto the matrix and look for ones that are high impact/low effort. Make sure there is an agreement on the priorities, based on a clear understanding of the resource and other considerations that may impact on the decisions.

Figure 5 Action Priority Matrix

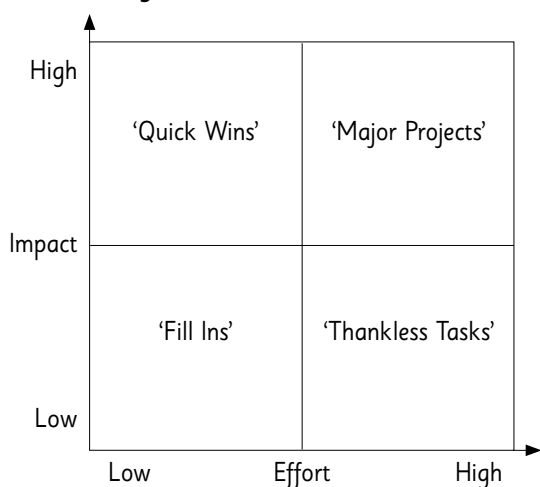
Making the most of your opportunities (also, the Impact Feasibility Matrix).

The Action Priority Matrix is a simple diagramming technique that helps you choose which activities to prioritize (and which ones you should drop) if you want to make the most of your time and opportunities.

It's useful because most of us have many more activities on our 'wish lists' – whether these are bright ideas to pursue, exciting opportunities or interesting possibilities – than we have time available. By choosing activities intelligently, you can make the most of your time and opportunities. However by choosing badly, you can quickly bog yourself down in low-yield, time-consuming projects that close down opportunities and stop you moving forwards.

How to Use the Tool:

Figure 5 below shows the basic form of the Action Priority Matrix:



(Mind tools, 2009)

Step 4: Develop action plans for the agreed priority areas

These plans should be short to medium term, with an emphasis on those priorities that have been designated

high impact/low effort and are likely to offer immediate outcomes.

Step 5: Evaluate the outcomes to inform future plans

In developing the plans it is important to identify how you will evaluate the impact of these changes. For example, if you want to improve the timeliness with which complaints are responded to you should set specific targets and time frames. Similarly, if you want to assess the extent to which you are capturing both verbal and written complaints then you establish a system to track this. If you want to see whether more service improvements can result from complaints you will need to track this.

Indicators of service quality

As outlined in the *DHS Quality Framework for Disability Services in Victoria* (2007b), an indicator of service quality describes a measurable element of practice which may be used to assess whether an organisational practice is consistent with a person centred approach to complaints management.

In assessing practice against each area, disability service providers should identify and record evidence across all aspects of the service practice including:

- Documentation – policies and procedures
- Systems and processes
- Executive Leadership Group
- Staff knowledge
- What consumers say about the complaints system
- What staff say about the complaints system
- Observable practice.

In assessing your organisation's approach to service improvements as a result of complaints handling, areas for improvement should be identified and action plans developed. It is important to recognise that quality services are continually changing as they identify new and better ways of providing a service.

For example, if your organisation has specified that a particular element of your complaints system is partially addressed (rating 2 or 3: see below), record the details. Actions plans should then be formulated to ensure the service addresses the areas requiring improvement, allocates a responsible officer and has reporting requirements and timeframes. A sample response is provided as an example of how the self audit may be used.

How to use this framework

Remember, an organisational self-assessment is designed to provide your organisation with information on how to improve its service. It is important as part of this process to be able to identify existing good practice and successes so that these can be built upon. As improvement is always possible, even where a service assesses itself as meeting the indicator, further improvement measures may be considered.

We will discuss later how you can approach the tasks through a continuous improvement process involving the steps of 'plan, do, study, and act'. (Refer Figure 7. below.)

Rating the level of quality achieved for an indicator

Once you have identified and cited evidence to support your response to an indicator you need to decide the level of quality using the four level rating scale outlined in Figure 6 below. Note: this rating scale is consistent with that used in the DHS Quality Framework.

Where the rating for any indicator in the matrix is 1 or 2, the service meets the indicator. If the rating is 3 or 4, then the service should be assessed as not currently meeting that indicator.

If there is insufficient information to provide a rating then the (i) symbol can be used provisionally to denote the need to obtain further information to be able to finalise the assessment and give a rating. Make sure you confirm all such ratings before you finalise the self-assessment and if you are unable to cite evidence then the rating should be a 3 or 4.

Figure 6: Rating scale for self audit

- Rating 1 – Practice is consistent and meets the indicator
- Rating 2 – Practice meets the indicator but is not always consistent
- Rating 3 – Practice is consistent but does not meet the indicator
- Rating 4 – Practice does not meet the indicator and is not consistent

Requirement

It is important to get different perspectives on your complaints system and how well it is working. Make sure you get the perspectives of service users, families and staff as this will provide a comprehensive picture of the strengths of the current system and areas requiring further development/improvement.

Collecting evidence

When collecting evidence against the indicators, focus on what your service actually does in relation to each indicator, and then determine how you can demonstrate that. As you work through the indicators, you will find some are prescriptive, while others lend themselves to a broader range of examples.

The strength of the evidence and how it may be demonstrated in practice is more important than the number of examples you use. For example, you may start by recording as evidence a document that relates to a specific procedure. Evidence should then be collected that verifies objectively the implementation of the procedure. This may involve talking to staff to ascertain their understanding of the procedure, watching the procedure in action, or reviewing the experience of support users in the implementation of the procedure.

Evidence of a System

Evidence is not concerned with volume but with being able to demonstrate that a system is in place to support and maintain the activity described.

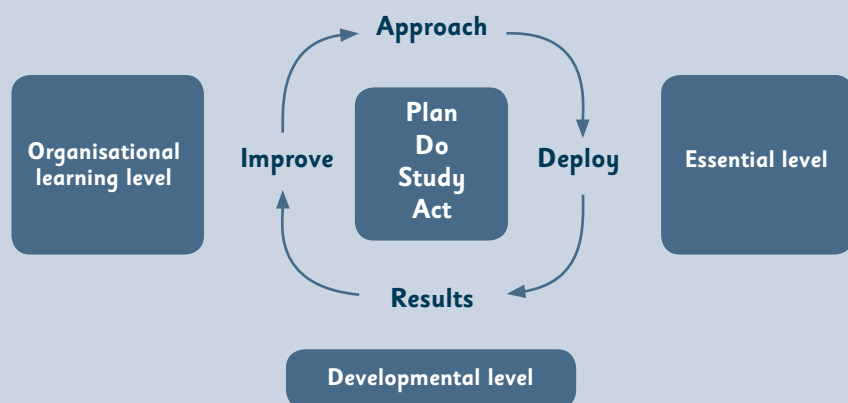
Documentation is considered to be 'the gold standard' evidence of performance, although observation can confirm conclusions reached from assessing other types of evidence and can add knowledge about the nature of actual practice. (i.e. that practice follows the documented procedures)

Strong evidence is the existence of a coherent set of documents and records of implementation that relate to each element. A small number of documents representing a coherent system are weighted more heavily than multiple isolated documents and records.

In the context of a Plan, Do, Study, Act approach or continuous improvement cycle (as shown in Figure 7), the Essential level is primarily concerned with the deployment of policies and legislation and the existence of systems to ensure that operational requirements are met.

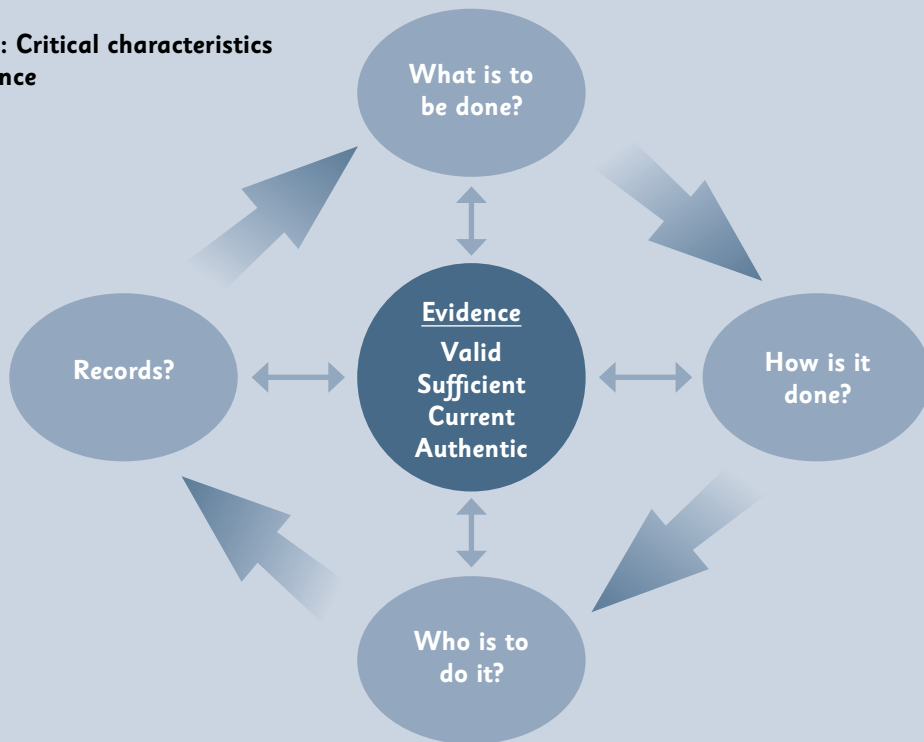
There should be a document trail that provides evidence of what is to be done, how it is to be done, and who does it, and records exist that describe the action being carried out as set out (refer to figure 8 on next page).

Figure 7: Continuous improvement cycle



("5.1 Organisational self-assessment" in Understanding the Quality Framework for Disability Services in Victoria, 2007b)

Figure 8: Critical characteristics of evidence



Critical characteristics of evidence

As set out in Figure 8, there are four critical characteristics of evidence proposed:

Critical characteristics of evidence

Valid

This relates to the **relevance** of evidence. It must assess what it claims to assess and be relevant to the activity to which it is attributed and demonstrate the performance of that activity.

Sufficient

This relates to the **amount** of evidence. There must be enough evidence to satisfy that the activity is in fact performed. If, for example, there is insufficient explicit documentary evidence, it may be necessary to refer to **implicit** sources of evidence, such as observations or interviews.

Current

This refers to the **currency** of the evidence. The reliability of the evidence is greater the more recent it is and therefore the more accurately it will reflect current processes, practices and behaviours.

Authentic

The evidence must relate to the performance and results of the specific service being assessed and not to another related service or to a wider organisation of which the service of which that being assessed is only a part.

Introduction to the self audit

The following pages provide a template against which you can assess the various aspects of your existing complaints handling system. This will help you to identify areas of strength as well as potential areas for improvement. This should help to inform any overall improvement plans being developed by your organisation.

The hardcopy of the self audit is provided here for your information and for ease of completion can be downloaded at www.odsc.vic.gov.au

(Service Excellence Framework Validation Team Process Guidelines and Practice Notes DHS Operations Division, Regional Operations Performance Branch, Quality Unit, 2006)

Example of response to person centred complaints management system self audit					
Principle	Criteria	Assessment Indicator 1, 2, 3, 4	What evidence supports your assessment?	Recommended actions for improvement	Action plan (Who, what & when)
Accessible An organisation demonstrates commitment to an effective complaints handling system through making it easy to access.	You have written policy and procedures to support your complaints handling system.	Sample Response 2	Sample Response Complaints Handling Policy Endorsed on 1 July 2011	Sample Response Need to ensure policy reviewed in 2012.	Sample Response Review policy John Green to coordinate review to be completed by 3 September 2012
	Your policy is published and people can readily access your complaints policy.	4	Policy is only available to staff.	Reviewed policy needs to be placed on website and more available to service users.	John Green to provide revised policy to Jane Smith, website coordinator, for inclusion on website by September 2012. Service users to be made aware of the policy and how to access it.
Responsive	Your system is sufficiently resourced with appropriately trained staff who are empowered to handle complaints.	1	Unclear from information provided as to whether staff are appropriately trained and empowered to handle complaints.	Clarify what training and support is provided to staff and whether need to seek DSC assistance in providing further training.	John Green to investigate what is currently provided to staff by September 2012

Refer to 4.6.1. for an explanation of the principles of natural justice.