H&H Care SA Pty Ltd	**Form10.**Complaints Feedback and Open Disclosure **Australian Government Support at Home Program**	
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Policy and procedure 10
H&H Care SA Pty Ltd | Support at Home services

This policy explains how H&H Care SA welcomes feedback, responds fairly to complaints and communicates openly when care goes wrong. It sets practical steps for listening, protecting people, investigating concerns, explaining outcomes and verifying improvements.

Document control	Details
Policy number	HH SAH COMPLAINT 010
Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director and designated Complaints Officer
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	All directors, managers, nurses, workers, administration and approved contractors receiving or responding to feedback or care concerns

1 Purpose and scope

Clients, supporters, families, carers, workers and others may give feedback, complain or raise concerns without cost or retaliation. H&H Care accepts verbal, written, anonymous and confidential concerns. The person need not use the word complaint, complete a form or first discuss the matter with the worker involved.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other approved registered providers. It supports their complaints and open disclosure obligations while preserving H&H Care's accountability for its own conduct. It does not amend the brokerage agreement, transfer statutory duties or replace incident, SIRS, safeguarding or privacy processes.

2 Definitions and commitments

Feedback includes compliments, suggestions and concerns. A complaint expresses dissatisfaction for which a response or resolution is sought or reasonably expected. Open disclosure is honest, timely communication about care that went wrong or could have caused harm; it includes acknowledging the person's experience, known facts, an appropriate apology, support and steps to address the problem.

Open disclosure is required by circumstances, not only by a formal complaint or SIRS report. A minor issue may be resolved through a proportionate conversation, while serious harm requires a coordinated formal process. Do not use a quick apology to avoid investigation, reporting or remedial care.

Access support and responsibilities

3 Accessible complaint channels

Offer feedback at intake, reviews and everyday visits. Accept it in person, by telephone, approved business email, letter or a supported meeting. Explain the process in the person's preferred language and format, offer an interpreter and allow a trusted supporter or independent advocate. Help someone record a complaint without changing their meaning.

Publish H&H Care's verified complaints contact, backup, business hours and after-hours safety pathway in the welcome pack and website. Complete those details before implementation; do not advertise an unstaffed emergency contact. Record the client's preferred contact method and safe times, particularly where abuse or household conflict is suspected.

Anonymous complaints are assessed on the available facts. Confidential complaints require restricted handling and discussion of the limits to secrecy, including lawful reporting or information needed for a fair response. Do not promise absolute confidentiality. A person can complain about care without being authorised to receive the client's confidential records or findings about another worker.

4 External complaints and advocacy

People may contact the aged care complaints regulator directly at any stage; they do not need H&H Care's permission or to exhaust internal steps. Provide the following verified options and assist access if requested:

- Aged Care Quality and Safety Commission complaints: 1800 951 822; online at https://www.agedcarequality.gov.au/contact-us/complaints-feedback/make-complaint
- Older Persons Advocacy Network Aged Care Advocacy Line: 1800 700 600 for independent, free and confidential advocacy.
- Interpreter assistance for contacting the Commission: Translating and Interpreting Service on 131 450 and ask for the Commission.
- Call 000 for an emergency. A complaint form or routine email is not an emergency response.

5 Responsibilities

The Director appoints a Complaints Officer and backup in writing and ensures an unconflicted review route. Until separately appointed, the Director performs the function. Any worker must listen, protect safety and pass on concerns promptly. The Complaints Officer triages, acknowledges, investigates or appoints a reviewer, updates the person and tracks actions.

The RN provides clinical review and participates in clinical open disclosure. The Privacy Officer reviews confidentiality and information access concerns. The Fig Trees' nominated contact coordinates its provider-level response and any regulatory notifications. Agree the lead, contacts, information sharing and response responsibilities in writing; coordination must not delay safety action or acknowledgement.

Receiving triaging and acknowledging concerns

6 Receive and listen

- Listen respectfully, thank the person for raising the matter and allow them to explain without interruption. Do not argue, blame, minimise harm or promise an outcome beyond your authority.
- Check what happened, who is affected, immediate needs and the outcome the person wants. Ask how they wish to participate and communicate. Record relevant words accurately and distinguish allegations from established facts.
- Check identity and authority before disclosing client details. Offer safe private communication and supported decision-making; do not assume family agreement replaces the client's wishes.
- Address an immediate practical issue within competence, such as contacting the Coordinator about a delayed visit. Do not conceal the concern because it appears resolved.
- Forward the concern to the Complaints Officer and register it with a unique reference, received date/time, source, issue, desired outcome and response owner. Link any incident or privacy record.

7 Triage risk and use parallel reporting

Check immediately for danger, deterioration, abuse, neglect, sexual misconduct, financial coercion, privacy breaches, discrimination, retaliation or repeated missed essential care. Activate emergency or safeguarding action and Policy 9 where relevant. Notify management and the registered provider immediately for serious or potentially reportable concerns. Statutory reporting clocks must not wait for complaint investigation or the person's agreement to complain.

A billing complaint can reveal undelivered services or financial abuse; a workforce complaint can reveal unsafe care. Refer to appropriate processes without losing oversight of the client's concern. A routine employment grievance may use HR procedures, but a qualifying disclosure or care safety issue must remain protected and appropriately managed.

8 Acknowledge and agree next steps

As internal service targets, acknowledge routine complaints within two business days and give a substantive response or a clear progress update within ten business days. Aim to resolve within 30 calendar days, with earlier action appropriate to risk. These are H&H Care targets, not universal statutory timeframes or a reason to defer urgent action. Apply any shorter legal, contractual or regulator deadline.

Explain the issues understood, named contact, investigation approach, expected timeframe, immediate controls, confidentiality limits and external options. Agree update frequency; for open matters provide an update at least every ten business days or sooner as agreed. If more time is needed, explain why, what remains and the revised date. Record any inability to contact the person without assuming they have withdrawn the concern.

Investigation resolution and fair review

9 Investigate proportionately and fairly

Appoint a reviewer with the skills and independence needed for the issue. A worker must not determine the outcome of a complaint about their own conduct. For concerns involving the Director, arrange an unconflicted delegate or independent external reviewer; explain the external regulator route if internal independence is limited.

Clarify the issues and proposed resolution with the person where possible. Review relevant plans, rosters, visit notes, invoices, consent records and communications. Hear affected people fairly, using interpreters and support where needed, while protecting privacy and avoiding repeated traumatic interviews. Preserve evidence and coordinate with police or regulator directions; do not coach accounts or alter original notes.

Separate established facts, disputed information, allegations and professional opinions. Identify the client impact, whether service commitments were met, contributing system issues and necessary changes. Do not dismiss a concern because the person has dementia, previously complained or chose not to identify themselves. Failure to substantiate does not mean the complaint was malicious.

10 Respond and offer appropriate remedies

Explain the outcome in accessible language, including what was reviewed, findings within privacy limits, reasons, agreed actions, responsible people and dates. Acknowledge the person's experience and apologise appropriately. Do not disclose another worker's confidential employment details; explain safety and service actions at an appropriate level instead.

Remedies may include corrected care, an agreed worker change, clearer communication, review of a plan, correction of records or invoices, refund consideration and system improvement. Obtain approval from the appropriate party for funding, participant charge or contract changes. Do not promise money or admit unverified legal conclusions outside authority, but do not use insurer or management review to delay an honest explanation or apology.

Ask whether the response addresses the person's concern and what remains unresolved. Give internal review and external complaint options. Do not require a confidentiality agreement, waiver of rights, withdrawal of an external complaint or positive feedback as a condition of a remedy.

11 Review closure and continuing safety

Offer review by someone not responsible for the original decision where practicable. As an internal target, acknowledge a review request within two business days and provide an outcome or progress update within ten business days. External review may be sought at any time. Reassess immediate risks if new information emerges.

Record the outcome, the person's response, review options and completed actions. A complainant need not agree with the findings for administrative closure, but record disagreement and unresolved risks honestly. Do not close merely because the issue was referred elsewhere. Where a person withdraws or cannot be contacted, continue necessary safety, legal and improvement action and record reasons. Verify care continuity and follow-up before closure.

Open disclosure procedure

12 Start open disclosure promptly

When something goes wrong or could have caused harm, protect the person and arrange clinical assessment first, then begin timely communication. The appropriate staff member should acknowledge the event and immediate response without waiting for final findings. Escalate significant events to the Complaints Officer, RN and registered provider to agree a coordinated disclosure lead and next steps.

A brief conversation may suffice for a simple resolved concern, while significant harm or complex events require a planned meeting and continuing updates. Do not make the client retell the event separately to each organisation. Coordinate, but maintain immediate honest communication if the nominated lead is temporarily unavailable.

13 Prepare and hold the discussion

- Check the client's wishes, communication and cultural needs, chosen supporters and safe contact arrangements. Verify authority and do not automatically involve someone implicated in the concern. Offer an interpreter and independent advocate.
- Choose an appropriate private setting and timing, with a competent lead and relevant clinician for clinical issues. Gather confirmed facts, immediate safety actions and questions needing further investigation.
- Explain what is known, what is not yet known and what is being done to find out. Describe the actual or possible impact without speculation or blaming the client or others.
- Acknowledge harm or distress and offer a sincere apology or expression of regret appropriate to known facts. For example: "I am sorry this happened. We are checking what occurred and have arranged the care you need now." Avoid conditional apologies that dismiss the person's experience.
- Listen to the person's account, questions and priorities. Explain current care, practical support and proposed prevention measures. Do not promise that an event can never recur.
- Agree further investigation, updates, actions, contact person and dates. Explain complaint, advocacy and regulatory pathways, and any required reporting.
- Record participants, information shared, apology, questions, preferences, actions and update dates. Offer an accessible written summary and invite correction of factual misunderstandings.

14 Continue and complete disclosure

Give updates even if there are no final findings, explain delays and share material new information when established. Discuss investigation findings and changes in an accessible form. Ask about ongoing physical, psychological or practical support and whether the client feels safe with the service.

Keep the disclosure record linked to the incident and complaint records without unnecessary duplication. Open disclosure does not replace SIRS, police, privacy, professional or other reporting. An insurer or legal adviser may assist with complex matters, but do not claim that every apology is legally protected or delay an appropriate apology while seeking a blanket assurance.

Complaint feedback and response record

COM F01 | Staff may assist completion. A form is not required to complain. Record anonymous concerns without inventing identifying details.

Reference: _____ Date/time received: _____
Feedback type: Complaint / Suggestion / Compliment / Concern
Client name or identifier if known: _____
Person raising issue and relationship if provided: _____
Contact method safe times and language preferences: _____
Anonymous or confidentiality request and limits explained: _____
Supporter interpreter or advocacy assistance wanted: _____

Issue safety and acknowledgement

Concern in the person's words: _____
_____
_____
Desired outcome: _____
Immediate safety risks and response: _____
_____
Incident safeguarding or privacy reference if relevant: _____
H&H officer and provider notified with date/time: _____
Acknowledgement date and agreed update timeframe: _____
Response owner and conflict check: _____

Investigation and outcome

Issues and evidence reviewed: _____
_____
Findings and reasons: _____
_____
Actions remedies owner and due dates: _____
_____
Response sent date/method and accessible support: _____
Complainant's response and unresolved issues: _____
Review or external options explained: _____
Closure authorised and date: _____
Action effectiveness check and date: _____

Record further updates and actions on additional pages or in the controlled register. Preserve the original concern, investigation history and any linked notification deadlines.

Open disclosure and improvement records

Open disclosure record

COM F02 | Linked incident or complaint reference: _____
Client and identifier: _____
Disclosure lead role and organisation: _____
Registered provider coordination contact: _____
Discussion date/time and method: _____
Participants and verified involvement: _____
Interpreter advocate or cultural support: _____

Confirmed facts explained: _____
_____
Unknowns and how they will be investigated: _____
_____
Impact and immediate care or support: _____
Apology or acknowledgement given: _____
Client's account questions and wishes: _____
_____
Agreed actions responsible people and dates: _____
_____
Next update and contact: _____
Accessible summary provided and date: _____
Further support final discussion and outcome: _____

Improvement and monitoring record

COM F03 | Period reviewed: _____ Reviewer: _____

Theme action or risk	Owner and due date	Evidence of improvement
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Check acknowledgement and resolution delays, repeated concerns, client satisfaction with the process, access barriers, disclosure quality and signs of retaliation. Include positive feedback and suggestions in learning; a low complaint count alone is not proof of quality.

Lessons shared with staff/client/provider and privacy controls: _____
Follow-up review date: _____

Governance implementation and references

15 Confidentiality protection and records

Keep complaints, disclosure and investigation records in controlled storage with role-based access. Record essential care instructions in the client file without spreading unnecessary allegations or employment details. Share information with The Fig Trees and external agencies on a lawful basis, explaining limits where appropriate. Retain audit history and follow Policy 8 retention and legal hold controls.

No person may threaten, disadvantage or reduce care because someone complains, supports a complaint or makes a protected disclosure. Investigate suspected retaliation promptly. Maintain safe services throughout. If actual threats to worker safety require communication boundaries, use a documented, proportionate approach with alternative complaint access and continuity of essential care; criticism alone is not abuse or grounds to terminate support.

Employment grievances, whistleblower disclosures and client complaints may overlap. Use separate required protections and referral pathways while preserving care safety oversight. Do not label a disclosure as merely HR to avoid statutory duties. Explain reporting options and safeguard identities in accordance with applicable law.

16 Monitoring and implementation

As internal controls, review open high-risk matters and deadlines each service day; management reviews all complaints and themes monthly and audits a risk-based sample quarterly. Seek accessible client and worker feedback on whether the process is safe and useful. Assign actions with deadlines and verify effectiveness. Share relevant service lessons with The Fig Trees and workers without unnecessary identification.

Before approval, appoint the Complaints Officer and unconflicted backup; verify and publish business contacts; agree provider response and disclosure responsibilities; approve forms and secure registers; and train staff through complaint, SIRS and open disclosure scenarios. Review the policy annually and after significant events or legal changes.

17 Related documents and references

Related documents: Policies 1 to 9; safeguarding; workforce conduct and whistleblower processes; clinical governance; billing and refunds; service continuity.

- Aged Care Act 2024 and Aged Care Rules 2025, including rights, complaints and applicable disclosure protections; Privacy Act 1988; relevant professional duties; The Fig Trees agreement and current variations.
- Commission — Complaints and feedback management for individuals, Outcome 2.6b, and for workers, Outcome 2.6a. https://www.agedcarequality.gov.au/strengthened-quality-standards/organisation/complaints-and-feedback-management-individuals
- Commission — Open disclosure rebuilding trust after something goes wrong. https://www.agedcarequality.gov.au/providers/open-disclosure-rebuilding-trust-after-something-goes-wrong
- Commission — Make a complaint. https://www.agedcarequality.gov.au/contact-us/complaints-feedback/make-complaint
- OPAN — Independent advocacy support. https://opan.org.au/get-support/i-need-advocacy-support/

Official guidance and external contacts checked 24 October 2026. Internal response targets do not replace shorter legal, safety or regulator deadlines.

Director approval: _____ Effective date: _____
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