
All District Health Boards

Home and Community Support Sector Complaints Categorisation Guidance

Background

In 2011 the Office of the Auditor Generals' report on home based support noted that there are very few recorded complaints about services. A recommendation was made for district health boards to work collaboratively with others to develop a complaints system for people to confidently raise any concerns about their services.

In response to this Ministry of Health worked with Home and Community Support Service (HCSS) representatives to develop resources for consumers that encourage older people to raise concerns/complaints. In 2013/14 three DHB regions successfully piloted a standardised approach to categorising concerns and complaints when they are received by providers.

What is a Complaint?

A complaint can be defined as any expression of dissatisfaction on a client's behalf to a responsible party.

Older adults or their family/whānau may not always use the word complaint when they contact their HCSS Provider – it may be couched as a negative comment, concern, or opportunity for improvement but it is important to recognise these as complaints under the complaints process.

Examples of complaints that your organisation might receive are:

- A staff member being careless; compromising safety or the safety of anyone they are working around (for example, by not using equipment properly); or not completing tasks properly
- A staff member manages their time poorly (for example, frequently arriving late at a client's home) or even not turning up at all, without warning or good reason
- A staff member being abusive (physical, verbal or emotional)
- A staff member being dishonest
- A Nurse performing an incorrect procedure

A client may have a niggle that can become a major concern so treat niggles under the complaints process – it doesn't mean a full investigation will occur but will mean the niggle will have visibility, can be easily resolved and will contribute to wider improvement across the HCSS organisation.

Building the Right Culture

HCSS providers need to foster a culture of openness and transparency and having a philosophy of 'putting things right to improve services' will encourage complaints and concerns to be raised.

Staff need to know that an increase in the number of complaints is not a symptom of a deteriorating service therefore they need to see the outcome from complaints and how this information is used positively by the organisation.

For front line staff a mechanism needs to be in place for reporting complaints that may have been resolved 'on the spot' to ensure they have visibility to the HCSS provider. It is often these easily resolved complaints that provide useful insights to improving service quality.

The Ministry of Health published an information pack in 2013 to assist Home and Community Support Service providers to receive and handle complaints effectively. This resource is available here:

<http://hcspa.hiirc.org.nz/assets/articulate/complaints-and-hcss/player.html>

This document outlines the three steps for categorising complaints. It is supported by a template for recording and reporting complaints: HCSS Complaints Reporting Template – Version 3 September 2014.

Process for Categorising Complaints

There are three steps required when categorising your organisation's complaints.

Step 1: Categorise

Consider the concern/complaint your organisation has received and categorise using Table 1. If the complaint fits more than one category, then select the **lead** category.

Complaint Categorisation for Reporting to Funder	Health & Disability Commissioner (HDC) Rights
Attitude	RIGHT 1: Right to be Treated with Respect RIGHT 3: Right to Dignity and Independence
Discrimination & Harm	RIGHT 2: Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation
Service Delivery	RIGHT 4: Right to Services of an Appropriate Standard
Communication	RIGHT 5: Right to Effective Communication RIGHT 6: Right to be Fully Informed RIGHT 7: Right to Make an Informed Choice and Give Informed Consent RIGHT 9: Rights in Respect of Teaching or Research
Advocacy	RIGHT 8: Right to Support RIGHT 10: Right to Complain

Table 1: Categorisation table

For example,

THE PHONE CALL...I am disappointed in the service that my mother received this week from her support worker.
My mother had family visiting when the support worker arrived over an hour late. The support worker failed to introduce herself to the visitors, and when my mother was receiving her shower the bathroom door was left open, so everyone could hear what was being said about toileting, cleaning dentures....

THE APPROACH TO CATEGORISING
...When categorising the complaint consider which HDC RIGHT has been most impacted. You might consider Attitude (failing to close the door thereby not treating the person with respect and dignity) or Communication (failing to notify the client she would be late). Select the LEAD category.

Step 2: Evaluate

Evaluate the impact of the concern/complaint utilising the likelihood and consequence matrix in Table 2. For all **complaints report the actual outcome** and for all **concerns rate the potential outcome**. Management of the concern/complaint depends on the level of risk to a client, staff or organisation.

		CONSEQUENCE CATEGORY					
		Minimal	Minor	Moderate	Major	Severe	
LIKELIHOOD CATEGORY	That is related to the process of support and differs from the expected outcome of that care						
	Rare	Unlikely to recur – may occur only in exceptional circumstances i.e. >five years	4	4	3	2	1
	Unlikely	Event may occur at some time in the next two to five years	4	4	3	2	1
	Moderate	Is expected to occur within the next one to two years	4	3	2	2	1
	Likely	Will probably occur at least once in the next four-12 months	4	3	2	1	1
	Almost Certain	Almost certain to occur at least once in next three months	4	3	2	1	1

Table 2: Likelihood & consequence matrix for Home & Community Sector complaints¹

Appendix 1 provides examples of the types of concerns/complaints an organisation could receive by consequence category.

¹ Adopted from the Health Quality and Safety Commission SAC Framework

Step 3: Severity Assessment & Reporting Process

Determine the Severity Assessment Code (SAC). The SAC Matrix (Table 3) assists organisations to prioritise and classify incidents based on severity. The scoring system provides clear direction about complaints reporting requirements.

Severity Assessment Coding (SAC) and Reporting Process	
SAC4	Low Risk <ul style="list-style-type: none">• Action required per your organisational policy• May include in report to funder if considered relevant e.g. health sector issue or learning
SAC3	Medium Risk <ul style="list-style-type: none">• Action required per your organisational policy• Report to DHB funder if there is potential media interest immediately• Report in quarterly report to DHB funder
SAC2	High Risk <ul style="list-style-type: none">• Action required per your organisational policy• Complete Reportable Events Brief (REB)² Part 1 and send to HQSC within 15 working days³.• Notify DHB funder by phone or email within 3 working days or report immediately to DHB funder if there is potential media interest• Report in quarterly report to DHB funder
SAC1	Extreme Risk <ul style="list-style-type: none">• Immediate action required per your organisational policy• Complete Reportable Events Brief (REB)² Part 1 and send to HQSC within 15 working days³• Notify DHB funder by phone or email within 24 hours or report immediately to DHB funder if there is potential media interest• Record in quarterly report to DHB funder

Table 3: SAC coding and reporting process

DHBs acknowledge that HCSS providers will respond to and manage complaints in alignment with the Home and community support sector Standard (NZS8158:2012) and their own organisations policies. However where there is a potential for media interest, providers are requested to inform their DHB funder. This will allow the DHB to provide support where indicated and respond in a timely manner to media questions.

For more information on the Health Quality and Safety Commissions ‘National Reportable Events Policy’ please click here: <http://www.hqsc.govt.nz/our-programmes/reportable-events/national-reportable-events-policy/>. This hyperlink also provides questions and answers on the policy, the Reportable Events Brief (REB) and related resources.

² If your organisation is already reporting REB events to the HQSC then ensure this process is followed

³ You are not required to send a copy of the REB to the DHB Funder

Appendix 1: Examples of Consequences

Table 4 provides examples of concerns/complaints an organisation may receive. The examples listed here are not exhaustive and should only be used as a guide to assist in determining the consequence of the concern/complaint.

Remember that **any expression of dissatisfaction** should be recorded, even if it is resolved on the spot. It doesn't need to be a formal complaint to be captured in this process.

Minimal	Minor	Moderate	Major	Severe
That is related to the process of support and differs from the expected outcome of that care.				
Poor attitude of staff member to client	Service delivery action or inaction that results in first aid treatment	Client has sought advocacy support from the Nationwide HDC ⁴ Advocacy Service	Any incident as a result of action or inaction requiring the need for the client to visit a health professional eg. fall resulting in fracture	Staff member actions such as theft that results in a criminal conviction
Staff member unintentionally breaks client property of low monetary value	Staff member actions such as alleged theft less than \$100 client chooses not to take to Police for investigation	Staff member actions such as alleged theft of an item value greater than \$100 where the client chooses not to take to Police for investigation	Action or inaction that results in referral to external agency or police intervention	Action of staff member that results in a privacy or confidentiality breach that attracts nationwide media attention
Allegation of theft less than \$50 which is unsubstantiated	Action of staff member that results in an alleged privacy or confidentiality breach to an identified group of people	Action of staff member that results in an alleged privacy or confidentiality breach that attracts local media attention	Complaint made to the HDC regarding a client's support	Allegation of rape
Action of staff member that results in an alleged privacy or confidentiality breach (verbal) to one person only	Interruptions in service delivery resulting in client dissatisfaction	Threatening sexual inappropriateness such as language used or touching	Staff members actions such as proven theft resulting in instant dismissal of staff member	Crossing of professional boundaries resulting in dismissal of the staff member
Non-threatening sexual inappropriateness such as dress standard	Staff member unintentionally damages client property of high monetary value	History of non-witnessed abrasions/bruising	Action of staff member that results in a privacy or confidentiality breach that attracts regional media attention	
Complaint related to client misunderstanding of support available through needs assessment	Cultural breach by staff member		Sexual inappropriateness such as touching resulting in referral to police	
Miscommunication between staff or client and staff that effects client	Crossing of professional boundaries resulting in client/family/whānau dissatisfaction		Interruption in service delivery resulting in a threat to client's safety (at home)	

Table 4: Examples of Consequences

⁴ Health and Disability Commissioner