P001 – Complaints and Feedback

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| --- | --- | --- | --- |
| Version | Approved: | Comments | Next review date |
| 1.11.2 | 14/05/201808/01/2020 | Implemented recommended changes from Workplace Assured which included adding more detail to ‘Feedback from Staff’ section.Changed some wording  | 01/09/202001/09/2021 |
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|  |
| --- |
| Applies to: |
| All staff |

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# PURPOSE

First Call is committed to providing systematic continuous improvement of its service delivery, management systems, operations, training, and assessment strategies through consultation with clients, staff, and company stakeholders.

Open communication is the open discussion with a client and/or their support person(s) about incidents that resulted, or could have resulted, in harm to a client while receiving care.

First Call is committed to creating a positive culture of trusted and productive communication between clients, support persons and the workforce, in which open disclosure is standard practice. This policy forms part of our broader organisational incident management system.

First Call values client communication and feedback and will actively seek such feedback to assist with continuous improvement of services provided. The company understands that situations may arise where employees, service providers, clients, visitors to its workplace or the public want to voice issues, grievances, concerns or complaints directly to management.

The following policy has been put in place to ensure that First Call Nursing encourages and supports feedback from clients, consumers, staff, and company stakeholders and that this feedback is acted upon in order to ensure continuous improvement of the company’s practices.

First Call has a feedback process which is designed to ensure that concerns are treated seriously, and that feedback is addressed promptly and satisfactorily. Feedback is provided to the complainant within one week of receiving the complaint.

It is an obligation of all First Call Nursing staff to comply with the following policies and procedures.

# POLICY:

## Feedback from Clients

First Call is committed to providing a safe, efficient, and effective environment for client complainants.

A variety of processes are utilised to collect client feedback:

* Feedback link ‘Contact Us’ on First Call’s website
* F026 Client survey
* F006 Client service spot checks
* F003 Feedback updates from care workers using Feedback on Client Condition Form

All feedback will be considered by First Call and utilised as required for continuous improvement purposes.

## Feedback from Staff

First Call is committed to the fast and effective investigation and resolution of all employee complaints.

Management is responsible for investigating all incidents and complaints and documenting them as per this policy.

Should a dispute arise that cannot immediately be resolved, management will endeavour in a fair and transparent manner to resolve the dispute with the party or parties concerned.

Management will seek immediate resolution to any employee complaints F005 directed against First Call Nursing, clients, service providers and visitors to the workplace or the general public.

First Call is to provide independent advocacy P029 where appropriate and act on behalf of our employees on any issues, grievances, concerns or complaints they may have about First Call Nursing, our clients, our clients’ workplace or our clients’ staff and/or management.

First Call F017 Incident/Complaint Form is to be used to lodge a complaint/feedback and entry is recorded in the Complaint Register R2 and as an agenda item for office meetings to assist with continuous improvement.

Update and findings of the complaint process is communicated to the complainant within one week or as initially agreed with complainant. The complaint register is completed. An analysis and report are submitted for discussion at quarterly advisory committee meetings.

At First Call, all matters are dealt in a confidential manner. All staff at First Call will have access to our Complaints and Feedback Policy and the Incident/Complaint Form. This form is used to register and/or escalate an issue to management and for registration into our database. Our client feedback procedures, which includes our complaints handling processes are easy to understand and are in plain language.

**Making a complaint**

If you raise a grievance or otherwise make a complaint, you must do so honestly and genuinely. You must not raise a grievance or complaint frivolously or for an alternative purpose.

Before making a complaint or grievance, ideally you would seek to resolve the issue yourself directly with the other individual(s) involved.

Where a complaint or grievance cannot reasonably be resolved directly with the other individual(s) involved, then the business may take the following action, subject to the circumstances:

* An informal process (e.g. Organised discussions between parties).
* A formal investigation.
* Mediation.

**Conduct after a complaint is made or while an investigation is underway**

All employees must conduct themselves appropriately.

Complainants and witnesses will not be treated adversely or otherwise victimised.

All employees must maintain confidentiality about a grievance or complaint, except as required.

**Conduct after a complaint is made or while an investigation is underway**

Failure to comply with this policy, or a finding of misconduct or other inappropriate behaviour, may result in disciplinary action, which may include:

* Training.
* Monitoring.
* An apology.
* Altered work arrangements.
* A warning.
* A final warning.
* Termination of employment.

## Adverse Event Reporting Framework

The effective management and review of adverse events is to ensure that:

* Clients are protected.
* Efforts are made to minimise the risk of harm from service/supports provided.
* The environment in which service/support is provided is free from harm.
* Systems are established and maintained for the recording and management of adverse events – incidents, accidents, complaints; ref R1.
* There is an understanding of the cause of the adverse events.
* The data is analysed to make improvements in the provision of service/support, in developing proactive measures to minimise ongoing risk.

This policy is for application by management and staff of First Call Nursing.

A practice review following an adverse event occurring in a care service can be initiated by either the client, care staff or a representative for the client i.e. carer, family member and/or advocate. First Call management are to follow the procedures set out in this document. Management will undertake the role of lead reviewer; however, a partnership approach is recommended in determining other roles and responsibilities.

It is the responsibility of all staff to report adverse events.

Management’s responsibilities include establishing and maintaining systems for the risk management of adverse events, which include these four key procedural phases: Ref. F017, F022, R1, R2, R8, Registers.

# PROCEDURE: Feedback from Clients

1. Adverse event (Assessment and Review)
	1. Desktop assessment and investigation.
2. Reporting and progression to outcome/resolution
	1. Document investigation and analysis of risk, seek outcome, record in continuous improvement register R1.
	2. Development of an action plan to address any identified issues.
3. Quality Management
	1. The adverse event data is recorded in R1 to check/record trends to enable improvements in service and systems.
	2. The data is used to compile reports on adverse events to relevant stakeholders.
	3. Any system improvement or changes recommended are recorded, monitored, and tracked as per R1 to avoid re-occurrence.
4. Improvements in Policy or Procedure

## Receiving the complaint

1. Follow the ‘Handling a Complaint Checklist’ (Ombudsman NSW) attached to office computer screen.
2. Remind the complainant of their right to advocacy and their ability to make a complaint to an external agency, e.g. the National Disability Insurance Scheme Commissioner or complaints Ombudsman.
3. If a complaint is received verbally, whoever receives the complaint is to offer the party an opportunity to complete an F017 - Incident / Complaint Form (Accident/Near Miss).
4. Should the party refuse the offer, First Call employee is to detail the complaint on the form factually, truthfully and in its entirety.
5. If a complaint is received in writing (letter/fax/email) – use this medium in the place of the Incident/Complaint form.
6. Incident/Complaint is logged in Complaint Register.
7. The complaints form is then to be lodged with management for investigation if required.

## Investigating the complaint

1. Management is to contact the person/people/organisation involved and assess the nature of the complaint within 24 hours.
2. The discussion is to be recorded.
3. An update and feedback are provided within one week or as agreed with complainant.

## All incidents are to be recorded on the database:

1. Service provider phones re client e.g. change of time, cancel service and/or service information record – in Client section – History – General Client Record – Phone Call.
2. If Service Provider sends an email – Copy and paste into the database (and record as above).
3. Print email and file in client’s folder.
4. Client:
	1. Phones – e.g. care staff running late, service finishing early – document in the database as above.
	2. Co-ordinator to discuss issue with care staff, document in the database and provide feedback to client (phone call).
	3. Client cancels service – document in the database and notify service provider via email (email copied to the database). Notify care staff.
5. This complaint/incident/near miss is to be documented in the Incident/Complaint (Accident/Near Miss) Form F017.
6. Record issue/complaint/incident in Complaint Register R2.
7. Act where appropriate to seek resolution and record action in Continuous Improvement Register R1.
8. The party making the complaint is to be notified of the action taken and the resolution.
9. All details to be recorded on computer in the database relevant section.
10. Resolution to be recorded in Continuous Improvement Register R1– for review.
11. Feedback is provided to all stakeholders within one week or as agreed with complainant.
12. Result is recorded in Complaint Register R2.
13. Identify the risk to First Call Nursing.
14. The Complaint form and resolution is scanned into the database and hard copy is filed where appropriate (Client and/or Employee folder).

## Dispute Resolution Procedure

1. Non-resolution to complaint investigation.
	* Remind the complainant (client) of their right to advocacy.
2. Should the investigation of any complaint not result in an effective and immediate resolution, management is to undertake consultation with all parties involved. For example, this could involve brokering a meeting between all parties concerned.
3. Management is to consult with the company’s legal representatives in these instances and pursue resolution at the direction of the company’s legal representatives.
4. Refer complainant to the New South Wales Ombudsman **02 9286 1000.**
5. Provide feedback to all stakeholders within one week or as agreed by complainant.
6. Document entire process on the database.
7. Identify the risk to First Call Nursing.
8. Complete continuous improvement register – outcomes and evaluation.

Compliance: Complaints, Reviews and Monitoring Act 1993-2.

# POLICY: Carer / Support Plan Review

First Call Nursing will hold a bi-annual meeting with each of its clients to facilitate constructive feedback about FCN’s business practices.

# PROCEDURE: Completion of the F054 Support Plan Review

## Method

1. Management to arrange a bi-annual meeting or telephone conversation where possible with carer or client (if meeting client/carer to complete and sign).
	1. Office Manager to arrange a cyclical meeting roster for First Call professional staff with their respective clients.
	2. Coordinator to maintain client databases and inform professional staff of any changes relating to contact details, management, charge rates, contracts, and specifications.
2. Office manager or co-ordinator to complete the review in its entirety.
3. Assured carer or client of their confidentiality.
4. First Call to action investigation into unsatisfactory ratings given by carer/client in the survey using the Continuous Improvement Register.
5. Field staff assessor, professional staff or co-ordinator to follow up implemented action with either a meeting or telephone call to the carer or client who was unsatisfied with First Call’s performance in order to assess improvement.
6. Update the database with survey results. Hard copy (if used) to be filed in survey folder.

# PROCEDURE: Contact First Call

## Different ways you can contact us

Contact First Call to provide feedback, pay a compliment or make a complaint, in any of the following ways:

* Phone the office on **(02) 9600 6612** (24 hours)
* Send a fax to **(02) 9602 1307**
* Inform care worker
* Send an e-mail to info@firstcallnursing.com.au
* Complete our on-line ‘Contact Us’ form - [www.firstcallnursing.com.au](http://www.firstcallnursing.com.au)
* Send a letter to

First Call Nursing
PO Box 1004,
Liverpool, NSW 1871
Attention B Kelly.

## Contacts at First Call Nursing

Breeda Kelly - Managing Director
Phone: **02 9600 6612**
Email: bkelly@firstcallnursing.com.au

Karen Wilson – Senior Co-ordinator
Phone: **02 9600 6612**
Email: kwilson@firstcallnursing.com.au

Michelle Hedges – Office Manager
Phone: **02 9600 6612**
Email: karengreen@firstcallnursing.com.au

In the event that First Call Nursing cannot resolve the issue, please contact the New South Wales Ombudsman:

NSW Ombudsman
Level 24, 580 George St,
Sydney, NSW 2000

General inquiries: **02 9286 1000**
Facsimile: **02 9283 2911**
Toll free (outside Sydney metro): **1800 451 524**
Web: [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au)

**NDIS** Quality and Safeguards **Commission** (**NDIS Commission**)

 1800 035 544

## In the event of an incident or accident:

1. First Call staff member is to complete the F017 - Incident / Complaint Form (Accident/Near Miss).
2. If the host employer has an accident/incident report relating to the incident, the co-ordinator is to request a copy.
3. The form is to be completed in the case of any injury or when an incident occurs with the potential to cause serious illness or injury.
4. A complete and accurate description of the incident is to be described in detail by the staff member.
5. Management is to review how the incident/accident could have been prevented, review the worker’s skills/training, and determine if they need to be improved to perform the tasks being undertaken when the injury occurred.
6. Management is to recommend preventative action and training if necessary.
7. Incident/accident to be recorded in Register R2.

## If a worker is injured:

1. First Call Nursing’s workers compensation insurer is QBE Workers Compensation Insurance Limited.
2. If a serious incident occurs, management must notify Workcover immediately on **131 050**. The insurer must be notified within 48 hours.
3. If the incident involving the worker is not serious, management must notify the insurer within 7 days.
4. Where the injury or illness leads to a worker compensation claim being lodged, the injured employee must see their doctor to obtain a Workcover NSW Medical Certificate.
5. The employee (or representative) must then complete the Workers Compensation form (forms available in office).
6. Management then completes the Employers Compensation Claim form and attaches the employees form (forms available in office) and medical certificate.
7. The documents are then sent to the insurer within seven days of the date of injury.
8. First Call must liaise with the injured worker, doctors and return to work co-ordinator and rehabilitation provider. The rehabilitation process is to commence as soon as possible after the injury.

All workers compensation documents will be filed in the personnel file and the incident will be recorded on the database, WHS section.

# POLICY: Quality and Continuous Improvement

By linking quality to requirements, First Call Nursing aims to ensure continuous improvement, by surveying, reviewing, planning and revising our results. Quality is always relative to a set of requirements.

First Call Nursing has quality as a key component and core value of its service provision. The company aims to achieve quality by a process of ongoing improvement and assessment in staff performance, management efficiencies, client satisfaction, service delivery, management/safety systems and policy design.

First Call Nursing is committed to establishing strong, meaningful relationships with its staff, clients, carers, service providers, suppliers and the general public.

To ensure continuous improvement and feedback, First Call Nursing will undertake surveys; analyse complaints and risk-related data, investigate industry best practice, perform random checks; and attend focus groups, in-services and forums. FCN’s management is responsible for setting performance targets for the organisation and these targets are used to assess the success of the continuous improvement policy.

First Call Nursing is committed to investigating all complaints and to seeking adequate and results-orientated solutions.

The company will facilitate constant and rigorous staff assessment both in the field and for the professional staff. Staff will be encouraged to take part in this process. Remedial training or refreshment will be provided to all employees.

First Call Nursing aims to identify specific areas within its operations that need improvement. The company is committed to planning improvement, implementing improvement and reviewing and/or revising the results of the planning and implementation.

## Regular internal audits

First Call Nursing’s management is responsible for undertaking regular internal audits to ensure quality of service provision. Internal audits are delivered within the structure of First Call Nursing’s continuous improvement policies.

# PROCEDURE: Quality and Continuous Improvement

Data is collected in order to determine the need for improvement. This is done through use of the following forms and channels, which are to be regularly updated:

1. Consultation with stakeholders including clients, staff, community members and other health association members.
2. The compliments and complaints register.
3. Feedback from care workers on clients, to be submitted on a monthly basis; feedback on dementia clients on a monthly basis or as requested by the service provider.
4. Feedback by staff members submitted via the employee section of the First Call website; verbal or written report.
5. Care worker assessment report by a First Call manager.
6. Feedback from clients through the Carer and Client Survey and Client Visits (with permission from contract funder / brokerage.
7. Incident and Complaint forms.
8. Hazard identification.
9. Performance appraisals.
10. Database reports.
11. Debrief after lodging tenders/applications.
12. Records in Continuous Improvement Register.

Information collected in the above channels will be used to identify gaps and to improve service delivery, client relationships and operations.

1. First Call management will review and evaluate data that is relevant to identifying and developing improvements in policies, procedures, operations, management systems, and training.
2. Where areas for improvement are identified, changes will be made to Policies, Practices and Procedures.

Staff meetings include the following items contributing to continuous improvement:

1. Review of the operations of First Call with the purpose of identifying areas which may need improvement.
2. Planning for future activities to be developed and implemented.
3. Review and monitor changes that have been made based on feedback/input received.

First Call provides feedback (where possible) to those who have contributed to the data. This includes information about what changes will be implemented and how.

Ongoing monitoring of policies, procedures and safe work practices will occur by taking into consideration further data collection and review.

# DEFINITIONS

## Adverse Event

An adverse event is an event that leads to negative consequences for individuals and/or groups directly or indirectly attributable to First Call Nursing’s provision of service.

For the purposes of this document, an adverse event is the overarching term used to cover a collective group of events and includes: an incident, issues or events identified in a complaint or by a notification in relation to the provision of services or supports by a client and/or client/contract funder.

## Adverse Events – Identifiers/Triggers

An adverse event may be identified by:

* A person affected by the event.
* A care staff member present at the time or after the event.
* An unexpected outcome has taken place.
* Expression of dissatisfaction with the service or care provided.
* The incident/complaint reporting system.
* Detection by carers, family members, advocates, friends at client’s service.
* A complaint, or group of complaints.
* A phone call and/or email.

The responses to, and the management of an adverse event will be based on First Call Nursing’s Policies, Procedures and Safe Work Practices consistent with First Call Nursing’s responsibilities and obligations associated with the provision of quality services.

## Complaint

The oxford dictionary defines complaint as:

*“a statement that something is unsatisfactory or unacceptable”*

A complaint is usually made to a company related to its products/services, where a response or resolution is expected.

Please note: company refers to First Call Nursing and products/service refer to the service or care support provided to a client and/or carer, contract funder or company brokering services from First Call Nursing.

## Incident

An event or circumstances that could have resulted, or did result in:

* Unintended or unnecessary harm to a person
* Potential loss or damage that affects First Call Nursing

## Report

A report refers to information received by First Call Nursing in relation to allegations of abuse and neglect of clients.

Reported by:

* Client.
* Carer/family.
* Advocate.
* Care staff.
* Contract funder/brokering company.

## Risk Analysis

A systematic use of available information to determine how often a specified adverse event occurs and its impact on the ongoing operations of First Call Nursing.

## Risk Management

Risk management involves identifying potential risks from what is planned or intended, and managing these to maximise opportunity, minimise loss and improve decisions and outcomes. Managing risk means identifying and taking opportunities to improve performance as well as taking action to avoid or reduce the chances of something going wrong.

## Investigation

A systematic process whereby the factors that contributed to an adverse event are identified to prevent reoccurrence. It is the responsibility of all staff at First Call Nursing to manage adverse events that are attributed to the provision of care services.

# FORMS

F017 - Incident / Complaint Form (Accident/Near Miss)

F022 - Hazard Report Flowchart

F026 - Carer / Client Survey

F006 - Staff Review and Random Check

F003 - Feedback on Condition

F005 - Employee Discussion

Care Worker identifies Hazard

Yes – do it.

**Hazard controlled**

**Office notified**

**Incident/Complaint form lodged/recorded and filed**

No

What is the risk class?

(Low, Med or High)

[F021 Risk Assessment Table-Matrix V2.doc](file:///%5C%5CFYUSIONSBS%5CFiles%5CFyusion%20Asia%20Pacific%5CClients%5CFirst%20Call%20Nursing%5CPolicy%20Review%5CNew%20Policies%5CDocuments%5CF021%20Risk%20Assessment%20Table-Matrix%20V2.doc)

Controls required?

Area / Item quarantined for immediate rectification?

Temporary control measure needed?

Worker notifies management and completes hazard report form

[F017 Incident-Complaint Form V3.doc](file:///%5C%5CFYUSIONSBS%5CFiles%5CFyusion%20Asia%20Pacific%5CClients%5CFirst%20Call%20Nursing%5CPolicy%20Review%5CNew%20Policies%5CDocuments%5CF017%20Incident-Complaint%20Form%20V3.doc)

Management signs off & files Hazard Report in WHS folder, record in the database, WHS section. Review of control options preformed within specified period.

Manager confirms corrective action is in place.

Hazard Controlled?

Management (Service Provider) and Care Worker implements corrective action

Management establishes corrective action & deadline

**F022 - Hazard Report Flowchart**

Can the hazard be controlled?

NO

Yes

**F017 - INCIDENT / COMPLAINT FORM**

**(ACCIDENT/NEAR MISS)**

|  |
| --- |
| **Staff Member:**  |
| **Name of person involved:**  |
| **Time & Date of Complaint/Incident:** |
| **Nature of Incident** – please give a detailed report of the complaint/incident |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Staff Member signature:** |
| **Name & Contact number of Witness:** |
| **Incident reported to:**  |
| **Signature of person receiving report:** **Date:** |
| **Describe how the issue was resolved and what action was taken:** |
|  |
|  |
|  |
|  |
|  |
|  |
| Is counselling required? |
| **Signed:** (Managing Director, Co-ordinator) **Date:** |

The person/employee filing this incident/complaint report will be given a copy after it is signed off on behalf of First Call Nursing.

**F026 - FIRST CALL NURSING CARER or CLIENT SURVEY**

|  |  |
| --- | --- |
| *Client name:* | *Date:* |
| *Carer name:* | *Service Provider:* |

I am phoning (I am visiting) to talk to you about the service you currently receive from First Call Nursing. Do you have time to answer a few questions?

We are currently employing …………………………………………………………………..

to assist you with……………………………………………………………………...

1. **Did First Call Nursing provide you with an in-home folder containing your rights and responsibilities? (Private clients)**

Yes » ❒ No » ❒

1. **Are you aware of your rights and responsibilities?**

Yes » ❒ No » ❒

1. **Do you feel your rights are promoted and respected by First Call Nursing?**

Yes » ❒ No » ❒

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you feel that First Call Nursing supports you to exercise your rights at all times?**

Yes » ❒ No » ❒

1. **How do you rate the level of service provided by First Call Nursing? For example:- responding to your inquiries & concerns – (linguistic and cultural needs - values and beliefs)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Poor | Poor | Satisfactory | Good | Very Good |
| 1 | 2 | 3 | 4 | 5 |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How do you rate the professionalism of First Call Nursing? For example, were you provided with all details of your care plan? (Private client)**

Yes » ❒ No » ❒

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How would you rate your overall satisfaction with First Call Nursing staff who provide the service on a scale of 1 to 5, where 1 is completely dissatisfied and 5 is completely satisfied?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Completely**dissatisfied* | *Dissatisfied* | *Satisfactory* | *Satisfied* | *Completely**satisfied* |
| **1** | **2** | **3** | **4** | **5** |

1. **How well does the service you receive from First Call Nursing meet your specified needs?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Poor | Poor | Satisfactory | Good | Very Good |
| 1 | 2 | 3 | 4 | 5 |

1. **How do you rate the knowledge and skills of First Call Nursing staff to undertake the care provided?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Poor | Poor | Satisfactory | Good | Very Good |
| 1 | 2 | 3 | 4 | 5 |

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have First Call Nursing staff helped you to identify your needs and individual goals?**

Yes » ❒ No » ❒

1. **Does the service that First Call Nursing provides assist you in meeting your identified goals?**

Yes » ❒ No » ❒

1. **Does the service that First Call Nursing provides assist you to be involved in your community and build community networks?**

Yes » ❒ No » ❒ N/A » ❒

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you satisfied with you level of community participation and inclusion?**

Yes » ❒ No » ❒ N/A » ❒

1. **Were First Call Nursing’s complaints policy and procedure explained to you?**

Yes » ❒ No » ❒ N/A » ❒

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you comfortable making a complaint regarding the level of service you receive from First Call Nursing?**

Yes » ❒ No » ❒

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you have made a complaint regarding First Call Nursing’s service in the past, are you satisfied that your complaint was addressed effectively?**

Yes » ❒ No » ❒ I have never made a complaint » ❒

1. **Are you aware of the advocacy process?**

Yes » ❒ No » ❒

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Thank you for your time today. Your feedback is very important to us; it can be used to continually improve the services we provide.

Competed by:

Signature:

Date:

**Office use only:**

Does action need to be taken? Y/N

What action:

Timeline if yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date updated on database \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F006 - STAFF REVIEW & RANDOM CHECK**

|  |
| --- |
| ***Name:******Position:*** |
| ***Clients serviced:*** |
| ***Compliance:***

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol & Drug | Yes ❒ No ❒ | No Lift Manual Handling | Yes ❒ No ❒ |
| Non-Smoking | Yes ❒ No ❒ | Privacy | Yes ❒ No ❒ |
| Dress, PPE & Hygiene | Yes ❒ No ❒ | Confidentiality | Yes ❒ No ❒ |

 |
| ***Carer and Client Survey Conducted (attached):***Survey completed by Name: Position: Date: |
| ***Comments:***  |
| ***Review required:***Yes ❒ No ❒ | ***Date for review:*** |
| ***Field staff discussion report attached:***Yes ❒ No ❒ |
| ***Comments:*** |
| ***Completed by:***Name: Position: Date |

**F003 - Feedback on Condition**

|  |  |
| --- | --- |
| Client Name: | Care Staff Name: |
| Carer’s Name: | Service Provider: |
| Month of Report: | Service Type: |

Please tick if you have noticed any changes in the client’s condition in relation to…

|  |  |  |
| --- | --- | --- |
| **General awareness**❑ Carer Issue | ❑ Communication | ❑ Complaint |
| **General Health**❑ Wellbeing❑ Continence❑ Appetite | ❑ Social engagement❑ Mobility❑ Personal appearance (PC) | ❑ Alertness/Confusion❑ Memory ❑ Neglect/Abuse |
| **Behaviour**❑ Frightened❑ Tearful | ❑ Disorientated/Vague❑ Abusive | ❑ Seasonal clothing ❑ Loss of interest ❑ House keeping |

Do they feel safe? Inside the house Y/N

 Outside the house Y/N

Is there a current care plan in place? Y/N Dated: …./…./….

Is there a signed service agreement in place? Y/N Dated: …./…./….

Is there a risk assessment in place? Y/N Dated: …./…./….

Contact Case Manager? Y/N

Any further comments about the service or client…

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

If issues appear urgent this form does not take the place of a phone call – phone office immediately you leave client’s house otherwise complete and submit to the office first week of each month with timesheets.

Care Staff Signature:…………………………………………. P.T.O->

**Privacy statement:**

The purpose of collecting this information is to assist the staff at First Call Nursing in providing the required service/s; no part of this information will be passed onto any other person or organisation without the express permission of the client or their representative.

**Declaration:**

*I, …………………………………………………….., hereby declare that I have given permission for this information to be provided to First Call Nursing*

*Signature:……………………………………………………………….*

**For office use only**

Is it necessary to contact service provider case manager? Y/N

(If yes notification must be in writing via email and recorded on the database)

Is it necessary to discuss the appointment of an advocate? Y/N

(If yes information is provided to client/carer to enable access to an advocate)

Has the database been updated with this information? Y/N

**F005 - EMPLOYEE DISCUSSION FORM**

**DATE: This report is to be completed when a discussion relating to work performance achievement or shortfall is initiated by either Employee or Supervisor.**

**EMPLOYEE NAME: JOB TITLE: BRANCH:**

**Has a previous discussion taken place on this subject?**

 **Yes No If Yes on what date?**

**Discussion with whom:**

**Title: Relationship to Employee:**

**Who initiated the discussion?**

**Employee: Employer:**

**List reasons for the discussion**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specific objectives, goals and dates (use separate sheet and attached as required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No further contact with *Client* is allowed.**

**Employees Signature: Interviewers Signature: Manager’s Approval:**