Policy and Procedure Manual

**1. Complaint Management and Resolution System**

**1.1 Introduction**

Persons with disability may face multiple barriers to making a complaint about their support or services. These include lack of experience asserting their rights as consumers, fear of retribution, negative experiences with complaints systems (including not being believed) and difficulty communicating what happened without support. Additionally, in the case of violence, neglect and abuse, people can face substantial barriers to making a complaint.

Feedback provided can be used by the Practice to drive change and improvements in the service provision.

**Policy**

The Practice Complaint Management and Resolution System will:

* Support NDIS participants to understand their rights and what they should expect of providers,
* Supports NDIS participants to have the confidence to complain when they face issues,
* Enable other stakeholders (such as advocates and workers) to make complaints and ensure issues can be addressed when persons with disability are unable or unwilling to make a complaint,
* Support the resolution of complaints when possible and provide an escalation pathway where required,
* Enable the identification of systemic issues and drive improvements (including by providers reporting on complaints).
* Identify and report on any complaints or issues that are reportable (as per the Incident Management and Reportable Incident System Policy and Procedure document).

**Procedure**

1.0 All NDIS participants receiving services from the Practice will be provided with information regarding the Complaint Management and Reportable incident system when they commence services (See Appendix 4: Sample Brochure).

Information will also be available on www.chattercatspeech.com.au and within the policy manual in the clinic.

1.1 Complaints may be received via telephone, in writing, electronic mail (e-mail) or in person by the client, client advocate or client’s representative in person by a member of staff of the Practice and/or anonymously.

1.2 When a complaint is received and/or an incident which needs to be reported is identified, any supports required to facilitate communication and participation by the participant (e.g. supports in languages other than English, audio recording and/or AAC options) will be identified and all reasonable steps taken to have these available.

1.3 All reasonable steps will be taken to ensure that:

* A person who makes a complaint, or a person with a disability affected by an issue raised in a complaint, is not adversely affected as a result of the making of the complaint; and
* Information provided in a complaint is kept confidential and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstance.
* All staff at the Practice will be trained to refer client complaints in a polite, prompt, consistent, positive and constructive manner.

1.4 The Complaints and Incidents Record document will be completed by the staff member who initially receives the complaint.

1.5 Complaints will be referred to the practice owner or manager (Cathryn Grubb) within 24 hours of receipt.

1.6 The practice owner or manager (Cathryn Grubb) will ensure appropriate support and assistance is provided to any person who wishes to make, or has made, a complaint. This may include facilitating communications in languages other than English, or the use of a communication support such as AAC using available publicly funded options. The person receiving the complaint or reporting the incident may assist the client to complete the form, for example by writing the details on the complaint form as verbalized by the client/ their representative.

1.7 Documentation or a record of the person’s agreement with the report should be gained e.g. by signing the document, or video-recording verbal agreement, or videoing the persons non-verbal responses.

1.8 Once a client has given an indication of an issue/concern, there will be an immediate attempt to determine the exact nature of the concern/problem and where possible correct or resolve the issue.

1.9 If a concern/problem cannot be resolved immediately, and/or the client or their representative is not satisfied with the outcome, the practice owner or manager (Cathryn Grubb) will provide the client with the How to make a Complaint Brochure (refer to Appendix 4). This will provide the client with the process for making a complaint and options available to them.

If they would like to proceed, the person making the complaint will be provided with a Complaint Form (refer to Appendix 1).

1.10 The practice owner or manager (Cathryn Grubb) will:

* Provide the person with an acknowledgment of the complaint (refer Appendix 2 Acknowledge Receipt of Complaint) within 5 business days of receiving the complaint,
* Record the complaint on the Complaints Register (refer Appendix 7),
* Assess and investigate the complaint,
* Ensure that procedural fairness is afforded to all involved in the complaint,
* Complete the Complaints Action Form (refer Appendix 3)
* Endeavour to resolve the complaint in a fair, efficient, and timely manner.
* Take appropriate action in relation to the issues raised in the complaint,
* Report back to the client/their representative regarding the decision and the reason for the decision of the complaint ideally within 21 business days of receiving the complaint.
* Provide appropriate support and assistance for the client/ their representative, to contact the Commissioner if they are not satisfied with the outcome of the complaint.

1.11 The practice owner or manager (Cathryn Grubb) must ensure the person making the compliant is:

* Appropriately involved in the resolution of the complaint; and
* Kept informed of the progress of the complaint, including any action taken, the reasons for any decisions made, and options for review of the decision in relation to the complaint.

1.11 Once a decision/outcome has been concluded (ideally within 21 working days), the practice owner or manager (Cathryn Grubb) is to phone the client and advise them of the findings and the reason for any decision being made. If the client is satisfied with the outcome, the practice owner or manager must record the details on the Complaint Action Form, complete a client letter (see Appendix 5: Outcome in Favour of Client), take a photocopy and post the original to the client. A copy of the letter with the other supporting documents should be filed in the Practice’s Complaints folder and the Complaints Register should be updated as complete (include: date finalized).

1.12 If the complaint is not resolved to the client’s satisfaction, the practice owner or manager (Cathryn Grubb) will advise the client that they have the right to contact the Commissioner of the NDIS Quality and Safeguards Commission. They should provide the person making the complaint with the contact details of the NDIS Quality and Safeguards Commission.

The practice owner or manager (Cathryn Grubb) will also complete a client letter (Appendix 6 Outcome not in Favour of the Client), take a photocopy/scan and then post the original to the client. They must attach a copy of the letter with the other supporting documents and store this in the client’s file.

The client’s letter will need to detail the reasons why he/she is not satisfied with the complaint resolution proposal and should set out his/her expectations and desired outcomes for the dispute to be satisfactorily resolved.

Record the client’s dissatisfaction with the complaint outcome on the Complaints Action Form and Complaints Register. File a copy of all the relevant documentation in the Complaints folder.

**2.0 Documentation**

2.1 The practice owner or manager (Cathryn Grubb) must provide copies of this Complaints and Management System to:

* persons with disability receiving NDIS support or services and their families, carers and advocates;
* each person employed or otherwise engaged by the practice.

**3.0 Monitoring, and Reporting Complaints**

3.1 All records in regard to the Complaints and Management System must be kept for 7 years from the day the record is made.

3.2 It is important to record the complaints information on the Complaints Register to assist management in measuring effectiveness in a number of areas. The information can be used to:

* identify and address recurring, or systemic issues,
* identify training requirements, and
* highlight product or internal control weaknesses, and
* report information relating to complaints to the Commission, if requested.

3.3 The practice owner or manager (Cathryn Grubb) will analyze complaints data regularly to identify any trends in the complaints received by the Practice and then make changes to policies and procedures as required to reduce the possibility of repeat complaints.

**4.0 Roles, Responsibilities, Compliance and Training of Staff**

4.1 The practice owner or manager (Cathryn Grubb) is responsible for ensuring that all persons engaged in the practice to provide services to NDIS clients have been trained and comply with this Complaints Management and Resolution System.

**5.0 Complaint Management and Resolution System Review**

5.1 The practice owner or manager (Cathryn Grubb) will review this Complaint Management and Resolution System regularly to ensure its effectiveness.

**6.0 Referring Complaints**

6.1 Complaints will be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws. (Insert relevant laws and requirements for the States/s and Territory/ies in which this business provides supports and/or the names and contact details for relevant bodies)

For example:

* Child protection agencies
* Work Health and Safety agencies
* Consumer Protection Agencies, and
* Medical or professional accreditation or monitoring bodies.

**Appendix 1**

Complaint Form

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Person Making the Complaint*

Name: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Details of Complaint* (please attach copies of documents if applicable)

Has this matter been brought to our attention previously: No / Yes

If Yes: To whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will advise you of the outcome of your complaint with 10 working days.

Client/Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Representative Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Representative Contact details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please return this complaint form back to the practice manager)

**Appendix 2**

Acknowledge Letter of Receipt of Complaint

Insert date

Addressee name

Address

Address line two

RE: Subject Line

Dear

Re: Your complaint dated XXXX.

Chatter Cat Speech Pathology acknowledges receipt of your complaint regarding XXXX.

The management of Chatter Cat Speech Pathology is concerned that you are experiencing dissatisfaction and want you to know that this matter will be fully investigated, and you will be contacted again by XXXX.

At that time, you will be advised of the outcome of these enquiries or the expected date for completion of our enquiries. In the meantime, should you require further assistance or can provide the Practice with further information that may help to resolve your concerns, please contact XXXX on XXXX.

Yours sincerely

Cathryn Grubb

Speech Pathologist

**Appendix 3**

Complaint Action Form

Date

Client Name

Other details as per Client Complaint Form or client letter (attached) dated

Outline action taken to attempt to resolve the complaint (attach copies of documents if applicable)

Recommended action required

Completed By

Practice Manager Signature

Date resolved

Resolved by

Client advised of outcome

**Appendix 4**

Sample Brochure

*How to make a Complaint about your NDIS Service Provider*

If you have a concern or problem with a support or service provided by us the first thing you should do is talk to the Practice Manager at our office:

Chatter Cat Speech Pathology

20 Regent Avenue, Redlynch QLD 4870

cathryn@catdecelisspeechpathology.com

0401 519 370

Wherever possible our aim is to resolve your concerns or problem when you first contact us.

If you are not satisfied and would like to make a complaint, the practice manager will provide and can assist you to complete a Complaint Form. This is merely so that we can ensure we understand and have accurately collected all of the details of your complaint or your area of concern.

We will complete the following steps in regard to our complaints process:

* Provide you with an acknowledge of receipt of your complaint;
* Keep you informed of the progress of the complaint, including any action taken, the reason for any decisions made and options for review of decisions;
* Keep you involved in the resolution of the complaint.
* Advise you in writing of the decision/outcome and the reason for the decision.

If we are not able to resolve your complaint within 10 working days, we will keep you informed of our progress and how long we expect that it will take to resolve your complaint.

*What to do if you are not satisfied with the outcome of your complaint*

If you feel that your complaint has not been resolved to your satisfaction, we invite you to contact the Commissioner of the NDIS Quality and Safeguards Commission.

Insert Address in the state

Insert Phone

A person can make a complaint to the Commission about any issue connected with the support or services provided by an NDIS Provider. Complaints can be made orally, in writing, or by any other appropriate means and can be made anonymously. A complaint can be withdrawn at any time.

If a person makes a complaint, the Commissioner must decide what to do. The Commissioner may decide to;

* Take no action, or defer taking action in some cases (for example, if the complaint was not made in good faith or there is not enough information to continue); or
* Help the complainant and other affected people to work with the NDIS provider to resolve the complaint; or
* Undertake a resolution process.

**Appendix 5**

Summary of Complaint Resolution

[Where outcome is in favour of the Customer]

Insert date

Name

Address line one

Address line two

Address line three

Suburb STATE Postcode

RE: Subject Line

Dear

Re: Your complaint dated

As advised in a previous letter to you dated XXXX, XXXX has been investigating your complaint relating to XXXX.

Chatter Cat Speech Pathology has now completed these inquiries and advise that the results are XXXX.

We do hope that this resolves the matter to your satisfaction and thank you for bringing it to our attention. Your feedback allows us the opportunity to address your issue for you and also to ensure that, as far as possible, it does not happen again.

Yours sincerely,

Name

Position Title

**Appendix 6**

Summary of Complaint Resolution

[Where outcome is NOT in favour of the Customer]

Insert Date

Addressee name

Address line one

Address line two

Address line three

Suburb STATE Postcode

RE: Subject Line

Dear

Re: Your complaint dated XXXX.

As advised in our previous letter to you dated XXXX, we have been investigating your complaint relating to XXXX.

We have now completed these inquiries and advise that the results are XXXX.

Should you wish to discuss this matter further with me or have additional information to provide, please call me on XXXX.

Alternatively, we advise that should you be dissatisfied with our response to your complaint, you may choose to contact the Commissioner of the NDIS Quality and Safeguards:

Insert Address Insert Phone

Yours sincerely

Name

Position Title

**Appendix 7**

Incident Register

Date complaint received

Complaint details

Name person making complaint

Date acknowledgement letter sent

Is complaint an incident (if yes, refer to incident Management system) Y/N

Date the “How to make a complaint” brochure provided

Support provided to person with disability

Action taken to resolve complaint

Date complaint resolved

Comments

Any changes to made as result of complaint

**2. Incident Management and Reportable Incidents System (NDIS)**

**Background**

The Practice recognizes the NDIS’ National Quality and Safeguarding Commission has identified that an Incident Management and Reportable Incidents System aims to support NDIS providers to:

* protect and prevent harm to people with a disability.
* support participants to be informed purchasers and consumers of the NDIS support and services and to live free from abuse, violence and exploitation.

NDIS providers have the primary responsibility for preventing and managing all incidents related to people with disability receiving support and service from their service.

The purpose of this document is to ensure that all staff of the Practice understand their responsibilities in relation to incidents while also supporting persons with disability, their families, carers, advocates and others who receive services to also be aware of their rights and the support and protections available to them.

**Policy**

The practice owner or manager of the Practice understands that registered NDIS providers must:

1. establish incident management arrangements to enable the identification of systemic issues and drive improvements in the quality of supports and services they deliver and that failure by a registered NDIS provider to comply with these requirements constitutes a breach of conditions of registration (under paragraph 73 F (2) (g) of the Act) and may lead to compliance and enforcement action (under Division 8 of Part 3A of the Act.),
2. implement and maintain a system to manage incidents,
3. notify, investigate and respond to incidents, and
4. comply with obligations if an incident is the subject of a complaint under Section73W and 73X of the Act and the NDIS Complaints Management and Resolution Rules 2018.

**Procedure**

**1. Incidents**

All staff will report ANY incident that occurs, in relation to the provision of services to an NDIS client to the the practice owner or manager (Cathryn Grubb) as soon as they become aware of it. This includes any acts, omissions, events or circumstances that occur by our staff or the person with a disability, in connection with the provision of the support or service, that could cause serious harm, or risk of serious harm to either the person with a disability or another person.

Procedural fairness will be afforded to the person with a disability and all involved in the incident.

This Incident Management System will be made available to and complied with by all employees/contractors of the Practice.

**2. Reportable Incidents**

A reportable incident is;

* The death of a person with a disability;
* Serious injury of a person with a disability;
* Abuse or neglect of a with a disability;
* Unlawful sexual or physical contact with, or assault of a person with a disability;
* Sexual misconduct committed against, or in the presences of, a person with a disability, including grooming of the person for sexual activity;
* The use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an authorisation of a state or territory body in relation to the person.

The Practice owner or manager (Cathryn Grubb) will complete an Incident Report (see Appendix 1) for all incidents as soon as they become aware an incident has occurred.

The Practice owner or manager (Cathryn Grubb) will inform the Commissioner (see contact details below) of any reportable incident within 24 hours of the Practice becoming aware of the incident, utilising the information collected on the Incident Report (see Appendix 1).

The Commissioner of the NDIS Quality and Safeguards Commission,

Insert Address for your state of operations

Insert Phone

The practice owner or manager (Cathryn Grubb) will keep the Commissioner updated in regard to any reportable incidents. If there is a reportable incident, the Commissioner may require the Practice to provide a final report about the incident within a period specified by the Commissioner.

**3. Providing support and assistance**

The practice owner or manager (Cathryn Grubb) will arrange and provide the required support and assistance to the person with disability affected by the incident (including providing information about access to advocates such as independent advocates to ensure their health and wellbeing (see the Australian Federation of Disability Organisations website).

**4. Management and resolution of the incident**

The practice owner or manager (Cathryn Grubb) will ensure that the person affected by an incident is involved in the management and resolution of the incident.

**5. Investigation of the incident**

The practice owner or manager (Cathryn Grubb) will ensure that all incidents are investigated and assessed. This includes establishing the causes of the particular incident, effects and any operational issues that may have contributed to the incident occurring. The practice manager will ensure that procedural fairness is ensured through the incident process.

**Incident Assessment and Corrective action**

The practice owner or manager (Cathryn Grubb) will assess all incidents considering the views of the person with a disability affected by the incident and including;

* Whether the incident could have been prevented;
* How well the incident was managed and resolved;
* What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
* Whether other persons or bodies need to be notified of the incident.

**6. Documentation, record keeping and statistics**

The practice owner or manager (Cathryn Grubb) must provide copies of this NDIS Incident Management and Reportable Incidents System to:

* persons with disability receiving NDIS support or services and their families, carers and advocates;
* each person employed or otherwise engaged by the Practice
* the family members, carers, independent advocates and significant others of persons with disability receiving support or services from the Practice;
* 7. Incident Management Systems Review
* The practice owner or manager (Cathryn Grubb) will annually review this Incident Management System to ensure its effectiveness.

**8. Recording Keeping**

All records related to a complaint or reportable incident must be kept for 7 years from the day the record is made. In regard to a reportable incident that subsequently becomes a criminal offence, these records are required to be kept until the relevant statute of limitations expires.

**9. Monitoring, and Reporting**

The practice owner or manager (Insert name) will log all incidents in the incident register (refer Appendix 2) and collect statistical and other information on an annual basis relating to incidents to

* Review issues raised by the occurrence of incidents.
* Identify and address any systemic issues.

If requested, information relating to complaints will be provided to the Commissioner.

**10. Roles, Responsibilities and Training**

The practice owner or manager (Cathryn Grubb) is responsible:

* For this Incident Management System.
* To report all reportable incidents to the Commissioner within the required timeframes (24 hours).
* To identify, manage and resolve incidents, and prevent incidents from occurring.
* To ensure that all employee/contactors are aware and have been trained in the Incident Management System.

**Appendix 1**

Incident Report

Date of Alleged Incident was first identified (If known):

Time of the Alleged Incident (if known):

Place of the Incident (If known):

Names of persons involved in the alleged incident:

Client Name with a disability making allegation:

Phone:

Alleged Persons Name:

Phone:

Witness Name/s:

Phone:

Description of the alleged Incident

Impact on, or harm caused to the person with a disability affected by the incident

 Is the Incident Reportable: YES/NO

Incident Form (Continuation)

*Assessment of the Incident*

Name of person who conducted assessment of the incident:

Contact details:

*Assessment Criteria*

A. Could the incident have been prevented?

B. How well was the incident managed and resolved?

C. What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring or minimize their impact?

D. Do we need to notify any other person or bodies in regard to this incident? YES/NO

If yes, list names:

E. If this incident is reportable, when was the Commission notified?

Actions taken in response to the incident:

What consultation and actions have been taken to support and assist the person with a disability affected by the incident?

Has the person with a disability affected by the incident been provided with any reports or findings regarding the incident by the Practice? YES/ NO

Has the Practice undertaken an investigation in relation to the incident? YES/ NO

What are the details and outcomes of the investigation?

Date incident closed

Name of the Practice:

Signature:

Contact Details of the Practice Manager:

**Appendix 2**

Incident Register

Does incident need to be reported? YES/ NO

If yes, who to?

*Assessment of Incident*

Has support been provided to the persons impacted?

Employees involved

Actions need to undertake to prevent similar incident occurring