



Access to Care Complaints Handling Policy and Procedure

1 Statement of Purpose

The following policy and procedures have been developed and will be implemented to meet the requirements of:

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme (Practice Standards-Worker Screening) Rules 2018
- National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- Australian Human Rights Commission Act 1986
- Disability Discrimination Act 1992;
- The NSW Anti-Discrimination Act 1977;
- The National Disability Insurance Scheme Terms of Business;
- Other legislative or related provisions e.g. NSW Privacy Act 1998.

In particular, the policy seeks to meet the following requirements:

- When a participant wants to make a complaint, Access to Care will make sure the participant's views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process.
- Each participant is treated fairly by Access to Care when making a complaint.
- Each participant is provided with information and support to make a complaint.
- Access to Care has the capacity and capability to handle and manage complaints.

2 Complaint Handling Policy

Each participant who receives support from the Access to Care will be encouraged and supported as necessary, to make complaints about the type or quality of services provided to him or her.

The right to raise service issues or complain about how the service is provided extends to 'interested parties' such as the participant's family, friends, advocate and guardian, and to other members of the community who can demonstrate a genuine interest in the life and circumstances of the participant (e.g. other service providers).

The right to complain or raise service issues includes Community Visitors appointed by the Minister for Disability Services, staff complaining on behalf of a participant receiving services, and to participants who feel that they are eligible to receive a support from Access to Care but who are denied access.

Access to Care will provide appropriate avenues for participants to state and have resolved to their satisfaction any complaints about the organisation they receive, without fear of penalty or victimisation.

The complaint management processes are designed to achieve resolution at the earliest possible time and provide an opportunity for Access to Care to review support delivery and achieve service improvement.

All complaints shall be handled according to policies regarding privacy, dignity and confidentiality. Where a matter cannot be resolved within Access to Care, then it may be taken to an independent mediator. Access to Care will



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provide information of an independent mediator. This information is included in the participants Info pack of how to access an external advocate. Complaints are a mechanism for continuous improvement.



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3 Definitions of Terms

3.1 A Complaint

A complaint is defined as a claim by an interested party that the organisation has acted unreasonably towards a participant:

- by either providing or not providing a service;
- by withdrawing or varying a service;
- in the way in which the service has provided support;
- in the way the organisation administers support.

3.2 Unreasonable Conduct

Unreasonable conduct is if the service provided does not conform to the norms and standards of practice in the relevant disability service type. What is important is what another competent, diligent service provider would have done in equivalent circumstances, and what fair-minded observers would be likely to consider reasonable conduct.

4 Principles

The following principles capture the spirit and intent of the policy and procedures that will be implemented by the organisation to efficiently and effectively respond to complaints, and to ensure that the quality of services is continuously improved.

4.1 Informing

All service recipients/potential service recipients and 'interested parties' should be made aware of the services complaint management policy and procedure and how to access it. All service recipients/potential service recipients and 'interested parties' should be given a copy of the process for raising a complaint. This information should also be available on request, in alternative formats such as large print and in brochure formats and in other languages.

4.2 Supporting

Participants who wish to make a complaint might need some help in putting their complaint into words, obtaining the assistance of an interpreter, or an advocate or friend to support them. Staff should provide all assistance and support necessary to ensure the complaint is made.

4.3 Receiving

Complaints need to be accepted politely and with respect. Staff when receiving a complaint should not be judgemental, be defensive, or offer their personal opinion as to whether or not they think that the complaint is well-founded, and should be helpful and respectful of the linguistic or cultural background of the participant lodging the complaint.

4.4 Protecting

The organisation will ensure that the participant is protected against recrimination or reprisals if they exercise their right to complain. The complaints system will be fair to all parties (i.e. the participant making



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the complaint and any of the organisation's staff who may be involved in the complaint) and follow the principles of 'natural justice' (i.e. staff must not jump to conclusions about where the fault, if any, may lie).

4.5 Resolving

The emphasis of the complaints system should be on resolving problems at the earliest possible stage and at the lowest organisational level.

4.6 Reviewing

Participants who are dissatisfied with the outcome of their complaint should be able to request a review of how the organisation dealt with the complaint.

4.7 Advocacy

Participants shall be provided support to engage and link to receive support from an independent advocate. Each participant shall be provided a disability advocacy brochure in their Participant Info Pack-
https://www.dss.gov.au/sites/default/files/documents/12_2018/disability-advocacy-fact-sheet.pdf

Participants shall be supported to find an independent advocate using the Disability Advocacy Finder
<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

5 Awareness of the Complaint Process

5.1 Access to Care will ensure that the complaint process described in this policy is clearly explained and understood by staff during their induction and also include information in the Participant Info Pack.

5.2 Access to Care will reinforce to staff the confidentiality aspects of complaints and that staff may not disclose (at any stage of the complaint) any details of a complaint that they have received except to report it to the appropriate staff member. Training and orientation regarding complaints management is included in the staff induction process and is documented in the Staff Induction Checklist.

5.3 Staff will ensure that participants in Access to Care outlet are informed and are regularly reminded of the complaint process.

5.4 Staff are responsible for openly communicating the Access to Care's complaints process in the following forums on a routine basis:

- Participant/staff support meetings;
- Ongoing training and support to participants in making complaints. Both formal and informal methods may be used to facilitate this goal (e.g. training sessions and photo version complaints process displayed); and
- Induction of new participants (this may include parents /guardians) into the Access to Care's outlet.



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6 Informal Complaint Handling Procedure

6.1 Staff Member Receives an Initial Verbal Complaint

- 6.1.1 Where the issue can be resolved through mutual agreement in the Access to Care outlet, then this should be undertaken and the informal complaint will be deemed to have been resolved.
- 6.1.2 Details concerning the incident and agreed outcomes should be recorded on the participants file.
- 6.1.3 In all instances of informal complaints, the participant should be informed that if they are not satisfied with the outcome of the complaint that they may raise a formal complaint without any fear of retribution.

7 Formal Complaint Handling Procedure

- 7.1 Where the complaint cannot be mutually resolved with the staff receiving a verbal complaint, the staff will inform the complainant of the Access to Care complaints management process.
- 7.2 Staff will assist the complainant to complete a complaint form, or alternatively assist the participant to engage 3rd party to assist them if they so wish. The complaint for summarises:
 - the complaint;
 - the outcomes expected by the complainant; and
 - provides contact information for the complainant.



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- 7.3** Should the complainant not wish to fill out a complaint form, they can request to make their complaint verbally to a more senior member of staff who will record the details of the complaint.
- 7.4** A complaint received in any other written format (e.g. letter or email) shall be treated as if it were lodged on a complaint form.
- 7.5** The complaint will be forwarded to the relevant line manager as soon as it has been received. This should occur as soon as possible and by no later than 2 working days after receiving the complaint
- 7.6** In the case of very serious complaints e.g. criminal activities or allegations of physical, sexual or emotional abuse this must be reported immediately to the relevant line manager or the next level of management if the relevant line manager is implicated or unavailable.

8 Complaint Handling Process

- 8.1** Very serious complaints must be immediately reported to the head of Access to Care delegate on 0415 301 530. The CEO or delegate will immediately report the matter to the NSW Police.
- 8.2** Where the complaint is not a serious matter, the relevant line manager will investigate the complaint including interviewing the complainant and any staff implicated, as well as any witnesses, to determine the veracity of the complaint. The complainant and any staff implicated will be offered the opportunity to have a support person of their choice accompany them to the interview. Staff handling the complaint will adhere to section 9 Timeline of complaint management.
- 8.3** If the complaint is upheld, appropriate remedial action will be agreed with the complainant and implemented as soon as practicable. If the matter requires disciplinary action for staff, the relevant line manager will refer the matter to the appropriate organisation staff (e.g. Human Resources). If the matter requires service improvement it will be referred to the appropriate organisation staff (e.g. Quality Manager).
- 8.4** If the complaint is dismissed, the relevant line manager will arrange to meet with the complainant and explain the reasons for their decision. At such meetings the relevant line manager will explain the next step in the complaint process the complainant may take if they are dissatisfied with the outcome of the complaint.
- 8.5** If the complainant is not satisfied with the outcome of the complaint, they can ask the organisation to review how the complaint was dealt with. A more senior staff member will undertake the review. The organisation may gather additional information to review the decision. This review may or may not alter the original decision. If after the review of the complaint has been undertaken, the complainant is still not satisfied with the outcome of a complaint, the complainant should be notified of outside agencies that may be able to help.



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These include:

8.5.1 NDIA

You can complain to the NDIA about the organisation or an employee of the organisation or a person related to your NDIS Service delivery. Further information about the Feedback and Complaints including Complaint form can be found at <https://www.ndis.gov.au/contact/feedback-and-complaints>
You can also lodge a complaint or feedback by calling 1800 800 110 or emailing feedback@ndis.gov.au

8.5.2 NDIS Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is a new independent Commonwealth agency established to improve the quality and safety of NDIS supports and services. If you have concerns about your NDIS supports and services, a complaint can be made to the NDIS Commission by: Calling on 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged; National Relay Service and ask for 1800 035 544 and completing a Complaint Contact Form by following the link below :

<https://www.ndiscommission.gov.au/participants/complaints>

8.5.3 NSW Ombudsman

You can complain to the NSW Ombudsman about the organisation or an employee of the organisation. The Ombudsman can also inquire into major issues affecting participants and organisations. Further information about the NSW Ombudsman can be found at www.ombo.nsw.gov.au or by calling (02) 9286 1000, or 1800 451 524 (rural/regional callers only). The Translating and Interpreting Service: TIS 131450 should be used for people from CALD backgrounds

8.5.4 Administrative Decisions Tribunal

You can complain to the Tribunal about some administrative decisions, for example, the funding of disability services or the refusal of a community service provider to implement a recommendation of the NSW Ombudsman. The Administrative Decisions Tribunal can review such decisions in certain circumstances. Further information can be found at

www.lawlink.nsw.gov.au/adt or by calling 1800 060 410). The Translating and Interpreting Service: TIS 131450 should be used for people from CALD backgrounds

8.5.5 Anti-Discrimination Board (ADB)

You can complain to the ADB about discrimination, harassment and vilification. The ADB investigates and conciliates such complaints. Further information can be found at www.antidiscrimination.lawlink.nsw.gov.au or by calling (02) 9268 5555, or 1800 670 812 (rural/regional callers only). The Translating and Interpreting Service: TIS 131450 should be used for people from CALD backgrounds



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8.6 All formal complaints should be entered into a complaint register noting the date the complaint was lodged, the nature of the complaint, the outcome, and the date the complaint was resolved.

8.7 Access to Care will have a standing agenda item on the Board Meeting agenda noting new complaints (anonymously), the nature of the complaints, and the complaints that were resolved in the previous period.

9 Timeline of Complaints Management

Complaints received by Access to Care will be responded to in a timely manner. Consideration of factors that may influence the response timeframe, such as potential risks posed to a participant or agency will be considered.

Access to Care will acknowledge complaints as soon as possible following receipt of the complaint. Acknowledgement will include advising the complainant of the staff who will be handling the complaint and an anticipated time when that person will make further contact. Acknowledgement may be made in person, by phone, email or in writing within 2 working days of receipt of the complaint.

Response to a complaint should commence as soon as practicable and a resolution of the complaint should usually be achieved within two weeks of receipt. For complex complaints and complaints of a sensitive nature it may be necessary to investigate the matter in-depth and/or seek information from external parties. When a matter is going to take a longer period of time to resolve, the complainant should be kept informed of progress at regular intervals, at least every week, or as agreed with the complainant.

Finalisation of a complaint (i.e. satisfactory implementation of remedial action) will be dependent on the complexity of the response required and an appropriate timeframe will need to be agreed with the complainant.

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If you are not happy with any aspect of your service, you should first speak with the staff who support you



If you are still not happy, you can make a complaint by telling any staff member that you would like to make a complaint



Depending on your choice, staff will assist you to make your complaint, or if you prefer, they can give you information on how to make your complaint yourself



Your complaint will be investigated by the service and and you will be informed of the outcome



If you are still not happy you can ask the service to review how your complaint was handled



If after the review you are still not happy, there are outside agencies that may be able to help - information about these agencies will be provided to you



Remember you can complain or provide feedback to NDIS Commission on 1800035544 or ask Smart Support Care staff for any further information



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Complaint Form

1. Person Making the Complaint

(You can lodge anonymous complaint)

Mr/Mrs/Ms	Surname:	Given Name:	
Address		Suburb:	Post Code:
Phone Number:		e-mail:	
Service Location:		Relationship to Client:	
Interpreter required: Yes/No Language:			

2. Person completing this form (if different to above)?

Mr/Mrs/Ms	Surname:	Given Name:	
Address		Suburb:	Post Code:
Phone Number:		e-mail:	
Service Location:		Relationship to Client:	

3. What is the Complaint? (please describe issue, if more space needed use back of form).

4. How can we help you in resolving this issue (Do you have any suggestions to resolve this matter?)

Signature of Person Making Complaint: **Date**

Staff Member Receiving Complaint: **Date:**

Position and Location of staff member

COMPLAINTS LOG SHEET

1. Complaint Type

[Tick One]:

1. Attitudes or behaviour of staff

2. Standards of Service Provision/Administration

3. Level of Service Provision

4. Clinical or Professional Practice

5. Alleged Discrimination

6. Other Matter

(Please describe below)

7. IMMEDIATE ACTION TAKEN:

[Describe Action Taken]

.....

[Action Taken By Whom]

.....

[When i.e. Date/Time]

8. OUTCOME [IF ANY] OF SUCH ACTION:

[Describe What Happened]

9. 4. RECOMMENDATION[S] CONCERNING ANY NECESSARY POLICY, PROCEDURAL OR

PRACTICE CHANGES REQUIRED:

ACTION RECORD:

Reportable to NDIS Commission: Yes/No

If yes, provide additional details (Who reported, date of reporting, follow up required from NDIS commission)

COMPLAINT LOG SHEET/REGISTRATION FORM RECEIVED BY:

[Initials] _____ [Date] _____

SENIOR STAFF MEMBER APPOINTED TO INVESTIGATE COMPLAINT:

.....

[Name] _____ [Position] _____

DATE INVESTIGATION AND REPORT COMPLETED:

DATE RESPONSE FORWARDED TO COMPLAINANT:

DATE ALL RELEVANT PAPERS TO THE CHIEF EXECUTIVE OFFICER:

IS FURTHER ACTION REQUIRED: [YES/NO] _____ [Delete as Applicable]

DETAILS OF ANY FURTHER ACTION REQUIRED, THE PERSON RESPONSIBLE AND TIME FRAME FOR COMPLETION OF NECESSARY ACTION AND REPORT TO CHIEF EXECUTIVE OFFICER:

Submitted by

[Name]

[Position]

.....

.....

[Signature]

[Date]

This log sheet must be completed by the Services Manager, within 48 hours of receiving the 'Complaint Form'. The 'Complaint Form' must be attached to this 'Complaints Log Sheet'. In the case of very serious allegations, the Director must be notified immediately.

-THE END-

