

Complaint management

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Introduction

This policy is about complaints made to Connect Allied Health, not complaints about the NDIS.

All complaints are taken seriously, all people treated fairly, and all corrective actions completed in a timely manner. Senior management of Connect Allied Health view complaints as an opportunity to maintain and enhance customer satisfaction and, enhance our competitiveness by continuous review and improvement.

Definitions

A *complaint* is an expression of dissatisfaction with the provision of a service, including how a previous complaint was handled, for which a response or resolution is expected.

Applicability

When

- Applies when participants want to submit feedback or make a complaint
- Applies to all feedback and complaints received regardless of the source.

Who

- Applies to all representatives including key management personnel, full time workers, part time workers, casual workers, contractors and the director.

Scope

It is a guiding principle of the *National Disability Insurance Scheme Act 2013* (NDIS Act) that people with disability have the same right as other members of Australian society to pursue any grievance.

The general principles guiding actions under the NDIS Act also describe the rights of people with disability to:

- Realise their potential for physical, social, emotional and intellectual development.
- Be supported to participate in and contribute to social and economic life to the extent of their ability.
- Be supported to exercise choice including in relation to taking reasonable risks in pursuit of their goals and the planning and delivery of their supports.
- Be respected for their worth and dignity and to live free from abuse, neglect and exploitation.
- Be able to determine their own best interests including the right to exercise choice and control and to engage as equal partners in decisions that will affect their lives to the full extent of their capacity.
- Have their privacy and dignity respected.
- Have the role of families, carers and other significant persons in their lives acknowledged and respected.

- Have access to advocates and supports which promote innovation, quality, continuous improvement, contemporary best practice and effectiveness.

What is a complaint?

Broadly speaking, a complaint is an expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected.

The resolution of complaints needs to be consistent with a rights-based principle that has been presented by the disability rights movement - 'nothing about us, without us' - which is also fundamental to the United Nations Convention on the Rights of Persons with Disabilities.

CAH have a commitment to a positive complaints culture, from the highest levels of management to frontline staff, provides the foundation on which all other components of a quality complaints management and resolution framework can be built.

Feedback and Complaints Management

Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

To achieve this outcome, the following indicators should be demonstrated:

- A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.
- Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.
- Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.
- All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

An outline of procedural fairness

The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

Natural justice or procedural fairness comprises three main components: the opportunity to be heard; there must be no bias; and the decision must have some basis in fact or reasoning. Procedural fairness compliance by the Commission and NDIS providers is integral to building confidence in NDIS complaint processes.

As part of the handling of a complaint under the Complaint Rules, procedural fairness must be afforded to a person if their rights or interests may be adversely or detrimentally affected in a direct and specific way. In those circumstances -

- (a) the person must be given notice of each prejudicial matter that may be considered against them;
- (b) the person must be given a reasonable opportunity to be heard on those matters before adverse action is taken, and to put forward information and submissions in support of an outcome that is favourable to their interests;
- (c) the decision to take adverse action should be soundly based on the facts and issues that were raised during that process, and this should be apparent in the record of the decision, and

(d) the decision maker should be unbiased and maintain an unbiased appearance.

The precise requirements of procedural fairness can vary from one situation to another. The required steps can vary according to:

- (a) the nature of the matter being dealt with;
- (b) the options for resolving it;
- (c) the time-frame for resolution;
- (d) whether facts in issue are in dispute;
- (e) the gravity of possible findings that may be reached; and
- (f) the sanctions that could be imposed based on those findings.

Sometimes a quick, informal and consultative procedure will be sufficient - but on other occasions procedural fairness may require a more formal, structured or arms-length procedure. A more formal procedure may be required if a complaint involves direct criticism of or an allegation against a worker, or consideration is being given to imposing a sanction on an NDIS provider or worker. Even in those situations, procedural fairness does not preclude the adoption initially of an informal and consultative process that can become more formal at the request of a party or if circumstances require. A transparent procedure should be adopted that ensures that any person whose interests may be directly and adversely affected by a complaint process is given the opportunity to have their views heard and considered in a fair and impartial manner.

The obligation to provide procedural fairness must be balanced against the need to ensure that neither a complainant (including a person with disability) nor a person with disability affected by an issue raised in a complaint is disadvantaged as a result of the complaint being made and resolved. The steps adopted to ensure procedural fairness in any situation must be tailored to ensure that disadvantage is not suffered by the complainant or person with disability.

CAH take into account the elements of, and approach to, procedural fairness described above.

Who can make a complaint?

The [National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules 2018](#) require registered NDIS providers to have an effective system for management and resolution of complaints about the supports or services they provide.

Anyone can make a complaint including:

- A participant
- A participant's family or guardian
- A participant's financial manager
- An advocate
- An employee
- A community visitor
- A professional
- A member of the public.

Complaints can be made:

In person at our office:	40 The Parade Norwood SA 5067
By emailing us at:	admin@connectalliedhealth.com.au
In writing by mailing a letter addressed to the Director:	40 The Parade Norwood SA 5067

By phoning:	08 8337 8770
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Complaints help us:

- Identify problems
- Improve services
- Provide better outcomes to participants.

Complaints can be made about any part of the quality or delivery of our services such as if there is dissatisfaction:

- With the way services are provided
- With decisions we have made
- About the conduct of our employees
- About personal information not kept private.

Complaints can be made anonymously. Complaints can be made to us or directly to the Commissioner.

Information for participants about how to make a complaint is also included in the **Service Agreement** and the **CAH NDIS Participant Information Handbook**, provided during on-board.

How to make a complaint?

People with disability have the right to complain about the services they receive.

CAH believe that complaints are important as they facilitate opportunities to help us improve.

If you feel comfortable, you are encouraged to raise your concern or complaint with CAH first, as this is often the best way to have your issue resolved quickly. If CAH is unable to resolve your concern or complaint, then you should seek further support.

You may seek support from family, a friend or an independent advocate in making a complaint. Refer to Advocacy policy.

A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- [National Relay Service](#) and ask for 1800 035 544.
- Completing a [complaint contact form](#).

The NDIS Commission can take complaints from anyone about:

- NDIS services or supports that were not provided in a safe and respectful way.
- NDIS services and supports that were not delivered to an appropriate standard.
- How an NDIS provider has managed a complaint about services or supports provided to an NDIS participant.

As well as dealing with complaints, the NDIS Commission works to educate providers about delivering quality and safe supports, and effectively responding to complaints. If a complaint raises a serious compliance issue, the NDIS Commission has powers to take action.

What happens after I make a complaint to CAH?

Your complaint will be acknowledged and a member of staff will arrange a time to talk to you to understand the concerns you are raising. We might ask you:

- For enough information so we can understand the issues involved and any immediate concerns.
- If you are making a complaint on behalf of an NDIS participant, whether we can speak to them to seek their input and understand their concerns.
- Whether you are happy with the way the complaint was managed, whether you feel it is resolved, and whether you would like support to contact the NDIS Commission to take further action.

We will confirm with you the issues raised in your complaint, and the outcomes you are seeking. Your consent is required to start the resolution process.

What happens after my complaint is resolved?

- Actions for providers

After the resolution of some complaints, CAH will take actions to address issues and concerns raised in the complaint. This might include actions like:

- Making changes to our complaints management system to make it easier for people to raise concerns.
- Ensuring that all service users' behaviour support plans are up-to-date.
- Ensuring all management staff undertake a particular training program.

The NDIS provider may be required to report back to the NDIS Commission on the progress of these actions. If a complaint raises a serious compliance issue, the NDIS Commission has powers to take action.

Staff training

CAH ensure that all workers are aware of, trained in, and comply with the required procedures in relation to complaints handling. This is completed annually, at a minimum.

Whilst it may be beneficial for workers to raise any concerns with CAH, staff are encouraged to contact the NDIS independently and without having to raise a concern with CAH, if needed.

A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- [National Relay Service](#) and ask for 1800 035 544.
- Completing a [complaint contact form](#).

Also refer to Incident Management policy.

Complaint monitoring

- All complaints are recorded and monitored using a complaint register.
- The complaint register should include up-to-date progress of each complaint and whether it is currently open or closed (resolved).
- If there is any doubt about the end resolution of a complaint, seek feedback from the person who made the complaint.
- Regular reports from the complaint register should be provided to key management personnel for review.
- As a guide, we aim to follow up complaints as follows:
 - Serious or urgent complaints: 24 hours (any complaint where participants are at immediate risk)
 - Standard complaints: 5 business days (any complaint where participants are not at immediate risk)

Also refer to Incident Management policy.

Complaint records and review

Accurate information of complaints received including but not limited to decisions made, actions taken and outcomes must be recorded and kept for 7 years from the date of the complaint which allows us to:

- Enable reviews of any complaints received.

- Assist in identifying any systemic issues raised.
- Allow a response to the Commissioner, if required.
- Be stored securely and accessible only by the people handling complaints.

Complaint referrals

Complaints to the Commissioner may be referred to other agencies or bodies if needed including:

- Non-compliance with the NDIS code of conduct.
- Inappropriate or unauthorised use of restrictive practice.
- Employee screening issues e.g., if an employee of the provider was found to have a criminal history (for more information, refer to the worker screening policy).
- Incidents relevant to other bodies (police, consumer affairs agencies or other regulatory bodies).

Our complaints system

Our complaints system is documented and information on how to make a complaint is available to participants, their families, guardians or advocates in a way that is culturally appropriate (including but not limited to the CAH NDIS Participant Information Handbook, which is provided to each participant during on-board).

We work to ensure participants:

- Are aware of their right to make a complaint.
- Feel empowered to make a complaint.
- Are supported to make a complaint.
- Are involved in the resolution process after making a complaint.
- Know they won't be adversely affected as a result of making a complaint.

When a provider receives a direct complaint, the person making the complaint and the person with disability affected by the issue must:

- Be informed of the complaint's progress;
- Be appropriately involved in the resolution of the complaint and;
- Be updated on the implementation of any relevant outcomes, including any action taken and decisions made.

Relevant contacts

- The [Health and Community Services Complaints Commissioner](#) helps people, carers and service providers resolve complaints about most health and community services in South Australia.
 - phone (08) 8226 8666, or 1800 232 007 (SA regional)
- The [Australian Health Practitioner Regulation Agency](#), manages investigations into the professional conduct, performance or health of Australian registered health practitioners.
 - phone 1300 419 495
- The Private Health Insurance Ombudsman (PHIO) provides an independent service to help consumers with health insurance problems and enquiries.
 - phone 1800 640 695
- [Ombudsman SA](#) can investigate complaints about the administrative actions of the **Department for Health and Ageing**, and the **Local Health Networks**.

Advocates

If a participant wishes for the services of an advocate to assist them to make a complaint, here is a list of local advocates:

- Advocacy for Disability Access and Inclusion Inc
- Phone 08 8340 4450

- Brain Injury Network of South Australia Inc
- Phone 08 8217 7600

- Citizen Advocacy South Australia Inc
- Phone 08 8410 6644

- Disability Advocacy and Complaints Service of South Australia Incorporated ('DACSSA')
- Phone (08) 7122 6030

- Disability Rights Advocacy Service Inc
- Phone 08 8351 9500

- Independent Advocacy SA Inc
- Phone 08 8232 6200

Also refer to Advocacy Policy.

Legislation

- The [National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules 2018](#)
- National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018
- [Disability Discrimination Act 1992 \(Cth\)](#)
- United Nations [Convention on the Rights of Persons with Disabilities](#), 2008

- Fair Work Act 2009

- The National Disability Insurance Scheme Act 2013 (NDIS Act)