

FEEDBACK, COMPLIMENTS AND COMPLAINTS

POLICY AND MANUAL

Definition: EABC considers that feedback includes; a complaint involving any issue of concern raised by (or involving) a person using the service, or who used the service in the past, or who has applied to access EABC services, a comment (including compliments) from a service user or service user representative or a suggestion of improvement of the operation or management of services (not necessarily relating to dissatisfaction with the service).

Position Statement: EABC is committed to providing an efficient and effective feedback handling service to participants, their advocates, service providers and the community.

We value feedback from those who work with us as it helps us to improve our services by revealing areas where we need to change our policies and practices.

EABC is committed to ensuring that any feedback we receive is handled in a way that is responsive, fair and courteous and that respects the privacy of the person providing the feedback. We also undertake to make sure that we provide reasons for any decisions we make in relation to the feedback that we receive.

Context: Providing a system for complaints handling and review is integral to the Disability Act 2006. Principles of human rights and citizenship guide the Act. These principles particularly come into effect when people with a disability are empowered to exercise their rights and choices in the decisions that affect their lives.

Registered NDIS providers are required to have complaints management arrangements in place and support people with disability to understand how to make a complaint to the provider and to the NDIS Commissioner under the *National Disability Insurance Scheme (Complaints Management And Resolution) Rules 2018*.

The NDIS Quality and Safeguards Commissioner will be responsible for supporting the resolution of complaints about the provision of supports and services by all NDIS providers.

This policy applies to all complaints that relate to the service EABC provides. These include, but are not limited to, feedback regarding:

- the manner in which a service has been provided
- disagreement with decisions made by EABC
- a failure to provide a service, or lack of responsiveness to a request for service
- the unfair or poor treatment of a person
- difficulties with getting access to our services, such as a failure to provide assistance with communication difficulties
- complaints about our handling of people’s personal and health information
- conflict of interest between an employee’s official duties and their private interest
- EABC processes

Who is responsible for this policy?

EABC **General Manager**

Information you need to know

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PROCEDURE

1. Promoting Individual Rights

- Throughout all phases of service provision, EABC staff:
 - Support service users to understand their right to make a complaint or provide feedback to anyone providing them services.
 - Empower our participants' and service users' voices
 - Promote and encourage all service users' participation in decision-making
 - Value and respect our service users' opinions
 - Seek people's views about what makes them feel safe and unsafe, and how they would like to be involved in the design of their service delivery
 - Establish an environment of trust and inclusion that enables service users to ask questions and speak up if they are happy or unhappy about any part of the service.

2. Information Provision

- The **Practitioner or Operations team** will provide written and verbal information about how to provide feedback to all people who use the service at the outset of services. This is included in service agreement and information booklet.
- This information is contained on the website and in the client information booklet.
- The Managing Director will:
 - Provide this information at the time services commence or on request; and
 - Update this information at the outset of new service agreements.
- The **Practitioner or Operations team** will endeavor to ensure the information is in a language and format that the person is likely to understand.
 - The **General Manager** will support people who use the services through the complaints process and ensure that people making a complaint are not adversely affected.
 - **All staff** will foster environments that encourage people we support to provide open and honest feedback.

3. Steps for Making a Complaint

- Practitioners should advise the **Clinical Supervisor and General Manager** immediately if a written or verbal complaint or complaint is made to them directly.
- The **Clinical Supervisor and General Manager** will initially try to resolve arising issues informally when and where it occurs, directly with the person involved. This is to be documented in case notes and if resolved does not need to progress further.
- If an individual does not feel comfortable making the complaint to their worker, service users can contact the service via email or provide feedback anonymously via the website compliments and complaints form.

- If people want advice or support to make a complaint, they may contact an external advocacy agency, the NDIS Quality and Safeguards Commission. Details for these services are included in the information booklet provided to service users and within the Advocacy Support Resource provided to participants.
- Service users may at any time refer a complaint to an external agency.
- People should consider that external agencies often require a complainant first to make all reasonable attempts to resolve a complaint within the immediate organisation.
- See Sections 5 below for further information about external agencies.

4. Methods for Making a Complaint

- People may make a complaint by any of the following means:
 - Written (eg. letter, email, online through the website);
 - Verbal (face-to-face, telephone, telehealth); or
 - Any other communication that a person uses.
- The **Operations team** will record complaints in the feedback and complaints internal database.

5. Complaints to External Agencies

- People may make a complaint to the NDIS Quality and Safeguards Commission if the EABC **General Manager** is unable to resolve their complaint.
- The NDIS Quality and Safeguards Commission works with complainants and disability support providers to resolve complaints. This may include informal discussions, conciliation processes or, under certain circumstances, formal investigation. People may make a complaint to the NDIS Quality and Safeguards Commission at any time.

Other external agencies also handle complaints. These agencies include:

- The Disability Services Commissioner
- Office of the Public Advocate (for matters related to the rights of people with a disability);
- Health Services Commissioner (for complaints about health services and privacy in health services);
- Victorian Privacy Commissioner (for complaints about information privacy); and
- Victorian Equal Opportunity and Human Rights Commission (for complaints about discrimination and harassment).

6. Complaint Management

- The **Clinical Supervisor or General Manager** must complete an Incident Report if required (see Incident Reporting Procedure).

- The **Clinical Supervisor or General Manager** will ensure that, when handling complaints from people with complex communication needs, someone is involved who has a good understanding of the person's communication. The person who needs support should choose the person who supports them.
- The **Clinical Supervisor or General Manager** will request the following information from a person making a complaint:
 - The circumstances giving rise to the complaint;
 - A timeline of events;
 - Any previous actions taken to resolve the complaint; and
 - What the person expects in resolving the complaint.
- The **Clinical Supervisor or General Manager** will document the actions and decisions related to complaints, including complaints that escalate to a higher level (see Section 8 below).

7. Responding to a Complaint

- The **Clinical Supervisor or General Manager** will acknowledge a written complaint by return letter, fax or email within two working days of receipt (with the exception of notified closure periods – in which case complaints will be responded to within 2 days of re-commencement of services). EABC considers all complaints from people we support to be genuine and important.
- The **Clinical Supervisor or General Manager** will acknowledge a verbal complaint immediately and explain the process for responding to a complaint.
- The **Clinical Supervisor or General Manager** will propose a resolution to a complaint within seven working days. The deadline for proposing a resolution may be extended if agreed to by the person making the complaint.
- The objective in responding to a complaint is always to work toward a positive outcome for the person we support.

8. Maintaining Records

- The **General Manager** will retain copies of documents related to complaints in a separate, service specific feedback and incident database.
- Individual feedback will be documented in the relevant client folders.
- All complaint records will be retained for a minimum of 7 years.

9. Reviewing Complaints

- The **General Manager** will review complaints to identify areas of service delivery that require improvement.
- The **General Manager** will review individual and aggregated complaints to identify opportunities for systemic improvements, including improvements to the complaints process.

10. Related documents

| Internal | External |
|--|---|
| <ul style="list-style-type: none"> • Incident reporting procedure • Complaints and Compliments Form • Feedback and incident register (found within EABC Risk Register Database) | <ul style="list-style-type: none"> • National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 • National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 • National Disability Insurance Scheme Act 2013 • National Disability Insurance Scheme Code of Conduct • Disability Act 2006 |

11. How to Make a Complaint to NDIS about other Services

- At times, practitioners may witness or be made aware of allegations of poor quality services, or reportable incidents under the NDIS Quality and Safeguards Commission. It is everyone's responsibility to take reasonable actions to protect service users by reporting these practices.
- Once an allegation or incident occurs, staff should inform their **Clinical Supervisor or Team Leader** of the incident. Actions should be taken to assess the risk to the participant.
- The EABC practitioner who was made aware of the incident should contact the NDIS Quality and Safeguards Commission to discuss the concern and determine if it is considered a reportable incident or not.
- An email outlining the key points surrounding the complaint / incident should be drafted and prepared to send to the NDIS Commission. Email should include:
 - The participants Name and NDIS Number; setting where the incident occurred; name of service the complaint is being made against; details of the allegation; who else witnessed this or was made aware of the allegation; follow up actions taken and risk to the NDIS participant.
- If the complaint is considered to be a reportable incident, an NDIS incident report must be completed in line with EABC incident response policy.

12. Framework

Schedule 8 National Disability Insurance Scheme (provider registration and Practice standards) Rules 2018