



BE STRONG, STAY STRONG

SERVICE DELIVERY - PARTICIPANT COMPLAINTS DISPUTES AND APPEALS POLICY

INTENTION

The Intention of this policy is to ensure that people using the Service and or their Representative/Nominees have the right to raise and have resolved any complaint or dispute in relation to the services they receive. Such complaints will be dealt with promptly, fairly, confidentially, and with no adverse repercussions for the individual initiating the procedure.

DEFINITION

Complaint: *The act of complaining, a grievance which is a cause of dissatisfaction*

Dispute: *Controversy, debate, quarrel, disagreement.*

Appeal: *A request made to a court of law or to a person in authority or a relevant body to change a previous decision*

OTHER DEFINITIONS

Complain: *Express dissatisfaction, state a grievance concerning a particular issue*

Grievance: *Real or perceived cause for complaint*

Aggrieved: *Having a grievance*

Executive Team: *The Clinic Leader and/or Executive Team*

POLICY STATEMENTS

- Kieser encourages the raising of complaints by Clients and/or their Representative/Nominee regarding any areas of dissatisfaction with the service provided.
- Kieser supports the management of complaints in a way that Clients and/or their Representative/Nominee will have no fear of retributive action when raising complaints.
- Kieser will provide a system for raising complaints in a way that is accessible and transparent for all stakeholders.
- Clients will be provided with the opportunity to have access to an independent person of their choice to assist them through a complaint process.
- The resolution of complaints will be completed in a timely manner and in accordance with current policies and procedures.



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- Kieser will have a process for including issues raised during complaints for improvements within the Service and, if indicated, included on the Continuous Improvement Register.
- All complaints and their resolutions will be recorded in the Complaints Register and complaints/resolutions will be reported to the Executive Team through the Clinic Leader's Report.

PROCEDURES

- Team Members will make every effort to establish an atmosphere of trust and open communication so that complaints are dealt with in a constructive way and as soon as possible after the complaint is received.
- The Clinic Leader will create an environment in which the Client and/or their Representative/Nominee feel free to raise their concerns about service delivery and are assisted in pursuing a resolution of issues and complaints.
- At the signing of the Service Agreement, the Team Member will provide a written copy of the complaints procedure to the Client and/or their Representative/Nominee, and will explain it in detail.
- Should a complaint be made, the Clinic Leader will explain to the Client and/or their Representative/Nominee all the steps which will be taken to resolve the issue and obtain their consent before any action is taken.
- The Clinic Leader will provide a Complaint Form for completion and signature by the complainant.
- The Clinic Leader will maintain a Complaints Register containing a record of each complaint received and include the complaints/resolutions in the Report to the Executive Team.

Problems which may constitute a complaint or grievance could include:

- Physical, sexual, emotional or verbal abuse or harassment, invasion of privacy, discrimination, deprivation of choice, lack of respect for an individual's dignity, repeated tardiness, patronizing language, unsafe driving practices, unwelcome imposition of will, offensive language, smoking, etc. or any practice objected to by the person using the Service.

Complaints involving an Incident

- If the matter raised involves an incident, an Incident Form will also be completed and action taken regarding the incident.
- If a complaint involves an unlawful act, the matter may be referred to the appropriate agency.

Resolving a Complaint

- All complaints will be dealt with as soon as possible and as informally as possible and must maintain the privacy and confidentiality of all persons concerned.
- Clients may have a Representative/Nominee to provide support during any part of the complaint process. If they do not have a Representative/Nominee within their network, the Service will provide details of Advocacy Agencies with the area.

All complaints whether formal or informal must be:

- Undertaken in a fair and positive manner with confidentiality maintained throughout the process.
- Approached in a positive way, with the aim of resolving the complaint in an appropriate manner.
- Referred to the Executive Team either for their action or for their information.

Complaints about a Clinical Team Member

- The matter should be discussed with the Principal Leader, who is responsible for organising the support arrangements of the Client.
- The Principal Leader / will listen to the complaint and investigate the circumstances and events leading up to the complaint, and the complaint is to be included in their report to the Clinic Leader.
- The Principal Leader is to attempt to resolve the matter as informally as possible by discussion with the Client and/or their Representative/Nominee with a view to finding a resolution and a way forward to finalise the matter.
- If the Principal Leader is the only person who has been involved to this point, the matter will be referred to the Clinic Leader for further discussion and to find a resolution.
- If the Clinic Leader is unable to resolve the issue the matter will be referred to the Executive Team.
- The complaint/resolution must be entered into the appropriate Registers.

Complaints about a Principal Leader

- If the complaint is against the Principal Leader and cannot be resolved by discussion with the person, the complainant may make a complaint to the Clinic Leader who will attempt to resolve the matter. If it cannot be resolved to the satisfaction of the complainant, the matter will be referred to the Executive Team as soon as practicable for further action.

Complaints about the Clinic Leader

If the complaint is against the Clinic Leader and cannot be resolved by discussion

with the Clinic Leader, the complainant may make a complaint to the Executive Team who may refer the matter to the Grievance Team.

Referral to the Grievance Team

- If the Executive Team decides the complaint is to be addressed formally through the Grievance Team the Grievance Team will investigate and meet with the person concerned.
- Following referral to the Grievance Team, if the complaint is not resolved, the Executive Team will be informed and the complainant will be advised of their right to contact the relevant external authority.
- A final statement of outcome and resolutions of each grievance process must be signed off by all parties, and entered into the Complaints Register and, if indicated, the Continuous Improvement Register. This will signify the completion of the current grievance process.

Role of the Grievance Team (See Role & Responsibilities of the Grievance Team)

The Grievance Team will:

- Follow all Grievance Team Guidelines to resolve the complaint/grievance.
- Make any recommendations to the Executive Team if Service improvements are indicated for inclusion in the Continuous Improvement register.
- The Grievance Team must ensure as far as practicable that the manner in which all meetings are conducted will be conducive to maintaining relationships and will provide fair, objective and independent analysis of the situation whilst maintaining privacy and confidentiality.

Role of Independent Support Person during grievance resolution

- Prior to the first meeting, a complainant will be offered the opportunity to include an independent person/s to support them at meetings.

Grievance Meeting Process

The Grievance Team will:

- Establish the role of the support person or of each person if there is more than one.
- Outline the process that is to be followed.
- Inform the parties that any information obtained in the conduct of the meeting is confidential.
- Take accurate and detailed notes of all conversations including dates, people involved and attach any supporting documentation.
- If deemed necessary, provide the complainant with a written summary of the

meeting and clarification of the next steps to be taken.

- At the conclusion of the Grievance process the resulting agreed outcome and planned actions will be recorded, signed and copies supplied to all parties.
- This will be reported on to the Executive Team, and a timetable agreed upon for a review of the resulting actions.

Feedback about the Complaints process

- Persons involved in a complaints process will be provided with a Feedback Form to document their level of satisfaction with the complaints processes.
- Persons involved in a complaints process will have access to a later review of any resulting corrective action/s taken.

Appeals Process:

- If the complainant is not satisfied with the outcome of their complaint they have the right to request that the Service review the process.
- The complainant will also be provided information about their right to contact the relevant external authority.

DELEGATIONS

Executive Team

- Receive Complaints which have not been able to be resolved by staff.
- Appoint a Grievance Team and oversee its responsibilities.
- Approve the Role and Responsibility/Guidelines of the Grievance Team.
- Set procedures for the Grievance Team.

Clinic Leader

- Identify and address potential problems before they become formal grievances.
- Be aware of, and committed to, the principles of open communication and information sharing with the Client and/or their Representative/Nominee.
- Ensure as far as practicable all complaints are handled in the most appropriate manner at the earliest opportunity and all concerned are treated fairly and without fear of retribution.
- Provide information to complainants about the referral to the Grievance Team where a complaint is not able to be resolved satisfactorily.

REFERENCES

Disability Services Act
Disability Services Regulations
Human Services Quality Standards
National Disability Insurance
NDIS Terms of Business

NDIS Practice Standards

AMENDMENTS/REVIEWS