

Managing External Feedback and Complaints Policy and Procedures

Overview

Down Syndrome NSW recognises the importance of listening to people who wish to provide feedback, or complain about any aspect of the organisation. Down Syndrome NSW's complaints process is designed to ensure that complaints are dealt with efficiently and effectively. Two of the values that underpin Down Syndrome NSW are Member Centred and Inclusiveness, which highlight the importance of managing external feedback and complaints in a proactive and constructive way.

All staff members have a role in ensuring that complaints are heard and that people are aware of their right to complain about any aspect of the organisation or any aspect of service provision they are not happy with.

Down Syndrome NSW will ensure that any conflict, grievance, dispute or complaint will be handled competently, fairly and quickly. Adequate disputes handling will protect and promote the reputation of the organisation, and ensure that our services are continually improved by listening to feedback from our members and clients.

Complaints may relate to programs and services, miscommunication, and staffing performance.

Procedures

- Where the complaint or appeal is made during a conversation from an external party, any staff member involved is to check with the complainant if they would like the matter recorded and followed up.
- Responsibility for managing complaints and external feedback generally sits with the CEO. When the complaint is received in writing, through mail or email, the staff member will forward the complaint to the CEO for review and action.
- Any complaints from users of our services and members will be documented, and logged in the register of Incidents Reports. All employees are responsible for recording the conversation and forwarding the complaint to the CEO.
- If the complainant has communication support requirements (e.g. a person not able to communicate verbally) or other support requirements, Down Syndrome NSW will make every effort to ensure that adequate support is provided to the individual to ensure that their complaint is heard and documented.
- If the complaint cannot be resolved by the CEO, it will be referred to the

President of the Board, and a plan will be developed to investigate the complaint, and resolve it.

- Complainants may be given a copy of the plan to investigate and resolve the complaint, and the CEO/President will be responsible for ensuring that the complainant is informed of the progress of the investigation.
- The CEO will maintain and monitor the register of incident reports, and discuss any complaints that are relevant at staff meetings where there is the opportunity for quality improvement of services. Where complaints involve details that are private, these must not be discussed at staff meetings. The Board is also provided with an updated Incidents Register at every Board meeting. This includes a brief description of the incident/complaint, action taken, and whether the incident is closed or open.
- Down Syndrome NSW may source an external party to assist in resolving complaints when necessary.
- Depending on the nature of the complaint, where the matter remains unresolved or disagreement in the actions remain, then the complaint may be referred to an appropriate external agency (e.g. mediation) or the complainant informed of appeal procedure or other legal remedy.
- Where appropriate, complainants will be provided with a written outcome regarding the complaint as soon as possible and no longer than 21 days after the complaint has been made.

Incident Reporting

Feedback and complaints that relate to accidents or incidents will be managed in a professional manner, in accordance with Down Syndrome NSW policies. Incidents will be reported in accordance with Down Syndrome NSW Incident Investigation procedures and documented on an Incident Report form. Staff are required to immediately report incidents relating to medical, behavioural, injury or other events that have potential to cause harm to clients, staff or members of the public. Examples of such incidents include members refusing to follow direction, injury due to uneven walking surfaces, illness that requires a member to leave an activity early.

Staff are also encouraged to report minor events that, if properly addressed, may improve the quality of activities and services. Examples of this include miscommunication regarding meeting points, unexpected issues that arise.

Registered NDIS providers, such as Down Syndrome NSW, are required to notify the NDIS Quality and Safeguards Commission of the following incidents (including allegations) affecting NDIS participants in connection with the provision of NDIS supports and services. Reportable incidents include:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity

- the unauthorised use of a restrictive practice in relation to an NDIS participant.

Down Syndrome NSW follows the procedures required by the NDIS Quality and Safeguards Commission for notifying on reportable incidents as outlined on their website, <https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>, including the requirements for immediate notification, 5 day reporting and providing a final report.

Application of this Policy

This Policy applies to all employees and volunteers (“employee”) of Down Syndrome NSW.

Down Syndrome NSW may at its sole discretion, on a case by case basis, alter this Policy or the manner in which the process outlined in this Policy is conducted to ensure it suits the particular issue.

Policy History

DATE	APPROVED BY BOARD
February 2018	Created
July 2019	Revised and updated
October 2019	Revised and updated