

COMPLAINTS PROCEDURE

Complaints Procedure

Orange Health values complaints from people with disability, providers and regulators to ensure people are treated fairly when they use our services. Complaints are an important source of information and are used to improve our services wherever possible.

This procedure explains how Orange Health will implement its complaints policy.

Planning and support

Complaints can be received verbally, in writing or in other ways that suits the person making the complaint. Families, carers and advocates can also complain on behalf of the person with disability that they support.

If someone talks to a staff member to make a complaint, that staff member is responsible for writing it down and following procedures. Complaints should be documented on a complaint form, within 24 hours of being made. It is important that the staff member checks with the person making a complaint that the complaint has been recorded accurately. The complaint will also be lodged on the Complaints Register.

Complaint information is private and must not be shared with people outside of the complaints process.

The CEO will contact the person lodging the complaint within five working days to discuss the matter. Details of the complaint and any response will be documented. The CEO and relevant staff will work with the person lodging the complaint to identify desirable outcomes to resolve the complaint within three weeks.

If the complaint is against an employee or volunteer, that person will not have contact with the complainant while the complaint is resolved.

At any stage of the complaints process, the complainant can get support from an independent advocate.

Where a matter needs to be referred to an outside agency or otherwise investigated, all staff will cooperate with the inquiry and produce material requested.

There are systems and reporting requirements for

- serious incidents
- allegations of abuse, neglect or exploitation
- theft
- accidents, injuries or death.

The CEO will decide whether other policies and procedures apply such as Safeguarding or Eliminating Restrictive Practices policies and determine whether measures need to be included in a positive behaviour or safeguarding plan.

Responsibilities

All staff are responsible for the implementation of the complaints procedure. This includes encouraging and supporting people accessing Orange Health services to raise any concerns or complaints they have on any issue.

The CEO is responsible for ensuring complaints are recorded and actioned.

The CEO is responsible for communicating with people with disability, family, carers and other key stakeholders during a complaints process.

Reporting

The most senior Staff member dealing with the complaint will report it to the CEO or Director.

The CEO or Director will contact the police where there is an allegation of a criminal offence.

De-identified complaint activity is routinely reported to the board as part of ongoing quality assurance and continuous improvement.

Review and evaluation

Orange Health will communicate with people with disabilities about quality reviews and encourage their participation in evaluating services.

At least twice a year the CEO will analyse complaints data to determine service gaps, issues or trends in practice, procedures or policies that need to be amended to better safeguard people accessing services and improve services.

If at any time the participant or their representative do not wish to make a complaint to Orange Health, we will support them to make a complaint to the NDIS commission by providing them with the information they need to do this.

Approvals

Date of approval: 3 March 2021

Date of review: 3 March 2021

Signature of CEO: