



Private Speech Pathology Practice

NDIS Policy and Procedure Manual

2018

Private Speech Pathology Practice NDIS Policy and Procedure Manual

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Introduction

Why Has the Manual Been Developed?

The Speech Pathology Practice NDIS Policy and Procedure Manual (the manual) has been developed for Speech Pathology Australia (SPA) members who are seeing NDIS managed clients in their practice and need to comply with some of the obligations under the National Quality and Safeguarding Framework (NQS).

This manual includes several policies and procedures that can be adapted for your practice. It is anticipated that SPA will continue to add documents to this Manual as the requirements of the NQS are shared with the Association by the NDIS Quality and Safeguards Commission.

It is important to understand that the NDIS Quality and Safeguarding Commission's approach to registration and compliance is not aiming to be punitive, but rather to be 'proportional' i.e. when it is determined providers are offering low risk and low complexity supports, and/or where they are regulated by another body, the expectations in relation to compliance with the Standards will reflect this.

Who Can Use the Manual?

Speech Pathology Australia members who are seeing NDIS managed clients and need to comply with the verification or certification requirements under the NQS may use the document in this Manual.

These documents have been designed such that they can be adapted to meet the needs of the range of businesses in which our members work, including those which may be offering more complex and higher risk services.

While it is likely that many practices will not experience circumstances outlined in these documents (e.g. a reportable incidents or complaints) which may require the involvement of the NDIS Quality and Safeguarding Commission, it is valuable to have up to date policies and procedures which comply with the NQS requirements in place.

How Can Members Use the Manual?

The Manual is a guide only. You may choose to adapt some of the policies or modify some of the templates to suit your own needs.

What Other Information Should Members Refer to When Developing a Manual?

Speech Pathology Australia members working with NDIS participants should refer to the many documents on the SPA website under [NDIS](#). This includes information about the verification or certification processes speech pathologists working in different states and territories, and offering different supports, are required to comply with. There are different requirements in different states, with the NQS applying to members in SA and NSW from July 1st, 2018, Western Australia from July 1st 2019, and all other States and Territories from July 1st 2019.

More information can also be found on the [NDIS Quality and Safeguards Commission](#) website.

Speech Pathology Australia members should also refer to SPA's Private Practice – Policy and Procedure Manual (and associated templates) on the [SPA website](#).

Where Can Members Find More Information or Assistance?

Enquiries regarding the Manual or other NDIS matters) can be directed to Speech Pathology Australia National Office staff by phoning 03 9642 4899 / 1300 368 835 or emailing office@speechpathologyaustralia.org.au.

1. Complaint Management and Resolution System (NDIS)

1.1 Introduction

Persons with disability may face multiple barriers to making a complaint about their support or services. These include lack of experience asserting their rights as consumers, fear of retribution, negative experiences with complaints systems (including not being believed) and difficulty communicating what happened without support. Additionally, in the case of violence, neglect and abuse, people can face substantial barriers to making a complaint.

Feedback provided can be used by the Practice to drive change and improvements in the service provision.

Policy

The Practice Complaint Management and Resolution System will:

- Support NDIS participants to understand their rights and what they should expect of providers,
- Supports NDIS participants to have the confidence to complain when they face issues,
- Enable other stakeholders (such as advocates and workers) to make complaints and ensure issues can be addressed when persons with disability are unable or unwilling to make a complaint,
- Support the resolution of complaints when possible and provide an escalation pathway where required,
- Enable the identification of systemic issues and drive improvements (including by providers reporting on complaints).
- Identify and report on any complaints or issues that are reportable (as per the Incident Management and Reportable Incident System Policy and Procedure document).

Procedure

1.0 All NDIS participants receiving services from the Practice will be provided with information regarding the Complaint Management and Reportable incident system when they commence services (See Appendix 4).

Information will also be available in the waiting room and within the Service Agreement

- 1.1 Complaints may be received via telephone, in writing, electronic mail (e-mail) or in person by the client, client advocate or client's representative in person by a member of staff of the Practice and/or anonymously.
- 1.2 When a complaint is received and/or an incident which needs to be reported is identified, any supports required to facilitate communication and participation by the participant (e.g. supports in languages other than English, braille, audio recording and/or AAC options) will be identified and all reasonable steps taken to have these available.
- 1.3 All reasonable steps will be taken to ensure that:
 - A person who makes a complaint, or a person with a disability affected by an issue raised in a complaint, is not adversely affected as a result of the making of the complaint; and
 - Information provided in a complaint is kept confidential and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstance.
 - All staff at the Practice will be trained to refer client complaints in a polite, prompt, consistent, positive and constructive manner.
- 1.4 The Complaints and Incidents Record document will be completed by the staff member who initially receives the complaint.
- 1.5 Complaints will be referred to the practice owner or manager (Kerry Townley-O'Neill) within 24 hours of receipt.

- 1.6 The practice owner or manager (Kerry Townley-O'Neill) will ensure appropriate support and assistance is provided to any person who wishes to make, or has made, a complaint. This may include facilitating communications in languages other than English, or the use of a communication support such as AAC or braille using available publicly funded options. The person receiving the complaint or reporting the incident may assist the client to complete the form, for example by writing the details on the complaint form as verbalised by the client/ their representative.
- 1.7 Documentation or a record of the person's agreement with the report should be gained e.g. by signing the document, or video-recording verbal agreement, or videoing the persons non-verbal responses.
- 1.8 Once a client has given an indication of an issue/concern, there will be an immediate attempt to determine the exact nature of the concern/problem and where possible correct or resolve the issue.
- 1.9 If a concern/problem cannot be resolved immediately, and/or the client or their representative is not satisfied with the outcome, the practice owner or manager (Kerry Townley-O'Neill) will provide the client with the *How to make a Complaint Brochure* (refer to Appendix 4). This will provide the client with the process for making a complaint and options available to them.
- If they would like to proceed, the person making the complaint will be provided with a *Complaint Form* (refer to Appendix 1).
- 1.10 The practice owner or manager (Kerry Townley-O'Neill) will:
- Provide the person with an acknowledgment of the complaint (refer Appendix 2 Acknowledge Receipt of Complaint) within 5 business days of receiving the complaint,
 - Record the complaint on the Complaints Register (refer Appendix 7),
 - Assess and investigate the complaint,
 - Ensure that procedural fairness is afforded to all involved in the complaint,
 - Complete the Complaints Action Form (refer Appendix 3)
 - Endeavour to resolve the complaint in a fair, efficient, and timely manner.
 - Take appropriate action in relation to the issues raised in the complaint,
 - Report back to the client/their representative regarding the decision and the reason for the decision of the complaint ideally within 21 business days of receiving the complaint.
 - Provide appropriate support and assistance for the client/ their representative, to contact the Commissioner if they are not satisfied with the outcome of the complaint.
- 1.11 The practice owner or manager (Kerry Townley-O'Neill) must ensure the person making the complaint is:
- Appropriately involved in the resolution of the complaint; and
 - Kept informed of the progress of the complaint, including any action taken, the reasons for any decisions made, and options for review of the decision in relation to the complaint.
- 1.11 Once a decision/outcome has been concluded (ideally within 21 working days), the practice owner or manager (Kerry Townley-O'Neill) is to phone the client and advise them of the findings and the reason for any decision being made. If the client is satisfied with the outcome, the practice owner or manager must record the details on the Complaint Action Form, complete a client letter (see Appendix 5: *Outcome in Favour of Client*), take a photocopy and post the original to the client. A copy of the letter with the other

supporting documents should be filed in the Practice's Complaints folder and the Complaints Register should be updated as complete (include: date finalised).

- 1.12 If the complaint is not resolved to the client's satisfaction, the practice owner or manager (Kerry Townley-O'Neill) will advise the client that they have the right to contact the Commissioner of the NDIS Quality and Safeguards Commission. They should provide the person making the complaint with the contact details of the NDIS Quality and Safeguards Commission.

The practice owner or manager (Kerry Townley-O'Neill) will also complete a client letter (Appendix 6 *Outcome not in Favour of the Client*), take a photocopy/scan and then post the original to the client. They must attach a copy of the letter with the other supporting documents and store this in the client's file.

The client's letter will need to detail the reasons why he/she is not satisfied with the complaint resolution proposal and should set out his/her expectations and desired outcomes for the dispute to be satisfactorily resolved.

Record the client's dissatisfaction with the complaint outcome on the Complaints Action Form and Complaints Register. File a copy of all the relevant documentation in the Complaints folder.

2.0 Documentation

- 2.1 The practice owner or manager (Kerry Townley-O'Neill) must provide copies of this Complaints and Management System to:
- persons with disability receiving NDIS support or services and their families, carers and advocates;
 - each person employed or otherwise engaged by the practice.

3.0 Monitoring, and Reporting Complaints

- 3.1 All records in regards to the Complaints and Management System must be kept for 7 years from the day the record is made.
- 3.2 It is important to record the complaints information on the Complaints Register to assist management in measuring effectiveness in a number of areas. The information can be used to:
- identify and address recurring, or systemic issues,
 - identify training requirements, and
 - highlight product or internal control weaknesses, and
 - report information relating to complaints to the Commission, if requested.
- 3.3 The practice owner or manager (Kerry Townley-O'Neill) will analyse complaints data regularly to identify any trends in the complaints received by the Practice and then make changes to policies and procedures as required to reduce the possibility of repeat complaints.

4.0 Roles, Responsibilities, Compliance and Training of Staff

- 4.1 The practice owner or manager (Kerry Townley-O'Neill) is responsible for ensuring that all persons engaged in the practice to provide services to NDIS clients have been trained and comply with this Complaints Management and Resolution System.

5.0 Complaint Management and Resolution System Review

- 5.1 The practice owner or manager (Kerry Townley-O'Neill) will review this Complaint Management and Resolution System regularly to ensure its effectiveness.

6.0 Referring Complaints

- 6.1 Complaints will be referred or notified to any other bodies in accordance with any requirements under relevant Commonwealth, State or Territory laws.

For example:

- Child protection agencies
- Work Health and Safety agencies
- Consumer Protection Agencies
 - The Office of Fair-Trading QLD, and
- Medical or professional accreditation or monitoring bodies
 - Speech Pathology Australia.

2. Incident Management and Reportable Incidents System (NDIS)

Background

The Practice recognises the NDIS' National Quality and Safeguarding Commission has identified that an Incident Management and Reportable Incidents System aims to support NDIS providers to:

- protect and prevent harm to people with a disability.
- support participants to be informed purchasers and consumers of the NDIS support and services and to live free from abuse, violence and exploitation.

NDIS providers have the primary responsibility for preventing and managing all incidents related to people with disability receiving support and service from their service.

The purpose of this document is to ensure that all staff of the Practice understand their responsibilities in relation to incidents while also supporting persons with disability, their families, carers, advocates and others who receive services to also be aware of their rights and the support and protections available to them.

Policy

The practice owner or manager of the Practice understands that registered NDIS providers must:

1. establish incident management arrangements to enable the identification of systemic issues and drive improvements in the quality of supports and services they deliver and that failure by a registered NDIS provider to comply with these requirements constitutes a breach of conditions of registration (under paragraph 73 F (2) (g) of the Act) and may lead to compliance and enforcement action (under Division 8 of Part 3A of the Act.),
2. implement and maintain a system to manage incidents,
3. notify, investigate and respond to incidents, and
4. comply with obligations if an incident is the subject of a complaint under Section 73W and 73X of the Act and the NDIS Complaints Management and Resolution Rules 2018.

Procedure

1. Incidents

All staff will report ANY incident that occurs, in relation to the provision of services to an NDIS client to the the practice owner or manager (Kerry Townley-O'Neill) as soon as they become aware of it. This includes any acts, omissions, events or circumstances that occur by our staff or the person with a disability, in connection with the provision of the support or service, that could cause serious harm, or risk of serious harm to either the person with a disability or another person.

Procedural fairness will be afforded to the person with a disability and all involved in the incident.

This Incident Management System will be made available to and complied with by all employees/contractors of the Practice.

2. Reportable Incidents

A reportable incident is;

- The death of a person with a disability;
- Serious injury of a person with a disability;
- Abuse or neglect of a with a disability;
- Unlawful sexual or physical contact with, or assault of a person with a disability;
- Sexual misconduct committed against, or in the presences of, a person with a disability, including grooming of the person for sexual activity;
- The use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an authorisation of a state or territory body in relation to the person.

The Practice owner or manager (Kerry Townley-O'Neill) will complete an Incident Report (see Appendix 1) for all incidents as soon as they become aware an incident has occurred.

The Practice owner or manager (Kerry Townley-O'Neill) will inform the Commissioner (see contact details below) of any reportable incident within 24 hours of the Practice becoming aware of the incident, utilising the information collected on the Incident Report (see Appendix 1).

The Commissioner of the NDIS Quality and Safeguards Commission:

NB: *From 1 July 2019, the NDIS Quality and Safeguards Commission will start managing quality and safeguards in Queensland. Until then, your current state or territory requirements for quality and safeguards will continue to apply. The links below may be helpful.*

Queensland Ombudsman

Website: ombudsman.gov.au

Telephone: 07 3005 7000, or 1800
068 908 (outside Brisbane metro)

Website: ombudsman.qld.gov.au

Fair Trading Queensland

Telephone: 13 74 68
Website:
qld.gov.au/law/fair-trading

Commonwealth Ombudsman

Telephone: 1300 362 072

Email:
ombudsman@ombudsman.gov.au

The practice owner or manager (Kerry Townley-O'Neill) will keep the Commissioner updated in regard to any reportable incidents. If there is a reportable incident, the Commissioner may require the Practice to provide a final report about the incident within a period specified by the Commissioner.

3. Providing support and assistance

The practice owner or manager (Kerry Townley-O'Neill) will arrange and provide the required support and assistance to the person with disability affected by the incident (including providing information about access to advocates such as independent advocates to ensure their health and wellbeing (see the [Australian Federation of Disability Organisations](#) website).

4. Management and resolution of the incident

The practice owner or manager (Kerry Townley-O'Neill) will ensure that the person affected by an incident is involved in the management and resolution of the incident.

5. Investigation of the incident

The practice owner or manager (Kerry Townley-O'Neill) will ensure that all incidents are investigated and assessed. This includes establishing the causes of the particular incident, effects and any operational issues that may have contributed to the incident occurring. The practice manager will ensure that procedural fairness is ensured through the incident process.

6. Incident Assessment and Corrective action

The practice owner or manager (Kerry Townley-O'Neill) will assess all incidents considering the views of the person with a disability affected by the incident and including;

- Whether the incident could have been prevented;
- How well the incident was managed and resolved;
- What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
- Whether other persons or bodies need to be notified of the incident.

7. Documentation, record keeping and statistics

The practice owner or manager (Kerry Townley-O'Neill) must provide copies of this NDIS Incident Management and Reportable Incidents System to:

- persons with disability receiving NDIS support or services and their families, carers and advocates;
- each person employed or otherwise engaged by the Practice
- the family members, carers, independent advocates and significant others of persons with disability receiving support or services from the Practice;

8. Incident Management Systems Review

The practice owner or manager (Kerry Townley-O'Neill) will annually review this Incident Management System to ensure its effectiveness.

9. Recording Keeping

All records related to a complaint or reportable incident must be kept for 7 years from the day the record is made. In regards to a reportable incident that subsequently becomes a criminal offence, these records are required to be kept until the relevant statute of limitations expires.

10. Monitoring, and Reporting

The practice owner or manager (Kerry Townley-O'Neill) will log all incidents in the incident register (refer Appendix 2) and collect statistical and other information on an annual basis relating to incidents to

- Review issues raised by the occurrence of incidents.
- Identify and address any systemic issues.

If requested, information relating to complaints will be provided to the Commissioner.

11. Roles, Responsibilities and Training

The practice owner or manager (Kerry Townley-O'Neill) is responsible:

- For this Incident Management System.
- To report all reportable incidents to the Commissioner within the required timeframes (24 hours).
- To identify, manage and resolve incidents, and prevent incidents from occurring.
- To ensure that all employee/contactors are aware and have been trained in the Incident Management System.