



**WEBINAR 4**

## Embracing Change

Applying the NDIS Practice Standards  
in Psychosocial Disability Services

**CORE MODULE 2:** Complaints, Incidents, Human  
Resources and Continuity of Supports

## WEBINAR REPORT AND TRANSCRIPT

Webinar held on 28 May 2020, 11:00AM – 12:00PM

### Presenters

- Daniel Kim – Host, Redback Connect.
- Christine Regan, State Director for NSW/ACT, NDIS Quality and Safeguards Commission.
- Graham Humphreys, Director of Complaints for NSW/ACT, NDIS Quality and Safeguards Commission.
- Kate Wilson, Quality and Safety Manager, One Door Mental Health.

### Participants

- 220 people registered to attend the webinar. .

### TRANSCRIPT

#### DANIEL KIM:

Yes, a warm welcome. And thanks for joining us in the learning cafe for today's webinar. I'm Daniel Kim, your host. It's National Reconciliation Week and it'd be quite appropriate for me to begin with acknowledging the Aboriginal custodians of the land on which we meet, and the land on which this webinar is being held. And in my case here in Sydney studio, it's the Gadigal people of the Eora nation. I pay my respects to their Elders, past, present and emerging. This webinar is going to be recorded and will be shared after the event. So, if you wish to come back to it later or share it with others, you can. I also acknowledge the lived experience of people recovering from mental health conditions here today and in our community, and their contributions to the mental health sector, particularly those who contributed to the work of this project.

A word about language used in the mental health sector and its use in reference to the NDIS. In the mental health sector, the term consumer is used to describe a person accessing a mental health service. In the context of NDIS we will use the term participant. And please be aware this webinar will touch on the use of restrictive practices. So, I'd like to remind you to take care during the webinar and take a break if the conversation brings up difficult emotions for you. You can you've got the recording that you can come back to if you like, or if you do want to reach out and speak to someone give the good people at Lifeline a call. 13 11 14 is the number and they are always ready for a chat. Now we have three speakers joining us today and you'll notice we're all connecting remotely as is the fashion in 2020. On the program, we are excited to welcome two presenters from the NDIS Quality and Safeguards Commission, along with another presenter from an NDIS psychosocial disability service provider. So, we have three on the panel rather.



And joining us from the Commission is State Director for New South Wales and ACT Christine Regan. Christine, welcome to the webinar.

**CHRISTINE:**

Thank you, Daniel. I'm pleased, pleased to be here.

**DANIEL:**

Yes, we're very pleased to have you on the webinar too. And that is a lovely crocodile you've got them in the background I might say.

**CHRISTINE:**

That's my son's, thank you.

**DANIEL:**

Thank you very much. And also joining us from the Commission is Director of Complaint Handling Graham Humphreys Graham, welcome.

**GRAHAM:**

Good morning, Daniel. And good morning to everyone. Thank you for having us this morning.

**DANIEL:**

It's great to have you with us. And good morning to you, too, Graham. We've got an image for you rather than a video feed. And that's no drama, of course, but it's all part and parcel of the internet challenges that the whole country is facing at the moment, isn't it?

**GRAHAM:**

Yes, that's right.

**DANIEL:**

Indeed. Yes, thank you. And our third presenter is Quality and Safety Manager for One Door Mental Health, Kate Wilson. A warm welcome to you, Kate.

**KATE:**

Hi. Thank you. Thank you for having me, Daniel.

**DANIEL:**

Yes. Great to have you with us now. We were talking off air about how you just had your New South Wales provider registration renewed in September. So it's still pretty fresh in your mind, right?

**KATE:**

It is yes, I'm ready to share our experiences with everyone.

**DANIEL:**

Excellent, it's great to have you on the panel today, particularly because Christina and Graham are both from the Commission. And as such, they're going to be talking about the broad principles. Whereas you'll be able to bring a real-life example of how a provider can choose to demonstrate they are meeting the quality indicators that might be relevant to them.

**KATE:**

Yeah, for sure.

**DANIEL:**

Absolutely, so there's a lot to unpack today, but we're going to kick off with a quick poll, where we're asking you to rate your current overall knowledge of NDIS practice and standards, and registration requirements. When you see the poll pop up on your screen, please write your knowledge from one, low, to five, expert. This will help us evaluate the effectiveness of today's webinar and how future webinars can be planned and improved. You'll also be asked a couple of survey questions at the end of the webinar, which will help to clarify and better understand your learning needs. Please take part. And during the webinar today we want you to join the conversation as well and tell us all about your experiences and ask questions, which you can do using the dark blue hand icon at the top of your screen. And you can also download some resources that will be very handy if you click the light blue icons so do get involved. Thank you very much, the poll results are in at the moment, and we'll reflect on these towards the end of the webinar.

Now on your screen, you'll see the overview of the 10-part Webinar Program. You'll notice in webinars one, two and three of the Embracing Change series, we've heard about the pain points and priorities for providers in applying the Practice Standards in psychosocial services. We unpacked part one of the core module which included rights and responsibilities. We examined part two of the core module governance operations, risk, quality and Information management.

And over on the next slide, you can see that today we will be covering the full remaining Practice Standards of Module two, feedback and complaints management, incident management, human resource management and continuity of supports. So by the end of this webinar, we will have learned about all four Practice Standards. We'll be able to identify systems work practices and documentation specific to psychosocial service providers that can meet these outcomes and quality indicators. We'll hear some examples of how a provider has met these standards and embed a culture of continuous quality improvement. And we'll specifically learn how One Door Mental Health responded to the COVID-19 outbreak. So big program coming up, and I think we'll start by handing over to you, Christine.

**CHRISTINE:**

Well, thank you very much, Daniel. I'll just go to my first slide. As Daniel says, both Graham and I from the NDIS Quality and Safeguards Commission. And I am the State Director, as he said. As you would be aware, the NDIS Commission is there for the quality and safety of supports of NDIS supports and services provided to NDIS participants. And as you will hear from Kate, we've taken over registration from the NDIA. We are not the NDIA, we are the regulator for the NDIA system. We're going to provide national consistency across all of Australia and Western Australia will be joining us this year in December. We help providers meet their obligations, we help to resolve problems, we provide, we are supporting continuous improvement and quality. And we are rolling out across Australia with WA to join us next, and that will complete our rollout. We have three dimensions of quality and safeguard: developmental, preventative and corrective. Under developmental where the roles that we undertake include communication and engagement with providers and with the sector at large. We've developed a range of tools and resources.



We have Support for Providers Program, if you need, and if you need to Speak Up, Speak to us campaign, and that is very much for provided for participants to speak to the other participants and as a social media campaign. And we do the Worker Orientation Module. I would recommend you have a look at our Worker Orientation Module, it's short, but it gives a really good understanding of the role and the undertakings of the Commission.

And next is preventative. And of course, preventative is one of our major roles here. We use the Code of Conduct for every provider, whether or not they are registered. We will talk more about the Practice Standards today. We do have a behaviour support function, which is new to some providers. We undertake provider registration, we'll talk more about worker screening, and today we'll focus on incident management and reportable incident. And then we have a corrective arm. It's the first time that any regulatory body of this nature in disability has had an opportunity to have consequences where things go wrong.

Our first approach will be education and persuasion with providers. We can impact their registration through their audit. We can do an investigation. We can also apply compliance notices, infringement notices, enforceable undertakings, and injunctions. We can also apply civil penalties to workers, to organisations, and to key personnel. We can revoke or refuse registrations, and we can also place banning orders. I recommend you go to the website, because all of those are published on our website.

The function of the Commission, I'll go over very quickly because we've just done that - registration, Code of Conduct - we use the Code of Conduct, and Graham will talk more about how we use the Code of Conduct, worker screening, reportable incidents, we take complaints, behaviour support, information and capacity building and compliance, investigation and enforcement, as I described.

The Code of Conduct is incredibly important to us. It underpins our own work as well as the work that we expect of service providers in responding to and supporting participants. It applies to all providers, as I said, whether or not you're registered. We hope that it will impact positively on the behaviour and culture of providers and workers, and remembering that anyone can complain, and Graham will discuss that more. Down the side there, you can see that there are a range of six Codes of Conduct, and as a person, as a mother of a person with a disability, I'm very pleased to see there is a focus on participant outcome here.

So, what are the obligations on providers? If you are an unregistered provider, you are covered by the Code of Conduct, you must have a complaints process, and you can join worker screening when that begins. If you are a registered provider for low risk supports you are covered by all three of those, the worker screening is mandatory. You are covered by worker reportable incident requirements, which is mandatory reporting, and you are covered by Practice Standards verification - I'll talk a little bit more about that soon. And if you are a registered provider for high-risk supports, all of the above as well as restrictive practices reporting, particularly where they involve behaviour support.

So, why the Practice Standards? I believe you've been through some Practice Standards in great detail. You've been through the Practice Standard that covers the rights and responsibilities of providers. I know that you are particularly interested in the governance and operational management module, and particularly interested in continuity of support.



What I really love about our Practice Standards, the way they're set out is that each Practice Standard begins with an outcome for a participant. And we think that that will absolutely guide the direction in which they might apply a Practice Standard to their operations and to their response to people with disability. While each of the Practice Standards, as you know, there are a number of Practice Standards attached to each of those as well as quality indicators, and the quality indicators are designed for providers to use so that they can demonstrate that they meet the Practice Standards. In some cases, they're quite prescriptive, many times, they're quite broad, the reason being that providers should be able to then identify how they can meet those standards using those quality indicators.

For example, under continuity of supports, the Practice Standard is that each participant has access to timely and appropriate support without interruption. And there are six quality indicators, and of course the first one is to avoid disruption and ensure continuity so that should anything occur, the participant is receiving continuous support wherever possible. If there's an absence or vacancy, the second quality indicator is about having a suitably qualified and experienced person who performs the role, and that is a requirement for us.

It's very important also to plan the supports of each participant, which also takes into account their needs and preferences, so it's not just all about what the provider thinks the person should get, it's how the supports and services that the provider can provide to the person meets the goals of the person in their NDIS plan, as well as their needs and preferences. It's critically important to have a service agreement in place to ensure that there's no interruption during the period of the service agreement. It should be clear and it should respond to the scope and complexity of the supports. So, we take a proportionate approach as Daniel has described, but also that actually means for the lower risk supports, the service agreement might have fewer detail but it must be written in a language and in a format that the participant can understand and finds accessible.

Now, we work in human services so that we all know that things go wrong from time to time. However, it's very, very important that a provider plans ahead and also quickly puts into place alternative arrangements and those are made ahead with the participants. And of course, disaster preparedness - I've gone into a little more detail there to give a view, but they are all part of our quality indicators guidelines, which is available to you.

From an incident management viewpoint, as a registered provider, you are required to have an incident management process, an incident management system, and the minimum requirements or the rules set out the minimum requirements for that incident management, internal management system, how and when reportable incidents need to be notified to the Commission, and that's very clear. And what actions the provider will take in relation to reports to the Commission and subsequent to those. There are minimum requirements and the systems include, processes for preventing and responding to a management, managing incidents, and they must be documented and they must be accessible and available to participants. We do require that workers are trained in the incident management system. And some of our experience shows that that's very variable. Some providers are very good at ensuring their workers are fully trained and others less so.

For reportable incidents these must be reported to these types of incidents are considered significant or serious. And they must be reported to the Commission within 24 hours of the key personnel of the organisation becoming aware. If there is a lag time between the incident and the key personnel becoming aware the Commission will be very interested in



that. And those incidents that must be reported to us if you are, or if you are registered provider are the death of the participant under any circumstances that is in connection with their NDIS funding. The serious injury, any abuse and neglect of a participant, any unlawful sexual, physical contact. That's not just sexual, physical contact, that's unlawful, sexual, physical contact. Remember taking into account the needs and preferences of the person. Any sexual misconduct including grooming and any unauthorised use of restrictive practices. It's very important that we understand that the incident does not have to have occurred. There's, we don't require proof that the incident has occurred at the time of reporting. It is enough if a participant alleges that something has happened, that allegation must be reported to us because our role in reportable incidents is to oversee that the right agencies are involved in the incident. If it's police, if it's health, if it's support for the participant and that a proper investigation and outcomes occur. If necessary, we can be involved in that, but we require the provider to do that.

The unauthorised use of restrictive practices include, seclusion of a person, chemical restraint, mechanical restraint, physical restraint and environmental strain. All of those are actions are reportable to us as an unauthorised restrictive practice. What's not reportable to us is if any of those practices are applied in accordance with an approved behaviour support plan. And the approvals for a behaviour support plan are done at a state level and according to the processes in each of the states where you provide the services. I was talking about New South Wales in our presentation. So, throughout we have a panel in New South Wales that authorises behaviour support plans and they become no longer reportable, but they do to be reported on a monthly basis to the Commission. The idea of reportable, restrictive practice, our senior practitioner has a philosophy, that we as a Commission are seeking to reduce the use of restrictive practices and eliminate them over time. So, we're very interested in how these are applied to disperse, but don't be afraid to ring the 1800 number for the Commission, if you require more information.

Worker screening is something that's coming up. Worker screening checks will start nationally. We expect from February 2021. It will replace (inaudible) to set a national standard for all workers. At the moment workers are required to have whatever checks are applicable in the jurisdiction in which they operate. When we have our worker screening, the Commission will hold a database and we will have real time reporting, where there are any red flags from against a worker that's identified in, for a provider. And workers will be subject to ongoing monitoring nationally.

I talked about those before some of our major actions in our corrective domain, as I said, we're banning registrations, civil penalties, injunction, civil penalties are fines and we can apply fines. We do look to resolve issues. We can conduct conciliation that we can take a compliance action if we do take up compliance action, any of those actions that I've described can be applied to a provider. I think I now hand over to Graham. Take it away, Graham.

**GRAHAM:**

Thank you very much, Christine. Good morning, Daniel. And good morning to everybody out there. I hope you are able to hear me. So, Christine and I will take you through this morning a little bit about the Commission, and I'll talk to you now about the complaints handling process. And at the end of my presentation, we will open up to questions and questions are the best way for this topic to be really well understood. So, please feel free to ask us anything, there are no silly questions.



Christine and I started with the Commission when it commenced operations in New South Wales and South Australia back on July 1, 2018. And we're very proud of our organisation and the work that we do.

So this morning, I'll take you through complaints handling. So, NDIS participants have the right to complain about the safety and quality of NDIS supports and services. Every NDIS provider must have an effective compliance management and resolution arrangement. In essence, there are prescribed arrangements for registered providers, but unregistered providers are still expected to have appropriate compliance handling procedures. The NDIS Commission has been set up and is responsible for handling complaints about providers. All complaints are taken seriously and assessed. We have facilitated resolution processes that are appropriate to the complaint. And some complaints will involve breaches potentially of legislation that may require investigation or a higher level of regulatory intervention. The thing to remember, I think, for providers is that complaints are one way to judge how you are providing services to participants. We recognise things don't always go to plan. And from time to time, you need to step in, hear a complaint and just assess whether your services are hitting the mark.

So what I'll talk about now is the complaints that the commission can action. So the Commission can take complaints about where supports and services have been provided in a safe and respectful way, where the services and supports have been delivered to an appropriate standard, how an NDIS provider has dealt with the complaint about services and how the provider may have dealt with an advocate or carer of an NDIS participants. What brings a matter into our jurisdiction is where the supports and services come up through the NDIS stream.

We often get complaints that sit outside our jurisdiction and I've just mentioned briefly some of those things that we cannot deal with. So, we did not take complaints about the National Disability Insurance Agency, including decisions about eligibility and what's contained in a participant plan. We also don't take complaints about disability services for which the provider is not NDIS funded such as health services, education services or transport services. We cannot look into decisions of courts, such as the New South Wales Civil and Administrative Tribunal, or coroners. So, what we do offer - 'cause government and regulation of providers can be quite complex, so, when people do reach out to us, if they haven't connected to the right organisation, we will make every effort to try and connect them to where they need to be.

So, our legislation enables any person to make a complaint. So, that is to either the provider or to the Commission. So, that can include the person with the disability who is receiving services and support, it could be a worker, it could be friends or family members, it could be an advocate, or it could be any other member of the community.

The Commission may require a provider to take remedial action depending on the issues and the complaints. Most of the complaints we receive involve what we call shuttle conciliation, where we're going backwards and forwards between a complainant and the provider to understand the issues and to see how we can resolve them. The provider, if asked by the Commission to report back on their actions will be given appropriate procedural fairness and time to do that.



What I would say about the complaints process by the Commission is it shouldn't be feared. We do understand that things do not go to plan on every occasion and we are very open to hearing that something hasn't gone quite right but what the provider is doing to resolve the issue. It's not our intention to try and catch anyone out. We're here to educate and support and to where appropriate, be corrective as Christine was saying earlier. A provider's complaint management system must make it easy for people to make a complaint. There is an expectation in the legislation that providers support people with disability to understand how to make a complaint directly by themselves to the provider and the Commission. So, when a provider receives a complaint, the person making the complaint must be given procedural fairness, they must be informed of the complaints progress. Be appropriately involved in the resolution of the complaint, be regularly updated on any outcomes including decisions made or taken. So, I will hand back to Daniel now and I think we are making ourselves available for any questions that you may wish to put to us. Thank you, Daniel.

**DANIEL:**

Thank you very much, Graham, and thank you, Christine as well. Two very good presentations back to back. We've got a flurry of questions coming in though so you probably don't need a reminder. But if you do, it's the dark blue hand icon at the top of your screen and we will get to your questions. Chances are depending on how we go through time cause we also have Kate's presentation and another Q&A. If we don't get around to answering your question, we'll make sure we address it offline for you. But here we go. First question coming through for Christine. What kind of worker screening checks are required - working with children check or a police check?

**CHRISTINE:**

That's a good question. At the moment, we are relying on the states for their own requirements. In New South Wales, we do require our workers - working with children's check and a police check. And those are the ones that will be reported up through our eventual worker screening database. In every state and territory, it's slightly different. So it would be important to find out in the state and territory in which you live what your work of screening requirements are, and adhere to those. Thank you, Daniel.

**DANIEL:**

Yes, great, thank you, Christine. We've got another question probably for you as well. So, WA providers, what can they do now to get ready for the December 1 rollout?

**CHRISTINE:**

It's really important to WA providers of course - and welcome onboard, to familiarise with the requirements of the Commission, to check out your registration requirements but to make sure that you are registered right now with your state authority because then you can be transitioning directly into the NDIS Commission. After a period of time, you'll be asked to register directly with us and that will give you time then to work on how you would meet the Practice Standards and quality indicators. And you will go through an audit process. If you are a low risk provider, you would be going to a desktop process called a verification. If you're a high-risk provider, you would be going through a certification that has a number of elements. One of them is a visit, site visits, looking at documents as well as speaking to your participants and their supporters and decision makers as well.





So those processes are to ensure that you can proudly say that you meet the requirements of the NDIS Commission, but also it could be something that you could sell to your participants as part of their service agreement. Thank you, Daniel.

**DANIEL:**

Thank you, Christine. And yes, a warm welcome to the WA providers there as well. Here's another one question coming to you, Christine. What should a provider do if they are unsure if an incident is reportable?

**CHRISTINE:**

Now that's a really good question. Thank you for asking it. And that's often unsure. The best way is to ring our 1800 number. We have people who can answer the phone and will give you advice about your specific reportable incident. Sometimes it's about the degree of impact on the participants, sometimes it's about the number of times it's occurred to the participant, and therefore, it might have been low level, but the impact is broad, or it could be a very serious issue, for example the types that I described. A really good way in, if you see an incident that occurs to a participant who might not be in your service, is to also make a complaint or alert us, because then we can check out that the incident has been appropriately reported. Thank you, Daniel.

**DANIEL:**

Thank you, Christine. And just another quick reminder to everyone, it's the dark blue hand icon at the top if you'd like to join the conversation. We've got a technical question here about complaints. So, Graham, I might throw to you. What information must service providers give to participants about complaints?

**GRAHAM:**

Thank you, Daniel. The important thing to keep in mind here is providers need to make sure their complaints management policy is visible to the person with disability and their families. So, it should be on their website, or there should be a little flyer in the office. People need to know how to access the complaints management system. The system must be easy and accessible, it must ensure that support and assistance is provided to the person making the complaint. So that needs to be acknowledged, assessed, and resolved in a fair and efficient time and manner, and if the person remains really unhappy with the way in which the provider has handled that complaint, that they refer the person to the Commission. Thank you, Daniel.

**DANIEL:**

I understand, thank you. Another question for yourself. I'd like to learn more about complaints. Does the NDIS Commission provide guidance for service providers?

**GRAHAM:**

Absolutely we do. We have a complaints handling guideline for providers, so we are going to make that available to all participants here today, that's going to be emailed around. I also encourage providers to sign up for our provider newsletter. We provide alerts, we also got on our website a video series around frequently asked questions, and our senior people do regular podcasts. So I'd encourage everybody to check this out on the resources tab of the NDIS Quality and Safeguard Commissions website. Thank you, Daniel.



**DANIEL:**

Thank you, that would be very useful indeed. Here's another question that's coming from a few, and everybody online, please keep them coming, we've got a barrage of questions to get through. What steps should registered providers take to resolve a complaint?

**GRAHAM:**

Well the thing that strikes me about complaints is that most people really just want to be heard. So, when things don't go to plan, the most important thing is to listen to that person, and hear what they've got to say. Keep an open mind, keep thinking about regulating emotions in this space, because people get a little bit, you know, heated and a little bit defensive, such as keep a note in mind about what's being said. Where relationships break down, consider an advocate, a mediator, a third party who can come in and kind of broker the situation. The key thing to remember is ensure that the process is procedurally fair, so - accessible, appropriate to the needs of the complainant. If the matter can't be resolved, of course refer the matter to the Commission. One of the things that comes across my desk frequently is complaints about the privacy of participants. If I could really just encourage everybody out there to just be mindful that participants have a right to privacy in their complaints process.

**DANIEL:**

We have another curly question so I might just open it up to Christine and/or Graham, depending on who from the Commission would like to take this. Workers can complain about their organisation and participants can make complaints about the services they receive. Can service providers make a complaint about services provided by another service provider?

**GRAHAM:**

So, I'll take this one, Christine. Absolutely they can. So, as I was saying, anybody can make a complaint to the Commission. The Commission takes seriously every complaint that they have received. When we do get what we call a third party complaint such as this we need to look at it and investigate the issues, but we may be limited in terms of what information we can provide back to the complainants, and the reason I say that is we'd need to be mindful of the participant's privacy in the situation like that. But the short answer to that question is absolutely, if you've got a concern about the actions of another provider, you can raise that with the Commission.

**DANIEL:**

Excellent. Thank you very much, Christine and Graham. That last question, we had a few people asking that one, too. So, it's good that you covered it. In the interest of time, we're going to pause Q and A, and move on. Applying the NDIS Practice Standards in psychosocial disability services is the next topic. So, Kate, it's over to you.

**KATE:**

Great, thank you, good morning everyone. Particularly to any One Door staff, I can see there are a few here, so welcome to everybody. Just as a bit of background in context, let me tell you a bit about One Door Mental Health. So we were, we started off as the Schizophrenia Fellowship of New South Wales about 35 years ago and changed our name about four or five years ago. We have around 250 to 300 staff and we're New South Wales based, and all that services relate to working with people with psychosocial disability, especially with people with more severe and persistent mental illness.



So that was just to give you a bit of context as we go through. Before the NDIS, we had accreditation to the Quality Improvement Council Standards and we also, at the same time as we sought the certification to the NDIS Standards, we also sought accreditation to the National Standards for Mental Health Services. So, we did two things at once. It was a lot of work at the time, but I think well worth it. If anyone's looking at doing that there's about an 80% similarity between the two standards, two sets of standards. So that was a good thing for us to do. So, we submitted our self-assessment back in September 2018. And then about nine months later, we were audited on site. So there are really good instructions on the Commission's website how to do all of this and what the criteria is. And as Christine was saying, it's very outcome based for the participants. And we worked on it as a team. It's not a one person job, that we had many workshops to prepare that material.

But just in terms of the four standards that we're looking at today. The first one is complaints and feedback, which I feel we've covered off very well. Just on my slide there is. So what did we do in terms of evidence? And what was audited? So, we needed to make sure that we had a documented process, that we had a policy and procedures in place and a designated complaints officer, who's me here at One Door. So, it doesn't mean you have to have a complaints officer who only manages complaints but someone in the organisation who's the first port of call.

As Graham said, we need to let participants know about the complaints process. And for us, that means that when they first join us, we describe to them the complaints process. It's in our handbooks, that is given to everybody when they start. On site, we have posters we have it's on our website as well. We need to give people easy access to the feedback process. So we have suggestion boxes, we have forms available. And also we have, we really build on our trust relationship with our participants so that we can, people feel free to raise matters early on. I'm not saying that that's all you need to do but I think that's quite important.

Also, that people know who the manager is, and that that person is visible and known to people. We have online training to staff, we circulate case studies of things that have gone wrong, and ask people to think through how would they manage that at their site. We have a complains register where complaints are recorded. I acknowledge every complaint over the phone with people. We investigate their complaints, and hopefully, we resolve them and as Graham said, we also show, let people know where they can go if they're not happy with how the conclusion was come to. And complaints are reported to senior management and analysed as well. I was just going say our experience with the NDIS Commission in terms of complaints has been really positive.

I can affirm in what Graham said that it's not like getting a phone call where you're in trouble. This is a very strong commitment to resolve complaints in a really cooperative way, to learn from it. And it's been a really positive experience whenever we've had complaints coming via the Commission. So when we were audited, they came in with they checked that everything we said we had was in place, they asked the participants did they know about a complaint process? And they had a look at any recent complaints related to that site.

OK, the next one is incident management. Christine has gone through what the criteria is there, again, and very similar to complaints that we have structured protocols in place, that they are participant centred, that we record, track and analyse what's happened.



That I guess I was going to say just in terms of context, I often mixed with other quality managers from other organisations, and feel a little humbled by their incident management systems or complaints management systems and think, well, ours is fairly humble. But the Practice Standards are about what's relevant and proportionate to our organisation. So for us, our Incident Management System is an online form that's sent to me as the Quality Manager, and then we add it to an Excel spreadsheet and then I use that to report and escalate incidents. So that works for us and it's compliant with what the commission requires. Again, we have online learning for Incident Management and case studies. I think a really important I think that's really valuable way to learn how to manage incidents better, is not keeping these things secret from staff but to share what's happened, what's gone wrong, and how we might be able to manage it better in the in the future.

We have had quite a few reportable incidents. And I affirm Christine's advice. If you're not sure if something's reportable to ring the Commission and ask them about it. We have had quite a few where we have reported them, and later been told that it didn't need to be reported. But I think we like to err on the side of caution and submit incident reports if we're not sure. For instance, we've had quite a few where we've had the death of a participant, not during service delivery, but we've learned of it after the event, and we've reported those that's an example, where a participant's hospitalised due to a threat of self-harm. It doesn't quite meet the criteria of reportable incident. But we have reported those so if in doubt, bring the Commission and report it as well, if it's still a little unsure, OK.

The next one is human resources. This was for us, perhaps the most difficult, one of the more difficult standards to comply with simply because we were going through a massive change process at the time that we were audited. I think when the auditors came in July more of our staff were, had started in the last six months than not. We even had at the audit process on some sites staff had been there for less than a month, the majority of staff so it was quite challenging. And it's a credit to staff that the auditors were happy with the interviews with staff, that staff, even though they were brand new, they were still able to describe that they were familiar with the Practice Standards, that they had been through an orientation process, so that was fabulous.

So, in terms of complying with these human resources standards, it seems like your typical HR documents. Position descriptions, recruitment processes, that kind of thing. Record keeping of staff documents are something that we were asked a lot about, so where do you have a record of people's qualifications? Their driver's licences, if they're transporting people. Especially if anybody's providing intensive support, then we needed to justify that, where is that recorded, that that person has additional qualifications, and what training have people done?

And another thing is if any of their policies or procedures say that something is mandatory, then we were audited to show that we've actually done that. So, for instance, if we say all staff needed to have signed a confidentiality agreement, then where is the evidence that that's happened? That was something the auditors were looking at particularly. Supervision practices and performance management. So at the same time as we were audited, we also were transitioning to self-organising teams, so it was quite an interesting process to look at. Well, the way we do supervision is through group supervision, or what we call intervision, where colleagues sort of talk to each other about how they're going and what their goals are. We've had self-organizing teams here for about 18 months and we're just evaluating those at the moment.



OK, let me just talk about the last one which is continuity of support. So that's, as Christine mentioned, things like having plans, service agreements in place, and goal achievement plans. Sorry, let me just go to the next slide. But there's also a flexible approach to service delivery so that people have the worker of their choice, if possible. And also there's a team approach so that people don't just work with one worker, but there's more than one worker that they have a relationship with. At our team meetings, we use the process of talking about on track, a bit off track, off track, to talk about participants, to see how people are going. And having emergency protocols in place, as well, is important. That if something happens and it's difficult to continue with services, what do you have in place to keep going, and that's very timely at the moment.

So let me just finish by talking about our approach to COVID-19 and how it relates to continuity of supports. Alright, so... When COVID was first starting - and I'm sure everybody can relate to this, back in February, we were still looking at, how can we still continue with our mostly centre based services? How can we continue and apply the four-metre square rule? And quite innocently thinking, well, that's what we need to do is just keep our distance, but we'll keep going. And then I still remember back in March, sending an email to our executive team saying - And I still remember using these words, I don't mean to be a Nervous Nellie, but here's a business continuity plan that I've developed or have drafted that I'd like you to think through.

How much has changed? That was early March? Only less than three months later, that's come to be a very important set of documents. So our business continuity plan was something we developed a few years ago when we had some floods at our Wagga office and we couldn't get to the office. Now it's gone from theory into Practice. So in terms of our approach to COVID, some of the things we've really had to think about is our impact on different business services, so which of our services do we need to keep going with, and which can we do remotely, and which things can be put on hold? Which of our participants are most at risk if we move to remote services?

So we thought about which of our participants had poor supports and need us more than others. Access to basics such as shopping and food. Who has access to good technology, mobile phones, internet, and who doesn't? Whose mental health is more stable than others? So thinking about who's most at risk if we move remotely and prioritising those participants. Are our staff working - are they able to work from home? Have they tested that they can access all of our systems? Who do we need to keep informed if we close things down? Who do we need to still provide face to face services to - and by exception. That's not something we do with everyone, but by exception. So when there's a crisis. For instance, we had someone who locked themselves out of their house. Domestic violence, risk of self-harm.

We have demonstrated through this that we are more agile than we thought. We have been able to move to virtual services. We have still been able to provide group work. We've been able to provide phone services. And we've learnt that providing services in a centre, in a group of staff, is different to phone services one on one, and our staff have had to learn how to do that work and it's a credit to them that we have been able to continue our services through this time. We do use team-based approaches, so each of our programs or sites is its own team.



And they, within a set of principles, have adapted and made their own decisions about how to continue remotely through this, and in fact, at the moment, just this week, each team is planning how to reopen, or what does it look like to move back into services as we transition out of self-isolation, and have the tools to make those decisions themselves. Alright, so thank you. That's the end of my presentation. Thanks, Daniel.

**DANIEL:**

Thank you, Kate. That last bit was really interesting, wasn't it? We're wanting to have a generic emergency management plan, but it's quite another thing to make that during a pandemic. As such, we've got so many questions coming through. I can tell you right now, we're not going to have enough time to go through everything, so apologies in advance if we don't get to your question on air, but here's the first question for you, Kate. How do you engage with staff who are out delivering services?

**KATE:**

Good question because they're busy people. A few things, we have a quality so each of our teams has a quality and safety functional lead person so they are a network of staff across One Door who can, you know, re-channel information back and forth, they can raise questions with me they can, I can provide information to them. We use Microsoft Teams and we have a quality and safety channel on there where we provide updates to people. And as I said, I really like the use of case studies. So, you know, this happened and ask people in their team to talk about how they might approach it as well. So, turning incidents into what if scenarios for people so you know how to do you deescalate a situation? How do you manage that somebody's really physically unwell. So to get each team to think that through. I like to visit sites, talk to people on site. Yeah, and we also have online training for people. And also we have another channel, which is called Oxygen, in One Door. So, Oxygen is about sharing positive stories. That's not just, here's all the things you need to comply with, but sharing stories of good practice as well. Thank you.

**DANIEL:**

Thank you, Kate. Here's another one for you. How do complaints and incidents link into your quality management system?

**KATE:**

OK, so we do, as required, record all of our complaints and incidents. And I do sort of analyse those for trends. So, for instance, we have quite a strong set of incidents relating to trips and falls, or it might be about de-escalating conflict between participants. So, we make sure that we record all of our incidents and complaints and the actions are tracked and follow through until they're closed off. So, we don't leave incidents open or complaints open. We develop materials and training materials on common themes. So, it might be about incidents in kitchens. It might be about de-escalation procedures as well. I also report to managers and to the audit and risk committee, and they may recommend some priorities as well. For instance, they recently asked about home visiting, the safety of staff but also assertive outreach for people with psychosocial disability, what you know, how can we improve those practice as well? OK, thank you.

**DANIEL:**

Thank you, Kate. I reckon we've got time for probably just one last question. What is your approach to professional development and supervision?



**KATE:**

OK, so we, as I said, we have team-based approach to our service delivery NDIS. It's called recovery together teams. So, each team has its own learning and development functional lead in the team. And that person works with the team to look at what are their training needs for the team. So they may say, we really would like to add more of that working with Aboriginal people or about mental health first aid, and so that person may seek out materials to help with that, or they may call in a guest speaker, so each team has a budget to seek training. Also, as people start in the organisation is a very strong orientation process with their team but also with online training as well. And I think did you mention supervision?

**DANIEL:**

Yes.

**KATE:**

So that happens within the team. So, the team supervises its members. So, talks about, you know, what somebody might talk about what their strengths are, what their learning needs are and gets feedback from the team. And also we have coaches who are able to provide one on one support to people as well. Thanks.

**DANIEL:**

Great. Thank you very much. We have a few more questions we will have to take on notice and respond to but that does bring us to the second last slide for today. And of course, we now naturally want to know what your new rating is of your overall knowledge of the NDIS Practice Standards and registration requirements. A poll will pop up on your screen again, please let us know how you would rate your knowledge now having watched this webinar from one, low, to five, expert, and this is going to obviously help us evaluate the effectiveness of this webinar and plan future ones. I'll just bring up some of the live results while that's coming through. And this is more for the panellists, everybody at the start of the webinar, we had the bulk of our attendees answer building and sound. So that's about 41% of everybody said building, 39% said sound and we had about 9% at low and 11% at advanced. So let's take a look at what the live results coming through are. We've got nobody on low, which is a great thing.

So, the 9% of people who are on low, they've all moved themselves up the ladder. We've got the 21% on buildings. So that's very, very good going down from was at 49% before I said, and now are changing in real time, building is continuing to go down and everybody's basically moving themselves on to sound or advanced. So I think just on the basis of that we can say this was a great webinar with some solid content. Thank you very much. OK, well thank you for your responses everybody. And that is a wrap. Christine Regan, Graham Humphreys, Kate Wilson, thank you so much for the insights you've brought us today.

**KATE:**

Thank you.

**GRAHAM:**

Thanks, Daniel.

**DANIEL:**

Thank you, of course, and we are now on the last slide on your screen. So if you want to better understand NDIS access, planning, support, coordination, plan management, and other matters that might be relevant for people living with a mental health condition who



may be eligible for NDIS funded support, or who may already receive them, go to this website [reimagine.today](https://reimagine.today), [reimagine.today](https://reimagine.today) is the link. And it's also available in the resources library along with the new resource updates from this webinar, make sure you click that light blue button and grab a copy of all the resources there they will come in very, very handy. And of course, to go to the Commission's website, where you'll find a lot more.

Keep an eye out for an invitation to register for the next webinar where we look at provision of supports and the support provision environment. We encourage you to share that invitation through your network as well. And finally before you go, please help us with our formal evaluation of this project by completing a quick survey to which you will be automatically redirected right now. Thanks for joining us in the learning cafe from across this wonderful nation of ours. Do stay safe and we'll see you at the next webinar. Enjoy the rest of your day.

### LIVE POLL RESULTS

#### Pre – Webinar

1 - Low	4	Total number of responses: 44
2 - Building	18	
3 - Sound	17	
4 - Advanced	5	
5 - Expert	0	

#### Post Webinar

1 - Low	0	Total number of responses: 52
2 - Building	9	
3 - Sound	27	
4 - Advanced	15	
5 - Expert	1	

Transcript provided by:

