

Incidents, complaints and restrictive practices: what we do, when, and what you will hear from us.

These are plain-language summaries of three of our policies, written for support coordinators who need to know how we will handle the hard moments before they refer. Each summary states the rule we work to, the timeframes, and what you can expect to hear from us. The full policies, procedures and forms are available on request, and each is reviewed at least annually and after any reportable incident.

1. Incident management

Every incident that affects a participant, a worker or the service is recorded, reviewed by the clinical lead, and closed only when the cause has been addressed. An incident is anything that has caused, or could have caused, harm to a participant: a fall, a medication error, a missed feed, an unplanned hospital presentation, equipment failure, a near miss. Workers record the incident before the end of the shift, and the on-call nurse is told immediately where there is any injury or clinical change.

Reportable incidents

Some incidents must also be notified to the NDIS Quality and Safeguards Commission. We notify the Commission within the timeframes the NDIS (Incident Management and Reportable Incidents) Rules require, using the Commission's portal, and we do not wait to complete our own investigation before notifying.

Category	Notified to the Commission
Death of a participant	Within 24 hours of a key personnel member becoming aware; further detail within 5 business days; a final report within 60 business days if the Commission asks for one
Serious injury of a participant	
Abuse or neglect of a participant	
Unlawful sexual or physical contact with, or assault of, a participant	
Sexual misconduct committed against, or in the presence of, a participant	
Use of a restrictive practice that is unauthorised, or not in accordance with the behaviour support plan	Within 5 business days (within 24 hours if it caused harm)

What you will hear from us. With the participant's consent, we tell the support coordinator the same day about any reportable incident and any unplanned hospital presentation involving a participant you coordinate, and we tell you what we have done about it. Incidents that are not reportable are summarised in the monthly summary, including near misses, because a coordinator who only hears about the serious ones cannot see a pattern forming. We investigate every reportable incident, the participant and their family are involved in that, and the outcome and the changes made are shared with you.

2. Complaints and feedback

Anyone can complain about us, at any time, about anything: the participant, a family member, a nominee, a support coordinator, a worker, or a member of the public. A complaint can be made by phone, email, in writing, through the website, or by telling any of our workers, who are required to pass it on the same day. Nobody is disadvantaged for complaining, and a participant's supports do not change because a complaint has been made.

Acknowledged	Within 2 business days, in the way the complainant prefers
Who handles it	The clinical lead or a director; never the worker the complaint is about

Resolved	Within 21 days, or with a written explanation of why it is taking longer and a date by which it will be resolved. Complaints about safety are acted on immediately.
Recorded	Every complaint, the action taken and the outcome, in a register kept for 7 years and reviewed quarterly for patterns
Support to complain	An advocate, interpreter or a person of the complainant's choice can be involved at any stage; we will help arrange one

Complainants are told, when they first contact us and again in writing, that they can also complain to the NDIS Quality and Safeguards Commission at any time, whether or not they have raised the matter with us first. We cooperate fully with the Commission's handling of any complaint.

What you will hear from us. If a complaint concerns a participant you coordinate, you will hear about it from us, not from the family first. We treat a coordinator's own concern about a shift, a worker or a report as a complaint, which means it is logged, acknowledged within two business days and answered by the clinical lead.

3. Behaviour support and restrictive practices

We do not use restrictive practices as a matter of routine, and we never use one as a substitute for adequate staffing, training or a proper behaviour support plan. Where a regulated restrictive practice (seclusion, or chemical, mechanical, physical or environmental restraint) is part of a participant's support, it is used only when all of the following are in place:

- a current behaviour support plan written by an NDIS behaviour support practitioner, which describes the practice, the circumstances, the least restrictive alternatives tried, and how the practice will be reduced over time;
- authorisation under the Western Australian authorisation process, which as at the date of this summary is the Authorisation of Restrictive Practices in Funded Disability Services policy (a Quality Assurance Panel including an independent behaviour support practitioner);
- the consent of the participant or their guardian as the plan and the authorisation require;
- every worker on the roster trained in the plan and in the specific practice, with the training recorded.

Every use of a regulated restrictive practice is recorded on the shift and reported to the NDIS Commission monthly through the portal, as the Rules require. Any use that is not authorised, or that departs from the plan, is a reportable incident (see section 1) and is reviewed by the clinical lead within one business day. Where a participant has an interim plan or a new behaviour, we ask the support coordinator to arrange a behaviour support practitioner promptly rather than continue on an interim basis longer than the Rules allow.

What you will hear from us. Before we start, we tell you whether the participant's file shows any restrictive practice, whether the plan and authorisation are current, and what is missing. During service, the monthly summary reports the frequency of each practice and whether it is trending down, and any unauthorised use is reported to you the same day it is reported to the Commission. We will not accept a referral that depends on a restrictive practice for which there is no plan and no path to authorisation.

Where to raise a concern

Complex Care Continuum

Clinical lead, via (08) 9515 8000 (answered 24 hours; ask to be put through to the on-call nurse) or info@complexcarecontinuum.com.au. Directors' contact details are in the service agreement.

NDIS Quality and Safeguards Commission

1800 035 544 (free call from landlines) · ndiscommission.gov.au · complaints and reportable-incident information for participants, families and coordinators. Interpreters available through TIS on 131 450.

General information about how Complex Care Continuum works, not a substitute for the full policies, which are available on request to participants, nominees and coordinators. Based on the NDIS Incident Management and Reportable Incidents, Complaints Management and Resolution, and Restrictive Practices and Behaviour Support Rules, and the NDIS Practice Standards. Version September 2026.