

# Quality Management and Continuous Improvement Policy

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## 1. Introduction

### 1.1 Purpose

This Policy and the Policies and Procedures and related documentation set out in section 1.5 below (**Related Documentation**) supports Centre for Inclusive Supports to apply the Quality Management NDIS Practice Standard.

### 1.2 Policy Aims

Centre for Inclusive Supports is committed to ensuring that each Participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

### 1.3 NDIS Quality Indicators

In this regard, Centre for Inclusive Supports aims to demonstrate each of the following quality indicators through the application of this Policy and the relevant systems, procedures, workflows and other strategies referred to in this Policy and the Related Documentation:

- (a) A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.
- (b) The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of support delivered.
- (c) The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from Participants and Workers

### 1.4 Scope

- (a) This Policy applies to the provision of all services and supports at Centre for Inclusive Supports.
- (b) The Board, Principal and Key Management Personnel take full responsibility for ensuring a full understanding of the commitments outlined in this Policy.
- (c) The relevant persons specified in the column corresponding to a procedure described in this Policy have the responsibility to implement the relevant systems, procedures, workflows and other strategies referred to in the relevant procedure.

### 1.5 Related Documentation

The application of the above NDIS Practice Standard by Centre for Inclusive Supports is supported in part by and should be read alongside the Policies and Procedures and related documentation corresponding to this Policy in the Policy Register.

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## 2. Definitions

In this Policy:

**Centre for Inclusive Supports** means Centre for Inclusive Supports Inc. ABN 13 517 649 640.

**Client** means a client of Centre for Inclusive Supports (including an NDIS Participant).

**Key Management Personnel** means Lenka Boorer, Kylie Power, Mary (Catherine) Grealy, David Byrne, Kathy Harris. and other key management personnel involved in Centre for Inclusive Supports from time to time.

**Legislation Register** means the register of legislation, regulations, rules and guidelines maintained by Centre for Inclusive Supports.

**Policy Register** means the register of policies of Centre for Inclusive Supports.

**Principal** means Lenka Boorer.

**Related Documentation** has the meaning given to that term in section 1.1.

**Worker** means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by Centre for Inclusive Supports and includes the Principal.

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## 3. Policy Statement

- (a) Centre for Inclusive Supports is committed to compliance with all applicable legislation and the NDIS Practice Standards.
  - (b) There are no circumstances under which it is acceptable for Centre for Inclusive Supports or any of its Key Management Personnel or Workers to knowingly and deliberately not comply with the law when performing their duties.
  - (c) Centre for Inclusive Supports will conduct Internal Audits to confirm that Policies and Procedures are being followed, are working as intended and are reviewed and amended as necessary.
  - (d) Centre for Inclusive Supports is committed to continuous improvement which:
    - (1) progressively improves the delivery of its services and supports;
    - (2) enhances performance against the NDIS Practice Standards; and
    - (3) identifies service and organisation opportunities for continuous improvement in a systematic and planned way, using risk related data, contemporary evidence-based practice and feedback from Clients, carers, families and Workers.
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## 4. Procedure

The Quality Management and Continuous Improvement Policy is supported by the following Procedures to ensure legislative compliance and continuous quality improvement. The Procedures work together

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dynamically and are relevant to all parts of Centre for Inclusive Supports. The components are not ordered in priority and all are important to an effective quality management system.

Procedure	Responsibility
<p><b>4.1 Maintain compliance with applicable legislation and NDIS Practice Standards</b></p> <p>(a) Maintain the Legislation Register of all material legislation, regulations, standards affecting Centre for Inclusive Supports to ensure and assist in monitoring ongoing compliance with all material legislative and regulatory obligations.</p> <p>(b) Maintain the Policy Register of Centre for Inclusive Supports's Policies which assists to demonstrate how each Centre for Inclusive Supports Policy supports the application of each relevant NDIS Practice Standard.</p> <p>(c) Review each Policy in accordance with the Scheduled Review Date on the policy to ensure that it is up to date and reflects evidence-informed practice. Record the review dates in the Policy Register. Notwithstanding, a Policy should be reviewed earlier if a change in law or regulations, incident, complaint or other material matter or change warrants the policy to be reviewed earlier.</p> <p>(d) Make electronic copies of relevant legislation, regulations and standards in the Legislation Register easily accessible to the Principal, Key Management Personnel and all other Workers.</p> <p>(e) Ensure Workers that have a need to know relevant legislation have a working knowledge of the legislation, regulations and standards which are relevant to their day to day roles and the roles of Workers they supervise.</p> <p>(f) Ensure checklists are maintained in relation to key pieces of legislation to assist with compliance.</p> <p>(g) Train and supervise workers as set out below.</p> <p>(h) Plan, implement and monitor a culture of legislative compliance by:</p> <p>(1) ensuring that significant compliance responsibilities and accountability requirements are included in the particular Position Descriptions or Employment Agreements of Workers with a need to know relevant legislation;</p> <p>(2) ensuring adherence of legislation is assessed through Performance Reviews;</p> <p>(3) ensuring that induction processes, systems and procedures for new Workers include documentation and information on compliance matters (as applicable);</p> <p>(4) reporting and investigating any incident, occurrence or complaint suspected to constitute a material breach or non-compliance with any material legal requirement in accordance with the Incident Management and Reporting Policy or the Feedback and Complaints Management Policy (as applicable), to establish if corrective action is required; and</p>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
<p>(5) designing and implementing system improvements to correct weaknesses that could result in a breach of a legislative requirement.</p> <p>(i) Ensure all improvements required to achieve legislative compliance are recorded in the Continuous Improvement Register.</p>	
<p><b>4.2 Conduct Internal Audits</b></p> <p>(a) Ensure Internal Audits are conducted using the Internal Audit Schedule on or around the dates specified on the Internal Audit Schedule.</p> <p>(b) Use the Internal Audit process to investigate all areas of service delivery and endeavour to ascertain the degree of compliance or non-compliance against the NDIS Practice Standards and note improvements which could be made in relation to:</p> <ol style="list-style-type: none"> <li>(1) observations from the previous External Audit.</li> <li>(2) Centre for Inclusive Supports meeting its obligations under applicable legislation and standards set out in the Legislation Register as well as the relevant NDIS Practice Standards and its reporting requirements to relevant funding bodies.</li> <li>(3) Policies (falling due for review prior to the External Audit) and other Relevant Documentation to ensure they are up to date and otherwise in compliance with relevant legislation and standards and the NDIS Practice Standards as amended from time to time.</li> <li>(4) ensuring that annual surveys have been conducted and findings actioned.</li> <li>(5) ensuring that all records and data collected pursuant to the Feedback and Complaints Management Policy has been reviewed and continuous improvement strategies actioned.</li> <li>(6) ensuring that all records and data collected pursuant to the Incident Management and Reporting Policy has been reviewed and continuous improvement strategies actioned.</li> <li>(7) ensuring Centre for Inclusive Supports continually strives for improvement.</li> </ol> <p>(c) Without limiting the above, the Key Management Personnel will:</p> <ol style="list-style-type: none"> <li>(1) ensure the Internal Audit Schedule is completed during each Internal Audit and when there is any non-conformity, ensure it is recorded therein.</li> <li>(2) identify root cause for any identified non-conformity.</li> <li>(3) determine the appropriate corrective action to remedy the non-conformity.</li> <li>(4) take such corrective action.</li> </ol>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
<p>(5) follow-up on the result of the corrective action when taken.</p> <p>(6) close-out the internal audit findings when corrective action taken is effective.</p> <p>(d) In particular, the Key Management Personnel will ensure that the corrective actions to be taken in respect of all non-conformities identified during the Internal Audit are addressed and completed prior to the next Internal Audit (or External Audit) as applicable.</p> <p>(e) Ensure all improvement actions are entered on the Continuous Improvement Register and that those improvement actions are made in accordance with the Continuous Improvement Register.</p>	
<p><b>4.3 Welcome feedback in relation to Quality Management</b></p> <p>(a) Create an environment where all feedback is valued including from Clients (including persons with disability), Workers and others in relation to:</p> <p>(1) identify areas where Centre for Inclusive Supports can improve the delivery of its services and supports;</p> <p>(2) enhance performance against the NDIS Practice Standards; and</p> <p>(3) identify service and organisation opportunities for continuous improvement in a systematic and planned way.</p> <p>(b) Welcome feedback (including anonymously) and promptly deal with any complaints pursuant to the Feedback and Complaints Management and Resolution Policy.</p> <p>(c) Actively consult with Clients to continually improve in delivering best practice in service delivery.</p> <p>(d) Conduct an annual survey of all Workers, Clients, their support networks and other stakeholders and ask them to suggest areas for improvement.</p>	<p><b>Principal and Key Management Personnel</b></p>
<p><b>4.4 Maintain Continuous Improvement Register</b></p> <p>Maintain a Continuous Improvement Register in a spreadsheet which provides for the following information to be collected:</p> <p>(a) ID – give each improvement opportunity a unique ID</p> <p>(b) Description – what improvement is needed</p> <p>(c) Benefits – why this improvement is needed. Ideally, this will be in terms of benefits to Clients. Score benefits on a simple High/Medium/Low scale, to help with prioritization</p> <p>(d) Urgency – when this improvement is needed. Sometimes there will be a real-time constraint (before a particular business or compliance event) other times the urgency may be based on how long before a trend causes a target to be missed. A simple High/Medium/Low is often sufficient for the urgency.</p>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
<ul style="list-style-type: none"> <li>(e) Time – how long it will take to implement this improvement.</li> <li>(f) Cost – how expensive will this improvement be.</li> <li>(g) Owner – who is going to own this opportunity, to carry out any further analysis and help decide whether to proceed with it? Often this will be the person who logged the opportunity but it may be someone with expertise in the specific area</li> <li>(h) Date submitted – so you can see how long the opportunity has been on the register</li> <li>(i) Status – to track what has happened to this opportunity. Restrict this field to a set of fixed values that represent the lifecycle of an opportunity (Logged / Under Review / Rejected / Approved / Ongoing / Complete / Closed)</li> <li>(j) Percent complete – I use this with a status of “ongoing” for improvements that take a long time to implement</li> </ul>	
<p><b>4.5 Review of data in relation to incidents</b></p> <ul style="list-style-type: none"> <li>(a) Review records, statistical and other information kept in relation to incidents annually to enable:                             <ul style="list-style-type: none"> <li>(1) review of issues raised by the occurrence of incidents; and</li> <li>(2) identify and address systemic issues;</li> </ul> </li> <li>(b) Ensure all improvement actions identified from the review are entered in the Continuous Improvement Register.</li> </ul>	<p><b>The Principal and Key Management Personnel</b></p>
<p><b>4.6 Review of data in relation to complaints</b></p> <ul style="list-style-type: none"> <li>(a) Review all records, statistical and other information kept in relation to complaints annually to enable:                             <ul style="list-style-type: none"> <li>(1) review of issues raised by the occurrence of complaints; and</li> <li>(2) identify and address systemic issues;</li> </ul> </li> <li>(b) Conduct a statistical summary of complaints at least annually.</li> <li>(c) Ensure all improvement actions identified from the review are entered in the Continuous Improvement Register.</li> <li>(d) Disseminate relevant improvement strategies and information to other Workers with a need to know for implementation in support delivery to Clients.</li> </ul>	<p><b>The Principal and Key Management Personnel</b></p>
<p><b>4.7 Review Risk Related Data</b></p> <ul style="list-style-type: none"> <li>(a) Review Walk Around Checklists and other documentation kept in accordance with the Work Health and Safety Policy to enable:</li> </ul>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
<p>(1) review of risks and hazards raised by the occurrence of the risk or hazard in Workplaces; and</p> <p>(2) identify and address systemic issues;</p> <p>(b) Review documentation kept in accordance with the Risk Management Policy to see if there are any improvement opportunities.</p> <p>(c) Ensure all improvement actions identified from the review are entered in the Continuous Improvement Register.</p> <p>(d) Disseminate relevant improvement strategies and information to other Workers with a need to know for implementation in support delivery to Clients.</p>	
<p><b>4.8 Review improvement opportunities in support delivery</b></p> <p>(a) Review and study information released from relevant industry associations (including the NDIS Commission) associated with the services and support provided by Centre for Inclusive Supports to keep up to date with improvement opportunities based on evidenced-informed practice.</p> <p>(b) Subscribe and study “Provider Alerts” issued by the NDIS Quality and Safeguards Commission in respect of best practice support delivery.</p> <p>(c) Attend relevant external training and continuous professional development to keep up to date with evidence-informed practice.</p> <p>(d) Review all Policies relating to services and support provision in accordance with the Scheduled Review Date on the Policy to ensure they are up to date and reflect evidence-informed practice.</p> <p>(e) Ensure all improvement actions identified are entered on the Continuous Improvement Register.</p> <p>(f) Disseminate relevant improvement strategies and information to other Workers with a need to know for implementation in support delivery to Clients.</p>	<p><b>Principal and Key Management Personnel</b></p>
<p><b>4.9 Implement improvement plans</b></p> <p>Implement improvement actions in accordance with the Continuous Improvement Register.</p>	<p><b>Principal and Key Management Personnel</b></p>
<p><b>4.10 Provide training to Workers</b></p> <p>(a) Provide relevant Workers internal and external training in the necessary knowledge and understanding of legislative requirements relevant to the work they are carrying out during their induction, and as part of ongoing refresher training and/or when processes change or where it is identified that training is needed or requested in connection with a Performance Review or Worker feedback.</p> <p>(b) Provide internal and external training opportunities in relation to evidence-informed practice in respect of the services and support</p>	<p><b>Principal and Key Management Personnel</b></p>

Procedure	Responsibility
provided by Centre for Inclusive Supports and in respect of which relevant Workers have a need to know.	
<b>4.11 Supervision of Workers</b>  Supervise Workers to ensure they are complying with relevant legislation and otherwise complying with their obligations under this Quality Management and Continuous Improvement Policy.	<b>Principal and Key Management Personnel</b>
<b>4.12 Policy adoption</b>  Adopt and maintain the Policy and Related Documentation which assists Centre for Inclusive Supports to demonstrate the relevant NDIS Quality Indicators related to the Quality Management NDIS Practice Standard.	<b>The Board</b>

## 5. General

### 5.1 Relevant Legislation, Regulations, Rules and Guidelines

Legislation, Rules, Guidelines and Policies apply to this policy and supporting documentation as set out in the Legislation Register.

### 5.2 Inconsistency

If and to the extent that the terms of this Policy are or would be inconsistent with the requirements of any applicable law, this Policy is deemed to be amended but only to the extent required to comply with the applicable law.

### 5.3 Policy Details

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