Quality Management

Contents

Glossary

Disclaimer: NDS does not warrant that these definitions are correct. Providers should seek professional legal advice relevant to their issues.

Accreditation – certification by a licensed agency (Approved Quality Auditor) that a service provider complies with standards.

Approved quality auditor – a person or body approved by the NDIS Commission to conduct audits using the NDIS Practice Standards.

Benchmark – a standard or point of reference against which things may be compared or assessed.

Certification – (see 'Accreditation').

Compliance – meeting specific requirements (of, for example, standards, legislation or regulation).

Continuous improvement/continuous quality improvement (CQI) – the process of reviewing and making improvements in an ongoing manner.

Data – information collected for use in planning, decision making or evaluation.

Director – a person formally elected and/or appointed under law to a board, in accordance with the organisation's constitution. Note: some organisations refer to the members of their governing body as management committee members. The term 'director' is used in this manual to include management committee members.

Evaluation – the formal process of assessing whether the implementation of a strategic business plan, or an activity, has been successful.

Evidence – documents, reports or other information, including obtained via interviews that demonstrate compliance or performance.

External review – checking of evidence to ascertain compliance against a set of standards by an independent third party (also referred to as external or third party verification).

Governance – The framework of rules, relationships, systems and processes within and by which authority is exercised and controlled in corporations.

Key performance indicators (KPIs) – the benchmarks or targets that have been chosen to measure how successfully a service provider has achieved its objectives.

Milestones – the measurable stages of progress towards achieving a planned objective, such as the date something is achieved or the quantity of an output.

Monitor – to check, supervise, observe critically, or record the progress of an activity, action or system on a regular basis to identify change.

NDIS Practice Standards – required standards for NDIS registered providers.

Objectives – what a service provider wants to achieve as a result of its planned activities. Sometimes the term 'objective' is used interchangeably with the terms 'goal' or 'aim'.

Outcomes – the results of planned actions.

Person-centred approach – a way of supporting and working with people with a disability that puts the person at the centre of planning, funding and support and service arrangements.

Qualitative – relating to, measuring, or measured by the quality of something rather than its quantity.

Quality improvement plan – plan for action to make improvements that will impact on the quality of service delivery or operations.

Quality management process – any set of procedures or activities that control or monitor the quality of the service provider's work.

Quality management system – a structured set of processes for monitoring and managing quality within a service provider.

Quantitative – a numeric measure of an outcome.

Risk – the chance of something happening that will have an impact on an organisation's objectives. Risk is measured in terms of likelihood and consequences.

Risk management – the process of identifying and implementing strategies to prevent or control the impact of risks.

Standards (industry or service standards) – specific procedures or outcomes that service providers are required to meet within an industry area.

Stakeholders – any person or organisation with an interest in the operations of a service provider.

Strategic business planning – a process to map how a service provider can use its resources to successfully achieve its objectives over a period of time (usually three to five years).

Strategic directions – the parameters for defining what a service provider will do, based on an analysis of its operating environment and its internal capacity.

Surveillance audit – is a mid-term audit used to monitor compliance between full re-registration audits.

Targets – specific levels of performance set by the service provider in relation to plans and performance measures.

About this guide

This guide is a resource for developing and implementing quality management for disability service providers. For organisations new to quality management, the guide provides a starting point and a step by step guide, while experienced providers may find it useful for checking their existing system.

Quality management provides a framework for disability service providers to understand what works well in their organisation, what needs to be improved and what needs to change to meet the needs of both participants and the organisation.

It is an important part of making sure that there are consistent and effective ways of managing service delivery and that the services provided are working well for the people you support.

Providing assurance of quality services is particularly important in the context of person-centred approaches to service delivery.

A person-centred approach to service delivery is a way of supporting and working with people with disability that puts the person at the centre of planning, and support arrangements. In a person-centred services system, quality is crucial in supporting choice for participants. It is a basic part of good practice in service delivery and ensures there is a strong, vibrant and sustainable service sector which offers choice of service providers and high quality supports.

Providers need to ensure that they have a quality management system and that internal controls are in place to comply with the NDIS Commission Practice Standards within a person-centred and individualised NDIS plan environment. The resources included at the end of this guide provide templates and checklists to assist providers with oversight of a quality management system.

1. Introduction: Context for quality management

1.1 What makes a 'quality service'?

The provision of quality service is the core business of any disability service provider. Essentially, this means ensuring that service provision and management:

- meet industry or service standards – for example, the NDIS Practice Standards, provide a benchmark for procedures and outcomes against which a service provider can measure itself
- receive positive feedback – high levels of satisfaction from participants is one indicator of quality
- deliver quality outcomes for individuals – services are effective when they successfully meet the needs of people and improve their situation.

1.2 What is 'quality management'?

Quality management is the action a service provider takes to make sure that it always provides the best possible service for the people it supports. Quality management involves the service provider:

- listening to people who receive services and valuing their feedback
- understanding what it is doing well
- identifying where improvements are needed
- taking action in order to best meet the needs of participants.

Quality management is also about a service provider gathering the information that it needs to change and innovate as part of a cycle of continuous improvement.

TIP: It is important your organisation is aware of the need to maintain or improve your services. For example, a disability service provider might encourage staff to ask participants specific questions about how easily staff can be contacted when there is a need. By gathering this information from staff, the service provider could identify ways to improve access and the responsiveness of the service.

1.3 The policy context for disability service providers in Australia

There are a number of different quality requirements and industry standards that may apply to disability service providers. NDIS registered service providers need to comply with the applicable NDIS Practice Standards.

1.4 Responsibility of the board

The board is responsible for the overall activity and performance of the service provider. This includes ensuring that services are well planned, effective in meeting needs and provided at the best possible level of quality by:

- ensuring that the service provider has a quality management system and that internal controls are in place to comply with relevant standards
- monitoring the results of quality reviews and making changes as needed
- ensuring compliance with reporting and related requirements
- implementing organisational risk management
- pursuing organisational goals of service excellence.

The board also has the responsibility for providing leadership in quality management. To provide this leadership, the board needs to work with senior staff to:

- foster a positive attitude to quality improvement across the staff team
- implement policy and procedures for quality management that will provide guidance to staff
- identify key indicators for quality for the service
- establish documentation and reporting processes that will enable the ongoing tracking of quality improvement.

Quality management and continuous improvement occur at all levels within an organisation. board and staff should foster a culture which critically reflects on current practice, explores new ways of doing things and embraces change when needed.

This may require a change in existing attitudes and ways of working. Any organisational change needs to be introduced in a planned and considered manner that:

- identifies existing attitudes and perceptions
- challenges old ways of thinking
- provides good reasons for a different way of thinking and working
- ensures that resistance is addressed through people becoming engaged in the change process.

2. Quality management systems

2.1 What is a 'quality management process'?

The basis of any quality management process is a simple cycle of continuous improvement. As part of this process the service provider might:

- identify and document current practices
- collect and review feedback from participants and other stakeholders
- review the results it is achieving against standards and other indicators
- identify improvements that can be made to better reach or exceed standards, meet needs or achieve results
- develop a plan for improvement
- implement the plan for improvement
- re-assess practices and performance – the cycle commences again.

This cycle of continuous improvement (also known as 'continuous quality improvement' or 'CQI') has many variations, the most common being the 'Plan/Do/Check/Act' cycle, also used in broader planning and evaluation processes.

Whatever the version, the principles remain the same:

Action is implemented
Improvements are made

Results are reviewed
Current practices and performance are re-assessed

Action is planned

Improvements are identified
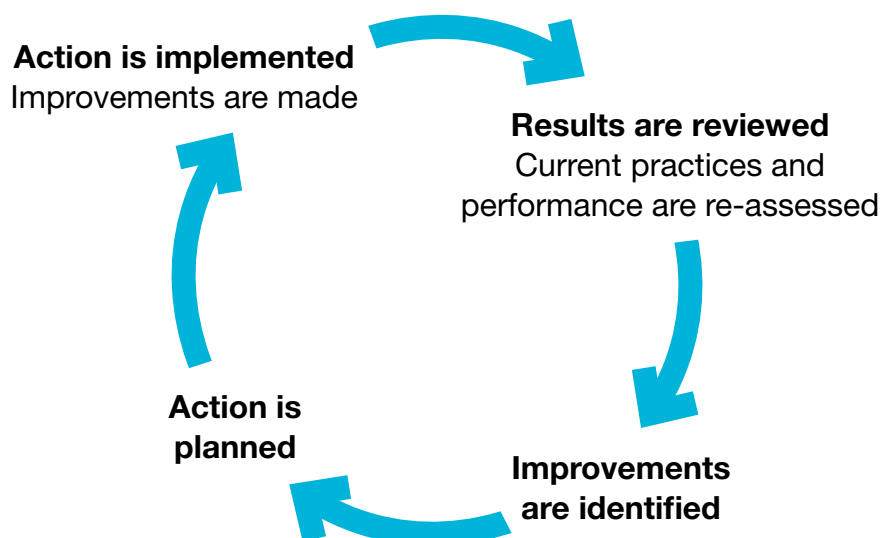
2.2 What are the benefits of using quality management processes?

Implementing quality management processes will help a service provider to:

- provide best possible outcomes for participants by driving improvements in service provision
- streamline internal evaluation, performance monitoring and planning processes by integrating them into a single system
- make effective use of standards and related compliance activities to inform good practice and improvements in service
- ensure well informed management decision making with useful data from tracking and review processes within the quality management system
- demonstrate and provide evidence of service quality and achievements. Demonstrating quality and achievements serves several purposes:
  - evidence of quality, such as meeting the NDIS Practice Standards, gives people receiving or looking for services, confidence that they can trust the service
  - it enables the service provider to show that it meets accreditation requirements for quality and compliance with standards
  - it promotes confidence in the service within the general community.

2.3 Standards

Standards are agreed procedures or levels of performance against which service providers can assess themselves. The NDIS Practice Standards are set by the NDIS Commission and create a benchmark for providers to assess their performance, and to demonstrate how they provide high quality and safe supports and services to NDIS participants.

Standards most often describe the outcome required of a particular activity, the way in which it should be organised or managed and the procedures that should be in place to manage it.

For example – The NDIS Practice Standard on 'Feedback and complaints management' describes:

Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well managed.

- Indicators providers should use to demonstrate conformity with this outcome
- A complaint management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018

- Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints
- Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures
- All workers are aware of, trained in and comply with the required procedures in relation to complaint handling.

2.4 Quality Indicators

Indicators (or Performance measures) are the way outcomes or results are evaluated. They are the measures of how well a provider is carrying out its work and achieving its aims.

Performance measures for providers may be set as part of a set of standards, but service providers may also choose to identify additional performance measures for themselves.

> **TIP:** In order for your organisation to better utilise the quality management system you have in place, it may be necessary to go beyond the scope of NDIS Practice Standards requirements and look at engaging in other evaluation programs such as academic or social research studies. Your organisation could gain valuable insight on how to be more innovative with practices and enhance participant outcomes.

Performance measures can tell a service provider:
- how much it has done (for example: numbers of participants, numbers of activities provided)
- how well it has done something (for example: levels of satisfaction by numbers of people, timeliness or efficiency of activities)
- what effect it has had (for example: outcomes for numbers of participants, changes in social well-being or social policy).

'Key Performance Indicators (KPIs)' are performance measures that are set as the benchmarks or targets to measure how successfully a service provider has achieved its objectives or met particular standards.

The NDIS Practice Standards provide one set of indicators of good practice for the service provider, but the board may also wish to identify other indicators that will tell how well the service provider is doing its job. These may include indicators for:
- sound corporate governance
- the financial health of the service provider
- levels of satisfaction with the service received
- achievement of positive outcomes for participants

- staff morale
- a positive profile for the service provider amongst stakeholders.

Performance measures require particular types of information to be collected and analysed. 'Data' is the quantitative information that can be used to track progress, measure against targets and report.

For example: if a service provider sets a target of 100% of participants reporting high levels of satisfaction, they would collect feedback from participants about their levels of satisfaction, and compare this with their target.

The results of this process can then be used to inform decision making.

For example: if the service provider finds that only 70% of participants express high levels of satisfaction, they would analyse why satisfaction was lower than expected and take action to address any issues.

In developing performance measures, it is critical that the method of data collection is also planned to demonstrate results against the measures.

2.5 Meeting the NDIS Practice Standards

A requirement of being a registered NDIS provider is to meet the applicable NDIS Practice Standards. The process for achieving demonstration of this generally includes the following steps:

1. **Plan the project, identifying and documenting**
- Responsibilities- allocate responsibilities for coordinating the whole process, leading groups or teams, and completing different sections of the NDIS online self assessment
- Time frames – set timeframes for completion of sections of the self assessment, review and sign off by the staff or corporate governance body member responsible
- Self assessment activity plan – assess the time involved in self-assessment and break the tasks into manageable sections, noting the limit of approx. 300 words or 2,000 characters for each outcome
- Evidence documentation – allocate responsibility for the collection and collation of evidence for each section of the self assessment
- Internal reporting – set reporting periods for progress reporting to the governance body and reporting on findings to people responsible for decision making.

2. **Work through the process of self - assessment**
- Reviewing the specific requirements of each outcome
- Documenting what the provider does that demonstrates they meet the requirement
- Identifying and collecting the evidence that proves the requirement is met (such as

policy and procedure documents, information about support activities, feedback from stakeholders).

3. Undertake external review

- Select an approved quality auditor
- Organize the time for them to conduct the audit
- Be prepared for follow up on any work needed to fully comply, or any suggested improvements.

2.6 Evidence

Evidence is the information that demonstrates a particular standard or performance measure has been met. It may consist of:

- copies of organisational documents, such as policies and procedures that guide how work is done, registers or reporting templates- tools for managing compliance and risk
- information for tracking performance-participant records that track plans and outcomes
- results of data gathering, such as service statistics, feedback from participants, records of complaint handling or surveys of stakeholders
- interviews or consultations conducted with participants, staff or other stakeholders
- physical aspects of the service observed by a reviewer during a site visit, such as layout of premises, availability of information to people using the service, safety of equipment and building.

Evidence is important for internal reporting as it is the way that the board can assure itself of how well the service provider is doing its work. Evidence is also critical for external reporting, and for the external reviewers or auditors to be able to verify that the service provider meets the requirements of the standards.

For example: if a service provider reported that 95% of participants are very satisfied with the service, then they should be able to prove that this is a valid claim by providing details on how the feedback was collected, the number of people providing feedback and other information provided. In an external review or audit, reviewers will usually want to talk directly to a sample of participants to verify this directly.

Re registration with the NDIS Commission requires providers to be audited against the NDIS Practice Standards which includes providing evidence on how the standards are implemented. Evidence needs to be proportionate to the size and scale of the provider organisation.

The National Disability Scheme Insurance (Provider Registration and Practice Standards) Rules 2018 specify the types of evidence that auditors are required to collect including:

(a) information directly from participants

(b) information from family/friends/carer/nominees and/or independent advocates (with participant consent)

(c) the documented support plan and evidence of the delivery of supports to execute the plan

(d) all the supports delivered by the NDIS provider to the participant.

Providers are expected to demonstrate best practice through innovative, responsive service delivery, underpinned by the principles of continuous improvement of the systems, processes and associated with the outcomes. Auditors will check a variety of reliable sources to corroborate and confirm your claims. They will check whether the provider is meeting the expectations of participants and where appropriate, assisting them to attain their goals.

Information for participants, family and careers needs to be accessible and easy to understand. Communication with participants should be in the preferred style.

2.7 Integrating risk management

Risk management does not mean simply avoiding all risks, as innovation and service improvement sometimes involve taking calculated and planned risks. Risk assessment and management should be an integral part of planning and of quality management.

Risk management protects service quality by:
- ensuring participant safety and the safety and viability of the service a person receives
- identifying and acting to prevent or mitigate any interruption or deterioration of a service
- safeguarding the health and safety of staff providing the service
- Tracking the feedback of participants and other stakeholders, and tracking general performance against other measures, is in itself, a risk management activity. Quality management processes can alert the service provider to risks and problems that may be developing.

For example: feedback from some participants indicates that they have experienced being left unattended for extended periods of time. This alerts the service provider to a potential risk that may need to be investigated.

Note: See Resources section for examples of tools you may find useful.

3. Participant feedback

Feedback form participants is the most important indicator of quality and contributor to your quality improvement plan. Participants are central to any quality management system. The quality of service needs to be assessed and driven from the point of view of the people receiving that service.

Participants, and their families, carers or advocates, are best placed to let a service provider

know what is working well for them, if their identified needs are being met, and what is not working, and also what ideas they have for improving services. Direct feedback can assist a service provider in improving service delivery and in exploring different approaches and innovations.

Participants and/or their advocates need to be involved in providing feedback about their experience of the service, but it is also important to look at external measures that tell the service provider about how well it is achieving outcomes for people. Looking at other disability service providers can provide insight into the extent to which its systems and practices meet good practice standards that are known to produce positive outcomes.

3.1 Gathering feedback from participants

The most immediate source of information will be the direct feedback from participants, their families and carers. Ideally, feedback should be collected on an ongoing basis, and needs to be collected in ways that maximise people's capacity to provide full and honest feedback.

In setting up feedback or consultation processes, care needs to be taken to ensure:

- methods are suited to individual participants, which may mean using more than one consultation strategy such as one on one interviews, focus groups, online or paper surveys, photo voice techniques. Consulting with participants and supporters can help plan your approach
- questions encourage constructive feedback and ideas for improvement rather than simply eliciting statements of gratitude
- people do not feel exposed or vulnerable in providing negative feedback – this may mean providing opportunities for people to provide feedback anonymously and creating a culture where people feel valued when making honest comment
- people can see the impact of suggestions they have made and receive feedback on changes that have been made in response to their input
- The strategies chosen are relevant to the size and scope of your organisation.

An effective quality management system builds in continuous improvement at every level of service, so that service providers check in on a regular basis with the people they support, make changes in response to what they are being told and report information on issues through to the policy management level within their organisation.

For example: to overcome reluctance by people receiving services to say very much about the service, a service provider might use a group activity of drawing or describing an ideal service or living situation. Using imagination can assist people receiving services to look beyond what is immediately available and provide new ideas for the service provider.

3.2 Tracking outcomes for participants

In addition to direct feedback, the provider also needs to have objective ways of assessing the extent to which people's needs are being met. The extent to which needs are met is usually tracked by a provider at a number of levels:

- support plan documentation for individuals: Ways a provider keeps track of the agreed or planned aims and actions for individuals, and of what has been achieved at any point in time. This provides opportunities to make adjustments in planned action and improve the outcomes being achieved
- service intake and progress data: Reports on the number and types of participants, and the numbers progressing through stages or aspects of the service gives the service provider information on how well its access, intake and case management procedures are working
- outcome data: Reports on the proportion of participants who have achieved particular outcomes tell the service provider the extent to which it is successfully supporting people and producing positive outcomes
- staff feedback: opportunities for the workforce to provide feedback either individually or as a group
- complaints data: a complaints management log (that meets the requirements of the NDIS Commission) can be used to develop good complaint handling systems and deal with feedback and complaints fairly, objectively and as quickly as possible. It is a user-friendly process for you to store your feedback and complaints data.

TIP: Questionnaires and surveys can be a good tool to monitor and gain feedback on how well your organisation is performing. When the sector undergoes reform, for example with the NDIS, it is important that your organisation has monitoring tools such as these in place as they can provide insight to ensure the continued success of your organisation in a new operating environment.

4. Implementing a quality management system

4.1 What's involved in implementing a quality management system?

Most disability service providers have quality management processes of some form in operation. These are usually made up of:

- a service provider's general policies and procedures which provide the foundation by directing your approach to particular functions and how tasks are to be carried out
- checking the service provider's compliance against regulatory requirements ie NDIS Commission rules and other legislative requirements
- review and evaluation activities, such as collecting responses from participants in service activities, reviewing policies and procedures on a regular basis to ensure they are up to date

holding team review, conducting internal audits to check practice is matching policies and procedures and planning sessions

- using organisational feedback to continually improve practice and performance, eg lessons learnt from complaints and incident investigations.

Together these activities create a continuous improvement plan.

The NDIS Practice Standards require providers to have a structured quality management system in place that is proportional to the size and scale of the provider and the complexity and scope of the supports delivered. It includes the requirement to have a (proportionate) documented program on internal audits.

4.2 Preparing for and completing the NDIS Commission audit cycle

The following steps are involved in preparing for and completing the NDIS Commission audit requirements for re-registration. While the same steps will be followed by both large and small providers, more extensive and detailed requirements and processes are likely in a larger, complex organisation.

1. Allocate responsibility and resources

The first step is to establish who will take responsibility for leading and coordinating the process. Depending on the size of the service provider and the resources available, this process might be led by the board, senior management or by a working group established for the purpose.

The service provider will need to allocate dedicated resources to the accreditation preparation process including:

- set aside staff and board time to prepare, conduct, manage and track progress
- allocate specific tasks and responsibilities to individuals
- ensure the process is led and managed at an appropriately senior level
- review and select tools to support self-assessment and documentation.

2. Review current quality management processes

The next step is to review the existing quality management processes including:

- the service's scope, size, and planned future directions
- existing quality management processes and documentation
- touch points where the quality of service delivery is being managed, monitored and improved within the organisation
- current knowledge, experience and expectations of staff and the board re quality management
- results of any previous self-assessment or external review processes.

Most service providers have some forms of 'quality management' in place in the form of policies, procedures and other documented processes. These may include:

- feedback and consultation processes for participants and other stakeholders
- plan review procedures
- reporting on service outcomes
- general review and planning processes
- continuous improvement from learning opportunities provides as a result of investigating incidents and complaints.

3. Review the NDIS Practice Standards Requirements and conduct self assessment

The process used for self-assessment will generally involve:

- reviewing the specific requirements of each standard
- documenting what the service provider does that demonstrates they meet the requirement
- identifying and collecting the evidence that proves the requirement is met (such as policy and procedure documents, information about service activities, feedback from stakeholders).

NDS has developed a Guide to assist organisations preparing to re-register as an NDIS provider. The aim of the guide is to help providers interpret and better understand the requirements of the NDIS Practice Standards Core Module and associated quality indicators. The guide provides both an explanation of what each indicator means and provides some examples of documentary evidence that may meet the requirement of the quality indicator. This resource can be found here: www.nds.org.au/resources/ndis-quality-and-safeguards-resources-hub

Plan and manage the process of self-assessment as you would manage a project. Start by identifying and documenting:

- responsibilities – allocate responsibilities for coordinating the whole process, leading groups or teams, and completing different sections of the self-assessment
- time frames – set time frames for completion of sections of the self-assessment, review and sign off by the staff or board member responsible
- self-assessment activity plan – assess the time involved in self-assessment and break the tasks into manageable sections
- evidence documentation – allocate responsibilities for the collection and collation of evidence for each section of the self-assessment
- internal reporting – set reporting periods for progress reporting to the board and reporting on findings to people responsible for decision making.

4. Schedule and prepare for external audit

Engage the external auditors directly from the NDIS Commission's list of Approved Quality Auditors list, and coordinate the audit process with them.

The service provider needs to allocate a specified staff member responsible for contact and liaison with the external reviewers or auditors working with the external reviewers to:

- ensure the required documentation is made available to them
- organising any on-site visits for them (in most instances, external reviewers will want to meet with staff, participants and other stakeholders at a service outlet)
- follow up on any requests or directions from external reviewers
- maintain ongoing communication between the service provider and the reviewers.

5. External Stage 1 & 2

Stage 1 comprises of remote review of the evidence documents and data provided followed by Stage 2 which is an onsite visit to allow the auditors to conduct some inquiries of their own, such as case file reviews or interviews with participants and observations of the environment and interactions with participants, where possible/relevant. They provide a report on the extent to which the standards requirements have been met (if necessary) indicate further action the service provider will need to take to comply.

6. Address review findings

Once an external reviewer or auditor has provided a report to the service provider, the service provider may need to take immediate action to meet a critical requirement. In most cases, a longer term plan for improvement is suggested or negotiated with the service provider, and time frames for implementation agreed upon.

7. Mid-term surveillance audit

A mid-term audit is conducted approximately 18 months after the above on site audit and replicates the above process however only reviews a selection of outcomes, and always including Governance outcomes.

8. Maintain continuous improvement

At the end of the external audit, the approved auditing body recommends whether or not the provider meets certification requirements against the Practice Standards. If some standards are not satisfactorily met, the assessment report will identify improvements and a timeframe for the service provider to meet the required improvements.

This is also the point at which the service provider should identify how it will coordinate its quality management system as an ongoing activity and maintain continuous quality improvement.

In a market-driven context, focusing on quality management and continuous improvement allows service providers to remain competitive and embed in the organisation a sustainable culture of quality service provision that puts the participant and their needs at the centre of the organisation's decision making processes.

5. Quality management documentation

5.1 Quality management policy and procedures

A documented process or policy for continuous quality improvement is best practice.

A quality management process or policy document embodies the provider's aims for continuous improvement and provides the framework for procedures that implement quality improvement. It should include:

- the principles that will apply to quality management (including the participation of staff, board, participants and other stakeholders in review processes)
- the main processes and activities that will be used to track, report, review and make improvements (this should include documenting and reporting on feedback, complaints, incidents and compliance)
- improvement plans, activities and outcomes
- responsibilities for coordinating or managing aspects of quality improvement and any dedicated staff positions (such as a 'quality officer') or structures (such as a 'quality and safety' subcommittee)
- reporting within the service provider and reporting to the board on quality improvement.

Quality management process documentation should be supported by documented policy and procedures in related areas such as:

- risk management and compliance monitoring
- complaints management
- incident reporting
- service delivery
- organisational performance evaluation and reporting.

5.2 Documentation and reporting

Documentation and reporting is central to the management of continuous quality improvement. It is critical that the board and senior management can:

- check that the service provider is compliant with legislation, standards and other requirements
- monitor issues arising and ensure that action is taken to make improvements

- track quality improvement.

There are several tools that can assist in these processes, and examples of these are provided in the 'Resources' section at the end of this guide:

- compliance register: identifies key legal, contractual or reporting requirements for the service provider and when these have been checked and updated
- document control register: lists the main documents that direct the service provider's business (such as policies and procedures) and keeps a record of where the document is filed, date and identifier of the current version, review dates and where and how it will be disposed of
- continuous quality improvement register: summarises improvement activity within the service provider, keeping track of the issue, improvements to be made, and responsibility for implementing actions
- incident register: a register should be kept for accidents, injuries or critical incidents. This register keeps track of what has happened, who has been affected, and the action taken by the service provider
- performance reporting template: reporting templates should summarise critical information from all the above documents and provide simple reporting against key performance indicators.

6. Conclusion

Quality management and continuous quality improvement can assist a service provider to meet required standards, make improvements that benefit participants and track ongoing positive change.

The board has a responsibility to lead the service provider in quality management by:

- ensuring a system is in place for managing quality
- fostering a culture of continuous quality improvement
- monitoring quality and compliance.

The initial introduction of a quality management system requires some planning, the allocation of time to the process by the board and staff, and potentially some financial resources.

However, this is an investment in the future of the service provider, its longer term viability and its reputation for best practice in the provision of quality service.

References

Approved Quality Auditors Scheme Guidelines

www.legislation.gov.au/Details/F2020C00100

NDIS Quality & Safeguards Resources

www.nds.org.au/resources/ndis-quality-and-safeguards-resources-hub

NDS Zero Tolerance Resources

www.nds.org.au/resources/zero-tolerance

NDIS Commission Resources

www.ndiscommission.gov.au

Resources

Checklists and planners

These documents are designed to guide the provider through the steps of implementing a quality management system or reviewing components of a system already in place.

- **Project planner**

Provides a tool for planning each step of implementing a quality management system.

- **Reviewing current quality management processes**

Provides a guide to completing the first stage of implementing a quality management system – reviewing current quality management processes and identifying any action needed by the board.

Documentation templates

These templates are examples that can be used for various types of documentation in a quality management system. There are different versions and approaches to these, and the templates provided are examples only.

Compliance register
Identifies key legal, contractual or reporting requirements for the service provider and documents when these have been checked and attended to.

Document control register
Keeps track of the main documents that direct the service provider's business.

Continuous quality improvement register
Monitors improvement activity within the service provider.

Working with Key Performance Indicators
Documents key performance indicators and performance targets, and data collection planning.

Performance reporting template
Summarises critical information from all the above documents and provides simple performance reporting against key performance indicators.

Project planner

Use this tool to review or plan each step of implementing a quality management system. Information on each step is outlined in Section 10.4.1 of this guide.

Step	Challenges	Action needed	Responsibility	Time frame	Complete
Main steps – setting up or reviewing a quality management system	Discuss difficulties or issues that may arise in this step	Decide what will be done to address issues and complete step	Who will do this?	When will it be completed by?	Tick when complete
Allocate responsibility for coordination of process					
Review current processes and documentation					
Review NDIS Practice Standards and Quality Indicator requirements					
Allocate resources					
Commence self-assessment, and allocate responsibilities					
Select and engage external reviewer or auditor					
Prepare for external review or audit					
Participate in external review or audit					
Address review findings					
Achieve compliance with standards					
Maintain continuous improvement					

Reviewing quality management processes

Use these tools to complete the first stage of implementing a quality management system – reviewing current quality management processes and identifying any action needed by the board.

1. Review of service development

Consider each of the following questions as part of a team discussion.

Questions for discussion	Notes from discussion
What have been the most significant changes in the size, scope or direction of the service provider over the past 5 years?	
How has this affected the way we manage quality?	
What are the most significant changes in size, scope or direction planned for the next 3–5 years?	
How might this affect the way we manage quality in the future?	
What action do we need to take?	

2. Quality management documentation

Example		
Example ● Quality management policy statement	● Yes but – old policy out of date	● Review and update quality management policy statement and related procedures
Processes, policies and procedures:		
Quality management processes		
Core organisational policies and procedures (governance, finance, human resource management, information management)		
Risk management and compliance monitoring		
Complaints management		
Incident reporting		
Service delivery		
Organisational planning, performance evaluation and reporting		
Other:		
Templates for compliance, quality tracking and reporting:		
Compliance register		
Document control register		
Incident register		
Complaints register		
Continuous quality improvement register		
Performance reporting template		
Other: eg Audits		

3. Reviewing quality management processes

Use this template to review key processes that enable the service provider to manage quality and the board to monitor quality and compliance. Review each process and identify any action needed to improve the process.

Processes	When was this process last reviewed?	How well does this process help us manage quality?	What changes could we make to improve this process?
Example: • Strategic Planning	• Six years ago	• Difficult to track achievements in some areas	• Develop clearer, more precise performance measures
Strategic and business planning			
Risk management assessment and planning			
Policy and procedures			
Service provision (availability, access, intake)			
Service delivery (participant feedback and outcomes)			
Records and file management (participant)			
Records and file management (general)			
Complaints management			
Workplace Health and Safety			
Staff recruitment and performance			
External accountabilities			
Regulatory compliance			
Service partnerships			
Assets management			
Supplier guidelines and contracts			
Other:			

4. Attitudes, understanding and change

Use the following to guide discussion by the board in reviewing the way people within the organisation view quality, quality management and change. This review can be further informed by structured discussions with staff or staff surveys.

Questions for discussion	Notes from discussion
Do we know how people within the organisation view quality and continuous improvement? This might range across the following: • believe the service is fine and see no reason to make changes • concerned that quality management signifies a lack of trust in their work • see it coming but not sure how it will impact • feel overloaded with standards and compliance • eager to embrace quality but not sure how best to proceed • understand how to complete a formal quality review with reasonable success • committed to ongoing quality management processes	• [if 'no', then consider consultation with staff]
How can we best prepare our people to implement a quality management system or to better work with the one we have?	
What changes do we need to encourage in attitudes or understanding, and how should we do this?	

Documentation templates

Compliance register

This template provides a guide to keeping track of the service provider's compliance with key legal, regulatory and contractual requirements.

Item	Key requirements	Responsibility	Last check	Action required	Completed
Example: • Funding Agreement	• Quarterly data entry • Annual report	• Admin Manager • CEO	• May 2011 • August 2011	• March data to be entered • Nil	June 2011
Incorporation					
Funding agreement					
Workplace Health and					
Safety (WH&S)					
Insurance cover					
Probity checks (staff					
recruitment)					
Taxation					
Superannuation					
Financial audit					
Information security					
Legislation					
Incidents					
Feedback and complaints					
Other:					

Document control register

This template provides a guide to managing the main documents that direct the service provider's business (such as policies and procedures) and keeping a record of location of the current version, review dates and disposal of documents.and keeping a record of location of the current version, review dates and disposal of documents.

Document ID	Version	Title	Access	File path and name	Last reviewed	Disposal method	Disposal date
Example: • ID 7.12	• V3/2010	• Delegations of authority	• View: all staff & board • Edit: CEO	• S: Policy docs/ Governance/ Delegations	• May 2012	• Delete & Shred	

Continuous quality improvement register

This template can be used to summarise improvement planning and activity within the provider.

CQI ID	Date	Source	Issue	Action	Time frame	Responsibility	Update or closure
Example: • CQI: 5/2019	• May 2019	• Complaints register	• Service user details disclosed	• Improve security on participant Records • Staff training	• End June 2019	• Service Manager	• Password system upgraded: 27 May 2019 Refresher email to all staff on privacy P&P

Working with Key Performance Indicators (KPIs)

Use this template to document key performance indicators and performance targets, and to plan the data collection required to evaluate performance.

Area	Key Performance Indicator (KPI)	Target	Data to be collected	Frequency	How it will be collected, collated and analysed
Example: • Satisfaction with service	• Participants consistently give positive feedback	• 90% of people rate the service as 'highly satisfactory'	• Satisfaction ratings from all participants	• Annually	• Independent researcher to interview people and provide report
Corporate governance					
Financial health of the organisation					
People assisted successfully					
Satisfaction with service received					
Achievement of positive outcomes for participants					
Staff morale					
Positive profile amongst stakeholders					
Other:					
Feedback and complaints					
Other:					

Performance reporting template

Reporting templates should summarise critical information from compliance and monitoring documents and provide simple reporting against key performance indicators.

Date:

Report to:

For period:

Report prepared by:

Services and activities	Target/performance indicator	Report on results	Change since previous report	Comment
Example: • Participant assessment and review	• All case plans reviewed 3 monthly	• 80% reviewed within 3 months	• Increase from 72%	

Organisational operation	Target/performance indicator	Report on results	Change since previous report	Comment
Example: • Staff morale	• All staff at 100% satisfaction with place of work	• 68% of staff at 100% satisfaction	• Decrease from 79%	• Recent dispute over wage grading has impacted badly

Organisational operation	Target/performance indicator	Report on results	Change since previous report	Comment
Example: • Compliance with NDIS Practice Standards	• All minimum Core standards met • External review completed successfully	• Self-review against Core standard completed	• Practice Standard Division3&4 completed	

Compliance Report

Risk management plan

Insurances

Workplace Health and

Safety

Other legal requirements

Contracts

Service agreements

Reporting

Standards

Incorporation

Other: