



**QUALITY MANAGEMENT  
POLICY & PROCEDURES**

**SEPTEMBER 2022**



## Table of Contents

Glossary of terms.....	3
Policy Purpose.....	4
Scope .....	4
Policy Statement.....	4
Roles and Responsibilities .....	5
Procedure Purpose .....	8
A Person-Centred Approach at ICAS .....	8
Quality Management.....	8
Quality Management System .....	8
Plan, Do, Check and Act cycle .....	9
1. Formal management reviews .....	9
2. Informal reviews.....	10
3. Identifying nonconformities and opportunities for improvement.....	10
4. Internal Audit Processes .....	11
Related documents/resources.....	14



## Glossary of terms

Term	Definition
<b>Continuous Improvement</b>	<p>Ongoing activity to enhance performance i.e. the process of establishing objectives and finding opportunities for finding improvement is a continual process through the use of audit findings and audit conclusions, analysis of data, management reviews, or other means and generally leads to corrective action or preventative action.</p> <p><a href="https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en">https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en</a></p>
<b>Participant</b>	A person who meets the NDIS access requirements.
<b>Person Centred</b>	<p>Person centred approaches:</p> <ul style="list-style-type: none"> <li>- place the participant at the centre of any planning and support process.</li> <li>- allow the person to choose and direct the support they receive according to their aspirations and goals, and how they receive that support.</li> <li>- focus on the strengths, contributions, and abilities of the participant.</li> <li>- recognise the uniqueness of each participant.</li> <li>- work to maximise personal connection and social participation.</li> </ul>
<b>Policy</b>	A statement of intent that sets out how an organisation should fulfil their vision, mission and goals.
<b>Procedure</b>	A statement or instruction that sets out how a policy will be implemented and by whom.
<b>Quality Management System</b>	<p>A quality management system is a set of interrelated or interacting elements that organisations use to direct and control how quality policies are implemented and quality objectives are achieved.</p> <p><a href="https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en">https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en</a></p>



## Policy Purpose

This policy is to ensure that each participant receiving supports from Individualised Community Access Services (ICAS) benefits from a quality management system, which promotes continuous improvement of support delivery.

### Objectives:

The Quality Management policy aims to achieve the following:

- The delivery of the best possible quality of supports to participants accessing our organisation.
- We maintain a quality management system that matches the scope and complexity of the supports we deliver to participants.
- Our system defines how to meet the requirements of legislation and the Standards outlined in the [National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2021 \(Cth\)](#).
- We consistently review and update our quality management system to improve the provision of supports to participants.
- Our quality management system has a documented program of internal audits.
- A commitment in our organisation to continuous improvement. We use our support outcomes, risk data, evidence informed practice and feedback from our participants and workers to help us achieve this.

## Scope

This policy applies to all employees within ICAS.

## Policy Statement

ICAS will ensure that each participant accesses responsive, timely, competent, and appropriate supports to meet their needs, desired outcomes, and goals.

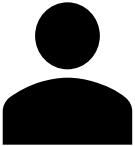
Our **Quality Management** policy is based upon:


- Our recognition of the legal and human rights of each participant.
- The participant's right to choice and control of supports delivered by us.
- Our commitment to communicating with participants in the language and mode that they identify and best understand.
- Recognising and respecting the individual identity and personhood of each participant.
- Ensuring as far as possible the participant is supported to engage with family, friends, and his/her/their chosen community.

This policy complies with the requirements under the [National Disability Insurance Scheme\) Quality Indicator Guidelines 2021](#) and [NDIS Code of Conduct](#)




## Roles and Responsibilities

Director	Responsibility	Delivery
	<p>Establishing a culture that promotes the recognition and commitment to quality support delivery and ongoing continuous improvement for the benefit of participants accessing our supports.</p>	<p>Openly reports on organisation's commitment to and compliance with our quality management system.</p> <p>Reviews and identifies issues and encourages staff to make recommendations to implement ongoing continuous improvement.</p> <p>Ensures the Quality Management policy is properly administered.</p> <p>Actively participates in quality management activities.</p> <p>Reviews the Quality Management policy with management and staff.</p> <p>Supports and ensures staff are trained in Quality Management processes.</p>

Quality Assurance Officer	Responsibility	Delivery
	<p>Oversight of Quality Management System and Continuous Improvement Practices.</p> <p>Manages and maintains the application of the Quality Management System and Continuous Improvement processes in day to day operations</p>	<p>Oversight the operationalisation of the quality management system and continuous across the organisation.</p> <p>Management of internal audits including internal audit schedules, selecting internal auditors, audit planning, inclusion of participants and personnel in internal audits, and ensuring internal audit processes are undertaken in line with international standard ISO 19011.</p> <p>Organise internal reviews with management to discuss internal audit findings.</p> <p>Propose, document, and promulgate continuous improvement activities from review meetings.</p> <p>Take and action suggestions for continuous improvement activities from personnel.</p> <p>Convene internal reviews with management following external audit findings, action, and document, steps taken to achieve compliance where Improvement Requests or non-conformities have been identified.</p>

		<p>Maintains all records relating to external and internal audits and quality and continuous improvement activities.</p> <p>Frequently reports to Director on issues and compliments for consideration for continuous improvement.</p> <p>Consistently reviews support and staff processes to provide feedback on continuous improvement opportunities.</p> <p>Ensures there are processes in place for personnel and participants to provide suggestions for continuous improvement.</p> <p>Ensures the understanding, and application, of the quality management policy and procedures.</p> <p>Analyses compliance with the Quality Management policy and procedures across and works with the Director to implement quality improvement processes.</p> <p>Supports and encourages staff to deliver continuous improvement practices and delivers mentoring and training where deficits are identified.</p> <p>Provides adequate training to staff to ensure the Quality Management policy and procedures are understood and delivered.</p> <p>Acknowledges and rewards staff who demonstrate excellence in demonstrating continuous improvement and a commitment to the delivery of high quality supports.</p> <p>Leads implementation of Improvement Request responses as required following internal and external audits.</p>
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Staff who work with participants	Responsibility	Delivery
	<p>Demonstrates adherence with the Quality Management policy, including the delivery of continuous improvement in support delivery in accordance with ICAS's policy and procedure.</p>	<p>Comply with the Quality Management policy and procedure.</p> <p>Provide feedback to management on issues and opportunities to drive continuous improvement in the delivery of supports to participants.</p> <p>Actively participates in the quality management system by providing suggestions for continuous improvement</p>



	<p>Attends training on the Quality Management policy and procedure.</p>	<p>and participation in external and internal audits as required.</p> <p>Continually seeks to improve the quality of supports provided to participants.</p> <p>Actively encourages and supports participants to take part in quality improvement activities and to provide suggestions for continuous improvement in the delivery of supports.</p> <p>Understand, practice, and deliver the Quality Management policy and procedures in working with participants.</p> <p>Takes active steps to implement Improvement Request responses as required following internal and external audits.</p>
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All staff	Responsibility	Delivery
	<p>Demonstrates compliance with ICAS's Quality Management policy and procedures.</p> <p>Attends training on the Quality Management policy.</p>	<p>Comply with the Quality Management policy and procedure.</p> <p>Provide feedback to management on issues and opportunities to drive continuous improvement in the delivery of supports to participants.</p> <p>Actively participates in the quality management system by providing suggestions for continuous improvement and participation in external and internal audits as required.</p> <p>Takes active steps to implement Improvement Request responses as required following internal and external audits.</p>

Last Reviewed: 23<sup>rd</sup> September 2022

Last Updated: 23<sup>rd</sup> September 2022

Signed: by Director



## Procedure Purpose

These procedures have been developed to provide guidance to all staff in implementing our Quality Management policy. ICAS is committed to protecting the rights to independence and informed choice of participants who access our supports.

These procedures provide guidance to staff to ensure that supports accessed by participants through ICAS promotes, upholds, and respects the legal and human rights of participants, including the rights of each participant to receive supports free of violence, abuse, neglect, exploitation and discrimination. In particular, these procedures ensure supports received are oversighted by a quality management system supported by ongoing continuous improvement practices.

This procedure should be read in conjunction with our [Quality Management](#) policy.

## A Person-Centred Approach at ICAS

ICAS is committed to a Person-Centred Approach in delivering supports to participants.

Person Centred Supports are central to our philosophy, our mission, and our business model.

Please refer our *Person-Centred Supports* policy & procedure for more information on person-centred approaches.

## Quality Management

ICAS works to ensure the delivery of high quality supports to participants who choose to purchase them from us. This means we have in place a quality management system, supported by ongoing continuous improvement activities, to give participants the benefit of the best supports we can provide. Further to this, we engage participants in our quality management system and continuous improvement processes as critical stakeholders best placed to help us achieve this goal.

## Quality Management System

A quality management system is applied across our organisation to ensure the implementation, review, and continuous improvement of policies and practices of all our business activities, but in particular, supports provided to participants.

Our Quality Assurance Officer is the key contact for our quality management system. He/she/they work across the organisation to coordinate and organise internal and external audits, convene internal reviews, ensure action against Improvement Recommendations (IRs), guide and support staff in the implementation of the quality management system and continuous improvement activities, collate continuous improvement feedback provided by personnel, participants, and external stakeholders, and ensure the implementation of continuous improvement activities.

The Director holds ultimate responsibility for the operation of the quality management system and ongoing continuous improvement within the organisation.





Our Quality management system incorporates mechanisms that promote continuous improvement as well as quality assurance. It is based upon a cyclic process of plan, do, check and act to improve, which includes:

- Regular self-review for quality improvement
- An established alignment between plans, review and improvement
- Being proactive to identify any Non-conformities and opportunities for improvement
- Monitoring from an evidence base including participants, families, staff and other stakeholders
- Use of external bodies against which to assess compliance and opportunities for improvement.

## **Plan, Do, Check and Act cycle**

### **1. Formal management reviews**

ICAS holds formal (i.e. minuted) reviews to check the continuing ability and effectiveness of our quality system in satisfying relevant NDIS indicators and other legislative requirements; as well as our policies and procedures, business and other objectives.

These reviews are annually and should be scheduled soon after an internal or external audit. Dates are flexible and more frequent meetings can be held if required.

We invite all personnel who have availability to attend these review meetings as part of their active participation in our quality management system. From time to time access may be restricted at the Director's discretion, should meeting or part of a meeting be restricted access for privacy, commercial in confidence or other reasons.

The minimum attendees for these meetings are as follows:

- Director (chair)
- Quality Assurance Officer (secretary)
- Personnel responsible for organising and maintaining individual service agreements and support plans
- Personnel managing complaints, incidents and risks.

The Quality Assurance Officer arranges and coordinates reviews in consultation with the Director and prepares an agenda (a standard agenda may be used). The Quality Assurance Officer organises any required supporting documents or information to be either provided in advance or made readily available during the meeting.

Agendas include reviews of:

- actions from the previous meeting.
- recommendations by the governing body.
- feedback and complaints.
- Incidents.
- results of internal and external audits.
- open IRs and trends in IRs.
- risk management and controls.
- compliance with relevant NDIS indicators and other legislative requirements, as well as our current policies and procedures.



- the need for improvements and updates to processes, policies and procedures, resources or staff skills as a result of changes within ICAS which may affect the quality system.
- outcomes, risk related data, evidence-informed practice, and feedback from participants and workers which will support continuous improvement.
- overall effectiveness of our quality system in supporting continuous improvement.

We may add other items as required: e.g. commercial / financial performance, marketing, benchmarking etc.

The Quality Assurance Officer takes summary minutes and circulates them; ensuring that they are completed and agreed within two weeks of the meeting.

Minutes follow the agenda headings, highlighting action items, which identify persons responsible and agreed deadlines. The quality assurance officer may raise IRs to track actions, at his/her discretion; but in any case follows up and verifies completion of actions.

The Quality Assurance Officer maintains a file for minutes and other documents arising from management reviews.

## 2. Informal reviews

Management review is a continuing process, and is not limited to formal review meetings. Meetings of staff and other personnel held at any time may cover issues similar or related to the formal agenda items above. Actions may be identified and if so, may be handled using the Continuous Improvement Register.

## 3. Identifying nonconformities and opportunities for improvement

The main internal sources of nonconformities and opportunities for improvement are:

- internal audits,
- feedback and complaints, or
- incidents.

Procedures for addressing *Feedback and Complaints* and/or *Incident Management* are provided separately within ICASs procedures. These can trigger completion of one or more Improvement Requests (IR), which is the standard tool for ICAS to document a problem complying with NDIS Indicators or business practices. Completed IRs track actions, responsibilities and timeframes to correct problems and prevent recurrence and are managed through the Continuous Improvement Register.



## 4. Internal Audit Processes

This section describes the internal audit processes followed by ICAS to test the adequacy of, and compliance with our policies and procedures, to ensure we continue to meet NDIS Quality indicators as they apply to us.

This procedure applies to all personnel.

### *Scheduling Audits*

The Quality Assurance Officer manages our internal audit program, and is responsible for:

- ensuring that resources are available to conduct audits and support auditors
- scheduling audits and selecting auditors
- reviewing, approving and distributing audit reports
- keeping records of audits
- ensuring audit findings and recommendations are brought to the attention of the management team, actioned and followed-up as applicable.

The Quality Assurance Officer maintains an *internal audit schedule* that ensures that all auditable procedures and policies are audited at least annually. These audits are primarily to check compliance with procedures and policies.

Audits may also review the adequacy of procedures and policies in meeting business and legislative requirements.

The schedule shows the planned dates (by month) and the actual dates when the audits were conducted. If an audit cannot be conducted in the month planned, it is rescheduled as soon as possible afterwards, and the reasons for the delay noted.

Some policies and procedures may be audited more regularly, depending on (e.g.):

- the number, importance, complexity, similarity and locations of the activities to be audited
- the results of previous audits or management reviews
- services delivered, legislative requirements and other audit criteria
- the concerns of interested parties
- significant changes to our organisation, its sites or operations.

We may carry out additional audits at any time to investigate serious risks or concerns e.g. a serious complaint or incident.

### *Selecting auditors*

The Quality Assurance Officer selects the auditors, appointing a lead auditor if more than one auditor is required for a particular audit.

Auditors chosen by the Quality Assurance Officer:

- are independent of the activity being audited. ICAS may swap internal auditors with another similar organisation, to keep costs down and maintain independence, subject to appropriate clearances, participant consents and confidentiality provisions.
- are familiar with ICAS's business practices and legislative environment, as determined by the quality assurance officer.
- have successfully completed a recognised course in internal auditing.



- have audit experience deemed sufficient by the Quality Assurance Officer (normally at least two internal audits for a total of at least 4 days of audit experience as an auditor-in-training under the direction and guidance of a competent internal auditor).
- have the appropriate knowledge, skills and clearances to work with participants, as determined by the Quality Assurance Officer.

### *Audit planning*

The Quality Assurance Officer selects and appoints the auditor at least two weeks before the audit is due, and confirms dates, times and audit scope with the auditor.

The auditor notifies managers and staff of the areas to be audited in writing (normally by email) at least a week before the audit. The auditor also asks managers and staff to let participants know about the upcoming audit in their area, and the opportunities to become involved, or to opt out if they prefer.

The auditor may prepare checklists or work directly from policies and procedures.

### *Conducting audits*

The international standard ISO 19011 provides generic guidance on conducting audits. Generally our internal audit process is made up of the following elements:

- hold informal entry meeting with manager of relevant area, available staff, and participants or other non-staff who wish to be involved, to confirm arrangements and answer questions.
- collect, verify and record information via interviews, examining documents and records, and observation.
- evaluate evidence against our policies and procedures.
- cross-check from time to time with relevant NDIS indicators.
- generate audit findings, indicating conformity or nonconformity.
- document nonconformities and opportunities for improvement on the Continuous Improvement Register.
- hold informal closing meeting, preferably with at least those who attended the entry meeting.

The closing meeting is to:

- communicate the audit findings and conclusions to the personnel audited
- obtain agreement to Improvement Requests
- obtain proposed corrective and preventive action
- negotiate deadlines for acting on Improvement Requests.

Proposed corrective and preventive action and deadlines are subject to approval by the quality assurance officer.

### *Audit reporting*

The auditor completes a report and forwards it to the Quality Assurance Officer within one week. Format is flexible, but the report must include:

- audit number (from the schedule)
- audit date and report date
- areas (departments/sites) and procedures / activities audited
- name of auditor



- a summary of the results of the audit.

The summary briefly describes:

- areas found to be in compliance with the requirements
- positive findings wherever possible
- areas found not to be in compliance, referencing new IRs raised
- any follow-up activity necessary from a previous audit, referencing IRs closed
- strengths and weaknesses
- any suggestions for follow-up activity, e.g. difficulties encountered, or areas missed; need for follow-up audits to verify corrective and preventive action taken to address new IRs.

### *Audit follow-up*

The Quality Assurance Officer distributes copies of the report to relevant managers and the Director, and maintains the internal audit file.

In consultation with relevant managers, the Quality Assurance Officer:

- confirms deadlines for actioning IRs (normally 20 working days)
- updates the IR database
- agrees verification activities, adding follow-up audits (if required) to the audit schedule.

The Quality Assurance Officer ensures IRs are actioned by agreed deadlines, arranges verification, and updates the IR database. The Quality Assurance Officer may extend deadlines for IRs that cannot be actioned on time, noting reasons on file. The quality assurance involves the Director if the issue is serious or has the potential to compromise the quality of supports delivery.

Internal audits are a standard agenda item for management review meetings.

## **5. Involvement of participants into development of ICAS's policies & processes**

### *Internal Audit*

- Internal auditors are always open to opportunities to involve participants in internal audits, or respect their wishes not to be involved.
- Noting that *external audits* conducted to monitor compliance with the NDIS indicators will have a strong focus on sampling participants, *internal audits* also aim to capture all sources of feedback from participants, as opportunities arise. Audit planning is flexible to allow sufficient time for this.
- Involvement may range from random encounters, to focus groups, or one on one interviews, as determined by the wishes of, and consents by participants. Reviews of individual service agreements, support plans and other files may indicate the need to interview anyone involved, including participants if possible.
- If sufficient participants are available and happy to be interviewed, the auditor aims to select interviewees at each site to represent the demographics (e.g. age, gender, type



of support offered etc.). The maximum number of participant interviewees per site is normally the square root of the total number of participants supported from that site (as per external audit requirements).

ICAS provides opportunities for participants to input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights. We do this by:

- Undertaking an annual survey of our complainants to understand client satisfaction with the Feedback and complaints management process.
- Inviting feedback of all stages of engagement with participants.
- Invite participants to engage with the management review process (as outlined in 1. above). Further, participants are invited to attend opening and closing meetings of third party conducted extremal auditors and are encouraged to be actively involved in both external and internal audit processes.

## Related documents/resources

### *Applicable NDIS Practice Standards Policies and Procedures*

- **Quality Management**
- Risk Management
- Incident Management
- Complaints Management
- Human Resources Management
- Financial Management
- Information Management
- Provision of Supports
- Governance and Operational Management
- Easy English – Quality Improvement

### *Applicable Forms/Registers*

- Internal Audit Register
- Continuous Improvement Register
- Incidents Register
- Management review standing agenda
- Delegations Register
- Document Control Register
- Feedback & Complaints Register

### *Applicable Legislation and NDIS requirements*

- [National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018 \(Cth\)](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules \(2018\)](#)
- [National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules \(2018\)](#)