

Continuous Improvement Policy and Procedure

1.0 Purpose

CareAbility is committed to continuous service improvement. Continuous improvement requires a deliberate and sustained effort and a learning culture. It is results-driven with a focus not only on strengthening service delivery but also on individual outcomes.

This policy supports CareAbility to apply the National Disability Insurance Service Practice Standards and Quality Indicators.

CareAbility actively pursues and demonstrates continuous improvement in all aspects of business operations.

2.0 Scope

All Staff, whether permanent or casual, contractors, volunteers or business partners, are responsible for monitoring how well CareAbility services and supports are working.

3.0 Definition

Terminology	Description
Continuous Improvement	Is a formal, cyclical series of steps that are designed to improve processes and that lead to better outcomes for Participants and other stakeholders. The steps usually include matters such as identifying opportunities for improvement, collecting data, analysing data, deciding on a new approach based on the data analysis, developing and implementing changes and evaluating the effectiveness of the changes.
Internal auditing	Is an independent, objective assurance and consulting activity designed to add value and improve the organisation's operations. It helps the organisation to accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of its quality management system
Corrective Action	Is an action, or a plan, created by management to address a non-conformance.

Performance measures	<p>Performance measures (or 'indicators') how outcomes or results are evaluated. They are the measures of how well the service provider is carrying out its work and achieving its aims.</p> <p>They are expressed as numbers rather than as descriptions. They can tell a service provider such as CareAbility:</p> <ul style="list-style-type: none"> • How much it has done (for example, numbers of people using a service, 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 people receiving service, changes in social well-being or social policy). • Sound corporate governance. • The financial health of the service provider. • Levels of satisfaction with the service received. • Achievement of positive outcomes for people receiving services. • Staff morale, and • A positive profile for the service provider among stakeholders
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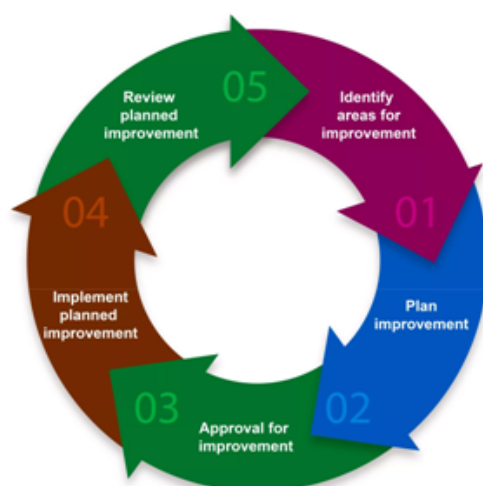
4.0 Policy

This policy guides the design and delivery of services and ensures CareAbility maintains high standards, improves systems and processes, adapts to changing needs and demonstrates organisational improvement.

4.1 Continuous improvement process

The basis of CareAbility's quality system is a cycle of self-improvement that follows a basic model involving planning, acting and checking to improve and standardise our processes. This model is used at a whole of organisation level to determine, measure, analyse and improve performance. At a process level, this approach involves:

- Identifying problems or improvement opportunities, then investigating and determining the root cause
- Developing and implementing an action plan, listing tasks, setting target dates, nominating responsibility and tracking progress through management
- Checking that the improvement has led to growth through performance measures and identifying any new or additional measures needed
- Standardising improvements made through policies or other documents.



01	Identify areas for improvement	02	Plan improvement	03	Approval for improvement	04	Implement planned improvement	05	Review planned improvement
	<ul style="list-style-type: none"> - Feedback from stakeholders - Complaints mechanism - Risk assessment - Incident management - Changes in legislation 		<ul style="list-style-type: none"> - Use analysis from the identified risks, incidents, feedback and current practices - Determine improvements - Set goals or outcomes - Plan of action - policies, practices, staff training and implementation - Complete Continuous Improvement Register 		<ul style="list-style-type: none"> - Review Continuous Improvement Register to inform plan of action - Approve for implementation - Review post implementation 		<ul style="list-style-type: none"> - Adjust policies and practices as required - Train and inform staff - Implement 		<ul style="list-style-type: none"> - Gather evidence about the implementation - Determine if implementation reaches goals or output requirements - Identify if any further action is required and restart the process if necessary - Inform management of outcome

4.2 Principles

- All services, processes and procedures undertaken are the best they can be
- Services are regularly reviewed and measured for quality and effectiveness
- Staff and participants are encouraged to provide feedback on how to improve service delivery
- The participants are to be involved in all decision-making processes that affect them
- Participants, family and advocates can provide valuable insights about the effectiveness of services, highlight any gaps or issues that arise and provide ideas for improvements and innovation
- A learning culture of quality within the organisation ensures all people, regardless of their role, contribute to service quality and quality management
- Planning, resource allocation, risk management and reporting are critical for continuous improvement and are part of an integrated approach that supports CareAbility's mission and vision
- CareAbility is committed to innovation, high quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disabilities

4.3 Measurements of quality

CareAbility uses survey and audit results to measure outcomes required under the NDIS Practice Standards and Quality Indicators, in addition to other legislative requirements.

4.4 Sources of data for continuous improvement

4.4.1 Changes in legislation/regulation and best practice

CareAbility's management is informed of regulative and legislative changes via structured access to government, industry and association information channels and through attendance at industry conferences, networking events and ongoing training/education. Information of this type is used to improve practices and approaches in our operations and services, including the implementation of service improvements.

Policies and procedures will be reviewed on an ongoing basis to ensure compliance with legislation. Version control will occur to ensure current documents are available to Staff and participants.

4.4.2 Feedback and evaluation of data

CareAbility will conduct formal surveys annually, at a minimum, to obtain opinions and feedback from participants as well as from their families and advocates, where possible.

Such feedback will assist CareAbility to accurately assess the quality of services and to make any improvements necessary.

CareAbility will collate the feedback from its surveys and advise participants of any proposed improvements to service delivery. Surveys and focus groups may also be targeted to review specific aspects of performance, e.g. information provision or assuring participants are involved in their planning and decision-making.

Staff surveys will be conducted on an annual basis. These will be used to measure morale, understanding of CareAbility's policies and procedures, operating environment satisfaction, roles within the organisation, training

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and information needs and our commitment to our values. Feedback analysis is incorporated into a Continuous Improvement Plan.

4.4.3 Internal/external audits

CareAbility will conduct periodic internal audits to determine whether or not the quality management system conforms to the requirements of the relevant quality standards. The internal audits will check all processes and documents to ensure that the quality management system has been effectively implemented and maintained.

Internal and external audits will be designed to ensure that legislation, industry standards, and operational processes are correctly understood and implemented as per organisational policy (see 'Appendix 1: Internal review and external audit schedule').

Data obtained from audits will be stored and used to ensure corrective actions are recorded, verified and closed out. The data collected from internal audits and corrective actions will be integrated into the continuous quality improvement system.

4.4.4 Complaint Management

All complaints will be investigated to determine the root causes and required improvements. Improvements will be tracking progress through management systems (meetings and reports) to capture and evaluate corrective actions.

All Staff will be responsible for promoting the development of a positive complaint handling culture.

Management will review complaints every six (6) months (at least) to ensure that the complaint handling process is in accordance with our policy and procedures.

The Director, or their delegate, will annually review the entire complaint handling system to ensure changes to policy and practice are implemented when necessary. The complaint data will be analysed to determine if there are any trends or patterns of on-going concern, such analysis will be incorporated into the Continuous Improvement System and corporate governance.

4.4.5 Incident Reporting

The Director, or their delegate, will be responsible for reviewing incidents, including incidents recorded under the Incident Register. This register allows for the collation and analysis of data from incident reports for the determination of issues, trends or patterns of on-going concern; such analysis will be linked to the continuous improvement system.

4.4.6 Unsolicited Feedback

Every participant and/or the participant's representative and Staff has the right (and are encouraged) to provide feedback and suggestions that they believe can lead to improvements in the overall operation of CareAbility. They may use the Complaints and Feedback Form to put their thoughts and ideas in writing to the Director. Alternatively, feedback can be provided via email or phone.

All suggestions will be fully considered, and appropriate improvements implemented, wherever possible. This feedback information is linked to our corporate governance to instigate changes in policies and procedures so we can improve practices on an ongoing basis.

4.5 Communication of improvements

An outline of any improvements is provided via:

- Staff meetings
- Emails
- Updated policies and procedures.

4.6 Monitoring continuous improvement processes and systems

As part of our audit program, continuous improvement processes and systems are regularly audited. All Staff, participants and/or the participant's representative and other stakeholders are encouraged to provide ongoing feedback on any issues and areas where improvements are possible.

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Continuous improvement should include feedback from participants and stakeholders to ensure that CareAbility meets the needs of the community in which it functions.

Continuous improvement ideas and strategies will be used to inform our corporate governance.

5.0 Related documents

- Assets Register
- Complaints and Feedback Form
- Feedback Register
- Continuous Improvement Plan
- Continuous Improvement Register
- Corporate Governance Policy and Procedure
- Hazard Report Form
- Incident Report Form
- New Participant Checklist
- Incident Register
- Participant Risk Profile and Support Plan

6.0 References

- Disability Services Act 1986 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2021