

Continuous Improvement Policy and Procedure

Purpose

TassieCare services 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 TassieCare services to apply the National Disability Insurance Service Practice Standards and Quality Indicators.

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

Scope

All team members, whether permanent or casual, contractors, volunteers, or business partners, are responsible for monitoring how well TassieCare services and supports are functioning.

Definitions

Term	Definition
Continuous improvement	<p>Continuous improvement is a formal, cyclical series of steps designed to improve processes that lead to better outcomes for participants and other stakeholders.</p> <p>The steps usually include 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.</p>
Internal auditing	<p>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.</p>
Corrective action	<p>Correction action is an action, or a plan, created by management to address a non-conformance.</p>

Performance measures	<p>Performance measures (or ‘indicators’) are how outcomes or results are evaluated. They measure 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:</p> <ul style="list-style-type: none"> • how much it has done (numbers of people using a service, numbers of activities provided) • how well it has done something (levels of satisfaction by numbers of people, timeliness or efficiency of activities) • the effect it has had (outcomes for numbers of people receiving service, changes in social well-being or social policy) • sound corporate governance • the financial health of the organisation • participant satisfaction levels • achievement of positive outcomes for participants • level of staff morale • provide a positive profile for the service provider among stakeholders.
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Policy

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

Continuous improvement process

The basis of TassieCare services'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 an 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 continuous 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.

Principles

- All services, processes and procedures undertaken are the best they can be.
- Services are regularly reviewed and measured for quality and effectiveness.

- All 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 TassieCare services's mission and vision.
- TassieCare services is committed to innovation, high quality, continuous improvement, contemporary best practice, and effectiveness in the provision of supports to people with disabilities.

Diagram 1. Continuous Improvement Cycle Process



01	Identify areas for improvement	02	Plan improvement	03	Approval for improvement	04	Implement planned improvement	05	Review planned improvement
	- Feedback from stakeholders - Complaints mechanism - Risk assessment - Incident management - Changes in legislation		- 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		- Review Continuous Improvement Register to inform plan of action - Approve for implementation - Review post implementation		- Adjust policies and practices as required - Train and inform staff - Implement		- 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

Measurements of quality

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

Sources of data for continuous improvement

Changes in legislation/regulation and best practice

TassieCare services'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 implementing 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.

Feedback and evaluation of data

TassieCare services 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 TassieCare services to assess the quality of services accurately and to make any improvements necessary.

TassieCare services 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 ensuring participants are involved in their planning and decision-making.

Staff surveys will be conducted on an annual basis and during our annual performance reviews. These will be used to measure morale, understanding of TassieCare services's policies and procedures, operating environment satisfaction, roles within the organisation, training and information needs and our commitment to our values. Feedback analysis is incorporated into a Continuous Improvement Plan.

Internal/external audits

TassieCare services will conduct periodic internal audits to determine whether 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 I: 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.

Complaint management

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

All team members will be responsible for promoting the development of a positive complaint handling culture. Management will review complaints every six months (at least) to ensure that the complaint handling process follows our policy and procedures.

The P&C Manager 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 any trends or patterns of ongoing concern; such analysis will be incorporated into the continuous improvement system and corporate governance.

Incident reporting

The Compliance officer or their delegate will be responsible for reviewing incidents, including incidents recorded under the Incident Register. This register allows for collating and analysing data from incident reports to determine issues, trends, or patterns of ongoing concern; such analysis will be linked to the continuous improvement system.

Unsolicited feedback

Every participant and team member has the right (and are encouraged) to provide feedback and suggestions that they believe can lead to improvements in the overall operation of TassieCare services. They may use the Complaints and Feedback Form to put their thoughts and ideas in writing to their Case/Line Manager. 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 to improve practices on an ongoing basis.

Communication of improvements

An outline of any improvements is provided via:

- team meetings
- emails
- subcontractor meetings
- updated policies and procedures.

Monitoring continuous improvement processes and systems

As part of our audit program, continuous improvement processes and systems are regularly audited. All team members, participants and other stakeholders are encouraged to provide ongoing feedback on any issues and areas where improvements are possible.

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

Continuous improvement ideas and strategies will be used to inform our corporate governance. Document and version control measures are to be documented in the Document Control Register. New documents are distributed as outlined in this document.

Related documents

- Asset Register
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Register
- Continuous Improvement Register
- Corporate Governance Policy and Procedure
- Document Control Register
- Hazard Report Form
- Incident Register
- Incident Report
- Incident Investigation Form Final Report
- Internal Audit Schedule
- Risk Management Plan
- Risk Assessment Form
- Risk Register
- Team Member Training Record
- Team Member Training Plan
- Training Attendance Register – In-house
- Training Register

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

Appendix 1: Internal review and external audit schedule

Audit Focus	Technique	Responsibility	Review Schedule
Policies and Procedures	Evaluate effectiveness and currency (practices match policy) Merge, develop or repeal policies and procedures	P&C Manager or delegated officer	Three-year cycle or when legislation changes. High-risk policies – annually (all Governance)

	<p>Address non-conformances</p> <p>A delegate staff member to review, adjust and train staff in new practices and policies.</p> <p>Review against compliance requirements (NDIS and legislation)</p>			
Strategic and Operational Plans	<p>Management planning review</p> <p>Update of business plan</p> <p>Update of budget</p>	Director or delegated officer	Biennially	
Data Protection Audit	<p>Internal privacy audits</p> <p>Non-conformances to be forward to Manager to actioning</p>	Director	Annually	
NDIS Audit Certification or Surveillance	<p>Review previous report</p> <p>Review all policies and procedures against standards Inform participants and staff</p> <p>Policy matches practice</p> <p>Rectifications allocated to relevant staff and used as training and improvement</p>	Director and NDIS Approved External Auditor	Three-year cycle (Annual surveillance and renewal audits)	
Service Delivery	<p>Review each practice for improvement and compliance</p>	Direct Service Manager or delegated officer	As per contractual arrangements	

	<p>Preparation and submission of reports required under any contractual arrangements</p> <p>Errors or non-conformances will be actioned to ensure compliance</p>		
Legislative	<p>Preparation of annual report</p> <p>Review current legislative requirements (NDIS, Tenancy, general business)</p> <p>Non-compliances – Manager to manage</p>	Director or delegated officer	Annually following the end of the financial year (if relevant)
Financial	<p>Financial year reporting:</p> <ul style="list-style-type: none"> •quarterly •end of Financial Year <p>Review budget and profit and loss information</p>	Operations Manager or delegated officer	<p>Quarterly (March, June, September and December)</p> <p>Annually (July)</p>
Asset Management	<p>Review Assets Register</p> <p>Update warranty and depreciation details</p> <p>Building and assets review</p> <p>Audit maintenance schedules for continuing value and usefulness</p>	Office Manager or delegated officer	Annually

Risk Management	<p>Review of risk management and risk treatment plans</p> <p>Review participant practices to ensure individual risk management</p> <p>Review continuous improvement register for sign-offs and actions</p> <p>Action non-actioned items in Continuous Improvement Register</p>	Direct Service Manager or delegated officer	Quarterly
Complaints	<p>Review Complaints Register</p> <p>Review Continuous Improvement Register for sign-offs and actions</p> <p>Action non-actioned items in Continuous Improvement Register</p>	P&C Manager or delegated officer	Half-yearly
Continuous Improvement	<p>Review current Continuous Improvement Plan, Incident Register, Risk Management Plans, and Complaints Register for trends and plan of action.</p> <p>Action non-actioned items in Continuous Improvement Register</p>	Senior Management team or delegated officer	Quarterly
Incident Review	Incident Register review for risk identification linked	Direct Service Manager or delegated officer	Quarterly

	<p>to continuous improvement</p> <p>Action non-actioned items in Continuous Improvement Register</p>		
Operational and Environmental Safety	<p>Building safety reviews Internal and external inspections incorporating physical & digital access audits</p> <p>Check all aspects of the building for safety, privacy and security</p> <p>Review of waste management Actions undertake to rectify non-conformances</p>	P&C Manager or delegated officer	Annually
Work Health Safety Requirements	<p>Safety compliance audits against documented work procedures, e.g. fire safety, electrical equipment, participant safety</p> <p>Actions are undertaken to rectify non-conformances by a delegated officer</p>	Registered professional	Annually
Provision of Support	<p>Participant surveys review service satisfaction staff satisfaction rights upheld Improvement ideas</p> <p>Action review outcomes</p>	Direct Service Manager or delegated officer	Annually

Human Resource Management	<p>Staff performance reviews Staff working requirements – screening</p> <p>Staff satisfaction surveys and analysis for improvements analyse input for trends</p> <p>Action trends to improve outcomes for staff</p> <p>Risk-Assessed Role register review</p>	P&C Manager or delegate	Annually
Subcontractors or suppliers	<p>Review supplier contract details, performance, costs and service quality</p> <p>Adjust suppliers and contractors if not meeting requirements</p>	Office Manager or delegated officer	Annually
Personnel File Audit	<p>KPIs reviewed to ensure meets current job role</p> <p>Adjust job descriptions Training records current</p> <p>Review of relevant registrations and currency</p>	P&C Manager or delegate	Annually
Information Management	<p>Random file selection for accuracy and compliance</p> <p>Check privacy and confidentiality requirements</p>	P&C Manager or delegate	Annually

	<p>Ensure passwords systems are current</p> <p>Advice management if any issues</p>		
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For clarification regarding this policy, please contact:

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Written and authorised by: Jonathan Bishton People & Culture Manager

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