



GentleCare+

Core Standards Policy Manual

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Section 1: Rights and Responsibilities

1.1 Person-Centred Supports	<p>Aboriginal and Torres Strait Islander Policy and Procedure</p> <p>Person-Centred Supports Policy and Procedure</p> <p>Participant's Charter of Rights</p> <p>Person-Centred Supports Linkages Policy and Procedure</p> <p>Advocacy Policy and Procedure</p>
1.2 Individual Values and Beliefs	<p>Individual Values and Beliefs Policy and Procedure</p>
1.3 Privacy and Dignity	<p>Privacy and Dignity Policy and Procedure</p> <p>Management of Data Breach</p>
1.4 Independence and Informed Choice	<p>Independence and Informed Choice Decision-Making Policy and Procedure</p>
1.5 Violence, Abuse, Neglect, Exploitation and Discrimination	<p>Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure</p> <p>Working with Children Policy and Procedure</p> <p>Zero Tolerance Policy and Procedure</p>

Aboriginal and Torres Strait Islander People Policy and Procedures

1.0 PURPOSE

- GentleCarePlus Pty Ltd wishes to recognise the Traditional Owners of the Land and the Aboriginal Communities served by our service.
- GentleCarePlus Pty Ltd will provide services and supports that meet the needs of Aboriginal and Torres Strait Islander people.
- To work cohesively with local Aboriginal and/or Torres Strait Islander people.
- GentleCarePlus Pty Ltd to ensure staff are trained in culturally appropriate actions and requirements.

2.0 SCOPE

This policy is applicable to all persons who may have any contact with our participants.

3.0 POLICY

It is the policy of GentleCarePlus Pty Ltd to create a safe and welcoming environment for all people. The intent of this policy is to ensure that individuals have the right to engage with their Aboriginal and Torres Strait Islander community members and to access the support required to meet their individual needs. If required frontline workers will collaborate with Aboriginal and Torres Strait Islander community members to support participants in the development and review of their support plans and activities.

4.0 PROCEDURE

Our inclusive approach will promote the cultural safety of Aboriginal and/or Torres Strait Islander People through engaging with the participant, their community and relevant stakeholders. Processes are designed to meet the needs and requirements of the participant.

- A variety of procedures may be implemented as per the list below:
- Designing and using images that reflect indigenous symbols or pictures into brochures, on the website or located in the environment.
- Displaying a Statement of Traditional Owners.
- Clarifying if participants identify as an Aboriginal and Torres Strait Islander.
- Contacting and maintaining networks with local Aboriginal and Torres Strait Islander communities.
- Working with community networks for the benefit and support of the participant.
- Contacting the participant's family, extended family and community.
- Establishing communication processes for maintaining an individual's indigenous supports.
- Working with other services in a coordinated manner to enhance supports for the participant.
- Planning will include actions that promote cultural safety and connectedness and respect the cultural and spiritual identity of Aboriginal and Torres Strait Islanders.
- Encouraging and researching community events for the participants, then sharing this information with Staff.
- Working with the local communities in the provision of services, referrals, consortia involvement and memorandums of understanding.

4.1 Advocacy information

All files of participants who identify as Aboriginal and Torres Strait Islander will be reviewed to ensure that we meet our inclusive approach obligations. The review will determine if:

1. Service access and support strategies are relevant for Aboriginal and/or Torres Strait Islander People.
 2. Service involvement and links with the Aboriginal community and Aboriginal services are being provided, as relevant.
 3. Their cultural needs are being documented in their support plans.
 4. Strategies and supports are being implemented as per their individual plan.
 5. Feedback is being gathered from Aboriginal and Torres Strait Islander people and frontline workers.
- Feedback will be related to the cultural competence of our service provision.

4.2 Staff and Volunteer Training

GentleCarePlus Pty Ltd will train all Staff and volunteers to ensure that all frontline workers are able to competently implement Aboriginal or Torres Strait Islander cultural competence strategies. The training aims to increase access to the service by Aboriginal and Torres Strait Islander people.

5.0 REFERENCES

- Human Rights and Equal Opportunity Commission Act 1986
- Disability Discrimination Act 1992 (Commonwealth)
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018

Person-Centred Supports Policy and Participant Service Charter of Right

1.0 PURPOSE

The NDIS Commission aims to uphold the rights of people with disabilities, including the right to dignity and respect, and to live free from abuse, exploitation, and violence. This is in keeping [with Australia's commitment to the United Nations Convention on the Rights of Persons with Disabilities](#). Our organisation has used this statement as the basis of our policy.

The purpose of this policy is to empower people with disabilities to exercise choice and control in the support services they receive while ensuring appropriate protections are in place; and building the capacity of people with disabilities, their families, and their carers to make informed decisions about NDIS providers.

2.0 SCOPE

The policy applies to all staff and participants. It is aimed at informing participants of the rights.

3.0 POLICY

GentleCarePlus Pty Ltd will provide supports that promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making. The Participant Service Charter outlines your rights, how you will be treated, and what you can expect from GentleCarePlus Pty Ltd. This Charter also sets out your responsibilities, and how you can give feedback on any aspect of the service.

GentleCarePlus Pty Ltd takes a person-centred and evidence-based approach to any services that we provide, where the participant, family or their advocate is primary to any decisions being made.

GentleCarePlus Pty Ltd exists to work with our participants, their advocates, family members and other service providers as relevant, to provide the services to meet our participant's need, within the scope of our services.

We will provide support and work with community groups or education programs directly, or in partnership with other services. You can find information about our services on our website, GentleCarePlus Pty Ltd or by asking one of our staff.

GentleCarePlus Pty Ltd will work with other groups, services and programs either directly or in partnership to ensure that relevant supports are provided.

Our Charter of Rights will be given to participants in the form of a Handbook, Easy Read Format using simple terminologies such as Your Rights, Your Responsibilities and Our Responsibilities.

4.0 CHARTER OF RIGHTS

4.1 Your Rights

As an individual using our support services, you have many rights that you should be aware of. We recognise your rights and are here to support and assist you in exercising these rights and in achieving your goals. GentleCarePlus Pty Ltd adopts a policy of non-discrimination regarding eligibility and entry to services, and in the provision of our support services to individuals.

You have the right to:

- Have access and supports that promote, uphold and respect your legal and human rights.
- Exercise informed choice and control.
- Freedom of expression, self-determination and decision-making.
- Access supports that respect your culture, diversity, values and beliefs.
- A service that respects your right to privacy and dignity.
- Be supported to make informed choices which will maximise independence.
- Access supports free from violence, abuse, neglect, exploitation or discrimination.
- Receive supports which are overseen by strong operational management.

- Access services which are safeguarded by Caring Carers well-managed risk and incident management system.
- Receive services from workers who are competent, qualified and have expertise in providing person-centred supports.
- Consent to the sharing of information between providers during the transition.
- Opt-out of giving information as required by NDIS.

4.2 Your Responsibilities

As an individual using our support services, there are a few things that we ask of you. The information below explains the responsibilities you have when using our services. We ask that you:

- Respect the rights of staff, ensuring their workplace is safe and healthy and free from harassment.
- Abide by the terms of your agreement with us.
- Understand that your needs may change, and with this, your services may need to change to meet your needs
- Accept responsibility for your actions and choices even though some decisions may involve risk.
- Tell us if you have problems with either our staff or services that you are receiving.
- Give us enough information to develop, deliver and review your Support Plan.
- Care for your own health and wellbeing as much as you are able.
- Provide us with information that will help us better meet your needs.
- Provide us with a minimum of 24 hours' notice when you will not be home for your service
- Be aware that our staff are only authorised to perform the agreed number of hours and tasks outlined in your service agreement.
- Participate in safety assessments of your home.
- Ensure pets are controlled during service provision.
- Provide a smoke-free working environment.
- Pay the agreed amount for the services provided.
- Tell us in writing (where able) and give us notice before the day you intend to stop receiving services from us.
- To inform staff if you wish to opt-out when asked.

4.3 Your Right to give Feedback

GentleCarePlus Pty Ltd values your feedback. This may be on something that we did well or something that we need to do better. Do not be silent; let us know you are not happy with the service you have received or believe you have not been treated fairly and.

Here are several ways that you can do this:

1. Completing a Complaint/Feedback form
2. Talking directly to a Staff
3. Ask to speak to a more senior person
4. Contacting the office on the phone
5. Anonymously

GentleCarePlus Pty Ltd will resolve complaints openly, honestly and quickly. Your complaint and a response will be acknowledged within one (1) working day (See our Complaints/ Feedback Policy and Procedures for our detailed process).

If you are not satisfied with the resolution of your complaint, you may contact NDIS

Ph: 1800 800 110 (free call from landlines) or email feedback@ndis.gov.au

4.4 NDIS Code of Conduct

Our team will provide supports or services to the participants, and will provide a quality service if you and your family and advocate;

- Provide complete and accurate information about yourself, and your situation
- Explain if there is a change in your health.
- Let your Staff know if things change, or if you cannot keep an appointment or commitment.
- Complete consent forms, so we can work with your advocate (if applicable).
- Act respectfully and safely towards other people using the service, and towards our frontline staff.
- Provide feedback about the service, and how you think we could do things better for you.
- Report back to us if unhappy with our services, or if there is any matter of concern.

4.5 Our commitment to participants

GentleCarePlus Pty Ltd takes a strengths-based, person-centred, holistic approach to care and support, where the participant or their advocate is primary to any decisions being made. Our team will ensure that your services are managed with respect and in consultation with you. When you are in contact with our organisation, we will:

- Always treat you with respect.
- Treat you fairly and without discrimination.
- Inform you of your rights and responsibilities through our orientation process, easy read documents and handbooks.
- Protect your personal information and only use it for the right reasons.
- Involve you in decisions about the services that you access.
- Support you to connect with other services if needed.
- Tell you how to provide us with feedback on our service,
- Ensure your safety and undertake practices that prevent injury to you and others.
- Help you to access and use our services.
- Comply with your signed Service Agreement.
- Inform you of your rights and responsibilities.
- Arrange for an interpreter or other language services, if you need this.
- Be polite and respect your views, opinions, personal circumstances and cultural diversity.
- Provide you with advice and different options on other supports and services that may be available.
- Provide staff that have the appropriate skills and competencies to meet your needs.
- Treat you with dignity, fairness and respect, without discrimination or victimisation.
- Inform you how you can make a complaint and provide information on how we will respond to that complaint.
- Provide support and care that recognises and acknowledges each person's preferences, choices, interests, and capability.
- Support your rights to receive quality care, and support in an appropriate environment which promotes your participation.
- Provide services that meet or exceed relevant industry standards such as the NDIS Practice Standards and Quality Indicators, NDIS Rules and the Charter of Rights.

5.0 REFERENCES

- Participant Handbook
- Easy Read Documents

6.0 LEGISLATION

- NDIS Practice Standards and Quality Indicators 2018
- NDIS Code of Practice Rules 2018
- NDIS (Complaints Management and Resolution) Rules 2019
- Convention on the Rights of Person with Disabilities

Person-Centred Supports Linkage Policy and Procedure

1.0 PURPOSE

People with disabilities have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life. Inclusion of, and access for, people with disabilities to mainstream and community-based activities and other government initiatives (National Disability Strategy 2010-2020).

2.0 SCOPE

This policy applies to all frontline staff.

3.0 POLICY

GentleCarePlus Pty Ltd will access links between other service systems (for example - social activities), which will improve and support the varying needs of people with disabilities, their families and advocates.

GentleCarePlus Pty Ltd's commitment is to make sure people with disabilities are connected into their communities by:

- Providing information on mainstream services and community activities which will benefit participants.
- Contributing to developing links and networks within the community
- Working in partnership with community organisations to provide opportunities for active participation in local activities.
- Supporting key workers to build their capacity, so they can sustain their role. This may include linking them into direct-carer support services.
- Linking the participant and their families to social and recreational activities that provide the family with a break from their caring role and connect them with the community.

- Sourcing activities that promote the participant's well-being such as personal development, peer support and mentoring.

4.0 PROCEDURE

GentleCarePlus Pty Ltd will follow the policy listed above to allow participants to maintain their ability.

Frontline workers are required to ensure that participants are:

- Connected within their community.
- Informed about relevant activities, to allow for the participant to make decisions and choices.
- Provided with skills and confidence to participate and contribute to the community and protect their rights.
- Able to use and benefit from the same mainstream services.
- Participating in and benefiting from community activities.
- Actively contributing to leading, shaping and influencing their community.

5.0 RELATED DOCUMENTS

- Participant Information Exchange Consent Form
- Agency Referral Form

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Framework for Information Linkages and Capacity Building

Advocacy Support Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd recognises the importance of ensuring the participant's right to use an advocate or representative of their choice is maintained. Both participants and potential participants have the right to select and involve an advocate, or a representative of their choice, to participate or act on their behalf at any time.

2.0 SCOPE

This policy applies to all participants, staff, volunteers and stakeholders.

3.0 DEFINITION

Advocacy: is the active support for a cause or position and, in this context, it is an expression of support for a person who may find it difficult to speak for him or herself. It may include matters such as achieving social justice, improving a person's well-being, prevention of abusive and/or discriminatory treatment or stopping unjust and unfair treatment so that a person's fundamental needs and interests can be met.

Below is a list of types of advocacy:

1. *Individual Advocacy:* a one-on-one approach, aiming to prevent or address instances of discrimination or abuse.
2. *Systemic Advocacy:* working to influence or secure long-term changes to ensure the collective rights and interests of people with disabilities.
3. *Family Advocacy:* a parent or family member advocates with and on behalf of a family member with a disability.
4. *Citizen Advocacy:* matches people with disabilities with volunteers.
5. *Legal Advocacy:* upholds the rights and interests of individual people with disabilities by addressing the legal aspects of discrimination, abuse and neglect.
6. *Self-Advocacy:* supports people with disabilities to advocate for themselves, or as a group.

4.0 POLICY

All participants have the right to use an advocate of their choice to represent their interests and speak on their behalf regarding any aspect of the supports or services that they receive.

Staff will work cooperatively with the participant's nominated advocate and will show the same respect to the advocate as is shown to the participant. Where participants cannot advocate for themselves, it is GentleCarePlus Pty Ltd's policy to ensure that the participant's interests are represented and supported using a substitute decision-maker.

4.1 Advocacy Principles

- GentleCarePlus Pty Ltd will ensure that all staff receive training in the use of advocates.
- GentleCarePlus Pty Ltd will maintain printed material on advocacy and advocacy services.
- GentleCarePlus Pty Ltd will maintain local advocacy resource/contact lists.
- GentleCarePlus Pty Ltd will work cooperatively with any nominated advocate chosen by the participant and show the same respect to the advocate, as is shown to the participant.
- GentleCarePlus Pty Ltd will utilise a governance system to enable GentleCarePlus Pty Ltd to identify where a participant needs advocacy.

5.0 PROCEDURE

5.1 Initial Assessment (Participant without an Advocate)

- Discuss the participant's right to appoint an advocate at any time and to have an advocate present to speak on their behalf.
- Provide the participant with advocacy information.
- Explain to the participant their rights regarding advocacy as per the GentleCarePlus Pty Ltd's Service Agreement and Charter of Rights, and the NDIS Practice Standards and Quality Indicators 2018.
- Advise the Participant that if they wish to utilise advocacy services, then GentleCarePlus Pty Ltd can assist them in contacting any of these services.

- Provide the form; "Authority to Act as an Advocate" to the Participant. In the event that they decide to utilise the services of an advocate. The completed and signed form is kept in the participant's file.
- Discuss and document any specific communication issues or protocols to be used; between the service and the advocate (such as email, phone or any other method).
- Inform the participant that they can withdraw approval for an advocate to act on their behalf at any time.

5.2 Initial Assessment (Participants with Advocates/Representatives)

- Prior to Initial Assessment
 - At initial contact with the participant ensure that the person is informed of their right to an advocate and record the advocate's details if the individual has an advocate.
 - Advise the Participant of the need to complete the Authority to Act as an Advocate form and provide this form to the Participant.
 - Contact the advocate to ensure they are aware that they have been nominated as an advocate and agree to do so.
 - The completed Authority to Act as an Advocate form is kept in the participant's file.
 - Ensure the potential participant is aware of their advocacy rights, including the right to have an advocate present for all assessments, meetings and communication between the Participant and GentleCarePlus Pty Ltd.
 - Schedule the Participant's initial assessment at a time and date that will enable the advocate to be present.
 - Ensure an identified Advocate is present at the assessment.
- At initial assessment
 - If not already received, request the completion of the Authority to Act as an Advocate form. Explain that this must be completed for GentleCarePlus Pty Ltd to formally recognise the nominated person as the Participant's advocate.
 - Gather information about the advocate, such as contact details and methodology.
 - Explain that the Participant has the right to change their advocate at any time. Changes should be documented with written confirmation from the Participant using the Authority to Act as an Advocate form.

5.3 Working with Advocates

- Clearly identify the existence of an Advocate on the Participant's file.
- Discuss and document any specific communication issues or protocols to be used; between the service and the advocate.
- Communicate with a Participant's advocate and involve them in the process of goal setting, planning service responses, and / or referrals for additional or alternative services.
- Provide the Advocate with ongoing information regarding the health and well-being of the Participant; as agreed.
- Ensure all On-Call staff are aware of the Participant's Advocate.

5.4 Continuing work with Advocates

- Remind Participants of their right to have (or change) an advocate by providing them written and verbal information during reassessments, visits or meetings.
- Remind the participants of their right to have (or change) an advocate, during each annual review of services or via written communication.
- Communicate and work cooperatively with the advocate.
- Refer Participants who are assessed as "not able to manage their service" and who have no other advocate to the Department of Justice and Community Safety and Attorney General of NSW, Office of the Public Advocate as appropriate

Note: there is a web-link to access advocacy services which require the input of a postcode. GentleCarePlus Pty Ltd will guide and assist participants in this matter. <https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

6.0 RELATED DOCUMENTS

- Authority to Act as an Advocate

7.0 REFERENCES

- National Disability Insurance Agency

- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulation 2014
- Disability Inclusion Act 2014 (NSW)
- Privacy Act (1988)

8.0 ADVOCACY INFORMATION

- Australian Centre for Disability Law – disabilitylaw.org.au
- Autism Asperger’s Advocacy Australia (A4) - a4.org.au
- The Autistic Self Advocacy Network of Australia and New Zealand - www.asan-au.org
- Blind Citizens Australia - bca.org.au
- Brain Injury Australia - braininjuryaustralia.org.au
- Children with Disability Australia - cda.org.au
- Deaf Australia - deafau.org.au
- Deafness Forum of Australia - deafnessforum.org.au
- Disability Advocacy Network Australia (DANA) - dana.org.au
- First Peoples Disability Network (FPDN) - fpdn.org.au
- Human Rights Council of Australia – hrca.org.au
- Intellectual Disability Rights Service (IDRS) - idrs.org.au
- Mental Health Australia - mhaustralia.org
- National Council on Intellectual Disability (NCID) - ncid.org.au
- National Ethnic Disability Alliance (NEDA) - neda.org.au
- Physical Disability Australia (PDA) - pda.org.au
- People with disabilities Australia pwd.org.au
- Short Statured People of Australia - sspa.org.au
- Women with Disabilities Australia (WWDA) - wwda.org.au

8.1 NSW Advocacy Providers

- Found here: <https://www.ndan.org.au>

Individual Values and Beliefs Policy and Procedure

1.0 PURPOSE

People with disabilities have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life. Inclusion of, and access for, people with disabilities to mainstream and community-based activities and other government initiatives. (National Disability Strategy 2010-2020)

To inform the community of GentleCarePlus Pty Ltd's service provision capacity, including the priority of access process and eligibility criteria requirements. We will encourage and manage requests for service from potential participants and referrals to and from other agencies.

GentleCarePlus Pty Ltd commits to cultural diversity and to the support of our participants by respecting their culture, diversity, values and beliefs. We will recognise and value the multicultural nature of Australian society and give specific acknowledgement and support to the customs of Australian Indigenous peoples.

2.0 SCOPE

This policy is inclusive of all community groups and will include people such as Aboriginal and Torres Strait Islander, culturally and linguistically diverse, various ages and stages of development, sexual orientation and disability. This policy will apply to a Staff engaged to work with the participants. This policy applies to GentleCarePlus Pty Ltd's staff and management.

3.0 POLICY

GentleCarePlus Pty Ltd will deliver flexible services that are designed to meet the needs of diverse peoples. We will actively provide a work environment which supports, values and encourages cultural diversity through training staff to develop their cultural understandings.

GentleCarePlus Pty Ltd will identify any real or potential barriers for the participant to access our services.

Our strategies to ensure equity for all peoples may include:

- Treating all people equally according to their human rights.
- Including all people regardless of their background, ethnicity, culture, language, beliefs, gender, age, sexual orientation, socioeconomic status, level of ability, additional needs, family structure or lifestyle.
- Promoting inclusive practices and ensuring the successful involvement of participants in the community to enable them to reach their goals and aspirations.

GentleCarePlus Pty Ltd will collaborate with the participant to identify their culture, diversity, values and beliefs. GentleCarePlus Pty Ltd acknowledges the participant's right to practice their cultures, values and beliefs. GentleCarePlus Pty Ltd will work with the participant to ascertain how and when they wish to participate in any religious or cultural practices. The team must respond sensitively to the participant's requirements and work with the participant to access their required supports.

GentleCarePlus Pty Ltd recognises, respects, promotes and celebrates the value of cultural diversity. Our team will adopt and implement inclusive and culturally diverse policies and strategies.

GentleCarePlus Pty Ltd is committed to social inclusion and community participation in both the delivery and expansion of services to disadvantaged participants. Our team will work in partnership with the community, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, people with different sexual orientations and those with disabilities.

To improve and support the varying needs of people with disabilities, their families and advocates, we will access links between other service systems.

We will:

- Consult our participants to facilitate the provision of fair, equitable and transparent services.
- Work with services in the community to ensure our participants are provided with relevant contacts to other services and community networks to enable the development of their personal goals, outcomes and aspirations, and in line with their support plan.

- Actively encourage and support our participants to maintain personal networks, community connections and participate in their community.
- Use networks and community engagement feedback to inform management processes.

GentleCarePlus Pty Ltd will gather information about the participant's cultural, beliefs, values and diversity. Participant's decisions and choice on practising their beliefs and cultural practices are supported and recorded in their support plan.

GentleCarePlus Pty Ltd's commitment is to make sure people with disabilities are connected into their communities by:

- Providing information on mainstream services and community activities which will benefit people with disabilities, as well as their families and advocates.
- Contributing to relevant links and networks within the community.
- Providing participation and inclusion of people with disabilities by working in partnership with community organisations.

GentleCarePlus Pty Ltd is committed to identifying and liaising with other stakeholders. Stakeholder identification and contact are dependent on the participant but may include local community support organisations, job networks, training organisations, and housing agencies.

GentleCarePlus Pty Ltd will uphold and promote the legal and human rights of all people and abide by the United Nations Convention on the Rights of People with Disabilities.

GentleCarePlus Pty Ltd will treat all people with courtesy, dignity and recognise their human rights to self-determination and privacy.

4.0 PROCEDURE

GentleCarePlus Pty Ltd will ensure that all participants are treated fairly and in a non-discriminatory manner. This intent incorporates both intake and service delivery processes. Information provided will be in an easy read format, but we will arrange relevant support in the form of home language, or using an interpreter, as required. If

a participant has a barrier of not being able to read or understand information, then a support person will be supplied to assist the participant in understanding what is being said or explained.

GentleCarePlus Pty Ltd will support the participant to access supports linked to their culture, diversity, values and beliefs. The type of support and responses will be determined through consultation with the participant and following the choices made by the participant. To assist the participant in making choices about their level of participation in their relevant supports, our team may:

- Actively pursue contacts that have been chosen by the participant.
- Contact local communities such as cultural, religious, sexual orientation groups or spiritual groups including Aboriginal and Torres Strait Islander communities.
- Contact government agencies to support individual participants.
- Seek community members and groups to receive input into the service,
- Contact advocates to assist with the development of community support plans for the participants.
- Actively support the rights of the participant to seek contact with those in the community; relevant to their wishes, goals and aspirations. The participant will be encouraged to join with related community links, as required.
- Following the participant's aspirations and needs to participate in the community actively.

GentleCarePlus Pty Ltd will make relevant contacts for the participant to assist in initial involvement with their selected group or individual.

GentleCarePlus Pty Ltd will work with Aboriginal and Torres Strait Islander peoples and culturally diverse groups to actively engage with their communities. The support plan will Support from their community will be incorporated within the support plan. This support will be assessed, monitored and reviewed to ensure that goals and aspirations of participants are met using the relevant support.

GentleCarePlus Pty Ltd will provide services that meet the aspirations and goals of the participant for inclusion in the community.

GentleCarePlus Pty Ltd will work with the community to actively encourage the participant to participate in various activities, including employment, education, sporting activities, cultural events, and any relevant activities.

GentleCarePlus Pty Ltd is committed to building relationships with key stakeholders, including Government, organisations and communities working together to get the best result for their participants.

GentleCarePlus Pty Ltd will ensure that their services are tailored to ensure that they are meeting their participant's needs in a flexible way, acknowledging that each person's needs are different.

GentleCarePlus Pty Ltd will give a high priority to providing early intervention and prevention towards each participant's situation, thus heading off problems by understanding the root causes and intervening early.

GentleCarePlus Pty Ltd will undertake Cultural Competence training for staff to increase knowledge and strategies of working in an inclusive manner.

GentleCarePlus Pty Ltd promotes inclusion by:

- Working closely with a network of health and allied health professionals to be able to support the holistic needs of our participants.
- Building effective partnerships with the participants and their families, advocates and support people to discuss and foster shared priorities and the participant's individual needs and goals.
- Focused efforts on building social inclusion and participation opportunities within the range of services provided.
- Providing information on community events and other relevant networks that meet participant's needs and identified goals.
- Working within the participant's networks and supports, including childcare, kinder, school or home environments, which allows GentleCarePlus Pty Ltd to assist the participant in fostering relationships and participation in familiar surroundings.
- Having a community linkages policy that outlines the ways in which GentleCarePlus Pty Ltd will work with other communities for the betterment of their participants.
- Operating in a manner that ensures all people can access our services.

5.0 RELATED DOCUMENTS

- Participant Information Consent Form
- Support Plan

6.0 REFERENCES

- Privacy Act (1988)
- Work Health and Safety Act 2011
- Disability Discrimination Action 1992 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- United Nations Convention on the Rights of People with Disabilities

Privacy and Dignity Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd will manage and ensure that our organisation provides the participant access to services and supports that respect and protect their dignity and right to privacy.

2.0 SCOPE

This policy applies to all Staff.

3.0 POLICY

GentleCarePlus Pty Ltd is committed to protecting and upholding all stakeholders right to privacy and dignity; including participants, staff, management and representatives of agencies, we deal with.

GentleCarePlus Pty Ltd is committed to protecting and upholding the participants right to privacy and dignity as we collect, store and handle information about them, their needs and the services provided to them.

GentleCarePlus Pty Ltd requires Staff and management to be consistent and careful in the way they manage what is written and said about individuals and how they decide who can see or hear this information.

GentleCarePlus Pty Ltd is subject to NDIS (Quality and Safeguards) Commission rules and regulations. GentleCarePlus Pty Ltd will follow the guidelines of the Australian Privacy Principles in its information management practices.

GentleCarePlus Pty Ltd will ensure that each participant understands, and agrees to, what personal information will be collected and informed of the reason for the collection. The participant will be informed and agree to this information is being recorded material in an audio and/or visual format.

GentleCarePlus Pty Ltd will advise each participant of privacy policies using the language, mode of communication and terms that the participant is most likely to understand. (Easy Read documents are made available to all participants).

GentleCarePlus Pty Ltd will ensure that:

- It meets its legal and ethical obligations as an employer and service provider in relation to protecting the privacy of participants and organisational personnel.
- The participants are provided with information about their rights regarding privacy and confidentiality.
- The participants and organisational personnel are provided with privacy, and confidentiality is assured when they are being interviewed or discussing matters of a personal or sensitive nature.
- All staff, management and volunteers understand what is required in meeting these obligations.
- Participants are advised of GentleCarePlus Pty Ltd's confidentiality policies using the language, mode of communications and terms that are most likely to be understood. GentleCarePlus Pty Ltd will attempt to locate interpreters and will use easy access materials.

This policy conforms to the Federal Privacy Act (1988) and the Australian Privacy Principles, which govern the collection, use and storage of personal information.

This policy will apply to all records, whether hard copy or electronic, containing personal information about individuals, and to interviews or discussions of a sensitive personal nature.

4.0 PROCEDURES

4.1 Dealing with personal information

In dealing with personal information, GentleCarePlus Pty Ltd staff will:

- Ensure privacy for the participants, staff, or management when they are being interviewed or discussing matters of a personal or sensitive nature.
- Only collect and store personal information that is necessary for the functioning of the organisation and its activities.
- Use fair and lawful ways to collect personal information.
- Collect personal information only with consent from the individual.

- Ensure that people know of the type of personal information being held, the purpose of keeping the information and the method it is collected, used, disclosed, and who will have access to it.
- Ensure that personal information collected or disclosed is accurate, complete, and up-to-date, and provide access to the individual to review information or correct wrong information about themselves.
- Take reasonable steps to protect all personal information from misuse and loss and from unauthorised access, modification or disclosure.
- Destroy or permanently de-identify personal information no longer needed and/or after legal requirements for retaining documents have expired.
- Ensure that participants understand and agree with what personal information will be collected and why.
- Ensure participants are informed when any recordings occur in either audio and/or visual format. The participant's involvement in any recording must be agreed to in writing.

4.2 Participant Records

Participant records will be kept confidential and only handled by staff directly engaged in the delivery of service to the participant. Information about participants may only be made available to other parties with the consent of the participant, or their advocate, guardian or legal representative. A written agreement giving permission to the recording must be maintained in the participant's file.

All hard copy files of participant records will be kept securely in a locked filing cabinet, in the office of CEO.

4.3 Responsibilities for Managing Privacy

All staff are responsible for the management of personal information to which they have access. CEO is responsible for the content in GentleCarePlus Pty Ltd publications, communications and on the website and must ensure the following:

- Appropriate consent is obtained for the inclusion of any personal information about any individual, including GentleCarePlus Pty Ltd personnel (Consent Policy and Procedure)
- Information being provided by other agencies or external individuals conforms to privacy principles
- That the website contains a Privacy Statement that makes clear the conditions of any collection of personal information from the public through their visit to the website.

The CEO is responsible for safeguarding personal information relating to GentleCarePlus Pty Ltd's staff, management and contractors. The CEO will be responsible for:

- Ensuring that all Staff are familiar with the Privacy Policy and administrative procedures for handling personal information.
- Ensuring that participants and other relevant individuals are provided with information about their rights regarding privacy and dignity.
- Handling any queries or complaints about a privacy issue.

4.4 Privacy Information for Participants

At the first interview, participants will be notified of the type of information is being collected about them, how their privacy will be protected, and their rights in relation to this data. Information sharing is part of our legislative requirements. Participants must give consent to any information sharing between our organisation and government bodies. The participant is offered to opt-out of any NDIS information sharing during audits.

4.5 Privacy for Interviews and Personal Discussions

To ensure privacy for participants or Staff when discussing sensitive or personal matters, GentleCarePlus Pty Ltd will only collect personal information which is necessary for the provision of supports and services and which:

- Is given voluntarily; and
- Will be stored securely on the GentleCarePlus Pty Ltd database.

When in possession or control of a record containing personal information, GentleCarePlus Pty Ltd will ensure that the record is protected against loss, unauthorised access, modification or disclosure, by such steps as it is reasonable in the circumstances to take. If it is necessary for that the record be given to a person in connection with the provision of a service to GentleCarePlus Pty Ltd, everything reasonable will be done to prevent unauthorised use or disclosure of that record

GentleCarePlus Pty Ltd will not disclose any personal information to a third party without the individual's consent unless that disclosure is required or authorised by or under law

5.0 RELATED DOCUMENTS

- Code of Conduct Form
- Privacy and Confidentiality Agreement
- Policies and Procedures

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Management of Data Breach Policy and Procedure

1.0 PURPOSE

- To meet legislative compliance requirements as a mandatory reporter of eligible data breaches to both the Office of the Australian Information Commissioner (OAIC) and any individuals who may be potentially affected by a data breach
- To inform relevant authorities of any breach
- To limit and reduce risks to the business and ensure continuous improvement in maintenance of data held by our organisation.

2.0 SCOPE

- All staff are required to maintain the confidentiality of all data relating to participants and other staff members
- This policy will relate to all personal data regarding both participants and team members.

3.0 DEFINITIONS

Terminology	Description
Data Breach (Eligible Data Breach)	<ul style="list-style-type: none">• Unauthorised access to or unauthorised disclosure of personal information or personal information is lost in circumstances where unauthorised access to, or unauthorized disclosure of the information is likely to occur.• <i>A reasonable person</i> would conclude that the access or disclosure would be <i>likely to result in serious harm</i> to any of the individuals to whom the information relates.
Likely (likely to result in serious harm)	is to be interpreted to mean more probable than not

Reasonable Person	<p>is to be taken to mean a person in GentleCarePlus Pty Ltd who is properly informed, based on information immediately available or following reasonable inquiries or an assessment of the data breach</p> <p>OAIC's guidance states that the reasonable person is not to be taken from the perspective of an individual whose personal information was part of the data breach or any other person, and, generally, entities are not expected to make external enquiries about the circumstances of each individual whose information is involved in the breach.</p>
Likely to result in serious harm potential forms of serious harm	<p>An assessment as to whether an individual is likely to suffer 'serious harm' because of an eligible data breach depends on, among many other relevant matters:</p> <ul style="list-style-type: none"> • The kind and sensitivity of the information subject to the breach; • whether the information is protected and the likelihood of overcoming that protection; • If a security technology or methodology is used in relation to the information to make it unintelligible or meaningless to persons not authorised to obtain it - the information or knowledge required to circumvent the security technology or methodology; • The persons, or the kinds of persons, who have obtained, or could obtain, the information; and • The nature of the harm that may result from the data breach. <p>could include physical, psychological, emotional, economic and financial harm as well as harm to reputation</p>
Remedial action	<p>There are a number of exceptions to the notification obligation, including importantly where an entity is able to take effective remedial action to prevent unauthorised access to, or disclosure of, information when it is lost or to prevent any serious harm resulting from the data breach. Where such remedial action is taken by an entity, an eligible data breach will not be taken to have occurred, and therefore an entity will not be required to notify affected individuals or the OAIC</p>

Suspicion of an eligible data breach	If GentleCarePlus Pty Ltd merely <i>suspects</i> that an eligible data breach has occurred, but there are no reasonable grounds to conclude that the relevant circumstances amount to an eligible data breach, the entity must undertake a “reasonable and expeditious assessment” of whether there are in fact reasonable grounds to believe that an eligible data breach has occurred
Assessment time frame	within 30 days after the day, it became aware of the grounds that caused it to suspect an eligible data breach.
Personal Information	<p>Personal information includes a broad range of information, or an opinion, that could identify an individual. What is personal information will vary, depending on whether a person can be identified or is identifiable in the circumstances.</p> <p>For example, personal information may include:</p> <ul style="list-style-type: none"> • An individual’s name, signature, address, phone number or date of birth • Sensitive information • Credit information • Staff member record information • Photographs • Internet protocol (IP) addresses • Voiceprint and facial recognition biometrics (because they collect characteristics that make an individual’s voice or face unique) • Location information from a mobile device (because it can reveal user activity patterns and habits) <p>Does not cover people who have died.</p>

4.0 POLICY

GentleCarePlus Pty Ltd views data breaches as having serious consequences, so it is important that the organisation has a robust system and procedures in place to identify and respond effectively. GentleCarePlus Pty Ltd will delegate relevant staff members with the knowledge and skills required to become a Response Team Member.

Staff are required to inform CEO or their delegate of the potential or suspected data breach. Within 48 hours the CEO is to complete a Data Breach Process Form and ensure that an eligible data breach within 30 days to the OAIC.

If a staff member becomes aware that there are reasonable grounds to believe that there has been an *eligible data breach*, GentleCarePlus Pty Ltd are required to promptly notify any individuals at risk of being affected by the data breach and the OAIC.

GentleCarePlus Pty Ltd will undertake the following when an eligible data breach has occurred.

1. Prepare a Statement that, at a minimum, contains:
 - a. GentleCarePlus Pty Ltd contact details.
 - a) If relevant, the identity and contact details of any entity that jointly or simultaneously holds the same information in respect of which the eligible data breach has occurred, for example, due to outsourcing, joint venture or shared services arrangements may also be provided. If this information is included in the statement, that other entity will not need to separately report the eligible data breach;
 - b) A description of the data breach;
 - c) The kinds of information concerned; and
 - d) The steps it recommends individuals take to mitigate the harm that may arise from the breach. (while the entity is expected to make reasonable efforts to identify and include recommendations, it is not expected to identify every recommendation that could be made following a breach);
2. Provide a copy of this Statement to the OAIC; by using the online [Notifiable Data Breach form](#). and
3. Undertake such steps as are reasonable in the circumstances to notify affected or at-risk individuals of the contents of the statement. Individuals will be notified by email, telephone or post depending on the situation. If direct notification is not practicable GentleCarePlus Pty Ltd will publish the statement on its website and take reasonable steps to publicise its contents.

5.0 PROCEDURE

5.1 Step 1 Assess and determine the potential impact

Once notified of the potential data breach, the CEO must consider whether a privacy data breach has (or is likely to have) occurred and made a preliminary judgement as to its severity. Relevant managerial staff should be contacted for advice.

Criteria for determining whether a privacy data breach has occurred

- (a) Is personal information involved?
- (b) Is the personal information of a sensitive nature?
- (c) Has there been unauthorised access to personal information, or unauthorised disclosure of personal information, or loss of personal information in circumstances where access to the information is likely to occur?

Criteria for determining the severity

- (a) The type and extent of personal information involved
- (b) Whether multiple individuals have been affected
- (c) Whether the information is protected by any security measures (password protection or encryption)
- (d) The person or kinds of people who now have access
- (e) Whether there is (or could there be) a real risk of serious harm to the affected individuals
- (f) Whether there could be media or stakeholder attention because of the breach or suspect breach

With respect to above, serious harm could include physical, physiological, emotional, economic/financial or harm to reputation and is defined in section 9 of the *Privacy Policy* and section 26WG of the NDB Act.

CEO and relevant staff will take a preliminary view as to whether the breach (or suspected breach) may constitute an NDB. Accordingly, the CEO will issue pre-emptive instructions as to whether the data breach should be managed at the local level or escalated to the Data Breach Response Team (Response Team). This will depend on the nature and severity of the breach.

5.1.1. Data breach managed at Managerial level who will:

- Ensure that immediate corrective action is taken, if this has not already occurred (corrective action may include retrieval or recovery of the personal information, ceasing unauthorised access, shutting down or isolating the affected system); and
- Complete a data breach process report within 48 hours of receiving instructions. The report will contain the following:
 - Description of the breach or suspected breach
 - Action was taken
 - Outcome of action

- Processes that have been implemented to prevent a repeat of the situation.
- A recommendation that no further action is necessary

The CEO will sign-off that no further action is required.

5.2 Stage 2 Data breach managed by the Response Team

Where the CEO instructs that the data breach must be escalated to the Response Team, the CEO will convene the Response Team and notify any relevant Managerial staff. The Response team will consist of:

- CEO
- Human Resources (or nominee)
- Information Technology (or nominee)
- Marketing and External Relations (or nominee)
- Any other person nominated by the CEO

5.2.1 The primary role of the Response Team

There is no single method of responding to a data breach, and each incident must be dealt with on a case by case basis by assessing the circumstances and associated risks to inform the appropriate course of action.

The following steps may be undertaken by the Response Team (as appropriate):

- Immediately contain the breach (if this has not already occurred). corrective action may include retrieval or recovery of the personal information, ceasing unauthorised access, shutting down or isolating the affected system.
- Evaluate the risks associated with the breach, including collecting and documenting all available evidence of the breach having regard for the information outlined above.
- Call upon the expertise of, or consult with, relevant staff in specific circumstances.
- Engage independent cybersecurity or a forensic expert as appropriate.
- Assess whether serious harm is likely (with reference above and section 26wg of the ndb act).
- Make a recommendation to the ceo whether this breach constitutes an ndb for the purpose of mandatory reporting to the oaic and the practicality of notifying affected individuals.

- Consider developing a communication or media strategy including the timing, content and method of any announcements to students, staff or the media.

The Response Team must undertake its assessment within 48 hours of being convened.

5.2.2 Secondary Role of the Response Team

Once the matters have been dealt with, the Response team should turn attention to the following:

- Identify lessons learnt and remedial action that can be taken to reduce the likelihood of recurrence – this may involve a review of policies, processes, refresher training.
- Prepare a report for submission to Management
- Consider the option of an audit to ensure necessary outcomes are affected and effective,

5.3 Stage 3 Notification

Having regard to the Response team's recommendation. The CEO will determine whether there are reasonable grounds to suspect that an NDB has occurred.

If there are reasonable grounds, the CEO must prepare a prescribed statement and provide a copy to the OAIC as soon as practicable (and no later than 30 days after becoming aware of the breach or suspected breach).

6.0 RELEVANT DOCUMENTS

- [Notifiable Data Breach form](#)
- Data Breach Process form

7.0 REFERENCES

- Privacy Act 1988
- *Privacy Amendment (Notifiable Data Breaches) Act 2017 (NDB Act)*
- NDIS Practice Standards and Quality Indicators

Independence and Informed-Choice Decision-Making Policy

1.0 PURPOSE

To ensure that GentleCarePlus Pty Ltd policy is underpinned by international, national and state obligations in relation to the human rights of people with disabilities. Article 12 of the *United Nations Convention on the Rights of Persons with Disabilities* is the critical driver behind supported decision-making.

To support participants to make informed choices, exercise control and maximise their independence relating to the supports provided.

Quality decision-making will underpin the long-term effectiveness of the participant's supports and agreements. It facilitates the achievement of strategic goals, the maximising of participant involvement, well-being and productivity of staff, and the enhancement of participant outcomes.

2.0 SCOPE

This policy applies to all GentleCarePlus Pty Ltd staff and participants accessing our services.

3.0 POLICY

This policy assumes that each participant has decision-making capacity, unless proven otherwise, and acknowledges that each participant's capacity varies for each decision and situation. All participants have the dignity of risk to make their own decisions.

In instances where a participant's decision-making capacity is in doubt, this policy provides direction regarding the determination of capacity and consent, supporting and facilitating decision-making, and making a decision on behalf of that person where required.

This policy will eliminate the risk of decisions being made about a participant's life without their involvement or against their actual or anticipated wishes. Decisions must be made with the consent of the participant.

GentleCarePlus Pty Ltd puts choice and control squarely in the hands of people with disabilities, their families and carers.

GentleCarePlus Pty Ltd will provide information in an easy read format for participants who require this communication style.

4.0 DEFINITION

Terms	Definition
Decision-making	The action or process of making important decisions Process of identifying and choosing alternatives based on the values, preferences and beliefs of the decision-maker
Informed-choice	A person chooses services based on knowledge of diagnostic tests or treatments, knowing the details benefits, risks and expected outcomes of their choice
Dignity of Risk	The right to take risks when engaging in life experiences and the right to fail in taking these
Advocate	A person who puts a case on someone else's behalf
Autonomy	The capacity to decide for oneself and pursue a course of action in one's life, often regardless of any moral content

5.0 PROCEDURE

5.1 Advocate

GentleCarePlus Pty Ltd will inform all participants from their first contact with GentleCarePlus Pty Ltd that they have the right to access an advocate (including an independent advocate) of their choosing. They will be informed that it is their right to have the advocate present at any time that they are in contact with GentleCarePlus Pty Ltd.

5.2 Decision-making and Choice

During the development of the Service Agreement and during all ongoing interactions with each participant, GentleCarePlus Pty Ltd staff must:

- Inform the participants and their advocate of their options regarding their supports.
- Inform the participants and their advocate of any risks to themselves or others regarding their options.
- Consult and collaborate with the participant and their advocates by providing current and relevant information to allow the participant to make decisions.
- Give the participant enough time to absorb and understand all relevant information before and during the decision-making process.
- Provide information in an Easy Read format.
- Assess the participant's service requirements against their NDIS Plan, to plan and provide proper support and design appropriate strategies with the participant, family and advocate.
- Undertake review meetings where the participant, family and advocates have input.
- Plan with the participant, family and advocates when the participant decides to exit from GentleCarePlus PtyLtd.

GentleCarePlus Pty Ltd recognises that participants have the right to dignity of risk in their decision-making. Participants will be informed of:

- The various relevant options that may support their needs, prior to any decisions being made.
- The benefits of each of the relevant options.
- Any of the risks linked to each of the relevant options.

Participants must be given time to able to absorb and make the appropriate decisions based on the risks involved. If the participant wishes to undertake an activity that has been deemed by GentleCarePlus Pty Ltd as a risk to the health and safety of the participant then, our team will:

- Inform the participant that if they wish to continue that this is their choice.
- Develop a Risk Management Strategy to reduce the possible risk.
- Notes are kept in the participant's file, stating that they were informed that activity has risks that may be dangerous.

5.3 Autonomy

All participants have the right to autonomy, which is respect by all staff. Participants can make decisions for themselves and pursue the actions that they wish. Participants have the right to make choices based on who they are and what they want to do. Frontline workers must allow the participant their right to intimacy and sexual expression (in the context of lawful behaviour).

5.4 Time

GentleCarePlus Pty Ltd recognises that some decisions require time to review the different options. Participants will need to seek advice from their networks and relevant stakeholders. Staff must not rush participants at any stage during the support provision and decision-making process.

5.5 Documentation

GentleCarePlus Pty Ltd requires staff to record all information and options given to each participant. Decisions are to be recorded in the participant's file.

6.0 RELATED DOCUMENTS

- Support Plan
- Participant File Notes
- Transition and Exit Policy and Procedure
- Access to Supports Policy and Procedure
- Support Plan Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure

7.0 REFERENCES

- National Disability Insurance Scheme (Practice Standards and Quality Indicators) 2018
- United Nations Convention on the Rights of Persons with Disabilities

Working with Children Policy and Procedures

1.0 PURPOSE

GentleCarePlus Pty Ltd recognises the participant's right to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. This policy specifically looks at the requirements when working with participants under the age of 18 years.

2.0 SCOPE

This policy applies to all staff and stakeholders who are linked to our organisation.

3.0 POLICY

GentleCarePlus Pty Ltd will encourage and support any person who has witnessed the abuse of a participant or who suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution.

GentleCarePlus Pty Ltd, as a mandatory reporting body, is required to report any indicators.

GentleCarePlus Pty Ltd acknowledges that prevention is the best protection from abuse and neglect and recognises their duty of care obligations to implement prevention strategies.

It is the legislative policy that staff engaged in a "Risk Assessed Role" must have the required NSW checks. Staff must undergo the NDIS worker screening process prior to employment. This is recorded in their personnel file.

4.0 PROCEDURE

4.1 When to Report an Abusive Situation

It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. If a participant shows one or more of the possible signs of abuse (as listed below), it does not automatically mean she or he is being abused, but it must be reported. CEO will then report to Child Safety Services (numbers listed).

- A participant shows a change in behaviour or mood that may indicate they are being abused.
- You observe someone behaving towards a participant in a way that makes you feel uncomfortable.
- A participant tells you that they are being abused by another person.
- A person tells you that they are abusing a participant.
- A participant or visitor tells you that they have observed abusive acts.
- You observe an action or inaction that may be considered abusive.
- You suspect or have any reason to believe a participant is being abused

Failure to report an abusive situation may result in a Criminal Offence.

4.2 How to Report

The CEO will use their professional understanding and knowledge of child protection to determine when to contact the required reporting body.

To make a report, the CEO will contact the child protection intake service covering the local government area (LGA) where the child normally resides. Telephone numbers to make a report during business hours (8.45am-5.00pm), Monday to Friday. Phone number 132 111.

To report concerns about the immediate safety of a child outside of normal business hours, the service supervisor will contact the After-Hours Child Protection Emergency Service on 132 111

4.3 Details to Provide

The CEO will give the following information to the child abuse report line, including current information:

1. Child's name, age, date of birth, address
2. Description of injury, abuse and/or neglect (current and previous)
3. The child's current situation
4. The location of the child, parent or caregiver and alleged perpetrator
5. When and how did you find out about the abuse

4.4 Child Identification Details and Context

GentleCarePlus Pty Ltd will need to provide enough detail to identify the child or young person and give context to your report, including:

- The child's full name as well as their:
- Date of birth or age
- Current address
- Contact number
- School/kindergarten/ childcare centre
- Ethnicity (i.e. cultural background, Aboriginal kinship group, non-English speaking) Who are the parents? Do they all live in the same house, are there siblings in the house?
- Alleged perpetrator's name, age, address, relationships to the child or children, and current whereabouts.
- Current whereabouts of the child or children of concern/
- Details of when the next expected contact with the alleged perpetrator will occur
- Family court orders, apprehended violence orders and / or domestic violence orders, if in place.

4.5 Defining Child Maltreatment, abuse and neglect

Child abuse and neglect relate to any behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or

young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).

4.5.1 Physical Abuse

Signs & Symptoms: Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss and / or poor physical well-being.

Causes: Hitting, slapping, pushing, punching and / or burning, which entails an incident that is non-accidental resulting in pain or injury.

4.5.2 Psychological / Emotional Abuse

Signs & Symptoms: Loss of interest in self-care, helplessness, withdrawn, apathy, insomnia, fearfulness, reluctant to communicate openly, chooses not to maintain eye contact, paranoia and confusion.

Causes: Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, and / or not allowing the person to maintain their own decision-making powers, which leads to a pattern repeated over time.

4.5.3 Financial Abuse

Signs & Symptoms: Unpaid accounts, withholding funds, loss of jewellery and/or personal belongings, removal of cash from wallet or purse, agitated when discussing money, not providing money for outings and personal items, and / or a person who takes over the care of someone's money without permission

Causes: Misuse of person's money, valuables or property, forced changes to legal documents (such as a "will") denying access to or control of personal funds, stealing, fraud, forgery, embezzlement, misuse of power of attorney & taking away decision-making powers of a person.

4.5.4 Sexual Abuse

Signs & Symptoms: Unexplained sexual transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas inner thigh or around breasts, anxiety, torn or bloody underclothes, difficult in walking or sitting, change in sleep pattern and repeating nightmares.

Causes: Rape (penetration and/or oral-genital contact), interest in older person's bodies, inappropriate comments and sexual references, inappropriate (possibly painful) administration of enemas or genital cleansing, indecent assault, sexual harassment which is mainly about violence and power over another person, rather than sexual pleasure.

4.5.5 Neglect

Signs & Symptoms: Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing and / or lack of food.

Cause: The intentional failure to provide basic life necessities.

4.5.6 Social Abuse

Signs & Symptoms: Sadness & grief because people are not visiting, anxiety after a certain person's visit, withdrawal, low self-esteem, appearing ashamed, passivity, and / or listlessness.

Causes: Prevention of people having contact with friends or family and preventing access to social activities.

5.0 RELATED DOCUMENTS

- Incident Form
- Code of Conduct Form
- Participant Notes
- Risk Assessment Form
- Zero Tolerance Policies and Procedures
- Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

6.0 REFERENCES

- United Nations Convention on the Rights of the Child 1989
- The National Framework for Protecting Australia's Children
- Children, Youth and Families Act 2005
- Child Wellbeing and Safety Act 2005
- Working with Children Act 2005

<https://www.ccld.health.nsw.gov.au>

Violence, Abuse, Neglect, Exploitation and Discrimination

1.0 PURPOSE

GentleCarePlus Pty Ltd recognises the right of participants to feel safe and to live in an environment where they are protected from assault, neglect, exploitation, discrimination or any other form of abuse. People with disabilities, children and young people are one of the most vulnerable groups in our society. It is essential that GentleCarePlus Pty Ltd identify, consult and respond to instances where persons with disabilities, children or young persons are at risk of significant harm.

Common reasons for people with disabilities, children and young people to be at risk of significant harm include:

- Domestic and family violence
- Physical, sexual and/or emotional abuse
- Neglect.

The impact of violence, abuse and neglect can span across all domains of a person's development and life experiences. People who experience violence, abuse and neglect are more likely to have problems with:

- Learning and development
- Physical and mental health
- Behaviour

The purpose of this policy is to prevent and mitigate the effects of violence, abuse and neglect on participants through training and implementing process to inform staff and protect participants what are at risk of significant harm.

2.0 SCOPE

GentleCarePlus Pty Ltd will encourage and support any person who has witnessed the abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

3.0 DEFINITIONS

	Description
Abuse and Neglect	Any behaviour that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).
Discrimination	Treating, or proposing to treat someone unfavourably because of a personal characteristic protected by the law. Discrimination includes bullying someone because of a protected characteristic.
Exploitation	The action or fact of mistreating someone to benefit from their work. The action of making use of and benefiting from resources.
Violence	Violent behaviour by a person towards another can include abusive behaviour that is physical, sexual, intimidating and forceful. People with a disability are more likely to experience violence from a carer or family member.

3.1 Types of Abuse

	Signs and Symptoms	Causes
Physical Abuse	Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss and/or poor physical well-being	Hitting, slapping, pushing, punching and/or burning, which entails an incident that is non-accidental resulting in pain or injury.

Psychological / Emotional Abuse	Loss of interest in self-care, helplessness, withdrawn, apathy, insomnia, fearfulness, reluctant to communicate openly, chooses not to maintain eye contact, paranoia and confusion.	Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, and/or not allowing the person to maintain their decision-making powers, which leads to a pattern repeated over time.
Sexual Abuse	Unexplained sexual transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas inner thigh or around breasts, anxiety, torn or bloody underclothes, difficulty in walking or sitting, change in sleep pattern and repeating nightmares.	Rape (penetration and/or oral-genital contact), interest in older person's bodies, inappropriate comments and sexual references, inappropriate (possibly painful) administration of enemas or genital cleansing, indecent assault, sexual harassment which is mainly about violence and power over another person, rather than sexual pleasure
Neglect	Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing and/or lack of food.	The intentional failure to provide basic life necessities.
Domestic and family abuse	Any type of controlling, bullying, threatening or violent behaviour between people in a relationship including emotional, physical, sexual, financial or psychological abuse.	Many experts believe psychopathology . Witnessing abuse as the norm, or being abused, destroys the child's ability to trust others and undermines his or her ability to control emotion

4.0 POLICY

This policy aims to:

- Take a preventative, proactive and participatory approach to participant safety;

- Value and empower the participant to contribute to decisions which affect their lives;
- Foster a culture of openness that supports all persons to disclose the risks of harm to participant safety.
- Respect diversity in cultures and child-rearing practices while keeping the participant's safety paramount;
- Provide training to Staff on appropriate conduct and behaviour towards participants;
- Engage only the most suitable people to work with participants and have high-quality Staff, volunteer supervision and professional development;
- Ensure the participants know whom to talk with if they are worried or are feeling unsafe and that they are comfortable and encouraged to raise such issues;
- Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities;
- Share information appropriately and lawfully with other organisations where the safety and wellbeing of the participant is at risk; and
- Value the input of and communicate regularly with families and advocates.

All incidents that meet the criteria of a Reportable Incident, the Reportable Incident, Accident and Emergency Policy and Procedure will apply.

4.1 Statement of Commitment to Safety

GentleCarePlus Pty Ltd is committed to the safety and wellbeing of all participants. This commitment is the primary focus of our support and decision-making. GentleCarePlus Pty Ltd is committed to providing a safe environment where participants are safe and feel safe. Their voices are heard and included in decisions that affect their lives. Attention is to be paid to the cultural safety of participant from culturally and/or linguistically diverse backgrounds.

Every person involved in GentleCarePlus Pty Ltd has a responsibility to understand the critical and specific role they play both, individually and collectively, to ensure that the wellbeing and safety of all participant and young people are at the forefront of all they do and every decision they make.

4.2 Safe Code of Conduct

GentleCarePlus Pty Ltd is committed to the safety and wellbeing of participants. Our business recognises the importance of, and responsibility for, ensuring our environment is a safe, supportive and enriching environment which respects and fosters the dignity and self-esteem of all people, and enables them to thrive.

This Code of Conduct aims to protect both and participants and to reduce any opportunities for abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, disability legislation, policies and procedures and professional standards, codes or ethics as these apply to staff and other personnel.

GentleCarePlus Pty Ltd management support implementation and monitoring of the Code of Conduct and will plan, implement and monitor arrangements to provide inclusive and safe environments.

All Staff, Volunteers and any other community members involved in participant-related work are required to comply with the Code of Conduct by observing expectations for appropriate behaviour below. The Code of Conduct applies in all situations, including planned activities and the use of digital technology and social media.

4.3 Acceptable Behaviours

Staff or any other persons involved with participant-related work are responsible for supporting and promoting the safety of participant by:

- Always upholding the GentleCarePlus Pty Ltd Statement of Commitment to the participant's safety.
- Treating the participant and their families and advocates with respect both within the environment and outside activities as part of normal social and community activities.
- Listening and responding to the views and concerns of the participant, particularly if they are informing that they or another person has been abused; or that they are worried about their safety or the safety of another participant.
- Promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander students through interactions with their community leaders and members.
- Promoting the cultural safety, participation and empowerment of people with culturally and/or linguistically diverse backgrounds through engagement with the community accessing the service.
- Promoting the safety, participation and empowerment of people with disabilities
- Reporting any allegations of abuse or any personal safety concerns to management.
- Understanding and complying with all reporting or disclosure obligations (including State Mandatory Reporting) as they relate to protecting the participant from harm or abuse.
- Maintaining the right to live in a safe environment by promoting and informing the participants of their rights.
- If abuse is suspected, ensuring as quickly as possible that the participants are safe and protected from harm.

- Identify self upon entering premises and using required identification.

4.4 Unacceptable Behaviours

As frontline workers, volunteers and any community member involved in participant-related work, we must not:

- Ignore or disregard any concerns, suspicions or disclosures of abuse.
- Develop a relationship with any participant that could be viewed as favouritism or amount to ‘grooming’ behaviour (for example, offering gifts).
- Exhibit behaviours or engage in activities with participants that may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context.
- Ignore behaviours by other adults towards young participants when they are overly familiar or inappropriate.
- Discuss the content of an intimate nature or use sexual innuendo with participants, except where it occurs relevantly in the context of parental guidance or a therapeutic setting.
- Treat a participant unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity.
- Communicate directly with an underage participant through personal or private contact channels (including by social media, email, instant messaging, texting) except where that communication is reasonable in all the circumstances, related to work or activities or where there is a safety concern or other urgent matter.

4.5 Screening, Supervising, Training and Human Resource Practices to Reduce Risk

The Staff will be required to undertake checks including both Disability Worker Checks, relevant Police and Working with Children Checks, and Mandatory Worker Orientation Module. Records are maintained in their personnel file.

5.0 PROCEDURE

5.1 Strategies to Identify and Reduce or Remove Risk of Harm

GentleCarePlus Pty Ltd recognise that creating a safe organisation begins with a clear understanding of the potential risks to the participant and other participants in an organisation's setting, including what could go wrong, and what you can do to reduce or remove these risks.

To reduce the likelihood of harm GentleCarePlus Pty Ltd will consider, define and acted against its organisational risks.

These strategies include:

- Thinking about the organisation, its activities and the services it provides to participants,
- Planning how to make activities as safe as possible,
- Develop a safety plan for individuals who require additional supports,
- Supporting participants with disabilities to understand plans and safety procedures in a manner that supports their understanding,
- Informing participants that have the right to live in a safe environment,
- Being proactive to reduce the likelihood of risks.

5.2 Reporting Violence, Abuse, Neglect, Exploitation and Discrimination

A report must be made if:

- A participant shows a change in behaviour or mood that may indicate they are being abused.
- You observe someone behaving towards a participant in a way that makes you feel uncomfortable.
- A participant tells you that they are being abused by another person.
- A person tells you that they are abusing a participant.
- A participant or visitor tells you that they have observed abusive acts.
- A participant informs that they feel discriminated against. (e.g. language and actions)
- A participant presents as unkempt or seeking food.
- There is evidence of unexplained bruising or similar.
- You observe an action or inaction that may be considered abusive.

- You suspect or have any reason to believe a participant is being abused

Failure to report an abusive situation may result in a Criminal Offence

5.3 How to Report

CEO will review the information and phone the Police to inform them of abuse. Note: for children see Working the Children Policy and Procedure for all other participants, the Police will be contacted.

5.4 Details to Provide

The CEO will give the following information to the authorities, including all of the current information:

- Participant's name, age, date of birth, address
- Description of injury, abuse and/or neglect (current and previous)
- The participant's current situation
- The location of the participant and alleged perpetrator (if known)
- Explanation of when and how did you find out about the abuse.

5.5 Investigating Allegation or Incident

CEO undertakes a review of the allegation or incident by:

1. Gathering data from relevant staff/worker
2. Analyse by determining what occurred, how it occurred, and who was involved.
3. Determine the effect on the participant
4. Consult with relevant stakeholders – do not seek information from children (this is a specialist role within the authorities to whom the incident is reported).
5. Inform the participant or their family that they can access an advocate for support.
6. Review the outcome against practices
7. Undertake action to prevent the incident from occurring

5.6 Support the Participant

Reported allegations or incidents require the CEO to gather all the relevant information and make a report to the relevant authority such as the Police or via the State's reporting process.

Offer support to the participant relevant to the allegation or incident. Discuss with the participant if they would like to have an advocate.

5.7 Documentation

- Record all allegations and incidents in the Incident Register
- Complete Incident Investigation Form if required
- Reports to be included in the participant's file
- Maintain records for seven (7) years.

6.0 RELATED DOCUMENTS

- Incident Form
- Code of Ethics and Conduct Form
- Participant Notes
- Risk Management Form
- Zero Tolerance Policies and Procedures
- Working with Children Policy and Procedure

7.0 REFERENCES

- United Nations Convention on the Rights of the Child 1989
- The National Framework for Protecting Australia's Children
- NDIS Quality and Safeguards Practice Standards and Quality Indicators
- NDIS (Incident Management and Reportable Incidents) Rules 2018

Zero Tolerance Policy

1.0 PURPOSE

- To meet the requirements of the disability abuse prevention strategy.
- To understand, promote and enhance safeguards, and prevent abuse.
- To prevent abuse from occurring.

2.0 SCOPE

This policy is relevant to all staff, volunteers or stakeholders.

3.0 DEFINITION

Zero Tolerance	Aims to provide an evidence-based, nationally applicable and contemporary approach to preventing and responding to abuse of people with disabilities. The aim is to assist service providers in developing positive organisational cultures and practices and robust safeguarding mechanisms relevant to the National Disability Insurance Scheme (NDIS).
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4.0 POLICY

GentleCarePlus Pty Ltd is committed to all elements of the NDIS Code of Conduct. GentleCarePlus Pty Ltd will train staff in all elements of the Code of Conduct and ensure a Zero Tolerance approach is incorporated into practices.

GentleCarePlus Pty Ltd will follow the Code of Conduct and follow these guidelines as listed and ensure that GentleCarePlus Pty Ltd:

- Does not tolerate any form of abuse of people with disabilities by workers or other people with disabilities and promotes zero tolerance for abuse.

- Provides staff with training and information to correctly apply the obligations of the Code of Conduct.
- Assists staff to undertake their role, such as keeping support plans up-to-date and provide training opportunities (such as formal training, mentoring or on-the-job supervision).
- Acts on all reported cases of abuse or suspected abuse.
- Never takes adverse action against any staff member or volunteer if they report abuse or neglect.
- Base all necessary disciplinary actions on the principle of procedural fairness; if a Staff violates the obligations of the Code of Conduct.
- Respects, recognises and values the diversity of people and cultures, and creates an inclusive environment where it is safe for people with disabilities to express their cultural identity.
- Actively maintains a working environment in which the risks of abuse are minimised
- Creates and maintains a positive complaints culture in which people are not afraid to 'speak up', and
- Fosters a culture of Zero Tolerance to abuse of people with disabilities.

GentleCarePlus Pty Ltd informs their staff that imposes the obligations as listed below:

Frontline workers must:

- Provide services without engaging in abuse, exploitation, harassment or neglect.
- Report any form of abuse or suspected abuse.
- Not engage in sexual abuse or misconduct, and must report any such conduct by other workers, people with disabilities, family members, carers or community members.
- Show respect for cultural differences when providing services.
- Act ethically, with integrity, honesty and transparency.

5.0 PROCEDURE

GentleCarePlus Pty Ltd will train Staff to be able to understand and act on a Zero Tolerance approach and ensure that staff appreciates people with disabilities are people first, who have needs, aspirations, preferences and feelings.

All staff are required to listen to all participants. So, they can determine their preferences, aspirations, needs and support where it is safe to do so.

- GentleCarePlus Pty Ltd acknowledges that reporting abuse is critical to prevent abusive situations from escalating and future incidents from occurring.
- All staff working with people with disabilities must report any form of abuse (Zero Tolerance).
- GentleCarePlus Pty Ltd will ensure that Staff are informed that people with disabilities face significantly higher risks of sexual assault and exploitation than the general population. This is particularly true for women with a disability. In addition, there can be barriers to disclosure that make it difficult for a person with a disability to report sexual abuse and misconduct.

6.0 RELATED DOCUMENTS

- Incident Form
- Code of Ethics and Conduct Form
- Participant Notes
- Risk Management Form
- Violence, Abuse, Neglect, Exploitation and Discrimination Policies and Procedures
- Working with Children Policy and Procedure

7.0 REFERENCES

- Disability Discrimination Action 1992 (Commonwealth)
- Disability Amendment Act 2017
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators

Section 2: Provider Governance and Operational Management

2.1 Governance and Operational Management	Corporate Governance Policy
	Conflict of Interest Policy and Procedure
	Continuous Improvement Policy and Procedure
	Work Health and Safety Policy and Procedure
2.2 Risk Management	Risk Management Policy and Procedure
2.3 Quality Management	Quality Management Policy
2.4 Information Management (3.2 Support Planning)	Information Management Policy and Procedure Consent Policy and Procedure
2.5 Feedback and Complaints Management	Complaints and Feedback Policy and Procedure
2.6 Incident Management	Reportable Incidents, Accident and Emergencies Policy and Procedures
2.7 Human Resource Management	Human Resource Management Policy
	Delegation of Responsibility Policy and Procedure
2.8 Continuity of Supports	Continuity of Support Policy and Procedure

Corporate Governance Policy

1.0 PURPOSE

Corporate governance is a driver of the performance of the company. Governance refers to the framework of rules, relationships, systems and processes by which an enterprise is directed, controlled and held to account and whereby authority within an organisation is exercised and maintained.

GentleCarePlus Pty Ltd acknowledges that the company is privately held and the liability of the shareholders to pay the debts of the company is limited by the number of shares.

The GentleCarePlus Pty Ltd is committed to providing a high-quality service to participants and maintaining business practices that demonstrate high standards of corporate governance.

The purpose of this policy is to:

- Ensure the Company's business operates in accordance with legal, regulatory and company standards.
- Establish a framework for corporate governance that promotes transparency and safeguards against individual's unethical or unlawful practice.
- Outline control measures that govern the internal and external actions of managers, Staff, Contractors and / or any person who is conducting business with GentleCarePlus Pty Ltd.

2.0 SCOPE

Principal accountability and approaches to corporate governance are to:

- Fulfil its duty to all GentleCarePlus Pty Ltd's stakeholders including Participants, Participant's Representatives, Staff, Contractors and any person conducting business with the GentleCarePlus Pty Ltd.
- Provide services of value to its Participants.
- Provide meaningful employment for staff, and
- Contribute to the welfare of the community

3.0 COMPANY DETAILS

3.1 GentleCarePlus Pty Ltd Business Details

Business Name:	GentleCarePlus Pty Ltd
Date Registered:	14/ April/ 2021
ABN:	73649469536
Domain name:	www.gentlecareplus.com.au
Licences and Permits:	TBD
Products/services:	Daily Personal Activities (0107), Daily Living Life Skills (0117), Participate Community (0125), Assist Life Stage Transition (0106), Household Tasks (0120), community nursing Care(0114), Daily Task/shared living (0115)
Premises:	80 Settlers Road Wadalba. NSW. 2259
Is this premises rented or owned?	Owned

3.2 Insurance

Workers compensation:	Workers Comp - Allianz Public Liability and Professional Indemnity - Bizcover
Public liability insurance:	Workers Comp - Allianz Public Liability and Professional Indemnity - Bizcover
Professional indemnity:	Workers Comp - Allianz Public Liability and Professional Indemnity - Bizcover

3.3 Business Focus

3.3.1 Vision and Mission

OUR VISION IS:

(Add Vision here)

MISSION STATEMENT (the vision of the organisation is underpinned by the following):

(Add Mission Statement here)

3.3.2 Commitment to Quality:

GentleCarePlus Pty Ltd is committed to providing high-quality services to its participants in a supportive environment. This commitment is in line with the National Disability Insurance Service requirements.

GentleCarePlus Pty Ltd will use information from the management of Continuous Improvement, Complaints and Feedback, Incidents, Work Health and Safety, Information Feedback and Risk Management to adjust our policies and practices to ensure that we meet participant's and community's requirements.

GentleCarePlus Pty Ltd will seek feedback from participants and community to ensure that we are meeting their requirements and to provide high quality and responsive service.

3.3.3 Target Group

There are two (2) target groups within the community in which we work. These include the participants and the service providers, including:

1. Individual with special needs, that require support.
2. Disability services organisations that are looking for support for their participants.

3.3.4 Services Provided

GentleCarePlus Pty Ltd provides the following support services for Participants with a disability:

- Daily Personal Activities (0107), Daily Living Life Skills (0117), Participate Community (0125), Assist Life Stage Transition (0106), Household Tasks (0120), Daily Tasks/Shared living (0115)

3.4 Management and Reporting Structure

All reporting is based on the management structure as outlined in the organisation chart shown below.

3.5 Key Personnel

The following staff are employed / contracted in our organisation:

- Director – Operations & Coordinating director
- Director – Joseph Maina
- Accountant – Joyce Waweru
- Support worker – Susan Kamau

In addition, we engage specialist consultants, contractors to support business functions and assist with a range of Participant Support services, respectively.

Knowledge, skills and experiences of all partners and key personnel who have an influence on the company are reviewed, to ascertain if any additional training is to be undertaken. Any additional training will address the identified gaps.

3.6 Performance Planning and Review

The planning and review process will be input into Human Resource Policies and Procedures. GentleCarePlus Pty Ltd will monitor and review the performance of staff on an annual basis to:

- Determine performance matching the current role description.
- Evaluate that staff member's performance meets the needs of the participants.
- Establish additional training to meet changes in contemporary practices.

- Provide support to staff to meet the required level of supports, and
- Match skills and knowledge to the target audience.

3.7 Conflict of Interest

All key personnel and staff must inform GentleCarePlus Pty Ltd's management regarding any situation in which that person will derive personal benefit from actions or decisions made in their official capacity. The person concerned must complete a Conflict of Interest form.

4.0 PROCEDURE

4.1 Corporate Governance Principles

- GentleCarePlus Pty Ltd recognises that the company is privately held and the liability of the shareholders to pay the debts of the company is limited by the number of shares.
- GentleCarePlus Pty Ltd will be managed to ensure the best interests of the shareholders to remain viable and productive.
- Services are monitored, reviewed and improved.
- Risk management is undertaken and reviewed.
- Continuous improvement strategies are undertaken and implemented.
- Review and audit systems, policies and procedures.
- The planning process to include community engagement.
- Manage human resource requirement to ensure that our services meet the participant and community requirement.
- Provide additional training and supervision to our workers as needed.
- Meet all contractual obligations.
- Financial and funding arrangements are managed and met

4.2 Financial Management

The GentleCarePlus Pty Ltd will undertake all requirements linked to contractual arrangements.

GentleCarePlus Pty Ltd meets both legal and contractual requirements. This may include an Audited Financial Report and Annual Acquittal Statement and, if required, six-monthly Financial Acquittal Statements.

An Asset Register will be maintained with a list of all current assets. This will allow for additional purchases as required. Building and property will be reviewed to ensure that premises meet the current requirements of their business. If additional sites are required, then an analysis of costing will be undertaken

4.2.1 Business Financial Management

Roles and Tasks:

- Financial roles and responsibilities are determined by GentleCarePlus Pty Ltd.
- An accountant will be accessed to complete the required financial compliance and obligations.
- Financial decisions are the responsibility of GentleCarePlus Pty Ltd.

4.2.2 Business Financial Management Practices

The following practices apply to financial management, including the recording of the business earning separately and being documented as a legitimate enterprise, with a clear revenue stream and records of deductible business expenses. As documentation and organisation of information about company transactions will be used to facilitate financial management for tax purposes.

4.2.2.1 Bank accounts

All bank accounts are maintained. Separate bank accounts are maintained for business and private purposes.

4.2.2.2 Credit Cards

Cardholders must only use a GentleCarePlus Pty Ltd Corporate Credit Card for official GentleCarePlus Pty Ltd business activities only.

4.2.2.3 Budget

An annual budget is developed by GentleCarePlus Pty Ltd, supported by the financial advisor.

4.2.2.4 Books of Accounts

GentleCarePlus Pty Ltd is responsible for maintaining accounts, assisting the financial advisor in the preparation of the annual budget and for preparing monthly, quarterly and annual financial reports.

GentleCarePlus Pty Ltd or their delegate is responsible for processing all receipts and payments.

4.2.2.5 Income

All monies received are receipted and recorded in the electronic financial system. Receipts and a banking statement are printed from the electronic financial system.

4.2.2.6 Payments

All payments (except petty cash) are made by electronic transfer.

4.2.2.7 Recurrent payments

Recurrent payments; wherever possible, are made electronically.

4.2.2.8 Supplier accounts

Wherever accounts are established with suppliers and purchases charged to the accounts. Accounts are paid in full, within the required terms for payment, on receipt of the statement or invoice.

4.2.2.9 Asset Register

The Asset Register will list the assets owned by GentleCarePlus Pty Ltd. It will contain pertinent details about each fixed asset to track their value and physical location. The register will show the quantity and value of items such as office equipment, motor vehicles, furniture, computers, communications systems and equipment. (see "Asset Register" form)

4.2.2.10 Reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each month:

- All banks accounts are reconciled against bank statements.
- The Instalment Activity Statement is completed and forwarded to the ATO.

The following reconciliations and ATO reports are completed at the end of each quarter:

- The Business Activity Statement is completed and forwarded to the ATO.
- Superannuation Guarantee contributions are reconciled, and payments made.

The following reconciliations and ATO reports are completed at the end of each year:

- Books of accounts are balanced and closed off.
- Wages are reconciled, and Payment Summaries completed and forwarded to staff and the ATO.
- Audit reports are prepared.

4.2.2.11 Audit

Annual Acquittal Statements and Audited Financial Reports will be forwarded as per contractual requirements to the relevant government bodies. If the business grows to more than \$50 000, then Financial Acquittal Statements will be forwarded.

An annual audit is undertaken each year by a qualified external Auditor.

4.2.2.12 Applying for Funds

The following applies to all applications for funding:

- GentleCarePlus Pty Ltd must adhere to the NDIA Price Guide or any other Agency pricing arrangements and guidelines as in force from time to time.
- GentleCarePlus Pty Ltd must declare relevant prices, any notice periods or cancellation terms to Participants before delivering a service. Participants are not bound to engage the services of GentleCarePlus Pty Ltd after their prices have been stated.
- GentleCarePlus Pty Ltd can make a payment request once that support has been delivered or provided.

- No other charges are to be added to the cost of the support, including credit card surcharges, or any additional fees including any ‘gap’ fees, late payment fees or cancellation fees. These requirements apply to all GentleCarePlus Pty Ltd, regardless of whether the participant self-manages their funds, or managed by GentleCarePlus Pty Ltd, or managed by the Agency.
- A claim for payment is to be submitted within a reasonable time (and no later than 60 days from the end of the Service Booking) to the Participant or the NDIS.
- GentleCarePlus Pty Ltd will not charge cancellation fees, except when provided explicitly in the NDIA Price Guide.
- GentleCarePlus Pty Ltd and Participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Wherever required GentleCarePlus Pty Ltd will obtain a quote for services and have this approved by the Participant.

4.2.2.13 Participant Fees and Payments

4.2.2.13.1 Payments and Pricing (NDIS)

- GentleCarePlus Pty Ltd must adhere to the NDIA Price Guide or any other Agency pricing arrangements and guidelines as in force from time to time.
- GentleCarePlus Pty Ltd must declare relevant prices, any notice periods or cancellation terms to Participants before delivering a service. Participants are not bound to engage the services of GentleCarePlus Pty Ltd after their prices have been declared.
- GentleCarePlus Pty Ltd can make a payment request once that support has been delivered or provided.
- No other charges are to be added to the cost of the support, including credit card surcharges, or any additional fees including any ‘gap’ fees, late payment fees or cancellation fees. These requirements apply to all GentleCarePlus Pty Ltd participants whether the participant self-manages their funds, or it is managed by a Plan Manager or the Agency.
- A claim for payment is to be submitted within a reasonable time (and no later than 60 days from the end of the Service Booking) to the Participant or the NDIS.
- GentleCarePlus Pty Ltd will not charge cancellation fees except when provided explicitly in the NDIA Price Guide.

- GentleCarePlus Pty Ltd and Participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Where required GentleCarePlus Pty Ltd will obtain a quote for services and have this approved by the Participant.

4.3 Monitoring, Evaluation and Reporting

GentleCarePlus Pty Ltd exhibits a continuous improvement culture to facilitate the improvement of its services and processes. Stakeholder's input is pursued and, when received, it is reviewed immediately.

All GentleCarePlus Pty Ltd's policies are reviewed annually and take into account the input from all stakeholders. Policy reviews also take into account the results attained through monitoring and evaluation and changes in legislation.

4.4 Strategic Plan

The planning process involves:

Planning Activity	Notes	When
Evaluation	<p>Review against the vision of creating unique cultural environment, community environment with authentic care and support, focusing locally, developing staff.</p> <p>Review of the current political climate and its influence on business practices and forward planning.</p> <p>Organisation's performance including risk and continuous improvement.</p> <p>Undertake situational analysis as per Risks and Continuous Improvement.</p>	Every three years

Planning Activity	Notes	When
Planning	<p>Problem identification and problem resolution processes to identify key organisational challenges, goals, strategies, timeframes, persons responsible and evaluation methods. Consultation is undertaken with the community and community priorities are considered in line with the organisation's vision and mission.</p> <p>Use evaluations to adjust forward planning - political, social, financial Continuous improvement recommendations are to be fed back into plan</p> <p>Ensure that any planning and future planning matches our mission of creating unique cultural environment, community environment with authentic care and support, focusing locally, developing staff</p>	Every three years
Development	<p>Plan is developed by GentleCarePlus Pty Ltd. Feedback obtained from stakeholders including community members, employees, participants, advocates and networks.</p> <p>Using feedback to improve services and develop new services based on needs of community and individuals</p>	Every three years
Approval	Plan approved	Every three years
Implementation	The details of the Plan are shared with Staff and other stakeholders as relevant	Ongoing
Review	<p>Achievements against the plan are reviewed monthly</p> <p>GentleCarePlus Pty Ltd documents achievements and timeframes completed</p>	Monthly

Planning Activity	Notes	When
	within the Plan	

4.5 Risk Management

GentleCarePlus Pty Ltd will review risks and ensure that these are either eliminated or reduced.

Potential Risks may include:

Risk	Likelihood	Impact	Strategy
Non-compliance with NDIS	Likely	High	Internal review of policies, procedures, financial structures Staff training
Competitors	Likely	High	Provide high quality service that encourages loyalty
Key Personnel Risk	Likely	High	Locate and train a support person in managing and implementing business needs.

4.6 MARKETING

4.6.1 Market Targets

- Participants
- Individuals
- Legal guardian
- Plan Managers
- Small organisations that seek reliable support for their participant(s).

4.6.2 Marketing Strategy

- Contacting local network and communities to provide information about the services that we provide.
- Work with the community and other services which are coordinating services for a participant to inform of them of our services and costings.
- Development of our website and written information in community languages.
- Provide one point of contact to give clear, relevant and accurate information.

5.0 RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- GentleCarePlus Pty Ltd 's Participant Agreement
- Staff Agreement
- Quality Schedule
- Strategic Plan
- Marketing Plan
- Asset Register
- Conflict of Interest
- Risk Management Policy
- Continuous Improvement Policy
- Incident, Accident and Emergency Policy
- Quality Management Policy

6.0 REFERENCES

- Work Health and Safety Act 2011
- Anti-Discrimination Act 1991 (Queensland)
- Disability Discrimination Action 1992 (Commonwealth)
- National Disability Insurance Scheme (Practice Standards and Quality Indicators)
- Privacy Act (1988)

- Work Health and Safety Act 2011
- Corporations Act 2001
- Privacy Act (1988)

Conflict of Interest Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective and fair. A conflict of interest may affect the way a person acts, the choices they make and/or the way they vote on group decisions.

GentleCarePlus Pty Ltd will act proactively to manage any perceived and actual conflicts of interest through the development and maintenance of organisational policies. This management will ensure that corporate and ethical values do not impede the participant's right to choose and control their supports and services.

Identified Conflicts of Interest require that action is undertaken to ensure that personal or individual interests do not impact on the organisation's services, activities or decisions.

2.0 SCOPE

All management, Staff and contractors must act in the interests of the organisation, and notify the organisation when any conflicts may clash with other interests or commitments.

3.0 POLICY

Declaration and management of Conflicts of Interest are required explicitly for CEO as part of their legal responsibilities as the controlling member of the organisation.

This Conflict of Interest Policy requires management and Staff to disclose any outside interests that conflict with the interests of the organisation. The CEO must act impartially and without prejudice and not accept gifts or benefits that would influence any decision relating to GentleCarePlus Pty Ltd.

Examples may include:

- Close personal friends or family members involved in decisions about employment, discipline or dismissal, service allocation, or awarding of contracts.
- An individual or their close friends or family members who are making a financial gain or gaining some other form of advantage.
- An individual who is engaged with another organisation offering services that are in a competitive relationship with GentleCarePlus Pty Ltd. The individual may have access to commercially sensitive information, plans and/or financial information which conflict with GentleCarePlus Pty Ltd.
- Prior agreements or allegiances that are binding an individual to other individuals or agencies that require them to act in the interests of that person or agency or to take a position on an issue that will conflict with GentleCarePlus Pty Ltd.

4.0 PROCEDURE

4.1 Registration of Known Conflicts of Interest

A register of conflicts of interest will be kept, and management and staff will be asked to declare:

- Potential or actual conflicts of interest that exist when a person joins the organisation.
- Conflicts of interest that arise during their involvement with the organisation. The register will be maintained by the CEO or their delegate.
- All potential and actual conflicts will be recorded in the register to give sight of the identified and declared conflicts.

All management and Staff are required to declare any potential or actual conflicts of interest that become evident during their involvement with the organisation. Management must disclose potential conflicts prior to the commencement of any meeting.

The person must speak with the CEO when a conflict becomes apparent and provide formal notification in writing to the CEO of the conflict.

4.2 Management of Conflicts of Interest

Where a conflict of interest is declared or identified by a Staff:

- The Staff's immediate supervisor and the CEO will assess the conflict.
- If a conflict of interest exists, or there is a perception that a conflict exists, the Staff may be asked to:
- Contribute to the discussion but abstain from voting or taking part in a decision on the matter.
- Observe but not take part in the discussion or decision-making.
- Leave the meeting during discussion and decision on the matter.

4.3 Staff Involvement in External Activities

GentleCarePlus Pty Ltd encourages and supports the Staff to become involved in community activities and volunteer work in their personal lives. However, it is possible that Staff may undertake volunteer or professional roles outside the organisation that may give rise to a conflict of interest, or a perception of conflict (e.g. staff undertaking consultancy work for member organisations or government agencies). As a result, the GentleCarePlus Pty Ltd expects that all Staff's declare their involvement in external work-related activities to allow for discussion and management of the potential conflicts of interest with the CEO.

Staff members who undertake other (new) work outside the organisation need to inform CEO.

4.4 Contractors

All contracts with external consultants being engaged by the organisation will include a declaration that no conflict of interest exists.

5.0 RELATED DOCUMENTS

- Code of Conduct
- Privacy and Confidentiality Policy
- Conflict of Interest Declaration

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018

- NDIS Act 2013
- Privacy Act 1988 (Commonwealth)
- Australian Privacy Principles (APP)
- Privacy and Personal Information Protection Act 1998

Work Health Safety Environmental Management Policy

1.0 PURPOSE

Work Health and Safety (WHS) regulations place an obligation on decision-makers of the service to take reasonable steps to gain an understanding of the hazards and risks associated with working and support activities and to allocate appropriate resources, and processes to eliminate or minimise these risks to health and safety.

These legal requirements extend to eliminating risks to staff members, participants, subcontractors, and volunteers whenever it is practical. If it is not feasible to eliminate risks, they should be minimised.

2.0 SCOPE

Staff members, participants, volunteers and sub-contractors are also obligated to protect their own and other people's health and safety. Their responsibilities also extend to identifying hazards and risks, managing WHS risks and applying treatments. They should also participate and consult with other people, including supervisors or management, about these risks.

3.0 POLICY

GentleCarePlus Pty Ltd aims to promote and maintain the highest degree of physical, mental and social well-being of all individuals in the workplace. The organisation will comply with all relevant federal and state legislation to ensure a safe workplace and all personnel have a responsibility to ensure a safe workplace by implementing safe systems of work.

GentleCarePlus Pty Ltd will make resources available to comply with relevant Acts and Regulations associated with workplace health and safety and to ensure that the organisation's workplaces are safe and without risk to health.

GentleCarePlus Pty Ltd will undertake regular reviews and take steps to enhance workplace health and safety on a continuous improvement basis.

3.1 Statement of Injury Management and Return to Work

GentleCarePlus Pty Ltd is committed to:

- Establishing and reviewing the return to work program that is consistent with the injury management program to ensure injured workers return to work in a timely and safe manner.
- The effective management of claims and return to work of staff injured in the workplace.
- The establishment of individualised injury management plans according to legislative requirements as outlined in the policy and procedures.
- Consultation with staff and other stakeholders on health and safety issues.
- Compliance with relevant WHS legislation and regulations and associated legislation.
- Providing and maintaining equipment and associated personal protective equipment for safe use by staff.
- Providing staff with information, training and supervision as it is necessary to enable them to work in a safe manner and without risks to health.
- The documentation, investigation and review of incidents.
- The documentation, display and/or distribution of the WHS policy and associated documentation in the workplace, including the return to work program.
- The maintenance of the required insurance cover.
- The appointment of a designated person to manage all claims for workers' compensation, occupational rehabilitation and return to work programs.
- Clearly outlining the roles and responsibilities of all relevant parties in the return to work process.
- The regular review of Workers Compensation claims.

3.2 Environmental Management

Management will endeavour to minimise environmental impact on the following:

- GentleCarePlus Pty Ltd's waste
- Site contamination and spills
- Noise emission
- Damage to flora and fauna

- Unnecessary energy consumption

GentleCarePlus Pty Ltd will actively take part in the following:

- Identify waste streams and options for effective waste management.
- Review purchasing (buy recycled materials, reduce waste, use less harmful/volatile chemicals).
- Improve storage (reduce quantity, waste and spills, reduce odours by keeping containers closed).
- Conserve energy (eco-friendly lights, turn lights off, efficient emergency equipment, greener fuel sources).
- Conserve water (install water-saving accessories, repair leaks).
- Preserve waterways (clearly mark and protect stormwater drains).
- Emergency planning and spill response.
- Improve education/awareness.
- Notify relevant authority in the event of a major environmental impact.

3.3 Incident Management

Incident management is an integral element of the GentleCarePlus Pty Ltd's planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents or safety. Identified support delivery issues and their contributing factors are identified and utilised as GentleCarePlus Pty Ltd's performance measures.

- GentleCarePlus Pty Ltd management are ultimately accountable for incident management throughout GentleCarePlus Pty Ltd's services.
- GentleCarePlus Pty Ltd's accountability is reinforced by governance structures including policy, performance management and delegations, and defines the acceptable level of risk for GentleCarePlus PtyLtd.

The CEO is responsible for:

- Overseeing the incident management system, including monitoring, reviewing and reporting on its effectiveness.
- The management, review and implementation of the contingency disaster plan, including the establishment and maintenance of service agreements.
- Incident management processes.
- Informing of results and analysis of incident investigations.
- Evaluating and documenting actual and potential risks with a formal risk assessment.

- Ensuring all staff within GentleCarePlus Pty Ltd has a responsibility to identify and engage in the minimisation of risks that may exist in service delivery.



3.3.1 Responding and Reporting Obligations

- GentleCarePlus Pty Ltd has a responsive risk management hazard, incident and accident reporting system in place.
- All incidents of any nature are a matter of concern and as such, should be recorded through incident and hazard reports.
- All notifiable incidents will be reported to state Work Cover and NDIS Commission as per regulatory requirements.
- Details of incidents are to be documented through the incident management system.

3.3.2 Documentation

- All information is gathered with due regard to privacy and confidentiality, recorded comprehensively and stored securely.
- The incident report is for the use of CEO only as it will contain identifying information. Minimum information required includes a description of the event, damage, injuries, reporting requirements, parties/persons involved and recommendations.
- When discussing the Incident Findings and Recommendations in a meeting, care must be taken not to minute any identifying information.

3.3.3 Evaluation and Feedback

- Staff involved in the incident should be advised of the findings and recommendations of the incident investigation.
- Information may be reported through the meeting system.
- GentleCarePlus Pty Ltd may trend incidents, accidents and critical events.
- Reviews of policy, procedure and equipment may occur because of the incident/accident.

3.3.4 Support for Stakeholders

Any staff member, participant and visitor involved in or affected by an incident is offered support.

3.4 Manual Handling

- GentleCarePlus Pty Ltd has a minimal lift policy, and all staff are instructed in this procedure at induction and as required.
- Maintenance of the participants' independence by encouraging mobility is a priority.
- The manual handling needs of the participant are assessed and documented on entry to GentleCarePlus Pty Ltd.
- Manual handling is a component of the education and training program.
- Staff members are instructed on the correct manual handling and lifting techniques
- All staff members are assessed on their manual handling techniques during induction, monthly during probation and then regularly.
- All manual handling injuries and incidents are reviewed, risk assessments are conducted, and risks are controlled.
- Risk identification, assessment and control are carried out in consultation with staff.
- Incidents, accidents and hazards identified from manual handling activities are reported through the communication meeting and other associated meetings as deemed by management as appropriate.
- Appropriate equipment is provided for manual handling activities to be safely executed.
- Personal manual handling equipment such as 'slide sheets' are maintained according to infection control guidelines.
- CEO will ensure that the general layout of the workplace is conducive to the safe handling of participants and safe use of equipment.

3.5 WHS Consultation

GentleCarePlus Pty Ltd will establish and maintain systems for WHS consultation to enable staff to contribute to the making of decisions affecting their health, safety and welfare at work.

It is intended that as an outcome of this policy:

- The risk of injury to workers and others will be prevented.
- Workers will be consulted in the risk management process.
- The social and financial costs of work health and safety hazards will be reduced.
- Safe systems of work will be established and maintained.
- GentleCarePlus Pty Ltd will maintain regulatory compliance.
- Consultation on WHS matters will be undertaken in a timely manner taking into consideration the level of risk involved in any specific WHS issue.
- WHS training will be available for staff and will be updated according to current regulatory WHS requirements.

3.5.1 Nature of consultation

- Sharing health and safety information.
- Providing workers with a reasonable opportunity to:
 - Express their views.
 - Raise work health and safety issues.
 - Contribute to the decision-making process.
- Taking the opinions of workers into account.
- Advising workers on the outcome in a timely manner.

3.5.2 When Consultation is required

Consultation is required when:

- Identifying and assessing risks to health and safety.
- Deciding ways to eliminate or minimise those risks.
- Deciding on the adequacy of facilities for worker welfare.
- Proposing changes that may affect the health and safety of workers.

3.5.3 WHS Resolution

- Staff will be consulted on all proposed changes to the work environment, equipment, policies, protocols and procedures that may affect their health and safety.
- Information on hazards, WHS activities and achievements will be disseminated to staff through staff meetings, memos or similar.
- Staff may approach the CEO to bring forward issues in the workplace.
- CEO will attempt to resolve the issue locally.
- A reasonable effort to achieve a timely, final and effective resolution will be made.

Work-related problems, concerns or complaints in relation to WHS shall be managed in accordance with the Grievance Procedure documented in the Human Resource Management Policy.

Only after reasonable efforts have been made to resolve the issue can the parties seek the assistance of an inspector. This right arises whether all, some or only one of the parties have made reasonable efforts to have the work health and safety issue resolved. This means that a party's unwillingness to resolve the issue would not prevent an inspector being called in.

The inspector's role is to assist in resolving the issue which could involve the inspector providing advice or recommendations or exercising any of their compliance powers, for example, issuing a notice.

Even if an inspector has been called in to assist in resolving a Work Health and Safety issue, the rights of a worker to cease unsafe work under the model WHS Act remain.

If the issue is resolved the details of the issue and the resolution will be set out in writing to the satisfaction of all the parties.

As soon as reasonably practicable after the issue is resolved;

- The workers affected by the issue are informed of the details of the agreement between the parties.
- A copy of the agreement to the resolution of an issue may be forwarded by any of the parties involved or GentleCarePlus Pty Ltd that represents the party.

3.6 Workplace Incidents

GentleCarePlus Pty Ltd will:

- Have a current workers' compensation insurance policy that covers all workers.
- Notify Worker of any workplace incidents as per legislative requirements.
- Make suitable duties available to injured workers.
- Keep a record of wages according to regulatory requirements.
- Keep a register of workplace-related injuries and illnesses.
- Forward any worker's compensation payments to injured workers.
- Not dismiss an injured worker because of their injury within six months of the injury or illness occurring and the injured worker's incapacity to work.
- Maintain a register of acceptable modified duties.
- Make offers for modified duties in writing and provide these to the injured worker and healthcare practitioner.
- Educate staff in relation to the causes of the injury and subsequent risk.
- Keep associated records as required.
- Ensure all staff are aware of responsibilities and rights in relation to RTW (return to work) through training and education.
- Manage disputes according to regulatory requirements.

3.6.1 Notification of Injuries

- All injuries must be notified to the CEO as soon as possible.
- All injuries will be recorded.
- The workers' compensation Agent will be notified of any injuries within 48 hours.
- Workers will be notified immediately for any serious incidents involving a fatality or a serious injury or illness.

3.6.2 Recovery

- The CEO will ensure that the injured worker receives appropriate first aid and/or medical treatment as soon as possible.

- The injured worker must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning a return to work.

3.6.3 Return to work

CEO will:

- Arrange a suitable person to explain the return to work process and the injury management plan to the injured worker.
- Ensure the injured worker's right to the confidentiality of medical information.
- Ensure that no information will be used to discriminate against the injured worker.
- Provide the ability to communicate across cultures, including ethnicity, gender and age.
- Ensure RTW plans are completed within the legal timeframes.
- Return to work plans will be based on the advice of the staff member's own treating health practitioner/doctor, and the workplace rehabilitation provider.
- Follow the relevant legislation and agreed on consultation procedures.
- Suitable work will be made available where possible when a staff member's injury does not allow an staff member's return to immediate pre-injury duties. These duties shall be made available on a temporary basis.
- Contact and communication with an injured staff member shall be maintained during the period of incapacity and absence from work.
- Confidentiality of the injured staff member's information and records will be maintained.

3.7 Work Health and Safety – Management Program

The program consists of a set of activities, policies and procedures that are updated as required and relates to all aspects of work health and safety, including:

- WHS training and education.
- Work design, workplace design and standard/safe work procedures.
- Emergency procedures.
- Provision of WHS equipment, services and facilities.
- Workplace inspections and evaluations.
- Reporting, recording and reviewing incidents, accidents, injuries and illnesses.
- Hazard identification activities.

- Equipment assessment procedures and practices.
- Participant risk assessment procedures and practices.
- Risk assessment procedures and practices.
- Information on WHS to staff, participants and their families.
- Implementing safe manual handling procedures and safe work procedures.

3.8 Education/Training

Every staff member shall, within seven (7) days of commencing employment, be given instruction in relation to:

- Identification and minimisation of hazards; in/or around a participant's home and in the workplace.
- Procedure to be followed in the event of an emergency.

Every staff member will receive emergency training at least annually. Education/training will be conducted by appropriately authorised and skilled personnel.

3.9 Hazard Identification and Risk Management

Management actively encourages the reporting of hazards and promotes a positive and timely response. Staff and sub-contractors are informed of the mechanism for hazard identification. On identification and reporting of a hazard, staff and sub-contractors will:

- Where possible, take immediate action to minimise the hazard(s).
- Report to the person in charge immediately where the action is beyond role limitations, and the hazard poses a high risk.
- Record the hazard according to the hazard reporting requirements.

Identified hazards are reported and reviewed using GentleCarePlus Pty Ltd's Continuous Improvement and Risk Management processes. (Refer to Risk Management Policy and Continuous Improvement Policy).

3.10 Risk Management

GentleCarePlus Pty Ltd considers risk management to be fundamental to good management practice. Effective management of risks will provide an essential contribution to the achievement of GentleCarePlus Pty Ltd's strategic and operational objectives and goals. Risk management must be an integral part of GentleCarePlus Pty

Ltd's decision making and must be incorporated within the strategic and operational planning processes at all levels across GentleCarePlus Pty Ltd.

GentleCarePlus Pty Ltd will maintain strategic and operational risk management plans. Management is committed to ensuring that all staff are provided with adequate guidance and training on the principles of risk management and their responsibilities to implement risk management effectively.

GentleCarePlus Pty Ltd will regularly review and monitor the implementation and effectiveness of the risk management process, including the development of an appropriate risk management culture across GentleCarePlus Pty Ltd.

4.0 DEFINITIONS

Phrase/ Word	Definition
Bullying	According to the Law Society of NSW, Bullying can be defined as “unreasonable and inappropriate workplace behaviour that may intimidate, offend, degrade, insult or humiliate an employee (or another person), in front of others and which can include physical or psychological behaviours”
Clinical Risk Management	Clinical Risk Management is an approach to improving quality of care which places special emphasis on identifying circumstances which put participants at risk of harm, and then acting to prevent, control or accept those risks. The aim is to improve the quality of care for participants and to reduce the costs of risks for care providers.
Dangerous Goods	Those substances that give risk to an immediate physical effect, such as fire, explosion, vapour release and are defined as such under WHS Legislation.
Due Diligence	Where a PCBU (person conducting a business or undertaking) has a health and safety duty, an officer of the PCBU is required to exercise ‘due diligence’ to ensure the PCBU meets that duty. Due diligence means taking reasonable steps: <ul style="list-style-type: none"> To gain and update knowledge of WHS matters; To understand the nature of the business, undertaking’s operations

	<p>and the general hazards and risks involved;</p> <ul style="list-style-type: none"> • To ensure the PCBU has appropriate resources for eliminating/minimising risks, and that these resources are used; • To ensure the PCBU has processes for receiving, reviewing and responding to information about incidents, hazards and risks; and • To ensure the PCBU implements processes for complying with their duties, such as: <ul style="list-style-type: none"> ○ Consultation; ○ Providing training and instruction; and ○ Reporting of notifiable incidents
Environment	<p>Components of the earth, including:</p> <ul style="list-style-type: none"> • land, air and water; • any layer of the atmosphere; • any organic or inorganic matter and any living organism; • Human-made or modified structures and areas and includes interacting natural ecosystems. <p>facilitate co-operation between the PCBU and workers in instigating, developing and carrying out measures designed to ensure the workers' health and safety at work; and are to be followed or complied with at the workplace; and to assist in developing standards, rules and procedures relating to health and safety that</p>
Hazard	<p>Something with the potential to cause injury, illness or disease.</p>
Hazardous Substances	<p>Those substances which can cause detrimental health effects, such as damage to respiratory tract, skin, eyes, etc., including carcinogens and are defined as such under WHS Legislation.</p>
Health and Safety Representative (HSR)	<p>The person elected by members of a work group within the PCBU, or across several businesses (e.g. multiple workplaces) to represent that workgroup during consultation on work health and safety issues</p>

Health and Safety Committee (HSC)	<p>A PCBU must establish an HSC where requested to do so by the HSR, or a minimum of 5 or more workers at the workplace or at the PCBU's own initiative. The HSR can be a member of the HSC if they consent</p> <p>The key functions of the HSC are to:</p> <ul style="list-style-type: none"> • Other functions under the regulation or agreed to between the PCBU and the HSC. • Likelihood of the hazard or risk happening; • Consequences (or degree of harm) if it does occur; • What the person knows, or should know about the hazard/risk and ways of eliminating or minimising it; • Availability and suitability of ways to eliminate or minimise the risk.
Incident	<p>Incidents can be either an event that has occurred, or a 'near miss', and include all complication of care, accidents and side effects, a common feature being that incidents are either potentially or harmful.</p>
Notifiable Incident	<p>Notifiable incident means:</p> <ul style="list-style-type: none"> • The death of a person • A serious injury or illness of a person • A dangerous incident • Abuse or neglect of a person • Unlawful sexual or physical contact or • assault of a person • Sexual misconduct committed against or in the presence of a person. • The unauthorized use of a restrictive practice in relation to a person

Dangerous Incident	<p><i>A dangerous incident</i> means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:</p> <ul style="list-style-type: none"> (a) an uncontrolled escape, spillage or leakage of a substance; or (b) an uncontrolled implosion, explosion or fire; or (c) an uncontrolled escape of gas or steam; or (d) an uncontrolled escape of a pressurised substance; or (e) electric shock; or (f) the fall or release from a height of any plant, substance or thing; or (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations; or (h) the collapse or partial collapse of a structure; or (i) the collapse or failure of an excavation or of any shoring supporting an excavation; or (j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or (l) any other event prescribed by the regulations but does not include an incident of a prescribed kind
Safety Data Sheet (SDS)	<p>Information containing data regarding the properties and effects of a particular substance that must be provided by the manufacturer, supplier or importer of the hazardous substance/dangerous good. SDS must be current – within 5 years of the issue date and meet specific legislated format requirements</p>

Officer of the PCBU	A person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking
Person conducting a business or undertaking (PCBU)	A person or entity that conducts the business or undertaking alone or with others whether or not the business or undertaking is conducted for profit or gain
Personal Protective Equipment (PPE)	Personal Protective Equipment (PPE) is defined as safety clothing or equipment for specified circumstances or areas, where the nature of the work involved or the conditions under which people are working, requires it's wearing or use for their personal protection to minimise risk
Provisional Improvement Notice (PIN)	A written notice from a Health and Safety Representative to a person or the PCBU, advising there either has been a breach of the Act that is likely to be repeated, or there is a current breach of the Act
Reasonably Practicable	<p>Taking all steps, a duty holder was reasonably able to, taking into account:</p> <p>The cost of eliminating or minimising the risk, and whether this cost far exceeds the level of reduction of risk.</p> <ul style="list-style-type: none"> • a person who holds a current first aid certificate issued after successful completion of a Work Cover- approved first aid course; or • a person who holds a current occupational first aid certificate issued after successful completion of a Work Cover-approved occupational first aid course; or • a registered nurse;
Risk	The chance of something happening that will have an impact upon the services GentleCarePlus Pty Ltd provides. Measured in terms of likelihood and consequences
Risk Analysis (Incident)	Seriousness of the event's consequences and its likelihood or frequency of occurring again. This provides a Category Code (CAT), generating a numerical rating which guides appropriate action
Risk Identification	Data sources that assist identification of risk include Coroners reports,

	clinical indicators, variance analysis, incident reporting, complaints and other feedback
Risk Register	All levels of GentleCarePlus Pty Ltd are responsible for the continual monitoring of the strategic risk profile. A risk register identifies major risks for GentleCarePlus Pty Ltd, including an indication if existing controls or management systems are in place to manage that risk
Risk Treatment	Risk can be avoided, controlled, retained or eliminated. Two major approaches to control risk are reducing risk before it arises (in essence proactive system design such as WHS Risk Management Site for Safe Work Method Statement, equipment maintenance) or reducing the risk after the problem arises (counter measures or barriers such as increased training).
Serious injury or illness	<p><i>Serious injury or illness</i> of a person means an injury or illness requiring the person to have:</p> <ul style="list-style-type: none"> (a) immediate treatment as an in-patient in a hospital; or (b) immediate treatment for: <ul style="list-style-type: none"> (i) the amputation of any part of his or her body; or (ii) a serious head injury; or (iii) a serious eye injury; or (iv) a serious burn; or (v) the separation of his or her skin from an underlying tissue (such as degloving or scalping); or (vi) a spinal injury; or (vii) the loss of a bodily function; or (viii) serious lacerations; or (c) medical treatment within 48 hours of exposure to a substance, and any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind
Shift work	Shift work is defined as any system of working whereby out of hours work is required. This includes weekend, afternoon, night and rotating shifts, split or broken shifts, extended shifts, rostered overtime and (un-rostered) extended working hours
Trained first aid personnel	Trained first aid personnel means either - ambulance officer; or a medical practitioner.

Worker	Anyone carrying out work, in any capacity, for a PCBU including direct employees; contractors and subcontractors, and their employees; labour hire employees engaged to work in the business or undertaking; outworkers; apprentices, trainees and students on work experience; and volunteers
Workgroup	A work group is the group of people represented by the HSR. This could be a specific department, shift (e.g. day/night shift), location or type of worker. Work groups are determined by negotiation between the PCBU and workers (and their representative if required).
Work Health and Safety (WHS)	The main objective of the model Work Health and Safety Act is to: <i>‘provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces’</i> .
Workplace	A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work
Work Health and Safety Entry Permit Holder	A WHS entry permit holder is representative of a relevant union of the workers for the purpose of consultation on work health and safety matters with, and provides advice on those matters to, one or more relevant workers who wish to participate in the discussions

5.0 RELATED DOCUMENTS

- Incident Form
- Hazard Form
- Position Descriptions
- Complaint/Feedback Form

6.0 REFERENCES

- NDIS (Quality and Safeguards Commission) 2018
- Safe work Australia: National Code of Practice
- Work Health and Safety Act 2011 (Australia)

Continuous Improvement Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd 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 GentleCarePlus Pty Ltd to apply the National Disability Insurance Service Practice Standards and Quality Indicators.

GentleCarePlus Pty Ltd actively pursues and demonstrates continuous improvement in all aspects of business operations.

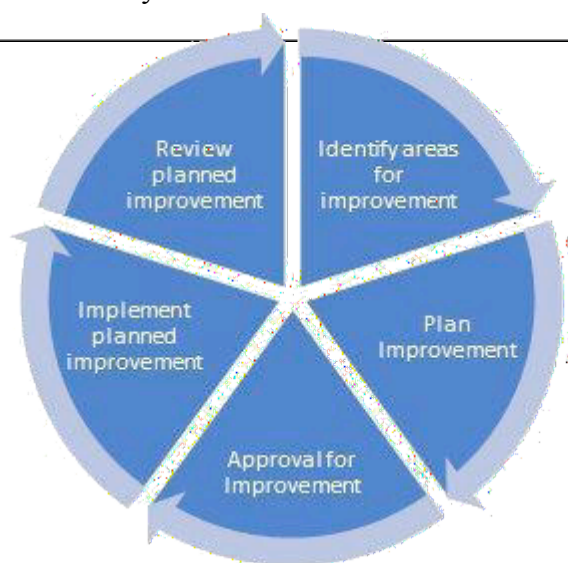
2.0 SCOPE

All staff, whether permanent or casual, contractors, volunteers or business partners, are responsible for monitoring how well GentleCarePlus Pty Ltd services and supports are working.

3.0 DEFINITIONS

	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.

	Description
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 GentleCarePlus Pty Ltd:</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



Identify Improvement Area	Plan Improvement	Referral to Management	Implement Planned Improvement	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 to action •Approve for implementation •Review post implementation 	<ul style="list-style-type: none"> •Adjust policy 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 from the implementation •Identify any further action is required and restart the process if required. •Inform management of outcome

4.0 POLICY

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

4.1 Continuous Improvement Process

The basis of GentleCarePlus Pty Ltd's quality system is a cycle of self-improvement that follows a basic model that involves planning, acting, checking and acting to improve and standardise. This model is used as 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, set target dates, nominating responsibility and tracking progress through management.
- Checking that the improvement has led to growth improvement through performance measures and identifying any new or additional measures needed.
- Standardising improvements made through policies or other documents.

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 of 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 part of an integrated approach that supports GentleCarePlus Pty Ltd's Mission and Vision.
- GentleCarePlus Pty Ltd 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

GentleCarePlus Pty Ltd 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

GentleCarePlus Pty Ltd's Management captures this information via structured access to government, industry and association information channels and via attendance at industry conferences, networking events and education. This information will be incorporated to improve practices and approach in our operations and services, including the implementation of improvements.

Policies and procedures will be reviewed 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

GentleCarePlus Pty Ltd 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 GentleCarePlus Pty Ltd to accurately assess the quality of services and to make any improvements that may be necessary.

GentleCarePlus Pty Ltd will collate the feedback from its surveys and advise Participants of any proposed improvements to service delivery. Surveys and focus groups may also, as required, be targeted to review specific aspects of performance, such as our information provision or assuring participants are to be involved in their planning and decision-making.

Staff surveys will also be conducted on an annual basis. These will be used to measure morale, understanding of GentleCarePlus Pty Ltd's policies and procedures, operating environment satisfaction, roles within the organisation, training and information needs, and commitment to its values. Feedback Analysis is fed into a Continuous Improvement Plan.

4.4.3 Internal/ External Audits

GentleCarePlus Pty Ltd 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 in accordance with organisational policy (See Appendix 1). 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 used as part of 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 these have been handled in accordance with Policy and Procedure.

The CEO or their delegate will annually review the complaint handling system as a whole to ensure that changes to policy and practice are made where necessary. The complaint data will be analysed to determine if there are any trends or patterns of on-going concern. Such analysis will be linked to the Continuous Improvement System and Corporate Governance.

4.4.5 Incident Reporting

The CEO or their delegate will be responsible for reviewing incidents, including incidents recorded under the Participant Incident Register. The register allows the collation and analysis of data from incident reports and allows 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 Staff has the right, and are encouraged, to provide feedback and suggestions that they believe can lead to improvements in the overall operation of GentleCarePlus Pty Ltd .They may use the

Complaint/Feedback Form to put their thoughts and ideas in writing to the CEO. Additionally, feedback can be provided via email or phone. All suggestions will be fully considered, and improvements implemented; wherever possible. This information is linked to our Corporate Governance to allow changes in policies and procedures to improve practices.

4.6 Communication of Improvements

An overview of any improvements is communicated via:

- Staff Meetings
- Email
- Sub-contractor meetings
- Updated policies and procedures

4.7 Monitoring Continuous Improvement Processes and Systems

Continuous Improvement processes and systems are regularly audited as part of our audit program and Staff, participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

Continuous Improvement should include feedback from participants and community to ensure that GentleCarePlus Pty Ltd 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 will be documented on the Document Control Register. New documents are forwarded as per communication in this document.

5.0 RELATED DOCUMENTS

- Complaints / Feedback Forms
- Incident Investigation Form
- Complaints Register
- Continuous Improvement Register

- Hazard Report
- Orientation Process
- Policies and Procedures Reviews
- Document Control Register
- Corporate Governance

6.0 REFERENCES

- Work Health and Safety Act (2011)
- Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018

Appendix 1 Internal Review and External Audit Schedule

Audit Focus	Technique	Responsibility	Review Schedule
Policies and Procedures	<ul style="list-style-type: none"> • Evaluate –effectiveness and currency (practices match policy) • Merge, develop or repeal policies and procedures 	Director or delegated officer	Three Year cycle or when legislation changes. High-risk policies –annually (all Governance)
Strategic and Operational Plans	<ul style="list-style-type: none"> • Management Planning Review • Update of business plan 	Director or delegated officer	Biennially
Data Protection Audit	<ul style="list-style-type: none"> • Internal privacy audits 	Director	Annually
NDIS Audit Certification or Surveillance	<ul style="list-style-type: none"> • Review previous report • Inform participants and staff • Policy matches practice 	Director and NDIS Approved External Auditor	3-yearly cycle (Annual Surveillance and Reregistration audits)
Service Delivery	Preparation and submission of reports required under any contractual arrangements	Director or delegated officer	As per contractual arrangements

Legislative	Preparation of annual report	director or delegated officer	Annually; following the end of the financial year (if relevant)
Financial	Financial Year Reporting: • Quarterly • End of Financial Year	Director or delegated officer	Quarterly (March, June, September and December) and Annually (July)
Asset Management	• Review Assets Register • Update warranty and depreciation details • Audit maintenance schedules for continuing value and usefulness	Director or delegated officer	Annually
Risk Management	Review of <i>Risk Management and Risk Treatment Plans</i>	Director or delegated officer	Quarterly
Complaints		Director or delegated Officer	Six monthly
Continuous Improvement	Review <i>current Continuous Improvement Plan</i> and <i>Complaints Register</i> for trends and plan of action.	Director or delegated officer	Quarterly
Incident Review	Incident review for risk identification linked to continuous improvement	Director or delegated officer	Quarterly
Operational and Environmental Safety	Internal and external inspections incorporating physical & digital access audits	Director or delegated officer	Annually;

WHS Requirements	Safety compliance audits against documented WHS procedures, e.g. fire safety, electrical equipment, Participant safety	Registered Professional	
Provision of Support	Participant surveys <ul style="list-style-type: none"> • Service satisfaction • Staff satisfaction • Rights upheld • Ideas for improvement 	CEO or delegated officer	Annual
	Analysis of Participant and Stakeholder Feedback to link to improvements	Director or delegated officer	At least Annually
Human Resource Management	Staff Performance Reviews Staff satisfaction surveys and analysis for improvements	Director or delegate CEO or delegate	Annual Annual
Subcontractors or suppliers	Review supplier contract details, performance, costs and service quality	Director or delegated officer	Annually
Personnel File Audit	Review for relevant registrations and currency	Director or delegate	Annual
Information Management	Random file selection for accuracy and compliance	Director or delegate	Annual

Risk Management Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd is actively working to identify, address and monitor potential risks to promote a safe environment for participants, staff and visitors and to maintain adequate and viable business operations

- Support effective decision-making that is guided by our Mission and Vision;
- Ensure a consistent and effective approach to risk management;
- Formalise its commitment to the principles of risk management and incorporating these into all areas of the business.
- Foster and encourage a risk-aware culture where risk management is seen as a positive attribute of decision-making rather than a corrective measure;
- Align the GentleCarePlus Pty Ltd planning, quality and risk management systems, and their integration into all areas of our operations; and
- Ensure robust corporate governance practices effectively manage risk while allowing innovation and development.

2.0 SCOPE

Risk management is incorporated into all areas of our operations, including service delivery and corporate governance. Risk management is the responsibility of all staff and all areas of the organisation. It is the responsibility of the CEO to carry out risk management analyses for the organisation and to take appropriate measures.

3.0 POLICY

GentleCarePlus Pty Ltd recognises the importance of managing risk and ensure that all stakeholders are aware of their own roles in identifying, analysing, evaluating, treating, monitoring and communicating risk in a systematic risk management approach.

GentleCarePlus Pty Ltd understands the organisation may be at risk when:

- They do not have a well-functioning governance structure.
- Management plans, policies and processes are inadequate.
- Team member roles and responsibilities are unclear.
- They do not require participants to sign consent forms or waivers.
- Equipment and facilities are not safe for the intended use.
- They have not implemented a comprehensive Risk Management Plan.
- Finances are not managed in a manner that allows for adequate financial sustainability and cash flow.
- Insurance is inadequate or inappropriate.
- Operations are not regularly evaluated.

4.0 DEFINITION

Risk	Is the chance of something happening that will have an impact on the Service's objectives. It is measured in terms of consequences and the likelihood and if the risk will have a positive or negative impact.
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5.0 PROCEDURE



5.1 Identification

Risks may be identified by some of the following mechanisms:

- Hazard data.
- Risk assessments including environmental and equipment assessments.

- Incident/Accident information.
- Staff, participant and visitor feedback and complaints.
- Maintenance Log items.
- Review of policies and procedures.
- Input from staff meetings.
- Information from planning days including, Strategic and Operational planning sessions.
- Information obtained via education and training.
- Financial audits.
- Internal and external audits.

5.2 Planning

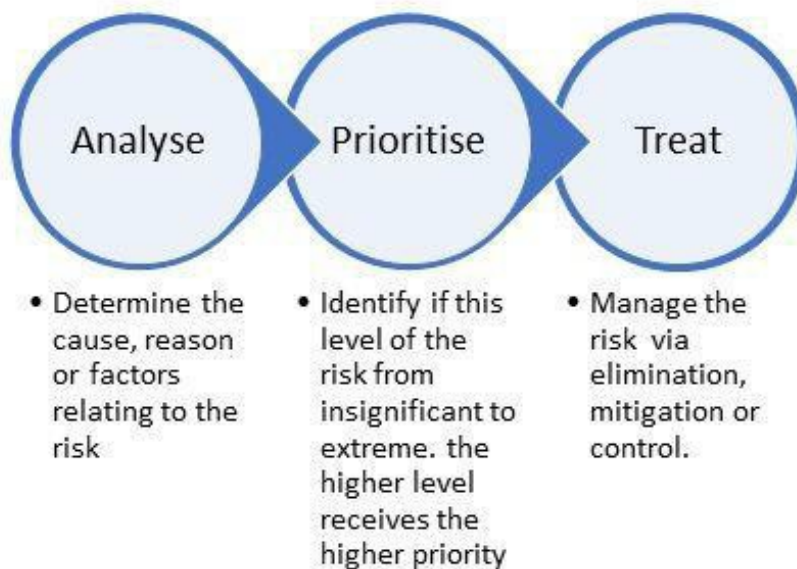
GentleCarePlus Pty Ltd has established and maintained a Risk Management Plan. The Plan identifies and addresses:

- *Risks to GentleCarePlus Pty Ltd* – including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff illness, damage to reputation and relationships, changes in compliance requirements and eligibility, decisions by the CEO and loss of data due to natural disasters.
- *Risks to staff* - including lack of suitably qualified staff, extended staff illness, staff injury due to WHS risks, changes in training and education compliance requirements, impacts of natural disasters and infection.
- *Risks to Participants* - including environmental, fire, falls, transport, staff working in Participant's home, changes in the consistency of performance of activities, interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan includes the following information:

- The risk
- The date the risk was identified
- Risk rating; possible consequence/s of the risk
- The actions to eliminate, mitigate or control the risk
- Risk review dates, new controls and changes to existing controls.

The Risk Management Plan is reviewed by the director every three months, or more frequently, as required in response to information received via WHS, Audit and Continuous Improvement systems.



5.3 Managing Risks

5.3.1 Controls

Controls are strategies utilised to manage risk and are balanced against the cost and inconvenience of the control.

Controls utilised by GentleCarePlus Pty Ltd include:

- Strategic Plan.
- Risk Management Plan.
- Staff orientation, education and training.
- Actions from Risk Assessments.
- Information systems, including meetings and memos.
- Policies, procedures and work instructions.
- Position Descriptions.
- Capital Maintenance and equipment budgets and plans.
- Maintenance of current registrations and insurances.

5.3.2 *Improvement Committee* (Please review)

All risks will be reviewed by GentleCarePlus Pty Ltd's CEO.

Members of the Improvement Committee are representatives of the GentleCarePlus Pty Ltd workforce. The Committee meets quarterly, and its function is to identify risks through the review of information listed as above (see Procedure - Identification).

Where risks are ongoing, these items are entered in the Risk Management Plan and Continuous Improvement Plan.

Management is charged with ensuring that all actions required to manage risks are undertaken in accordance with nominated time frames.

5.3.3 *Hazard Identification*

Where a hazard or potential hazard is identified, staff must place details of the hazard on the Hazard Form and provide this to the Director on the same working day.

If the consequences of the hazard are assessed as High or Extreme staff must contact GentleCarePlus Pty Ltd to inform the CEO immediately or as soon as it is safe to do so. CEO will take steps to address Extreme or High hazards immediately.

Detailed documentation of action taken must be placed on the Hazard and Risk Assessment forms and, where required, on the Continuous Improvement Plan.

All hazard reports are forwarded to the GentleCarePlus Pty Ltd Improvement Committee for review.

5.3.4 *Monitoring*

Risk management processes and systems are regularly audited as part of our Audit program.

5.3.5 *Reporting*

GentleCarePlus Pty Ltd will use the data gained from the Risk Management process to inform decisions and plans to improve practices continuously. The analysis will be referred to allow changes in services, policies and procedures. This analysis will include but not limited to:

- Complaints and feedback.
- Financial risk.
- Staffing issues.
- Participant satisfaction.
- Risks to participants and staff.
- Changes to legal or compliance requirements.
- Training and education.

5.4 Consequence Rating Table

Insignificant	Minor	Moderate	Major	Extreme
The participant				
Less than first aid injury, or Brief emotional disturbance	First aid injury or Emotional disturbance impacting more than two days – does not require treatment	Substantial injury resulting in medical treatment, or Temporary impairment, or Development/exacerbation of mental illness requiring treatment, or Some cases of abuse/ neglect of the person	Significant injury causing permanent impairment, or Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment, Or Significant faults allowing significant	Avoidable death of a person, or Systemic faults Allowing widespread abuse/ neglect of people receiving support

Insignificant	Minor	Moderate	Major	Extreme
			abuse/neglect of people receiving support.	
Support Worker and others				
Nil or minor first aid injury, or Brief emotional disturbance	First aid injury, or Psychological Injury impacting more than two days– does not require treatment	Substantial injury Resulting in medical treatment or Temporary impairment or Development /exacerbation of psychological injury requiring treatment.	Significant injury causing permanent impairment or Severe, long lasting or Significant exacerbation of mental illness requiring long-term treatment.	Preventable fatality

6.0 RELATED DOCUMENTS

- Hazard Form
- Continuous Improvement Policy
- Compliments, Complaints/Feedback Policy and Form
- Risk Assessment Form
- Strategic Plan
- Risk Management Plan
- Actions from Environmental Risk Assessments and all other GentleCarePlus Pty Ltd risks assessments
- Documentation, including meetings and memos
- Policies, procedures and work instructions
- Position Descriptions
- Capital Maintenance and equipment budgets and plans

- Maintenance of current registrations and insurances

7.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Quality Management Policy

1.0 PURPOSE

The Quality Management System has been established to provide focus and direction within an GentleCarePlus Pty Ltd to have a positive impact on operational effectiveness resulting in a high-quality service. The policy is developed to ensure:

- The alignment of people and resources is guided by the Mission and Vision;
- The alignment of the planning, quality and risk management systems, and their integration into all areas of our operations;
- There is a clear focus on the stakeholders, foster collaboration, exchange of 'best practice' and critical self-evaluation;
- A whole-of-service approach that reflects our governance and organisational structure with clear responsibilities and accountabilities; and
- There is continuous improvement.

2.0 SCOPE

The *Quality Management Policy* supports the development of a quality culture in which all staff assume responsibility for quality and engage in quality management at all levels and areas of the organisation.

It is the responsibility of CEO to manage the Quality Management System and to undertake appropriate measures.

It is the responsibility of staff engaged in service delivery to follow our quality policies.

3.0 POLICY

GentleCarePlus Pty Ltd recognises the importance of managing a quality system. This policy will give an overview of the systems. (Refer to the policy for the details of the process and the detail of each policy

listed). The Quality Management System is designed to support service delivery and ensure that the service meets the requirements under the NDIS Quality Standards and Practice Indicators.

GentleCarePlus Pty Ltd's Quality Management System includes:

- Using data gained from complaints and feedback to improve services and procedures (Complaints and Feedback Policy).
- Managing the continuous improvement system to determine areas of improvement, including input from:
 - Complaints and Feedback Policy and Procedure.
 - Risk Management Policy and Procedure.
 - Reportable Incident, Accident and Emergency Policy and Procedure.
 - Continuous Improvement Policy and Procedure.
- Reporting all relevant improvements from the Continuous Improvement Register into management and Corporate Governance processes to inform the management of the service.
- Risks highlighted through the Risk Management Policy will be used to reduce hazards and improve practices.
- Human resources to include training staff in providing quality support to meet the individual needs of participants, including the register – qualifications, checks, registers.
- Participants are to access to quality services and be able to have input via Complaints and Feedback.
- An internal audit schedule has been devised to ensure that our organisation continues to:
 - Reviewing legislation that directly affects service provision
 - Auditing and reviewing policies and procedures to meet National Disability Insurance Standards, Rules and Guidelines.
- Service delivery to meet best-practice standards, including evidence-based, person-centred support plans designed for the individual participant.
- Review of policies and procedures combined with feedback strategies allow for quality management of services.

4.0 RELATED DOCUMENTS

- Hazard Form

- Internal Audit Schedule
- Continuous Improvement Policy
- Complaints/Feedback Form
- Risk Assessment Form
- Strategic Plan
- Risk Management Plan
- Actions from Environmental Risk Assessments and all other GentleCarePlus Pty Ltd risks assessments
- Documentation, including meetings and memos
- Policies, procedures and work instructions
- Position Descriptions
- Maintenance of current registrations and insurances
- Complaints and Feedback Policy and Procedure
- Risk Management Policy and Procedure
- Reportable Incident Reporting Policy and Procedure
- Continuous Improvement Policy and Procedure
- Corporate Governance Policy

5.0 REFERENCES

- Work Health and Safety Act (2011)
- Privacy Act (1988)
- NDIS (Quality and Safeguards) Commission (2018)
- NDIS Practice Standards and Quality Indicators 2018
- National Disability Insurance Scheme Act (2013)

Information Management Policy and Procedure

1.0 PURPOSE

- To ensure GentleCarePlus Pty Ltd operates effective communication processes and information management systems
- To maintain information systems and practices in accordance with legislative, regulatory compliance and organisational standards

2.0 SCOPE

It is the policy of GentleCarePlus Pty Ltd that all Participants, Staff, Volunteers and Contractors of GentleCarePlus Pty Ltd will have records established upon entry to the service and maintained whilst active at GentleCarePlus Pty Ltd

3.0 POLICY

- GentleCarePlus Pty Ltd will maintain effective information management systems that keep appropriate controls of privacy and confidentiality for stakeholders
- GentleCarePlus Pty Ltd's Policies and Procedures are kept as read-only documents in the Policies and Procedures folder on the shared drive.
- GentleCarePlus Pty Ltd is responsible for maintaining the currency of this information with assistance from the CEO and other staff as required
- The involvement of all staff is encouraged to ensure GentleCarePlus Pty Ltd's Policies and Procedures reflect practice and to foster ownership and familiarity with the material.
- A copy of each form used by our organisation is maintained in the shared drive in the sub-folder; entitled "Forms".
- All staff can access the Policies and Procedures at GentleCarePlus Pty Ltd's Office in paper-based or electronic format.

- Policies and procedures are reviewed every three years at a minimum, or as required.
- All superseded policies and procedures are removed from GentleCarePlus Pty Ltd's
- Policy and Procedure folder and electronically archived by the CEO or their delegate.

4.0 PROCEDURES

4.1 GentleCarePlus Pty Ltd Information Management System

4.1.1 Participant Documentation Procedure

- Confidentiality of participant's records is maintained.
- All GentleCarePlus Pty Ltd's staff and volunteers responsible for providing, directing or coordinating Participant support, must document their activities.
- Participant's files will provide accurate information regarding their services and support and will contain, but is not limited to:
 - Participant's personal details.
 - Referral information.
 - Assessments.
 - Support plans and goals.
 - Participant's reviews.
 - Details regarding service responses.
- Original participant documentation will be stored in the participant's central file.
- Information relating to participant's ongoing situation, including changes to their situation (i.e. increased confusion, deteriorating health, increased risks, etc.) is to be documented in the participant's notes.
- All GentleCarePlus Pty Ltd's staff required to document the activities relating to support of participants will be appropriately trained in documentation and record-keeping.
- Individuals are not permitted to document on behalf of another person.
- Participant's records will be audited regularly to ensure documentation is thorough, appropriate and of high quality.

- Participant records will be stored in a safe and secure location with access available to authorised persons only.
- Agreements with brokerage agencies will include a requirement for brokerage workers to document their activities regularly.
- Staff must ensure that all relevant information about the progress of or support provided to a Participant is entered into that person's file notes in a factual, accurate, complete and timely manner.
- Staff must only use information collected from a participant for the purpose for which it was collected.
- Participants should be advised that data which has been collected but which does not identify any participant may be used by the organisation for the purposes of a service promotion, planning and evaluation.
- Participants, family and advocates have a right to access any of their personal information that has been collected. Staff will support such persons to access their personal information as requested.

4.1.2 Entering GentleCarePlus Pty Ltd's Service

- Create a Participant file to act as the central repository of all Participant's service information and interactions. This will only contain material relevant to the management of services or support needs, including but not limited to:
 - Enquiry form
 - Copy of signed agreement
 - Assessments
 - Support Plan
 - Participant Intake form
 - Communication notes
 - Privacy statement, and
 - Complaint information
- Assign a unique identifier for each participant for documentation and record-keeping purposes.
- Collect initial information using GentleCarePlus Pty Ltd's Participant Intake form.
- Collect only personal information necessary to assess and manage the participant's support needs.
- Use GentleCarePlus Pty Ltd's Assessment Report to document the Participant's assessment information.

- GentleCarePlus Pty Ltd's CEO will work with the Participant, their advocates(s) and any other family or service providers/individuals to develop and document a Participant Support Plan. This will be recorded using GentleCarePlus Pty Ltd's Support Plan.

4.1.2 Ongoing Documentation Procedures

- Maintain participant information in the electronic "Participant Management System" in accordance with system practices.
- Document participant's information and service activities only on GentleCarePlus Pty Ltd's approved forms or tools.
- Ensure other service agencies and health professionals involved with the care or support of GentleCarePlus Pty Ltd's Participant provide adequate documentation of their activities and the participant's well-being or condition.
- Clearly document:
 - The outcomes of all ongoing participant's assessments and reassessment.
 - Changes or redevelopment of Participant's Support Plans, including revised goals or preferences.
 - Any critical incidents or significant changes in the participant's health or well-being.
 - Conversations (in person or via telephone) with the participant, family members, their representative or advocate.
 - Conversations regarding the participant, with any other providers, agencies, health/ medical professionals, family members or other individuals with interest in the participant.
 - Activities associated with the participant's admission and exit, including referrals.

4.1.3 Setting up and Maintaining Files for Participants

- Once the personal file for the participants has been established, staff must maintain that file to ensure that all information is accurate, up-to-date and complete.
- Staff must document in the person's file, significant issues and events that arise during their work with the participants as those events and problems occur.

- As information in the personal file becomes non-current (that is, information that no longer has any bearing on the services being provided to the participant), staff will establish an archival file, and progressively cull such non-current information into that file for storage in a secure place.
- The CEO must regularly audit the files of participants to ensure that:
 - The file is up to date.
 - All forms are being used appropriately.
 - Non-current information is being culled and stored in the archival file.
 - The progress/file notes are factual, accurate, complete and in chronological order.
- When a participant leaves the service, his/her personal file and archival file are to be stored in a secure place such as a locked area, or password-protected folder on a computer; all under the control of GentleCarePlus Pty Ltd

4.1.4 Participant's file formats in hard copy

The files of Participants will be established and maintained in the following format:

- The file will consist of a standard manilla folder or another similar folder or held in a secure electronic format with password access.
- The forms must be based on the current formats which have been approved by GentleCarePlus Pty Ltd
- Archival files may be in the form of lever-arch folders or archive boxes and multiple in number; as required.
- If files are held in an electronic format, the forms/domains and formats must similarly be approved.
- For ease of access materials in the archival file should be listed chronologically with each page numbered in order and in groups of similar forms.

4.1.5 Security of Files and Participant information

- All current hard copy files for participants must be kept in a secure area, such as a lockable filing cabinet at the service to ensure that only authorised personnel can gain access to personal information of a participant.
- Authorised personnel include GentleCarePlus Pty Ltd's staff members who are employed to providesupport to the participants. If it is not possible for files to be stored at the service, then alternative arrangements should be made by the participant and the CEO to ensure confidentiality and security.

- All electronic files must be password protected to ensure confidentiality and security.
- If stored at the service, current files of participants can only be taken from the service by relevant staff from GentleCarePlus Pty Ltd when it is clearly to provide the participant's information or access to another service such as a doctor.
- Non-current files should not be removed from the service unless:
 - They are being moved to a more secure archival storage unit.
 - Permission has been sought from the CEO to do so.
- Faxing of information about participants should only be considered in exceptional circumstances. For example, this may be required when time constraints prohibit the use of standard security services and only when the receiver of the fax can guarantee the security of the information.
- Staff must not undertake any of the following actions without the express approval of the CEO:
 - Photocopy any confidential document, form or record.
 - Copy any confidential or financial computer data to any other computer, USB or storage system such as google docs.
 - Convey any confidential data to any unauthorised staff member or to any other person(s).

4.1.6 Transporting Hard Copy Files of Participants

If for any reason the files of participants need to be transported from one location to another, such as from their usual site to a doctor, the files must be carried in a locked document container, such as a briefcase or attaché case. GentleCarePlus Pty Ltd will provide such locked cases wherever required

4.1.7 Communication / file notes for Participants

- Communication/file notes for Participants must include the following components:
 - The date of each entry is made.
 - The time when the entry is being made.
 - The time when the event occurred.
 - The nature of the event in a factual, accurate, complete and timely manner.
 - The signature of the person making the entry.
 - The surname of the person making the entry (printed in brackets).
 - The person's position of employment.

- Staff must ensure that all relevant information about the participant is entered into the person's file notes in a factual, accurate, complete and timely manner.
- The file notes for each participant should be written when a significant event occurs or to record the type of support provided while working. The definition of a significant event will vary from person to person and should be determined in consultation with the CEO and should relate to the support required by the person-centred plan.
- It is required that staff make an entry in the file notes on each workday even when the person's day has gone according to plan and without the occurrence of unusual or extraordinary events.
- All entries made into file notes should be placed on the next available line. Under no circumstances should blank spaces be left on the file notes sheet.
- All file-note entries made by staff on behalf of another staff member (e.g. dictating over the phone) must be signed by the person dictating the notes on their next shift. It is the responsibility of that person to check the entry for accuracy, and if required, note any corrections that need to be made on the next line available.
- Whenever required, the Participants should be made aware of what has been recorded in their progress/file notes.

4.1.8 Access to Participant's Files

- Participants and/or their guardians must have access to their own records on request - the CEO should approve and control the way participants access their files to ensure that the security of other non-related information is maintained.
- Access to the participant's files is the direct responsibility of the CEO. When access is requested by anyone other than staff employed by GentleCarePlus Pty Ltd it will only be granted when the CEO is satisfied with that the policies and procedures of GentleCarePlus Pty Ltd has been followed, and access to the file is in the best interest of the participant. Such access will only be granted when consent has been given by the appropriate person.
- All the participant's files are the property of GentleCarePlus Pty Ltd and, although participants and their guardians can access the file, it cannot be taken by the participants or their guardian or be transferred to any service external to GentleCarePlus Pty Ltd without permission of the CEO.
- Copies of files that are legitimately released for any reason shall be recorded on an appropriate letter which shall be signed as a receipt by the service recipient or their legal guardian.

- The proper procedure for releasing information about participants to persons or services that are external to GentleCarePlus Pty Ltd is to proceed as per the "Consent Policy and Procedure."
- Any students on placement at GentleCarePlus Pty Ltd may only access files with the consent of the participant or their guardian. Students will be required to provide a written undertaking that they will always maintain confidentiality and only use non-identifying information. The contract is to specify what information is to be used for and that any written compositions containing the information will be given to the CEO for approval.

4.2 Staff Records

Staff files are kept in a filing cabinet in the Director's office and are available only to the Director. The filing cabinet is locked when the office is unattended.

4.3 Minutes of Meetings

Minutes of meetings are maintained on the shared drive.

4.4 Other Administrative Information

Individual staff are responsible for organising and maintaining the filing of general information in accordance with their job descriptions.

Administrative information including funding information, financial information and general filing are maintained in the filing cabinets in CEO's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

4.5 Electronic Information Management

4.5.1 Data Storage

- All data is stored in the shared drive of the server.
- Only the CEO can add new data folders to the shared drive of the server.

4.5.2 Backup

- All computer data (including emails) is backed up every night to a remote server.
- Periodic testing of backed-up data is undertaken to check the reliability of this system.

4.5.3 External Programs

- No programs, external data or utilities are installed onto any workstation without the permission of the CEO

4.5.4 Log-in Credentials

- Assigned by the CEO or their delegate.

4.5.5 Email

- Staff may send and receive minimal personal emails.
- All emails are filed in the appropriate folders set up by the CEO
- Pornographic, sex-related or other junk email received is to be deleted immediately. Under no circumstances are staff allowed to respond to junk emails.

4.5.6 Internet

- Internet access is restricted to work-related purposes.
- Internet access reports are maintained on the server and are regularly reviewed by the CEO
- Under no circumstances are staff allowed to access pornographic or sex-related sites.

4.5.7 Getting Help and Reporting Problems

- Our organisation maintains an ongoing IT support agreement.
- If staff experience problems with a program or computer or any other piece of equipment, they can, in the first instance, contact the CEO

- If necessary, the CEO will arrange for the IT Consultant(s) to help.

4.5.8 Social Media

We are aware that social media (social networking sites; Facebook, Twitter or similar, video and photo-sharing sites, blogs, forums, discussion boards and websites) promotes communication and information sharing

Staff who work in our organisation are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of the participant's information. Staff must not access inappropriate information or share any information related to their work through social media sites

Staff are required to seek clarification from the CEO if in doubt as to the appropriateness of sharing any information related to their work on social media sites

4.6 Monitoring Information Management Processes and Systems

Information management processes and systems are regularly audited as part of our audit program. Staff, Participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

4.7 Archival and Storage

All records after their active time must be kept in archive files for an additional period. This retention period is determined by regulatory, statutory, legislative requirements and /or defined by GentleCarePlus Pty Ltd as best practice. (Please See "Disposal and Archiving of Documents" (Attachment 1) for a guide to retention periods.)

Records in the archive must be identified and stored in a way that allows for easy access and retrieval when required. Archived records in hard copy must be stored in an environment which minimises deterioration

and damage, i.e. not exposed to direct sunlight, moisture, extremes of temperature, pests, dust, fire hazards, etc.

4.8 Destruction of Records

- The following procedures apply for the destruction of record:
 - Junk mail and instructional post-it notes may be placed in recycling bins or other bins as required.
- All other GentleCarePlus Pty Ltd's records/documents for destruction are to be:
 - Shredded first and then placed in recycling bins, or
 - Sent off-site to be securely pulped, or
 - Deleted from the network.

5.0 REFERENCES

- Disability Discrimination Action 1992 (Commonwealth)
- Privacy Act (1988)
- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018

6.0 RELATED DOCUMENTS

- All electronic and hard copy GentleCarePlus Pty Ltd documentation
- Copy of signed agreement
- Assessments
- Support Plan
- Communication notes
- Privacy statement
- Complaint information

7.0 ATTACHMENT 1

Disposal and Archiving of Documents

Function/Activity	Description	Retention/Disposal Action	Custody
Aboriginal & Torres Strait Islander	Documents relating to Aboriginal health Normal operational documents	Lifetime 7 years after the person's last contact with the service	Office
Business Information	Name Address Telephone number Compliance notices Financial records	7 years	Office
Internal Audits	Audit schedule Audit questions Audit reports	2 years	Office
Participant Records	Name Address Telephone number Emergency contact details Application or other documents Complaints about non-delivery of services Incident Records Complaint Records BSP Records	7 years	Office

Function/Activity	Description	Retention/Disposal Action	Custody
Contracts / Leases	Properties etc.	• 7 years	Office
Corrective Action	Corrective Action Requests	• 2 years	Office
Financial	Audits Budgets Receipts Cheques Petty Cash Documents and other financial records	• 7 years	Office
Management Review	Minutes of Meetings Monthly Reports	• 2 years	Held on PCs according to type of meeting

Consent Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd must gain consent from the participant before sharing any information with family, advocates, other providers and government bodies.

Children under the age of 18 will need their family/advocate/guardian's consent to share information with other providers and government bodies. It is the responsibility of all staff to inform participants about their rights regarding the provision of consent.

2.0 SCOPE

All efforts should be made to obtain consent. When there are language or communication barriers, staff will ensure that all reasonable efforts have been made to overcome these, using available communication skills and technology, interpreters, relatives/carers and friends etc. Relatives may be consulted about the best ways to communicate or may be requested to assist with establishing the patient's values and preferences if the patient is unable to express these themselves.

Initial consent will be undertaken during their registration at the service. The prime responsibility for obtaining consent lies with the frontline worker who is to carry out the service. Consent can be sought by another individual if they have enough knowledge to give the right information and answer the patient's questions correctly.

Consent is equally valid whether it is expressed verbally, non-verbally (implied) or is written.

- *Implied consent* is adequate for most of the support provided by the organisation.
- *Oral consent* is enough for most interventions provided by doctors and other health professionals (such as commencing a manual handling process, use of complex medical procedures). Oral consent should be recorded in the support plan with relevant details of the discussion, the date and time of the entry,

together with the name of the staff member legibly written. Oral refusal of consent for any intervention must also be recorded in the support plan in the same manner.

- *Written consent* should be gained for the use of an advocate or to share information, by both the patient and the healthcare professional. Note: Participants automatically opt-in and must be asked to opt-out during NDIS audit requirements.
- *Photography*: Written consent will be obtained from any participant having their photograph taken.

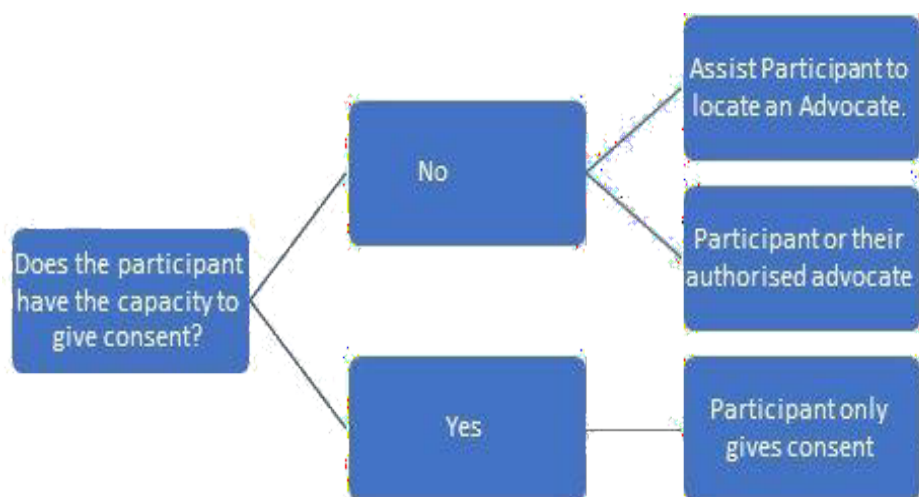
3.0 POLICY

- GentleCarePlus Pty Ltd recognises the importance of maintaining the privacy and confidentiality of all participants. There are times when it is essential to share information with other parties, such as government bodies and other service providers.
- GentleCarePlus Pty Ltd will not give any information to person or authority without the participant's consent unless the disclosure is a legal requirement.
- GentleCarePlus Pty Ltd will inform all participants (upon entry into the service) about their rights to privacy and confidentiality.
- GentleCarePlus Pty Ltd will notify all participants that they have an opt-out option if their information is requested for audit purposes.

3.1 Guiding Principles

- People have the right to make decisions about things that affect their lives.
- People are presumed to have the capacity to make their own decisions and give consent when it is required unless there is evidence otherwise.
- People are supported to make informed decisions when their consent is required.
- Consent is obtained from the person, or a legally appointed guardian, for life decisions such as accommodation, medical treatment, forensic procedures, and behaviour support.
- Consent for financial matters is obtained from the person, or a legally appointed financial manager or the person appointed under a Power of Attorney.
- People are supported to identify opportunities to make decisions about their own lives and to build their decision-making confidence and skills.

- When support to make decisions is wanted or needed by the person, it is provided in ways preferred by the person and by a supporter of their choice.
- Support with decision-making respects the person's cultural, religious and other beliefs.
- If the person wants to be supported by natural supporters, such as family and friends, this is encouraged and facilitated.
- Support is provided in ways that uphold the person's right to self-determination, privacy, and freedom from abuse and neglect.
- Decision-making and self-determination are not limited by the interests, beliefs or values of those providing the decision-making support.
- The amount or type of support required by people to make decisions will depend on the specific decision or the situation.
- People are supported to make decisions that affect their own lives even if other people don't agree with them or regard the decisions as risky.
- People are supported to access opportunities for meaningful participation and active inclusion in their community where they want this.
- Information is provided in formats that everyone can understand, and enables the person, their supporters and other relevant people, such as legally appointed guardians, to communicate effectively with each other.



4.0 PROCEDURE

If a participant wishes to give consent to another person or organisation, then the following procedures are required to be undertaken:

1. Inform the participant that written or verbal consent is required to share any of their personal information.
2. Inform the participant that their consent can be withdrawn at any time.
3. Communicate information about the consent in a method relevant to the participant.
4. The participant completes a Consent Form.
5. A signed Consent Form is to be placed at the front of the participant's file.
6. Relevant staff are informed about the consent.



5.0 RELATED DOCUMENTS

- Consent form

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)

Complaints and Feedback Policy

1.0 PURPOSE

This policy is intended to ensure that we handle complaints fairly, efficiently and effectively.

Our complaint management system is intended to:

- Enable us to respond to issues raised by people making complaints in a timely and cost-effective way.
- Boost participant confidence in our administrative process.
- Provide information that can be used by us to deliver quality improvements in our services, Staff and complaint handling.

2.0 SCOPE

This policy provides guidance to our Staff and participants who wish to make a complaint on the fundamental principles and concepts of our complaint management system.

3.0 POLICY

GentleCarePlus Pty Ltd will create an environment where complaints and concerns, compliments and suggestions (feedback) are welcomed and viewed as an opportunity for acknowledgement and improvement. This process is to ensure that individuals have the right to make comments and complaints and are encouraged to exercise their right in blame-free and resolution-focused culture; respecting an individual's right to privacy and confidentiality.

It is acknowledged that such comments and complaints are vital to review internal performance and processes and to seek continuous improvement of services as we seek to achieve our care commitment. Participants, families, advocates or other stakeholders may submit a Complaints/Feedback Form about GentleCarePlus Pty Ltd's supports or services, Staff, and/or contractors.

The participants will be given information in Easy Read Format if required

It is our policy to follow the principles of procedural fairness and natural justice and comply with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

GentleCarePlus Pty Ltd maintains that complaints and feedback can be managed effectively through:

- An open and transparent complaint handling system.
- The observation of the principles of natural justice and compliance with relevant mandatory reporting under Australian law.
- The commitment to the right of stakeholders to complain either directly or through their representatives.
- Undertaking procedural fairness to reach a fair and correct decision.
- Taking reasonable steps to inform the complainant of the NDIS Commission Complaints process, including the use of various communication means such as oral and written.
- The maintenance of complete confidentiality and privacy.
- Abiding by the NDIS Code of Conduct.
- Training Staff in the complaint's process and the rights of all stakeholders to complain.
- Complaints being considered seriously and with respect.
- Informing participants and Staff about their rights to complain and guiding them on how to make a complaint during the assessment, orientation processes and in our welcome information.
- The provision of support for those people who may need assistance to make the complaint.
- The protection of complainants against retribution or discrimination.
- The prompt investigation and resolution of complaints.
- Communicating and consulting with participants, family and advocates during the complaint's process and providing feedback and resolutions.
- The consistent interpretation and application of policies and processes.
- The provision of opportunities for all parties to participate in the complaint's resolution process.
- The acceptance of the GentleCarePlus Pty Ltd and its staff being accountable for actions and decisions are taken because of the complaint.
- The commitment to resolve problems at the point of service or through referral to alternatives.

- The commitment to use the complaint as a means of improving the planning, delivery and review of services through our continuous improvement processes.
- Referring complaints and feedback into Continuous Improvement Policy.
- Annually auditing of the Complaints, Compliments and Feedback Policy.

4.0 DEFINITION

Complaint - An expression of dissatisfaction or a circumstance regarded as a cause for such expression.

5.0 PROCEDURE

5.1 Complaint Process

Complaints and suggestions can be made through:

- The utilisation of the Complaint / Feedback Form.
- Contacting a member of staff verbally or in writing. The member of staff must offer to document the complaint on behalf of a participant (if required) and refer the matter to the CEO
- Contacting the CEO, verbally or in writing.
- Responding to questionnaires and surveys.
- Sending an email to our contact email.
- Attending meetings/care conferences.
- Contacting external complaint's agencies (Such as the NDIS Commission).
- Communicating orally, or in writing, or any other relevant means.

Complaints may be made by:

- Staff
- The participant
- The public
- An advocate
- A family member
- Carers

- Anonymously

Results are recorded in Complaint Register to allow for input into Continuous Improvement processes. The Continuous Improvement Register will be used to record improvements that have been established after the finalisation of the Complaints Management Process.

If a complaint is about:

- Support or services - The complaint will be dealt with by the CEO
- A staff member - The complaint will be dealt with by the CEO
- The CEO - An external person or body may be approached (NDIS Commission)
- Staff, participants and/or person's responsible, visiting health professionals and visitors are informed of the complaints process through:
 - Welcome Information for Participants.
 - Initial access to supports.
 - Staff Orientation and training.
 - Meetings.
 - Participant Agreements.
 - Contractor Agreements.

5.2 Complaint Management Process

The process and investigation must adhere to the principles of impartiality, privacy, confidentiality, transparency and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. GentleCarePlus Pty Ltd must take into consideration any cultural and linguistic needs of the participant and provide the relevant support mechanism such as interpreters or similar.

5.2.1 Stage 1 Acknowledge

Acknowledge all complaints quickly (within one (1) working day, where possible).

5.2.2. Stage 2 Review of the Complaint

1. Consult with the participant regarding their desired outcome.
2. Inform the complainant of support regarding - their right to an advocate, an interpreter, stages of decision-making, mechanisms to protect privacy, ability to complain to the NDIS Commission and progress and outcome.
3. Determine the type of complaint - service, support or process.
4. Notify the complainant of each stage of their complaint.
5. If a meeting is required, then it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant.
6. Where the complainant is a recipient of disability services under the NDIS, check the participant record for a preferred contact for complaints or ask the participant if they would like to nominate a contact from one of the GentleCarePlus Pty Ltd's persons assigned to handle complaints.

5.3.3 Stage 3 Assessing the Complaint:

During the assessment of the complaint, CEO or their delegate must prioritise the complaint and determine a resolution pathway (where required). After the pathway has been established, the complaint will be investigated.

5.3.4 Stage 4 Investigation and Decision Process:

1. At the time of lodgement, determine if it is practicable to find an immediate resolution.
2. The CEO must keep the complainant informed about the complaint.
3. Consult with the complainant to gather information about the underlying issue.
4. Analyse antecedents and underlying issues in determining a decision.
5. Written responses must be approved by CEO before being sent out.
6. Respond to the complainant with a clear decision.

5.3.5 Stage 5 After the Decision:

After investigation and a satisfactory response has been documented the CEO will:

1. Inform the complainant of the decision, including the reason for the decision and giving options for reviewing the decision
2. Ensure that the complaint investigation has been satisfactorily completed.
3. Determine if the complainant is satisfied with the outcome.
4. Follow-up and consult with complainants about any concerns.
5. Ascertain preventative actions and continuous improvement.
6. Consider if there are any systemic issues.
7. Record the information about the complaint in the Complaint's Register.
8. Record the details of the improvement from the complaint in Continuous Improvement Register, if required.

Complaints resolution will be monitored according to the audit schedule and feedback will be provided to the complainants personally.

5.4 Documentation

- All complaints will be recorded in a Complaints Register.
- Information in the register will include:
 - Information about the complaint.
 - Identified issues.
 - Actions are undertaken to resolve the complaint.
 - The outcome of the complaint.
- Upload the documents, including Compliments, Complaint/Feedback forms into the computer system.
- Keep a copy of the information given to complainant in the file.
- Keep all complaint documents for seven (7) years from the day of record.
- Collect statistical and other information to:
 - Review issues raised.
 - Identify and address systematic issues.
 - Report information to the Commissioner if requested by the NDIS Commissioner.
- The Policy review will occur if there are legislative changes or regularly (at least annually).

5.5 Unresolved Complaints

Unresolved complaints will be referred to as the CEO for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission).

When complaints cannot be resolved internally, the complainant may be referred to the external agency, listed below:

NDIS Commission

Ph: 1800 035 544 (free call from landlines) or TTY 133 677.

Interpreters can be arranged.

National Relay Service and ask for 1800 035 544.

Completing a complaint contact form.

<https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>

6.0 RELATED DOCUMENTS

- Complaint / Feedback Form
- Service Agreement
- Continuous Improvement Policy
- Risk Management Policy
- Easy Read information
- NDIS Complaint Form

7.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- NDIS (Complaints Management and Resolution) Rules 2018
- Privacy Act (1988)

Reportable Incident, Accident and Emergency Policy and Procedure

1.0 PURPOSE

To comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. To maintain an Incident Management System that covers incidents that consist of acts, omissions, events or circumstances that:

- Occur in connection with the provision of supports or services to a person with a disability; and
- Have, or could have, caused harm to the person with a disability.

2.0 SCOPE

All staff are responsible for ensuring the safety of all people who access our services. All incidents must be reported as per this policy. Management is responsible for ensuring that staff are trained and undertake the Worker Orientation Module.

3.0 POLICY

GentleCarePlus Pty Ltd recognises that many of the participants of GentleCarePlus Pty Ltd services are at risk of incidents and accidents. GentleCarePlus Pty Ltd's accident, incident and emergency policy seek to:

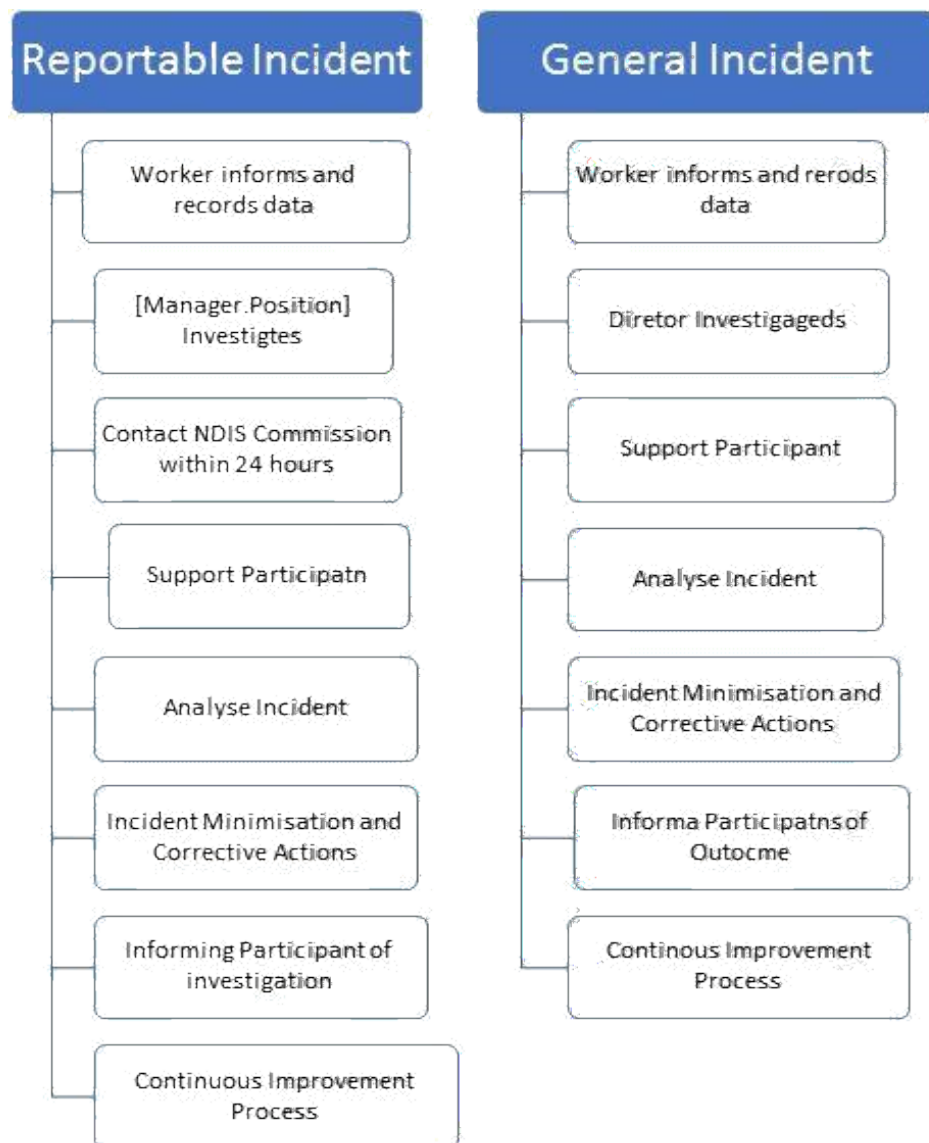
- Minimise risk and prevent future incidents through the development of appropriate participant-centred plans, staff training, assessment and review.
- Ensure that there is immediate management of an incident, accident or emergency and that each of these events is appropriately prioritised, managed and investigated.
- Identify opportunities to improve the quality of participant supports by ensuring that the Incident system is planned and coordinated and links to the quality and risk management systems.

The participant will be given information in Easy Read Format, as required

4.0 PROCEDURE

4.1 Incident Management Procedure

GentleCarePlus Pty Ltd will establish procedures that identify, manage and resolve incidents, including the following:



4.1.1 Step 1 Inform of Incident

1. Support Worker to report the incident to the CEO.

2. Support Worker completes an Incident Report that identifies and records details relating to the incident - people, place, time and date.

4.1.2 Step 2 Investigation

1. The CEO will determine from the information provided if this incident is classified as a Reportable Incident by the NDIS Commissioner or a different type of incident.
 - a. Reportable Incident must comply Reportable Incident Process of reporting. GentleCarePlus Pty Ltd will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018.
 - b. General Incident – accident, non-reportable injury
2. Review details of the incident, including:
 - a. People
 - b. Location
 - c. Circumstances
 - d. Outcome – such as injury
3. Investigate incident and accidents in accordance with the process listed within the Incident Investigation Form to determine:
 - a. The immediate reasons for the event.
 - b. The underlying reasons for the event.
 - c. Immediate actions require to fix the reasons for the event.
 - d. Preventive actions required for the future.
4. The information gained from incidents will be incorporated into our Continuous Improvement cycle to enable prevention of the incident or accident in the future.
5. Each incident's investigation and analysis will vary due to the seriousness of the incident.

4.1.3 Step 3 Support Participant

CEO ensures that the affected participant is supported and assisted through;

1. Informing them that they have access to an advocate, if the participant does not have an advocate, then CEO can help them to access an independent advocate.
2. Reviewing their health status to assist and support.
3. Reviewing the environment to ensure their safety and to prevent any recurrence.

4. Make sure that their well-being is supported and help with the development of their confidence and competence so that they do not lose any functions.
5. CEO or their delegate will review the incident with the participant.
6. GentleCarePlus Pty Ltd will collaborate with the person to manage and resolve the incident.

4.1.4 Step 4 Analyse Incident

The information gained from an incident is used to amend or implement practices as part of our continuous improvement, including:

- When an investigation by the registered NDIS provider is required to establish the causes of an incident, its effect and any operational issues that may have contributed to the incident occurring, and the nature of that investigation.
- If an incident requires corrective action to be undertaken, then a plan will be developed to adjust practices according to the nature of that action required.

CEO or their delegate undertakes the analytical process, that includes:

1. Determining the cause of the incident.
2. Ascertaining if the incident was an operational issue.
3. Considering the participant's perspective, including:
 - Whether the incident could be prevented.
 - How the incident was managed and reviewed.
 - Remedial action to prevent future reoccurrence or minimise the impact.
4. Reasoning; why this occurred – environmental factors, participant's health.
5. Ascertaining if strategies or processes need review and improvement.
6. Devising new strategies or procedures.
7. Planning for staff training in these new strategies.
8. Implementing new strategies.
9. Reviewing of new strategies.
10. All Incident Investigation Forms must be closed out by the CEO and/or their delegate, plus one other person.

4.1.5 Step 5 Incident / Accident Minimisation and Corrective Action

- GentleCarePlus Pty Ltd will risk-assess all participants in conjunction with the GentleCarePlus PtyLtd's Risk Management policy.
- Incident/Accident/Emergency minimisation and procedures are taught during Orientation and in regular training sessions.
- Risks will be identified, and control mechanisms agreed upon with the participant.
- GentleCarePlus Pty Ltd consult with the participant and relevant stakeholders to design specific risk control mechanisms to reduce any risks to the participant and their environment.
- Effectiveness of mechanisms will be reviewed via:
 - Participant review processes including Support Plan review.
 - Participant's feedback.
 - Case Conferencing.
 - Internal and External Audits.
 - Review of policies and procedures.

4.1.5.1 Corrective Actions

After the Incident Analysis Procedure has occurred, and corrective action is implemented. Every corrective action must be evaluated to ascertain the effectiveness of the action as per Continuous Improvement Policy – Plan, Do, Check, Act

4.1.6 Step 6 Informing Participants

GentleCarePlus Pty Ltd will inform participants or their advocate about the outcome of the incident in writing or verbally; dependent on the participant and the situation. Collaborative practice will be undertaken to ensure that the participant and their advocate are involved in the management and resolution of the incident.

4.2 Staff Training

GentleCarePlus Pty Ltd recognises the importance of prevention to ensure the safety of both Staff and the participant. Our Orientation Process includes training in work health and safety, comprising manual handling, infection control, safe environments, risk and hazard reduction.

Upon commencement, Staff are trained in organisational processes, including how to report an incident and to whom this is to be reported (CEO). Staff always have access to policies and procedures.

4.3 Reportable Incidents

The CEO is responsible for reporting all Reportable Incidents to the NDIS Commission. Reportable incidents are serious incidents or allegations, which result in harm to an NDIS participant.

GentleCarePlus Pty Ltd as a registered provider must report serious incidents (including allegations) to the NDIS Commission, arising from the organisation's service provision;

- The death of an NDIS participant.
- Serious injury of an NDIS participant.
- Abuse or neglect of an NDIS participant.
- Unlawful sexual or physical contact with or assault of an NDIS participant.
- Sexual misconduct committed against or in the presence of an NDIS participant, including grooming of the NDIS participant for sexual activity.
- The unauthorised use of the restrictive practice in relation to an NDIS participant.

4.3.1 Reportable Incident Procedure

1. Staff must immediately notify the CEO.
2. Follow the procedure as per Incident Management policy (as above).
3. The CEO or their delegate will notify the NDIS Commission within 24 hours of being made aware of the reportable incident via- reportableincidents@ndiscommission.gov.au

Assessment of the incident by the CEO and/or their delegate will incorporate:

1. Assess the impact on the incident on the NDIS participant.
2. Analyse and identify if the incident could have been prevented.
3. Review of the management of the incident.
4. Determine what, if any, changes are required to prevent further similar events occurring.
5. All incidents are to be recorded, and actions are taken to respond and prevent them from happening again.

4.4 Documentation

- All Reportable Incident Reports and Registers must be maintained for seven (7) years.
- This policy will be reviewed on an annual basis or when legislation changes.
- All participants, families and advocates will be informed of this policy in the Participants Handbook or through oral communication.
- Staff will be trained in this process, and this is recorded in their personnel file.

5.0 RELATED DOCUMENTS

- Training Needs Analysis
- Incident Form
- Incident Investigation Form
- Orientation Checklist
- Continuous Improvement Policy and Procedure
- Risk Management Policy and Procedure

6.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- NDIS (Incident Management and Reportable Incidents) Rules (2018)

Human Resource Management Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd's policy objective is to safely and effectively manage our staff. It is also GentleCarePlus Pty Ltd's goal to create a structured, fair, safe and supportive environment that supports GentleCarePlus Pty Ltd's staff to meet organisational requirements and to facilitate the delivery of a high level of participant service and satisfaction.

2.0 SCOPE

Human resources are used to describe both the people who work for our organisation and the managing resources related to staff members. The term, *human resources*, was first coined in the 1960s when the value of labour relations began to gain attention and when notions such as motivation, organisational behaviour, and selection assessments began to take shape.

This policy is designed to incorporate many aspects of human resources and to comply with the Fair Work Act 2009 and NDIS Quality and Safeguards Commission requirements.

3.0 POLICY

3.1 Human resource management principles

- Only staff with appropriate qualifications, skills and competence are recruited.
- All staff are required to undertake and successfully pass the NDIS Worker Screening Check, NDIS Worker Orientation Program and any State requirements.

- Adequate levels of staff are maintained to provide quality support that meets the assessed needs of participants and organisational requirements.
- Ongoing supervision and support with comprehensive training programs and annual performance reviews are provided to enhance the skills and competence of staff.
- All staff will have current, legislated work checks, professional registrations, licences, insurances and other employment requirements (as needed).
- Performance management will be undertaken where there are poor performance and/or allegations of misconduct.
- Human resource management procedures are continually reviewed and improved.
- Expert external advice and information on human resource management are accessed by management when required.
- Working conditions for staff will comply with relevant legislation and be comparable with industry standards.
- GentleCarePlus Pty Ltd will apply the following principles to all aspects of its relationship with staff:
 - Fairness and equity.
 - Respect for individuals, their privacy and confidentiality.
 - Accountability for actions and performance.
 - Support and encouragement for professional development.
 - Understanding and workplace flexibility for personal needs

3.2 Corporate Governance Management

A review is undertaken of all persons who influence the GentleCarePlus Pty Ltd's governance for relevant experience and knowledge to undertake their role. If a person requires additional expertise, then GentleCarePlus Pty Ltd will arrange for this education.

3.3. Staff Recruitment

Individuals are appointed based on their ability to meet criteria that are consistent with the role and position description. We have a range of staff to ensure that the organisation is effectively managed and services meet the needs of participants. These are outlined in the organisational structure within the GentleCarePlus Pty Ltd's Corporate Governance Policy.

All staff are recruited according to our Equal Employment Opportunity Policy (see 3.4 below). All permanent vacancies are advertised externally and internally. Only staff who successfully pass the NDIS worker screening and NDIS Worker Orientation will be employed. CEO is responsible for the recruitment of Staff and Administration staff.

3.4 Equal Employment Opportunity Policy

GentleCarePlus Pty Ltd commits to:

- Providing Equal Employment Opportunity (EEO) to all prospective and current staff.
- Promoting a fair and equitable work environment.
- Complying with all relevant Anti-discrimination legislation.
- Creating and maintaining an environment in which diversity is valued, human dignity is respected, and people are treated with equity and tolerance.
- Ensuring staff and visitors are free from any forms of discrimination, harassment or victimisation.

Our organisation chooses the best person for the job, regardless of:

- Race.
- Nationality or ethnic origin.
- Disability (physical, intellectual or psychological).
- Gender.
- Age.
- Sexual orientation.
- Marital status.
- Family status and responsibility; including pregnancy .
- Religious or political beliefs.
- Activities or practices.

3.5 Code of Conduct

All people who are engaged by GentleCarePlus Pty Ltd must abide by the following:

3.5.1 NDIS Code of Conduct

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disabilities.
- Provide supports and services in a safe and competent manner, with care and skill.
- Act with integrity, honesty and transparency.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disabilities.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of people with disabilities.
- Take all reasonable steps to prevent and respond to sexual misconduct.

3.5.2 GentleCarePlus Pty Ltd Code of Conduct

- Abide by the philosophy of our organisation.
- Observe all the rules of our organisation.
- Provide participant's supports in a safe and ethical manner with care and skill.
- Work in a safe and competent manner in accordance with the policies and procedures of our organisation.
- Respect the dignity and culture, values and beliefs of all individuals.
- Do not discriminate against any participant on any basis.
- Respond in innovative and flexible ways to support participant's decision-making.
- Do not discuss confidential issues with people outside the organisation; regard all information provided to them by a participant as confidential and never disclose personal information to a participant.
- Do not harass other staff or members of our organisation.
- Do not alienate participants from their family or representatives.
- Do not take illegal drugs or consume alcohol when on duty or on the organisation or participant's premises.
- Do not accept gifts or purchase any items from participants.
- Do not engage in sexual misconduct.
- Do not take participants to their (staff) homes or engage in a relationship with a participant outside of a professional association.

- Represent our organisation in a positive way.
- Wear suitable clothing.
- Adhere to all our record keeping and accounting procedures.
- Provide services to the best of their ability.

4.0 PROCEDURE

4.1 Process for Filling a Vacant Position

4.1.1 Review the Position

1. Clarify the need for, and the role of the position, and develop or review the position description.
2. Develop essential and desirable selection criteria, as per the position description.
3. Determine how each of the selection criteria is assessed, e.g. written application and/or interview.

4.1.2 Advertise the Position

Positions are advertised internally and externally.

4.1.3 Interview Applicants

1. The interview will be conducted by the CEO, with an appropriate Interview Form. All applicants are asked the same questions. The questions explore the applicant's relevant skills and experience to perform the duties
2. When all interviews have been completed, the preferred applicant is selected.
3. Recruitment decisions and reasons for decisions are documented.
4. Pre-Employment/Reference Checks are conducted.
5. The successful applicant will be notified, and feedback provided to unsuccessful applicants.
6. An offer of employment is made to the successful applicant conditional on the following pre-employment checks:
 - Reference checks, (if the position is a Risk Assessed Role)

- Mandatory Worker Screening - Criminal Record Check and Working with Children Check as per State requirements
- Registration Check (as applicable to the role)
- Insurances (as applicable to the role)
- Licenses (as applicable to the role)
- NDIS Worker Orientation Program Certificate

7. An 'Offer of Employment' is sent to the applicant for signing before starting employment.

4.2 Procedure for New Staff

- The CEO will complete an Orientation Procedure with the new staff member.
- A Staff Orientation Checklist will be completed by the new staff member and signed off by the CEO
- All forms and documents signed by the Staff is filed in their personnel file with copies provided to the Staff as appropriate.

4.3 Supervision of New Staff

- New staff are supervised and orientated to their position.
- Senior staff are mentored by the CEO
- The supervisor will arrange for a delegated staff member to support the new staff person's development of skills and knowledge. This orientation process will vary according to the experience of the new staff member but is usually at least two (2) shifts.

4.4 Position Descriptions

- All staff have a position description which specifies their roles and responsibilities.
- Position descriptions are reviewed and updated.
- Each staff person is provided with a copy of their position description prior to commencing employment and whenever their position description is changed.

4.5 Code of Conduct and Privacy and Confidentiality

- All staff are required to comply with the Code of Conduct, which encapsulates the respectful, safe and professional delivery of support to our participants, representatives, the community and any other stakeholders.
- Staff are required to sign a 'Code of Conduct' and a 'Privacy and Confidentiality Agreement' on commencement. Disciplinary action will be taken if staff do not abide by it.

4.6 Staff Information

GentleCarePlus Pty Ltd's policies and procedures contain critical information that all staff need to know to complete their roles safely and effectively. New staff are provided with time to read the policies and procedures and will be reminded at staff meetings and through communication with co-staff. A Staff Handbook is provided as a guide only.

4.7 Staff Uniform

Staff who represent GentleCarePlus Pty Ltd are required to wear our uniform or another form of identification so the participants can identify them as being from our organisation. The uniform must be clean and neat prior to commencing work.

4.8 Recordkeeping

A staff personnel file is maintained for each staff member. These files may include:

- Application for Employment.
- Criminal Record Check and Working with Children check.
- Professional Registrations.
- Signed Offer of Employment.
- Copy of driving licence, car registration/insurance (wherever applicable).
- Signed Code of Conduct.
- Signed Privacy and Confidentiality Agreement.
- Training offered.

- Training provided.
- Attendance at mandatory training.
- Evaluation of training events.
- Mandatory Worker Screening.
- Mandatory Worker Orientation Certificate.

Staff are entitled to see their file at any suitable time arranged with the CEO

GentleCarePlus Pty Ltd must not allow a person to become a staff member unless satisfied that regulatory checks are current and in place.

4.9 Staff Supervision and Support

Supervision and support are essential for ensuring that staff are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow-up on staff development issues noted in staff development reviews. GentleCarePlus Pty Ltd will supervise performance issues both at GentleCarePlus Pty Ltd offices, in the community and at participant's homes

Upon employment, all Staff are provided with GentleCarePlus Pty Ltd's contact details. The CEO are available for staff to contact over the phone and to arrange a meeting where staff require time to discuss concerns. Staff's annual competency assessment, education and training, and performance appraisal also provide other avenues to support and supervise staff. All staff can attend meetings/care conferences, to ensure that they are aware of changes to support for participants and have an opportunity to provide input and feedback.

4.10 Performance Development Reviews

- GentleCarePlus Pty Ltd is committed to supporting staff to improve their efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to provide quality and professional service always.
- Performance development reviews are conducted annually in consultation with individual staff.
- Performance development reviews are based on position descriptions and agreed on work plans.

- The aims of the review are:
 - To allow free and confidential discussions about work between the staff member and CEO.
 - To discuss the staff member's job performance in the context of their position description.
 - To discuss any work problems and search for solutions.
 - To discuss the means of improving work performance, including identification of training and development needs or changes to work practice.

4.11 Staff Education and Training

GentleCarePlus Pty Ltd provides appropriate training and development opportunities for all Staff. This includes:

- The identification of training needs through ongoing staff input, management input and annual performance development reviews.
- The provision of training to meet identified needs.
- Opportunities for all staff to attend training.
- Ongoing evaluation of training to ensure it meets staff needs and improves the operations and services.
- Complete a Training Needs Analysis.
- Devise a Training Plan to meet the staff member's performance requirements.



4.12 Staff Development Opportunities

The training needs of staff are discussed with each staff person on recruitment, at the annual performance reviews and at supervision sessions.

GentleCarePlus Pty Ltd utilises the following mechanisms to support staff development:

- Staff attendance for up to three (3) days per year at workshops, seminars and conferences.
- The flexibility of working hours to participate in an accredited course of study at a recognised educational institution.
- Purchasing resources, such as videos and research literature.

4.13 Staff Performance Dispute Procedure

The following is the procedure to deal with a staff performance dispute, not involving misconduct.

Misconduct is an action by staff that results in instant dismissal.

4.13.1 Verbal Warning

The staff member is told as soon as possible of any complaint concerning the performance of their work and is provided with an opportunity to discuss the complaint

The CEO, in consultation with the staff member, outlines how the staff member must improve their performance. Any assistance needed by the staff member to improve their performance is identified and provided, wherever possible.

A date to review the staff member's performance is set while considering providing adequate time for the person to resolve the issue and risk to the organisation.

4.13.2 First Written Warning

If the staff member's performance is still unsatisfactory at the time of the review, there is further discussion with the staff member. This will include the staff member, a representative of their choice (optional) and the CEO

The complaint against the staff member and plans for improvement are put in writing and a copy given to the staff member, clearly stating that a lack of development by a given date will result in a final written warning.

4.13.3 Final Written Warning

If at the date set, the staff member's performance has not improved, there is further discussion with the staff member. This includes the staff member, a representative of their choice and the CEO

The complaint against the staff member and plans for improvement are recorded in writing, and a copy is given to the staff member clearly stating that a lack of growth by a given date will result in termination.

4.13.4 Termination of Employment

If the problem persists after the date set in the final written warning, the staff member's employment may be terminated. The termination must be approved by the CEO. If the termination is not approved, an alternative process for managing the performance issue is developed. Detailed notes of performance dispute management are recorded and kept in the individual staff member's personnel file.

4.14 Staff Grievance Procedure

If a staff member has a grievance related to their employment or concerning another staff person, the following process applies:

4.14.1 Discussion

The Staff may approach the CEO for discussion and advice on the issue. The consultation is confidential. The staff member may put the matter in writing to a senior staff member and request that the issue is raised.

A decision on the issue and discussion with the staff member will occur within seven (7) business days. If the Staff considers that the discussion has not addressed their concerns adequately they may seek external advice. This may be with their union representative or another independent body.

4.14.2 Misconduct

Misconduct includes severe breaches of our policies and procedures or unacceptable behaviour that warrants the dismissal of a staff member.

Examples of misconduct include:

- Theft of property or funds from our organisation.

- Wilful damage of property belonging to the organisation.
- Intoxication through alcohol or other substances during working hours.
- Verbal or physical harassment or discrimination of any other staff member or participant.
- The disclosure of confidential information regarding the organisation to any other party without prior permission.
- The disclosure of participant information other than information that is necessary to assist participants and to ensure their safety.
- Carrying on a private business from our premises or using the organisation's resources for private business without permission.
- Falsification of any records belonging to the organisation.
- Failure to comply with the Code of Conduct.

4.14.3 Seek Advice

The CEO must be informed immediately following receipt of an allegation of misconduct. If necessary, the CEO will obtain external professional advice. Staff should consider seeking advice from their union and / or another independent body.

4.14.4 Suspension of Duties

The staff member is told as soon as possible of any allegation of misconduct. The staff member may be suspended with full pay pending an investigation of the claim. A letter outlining the time, date and alleged misconduct is given to them.

4.15 Leave

4.15.1 Application for Leave

Any staff member taking leave must complete an Application for Leave Form. If the application form is not completed, payment will not be made for leave taken.

The application must be completed and approved before annual leave, long service leave, or if unpaid leave is taken.

4.15.2 Sick Leave

A doctor's certificate is required for sick leave of more than two consecutive days. When sick leave is required, this should be communicated to the CEO as soon as possible and at a minimum of at least two hours prior to the usual start time of the staff member. An Application for Leave must be completed immediately after a staff member returns to work after sick leave. The Continuity of Support Policy and Procedure will be implemented to support participants.

4.15.3 Personal/Carer's Leave and Compassionate Leave

Personal/Carer's Leave and Compassionate Leave is defined in the relevant award. (This only applies if staff are under an award.) To qualify for personal leave, an individual's reason for leave must meet the definition of Personal/Carer's Leave and Compassionate Leave within the Award.

An Application for Leave must be completed immediately after an Staff returns to work. When leave is required, this should be communicated to the CEO as soon as possible and at a minimum of at least two (2) hours prior to the usual start time of the staff member.

4.15.4 Recording Annual Leave

Annual leave taken and owing to staff is tracked on the GentleCarePlus Pty Ltd . using the Careflow system in place

Each staff person is required to maintain up-to-date timesheets. This must be submitted to the CEO as per work agreement. The CEO or their delegate checks the timesheets against the roster hours before forwarding them to the Administration Office for payment.

4.16 Workers' Compensation

When a staff member suffers an injury or suffers from a disease and work is a substantial contributing factor to that illness or injury, GentleCarePlus Pty Ltd ensures that financial benefits and other assistance are provided as required by the relevant State legislation and regulations.

4.17 Staff member Exit Procedure

When a staff member leaves GentleCarePlus Pty Ltd, the following procedure applies:

- An exit interview is conducted by the CEO and this will provide useful feedback to the staff member and the organisation.
- The exit interview is to be documented.
- Completed documentation is relevant for review and consideration of improvements.

5.0 RELATED DOCUMENTS

- Offer of Employment
- Staff Employment checklist
- Staff Orientation Checklist
- New Staff member Details
- Personnel File Contents Checklist
- Application for Leave
- First/Second Written Warning
- Termination of Employment
- Code of Conduct form
- Privacy and Confidentiality Agreement
- Complaints/Feedback Form
- Training Needs Analysis

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- National Disability Insurance Scheme (Practice Standards-Worker Screening) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- Work Health and Safety Act 2011
- Workers Compensation Regulation
- Fair Work Act 2009
- Anti-Discrimination Act 1977
- Privacy Act 1988
- Workplace Gender Equality Act 2012

Delegation of Responsibility Policy and Procedure

1.0 PURPOSE

Delegations of authority are the mechanisms by which GentleCarePlus Pty Ltd enables the staff of GentleCarePlus Pty Ltd to act on behalf of GentleCarePlus Pty Ltd.

The purpose of the Delegation of Responsibility Policy is to establish a framework for delegating authority within GentleCarePlus Pty Ltd in a manner that facilitates efficiency and effectiveness and increases the accountability of staff and volunteers for their performance.

Delegations are a crucial element in effective governance and management of GentleCarePlus Pty Ltd and provide formal authority to staff and volunteers to commit the organisation and/or incur liabilities for the organisation.

Delegations of authority within GentleCarePlus Pty Ltd are intended to achieve four objectives:

1. To ensure the efficiency and effectiveness of the organisation's administrative processes.
2. To ensure that the appropriate officers have been provided with the level of authority necessary to discharge their responsibilities.
3. To ensure that delegated authority is exercised by the most suitable and best-informed individuals within the organisation.
4. To ensure internal controls are adequate.

2.0 SCOPE

The policy applies to all staff and volunteers of GentleCarePlus Pty Ltd who have delegated authority to act and sign documents on behalf of GentleCarePlus Pty Ltd.

3.0 POLICY

This policy sets out the circumstances under which the CEO may delegate its responsibilities.

Director is responsible for the management of the organisation and can delegate any of its

functions. Only the Director may not delegate its power:

- To adopt the organisation's strategic plan; or
- To adopt the organisation's business plan; or
- To adopt the organisation's annual budget.

The Director:

- Is charged with the duty of promoting the interests and furthering the development of GentleCarePlus Pty Ltd.
- Is responsible for the administrative, financial, and other business of GentleCarePlus Pty Ltd.
- Exercises general supervision over the staff and volunteers of GentleCarePlus Pty Ltd.

The Director may delegate any function or any power or duty conferred or imposed upon them, subject to this policy, to any member of the staff of the organisation.

GentleCarePlus Pty Ltd is committed to the highest standards of integrity, fairness and ethical conduct, including full compliance with all relevant legal requirements, and in turn requires that all managers, staff, volunteers and contractors acting on its behalf meet those same standards of integrity, fairness and ethical behaviour, including compliance with all legal requirements.

There is no circumstance under which it is acceptable for GentleCarePlus Pty Ltd or any of its Staff or contractors to knowingly and deliberately not comply with the law or to act unethically in the course of performing or advancing GentleCarePlus Pty Ltd's business.

4.0 PROCEDURE

The overarching delegation's policy applies to GentleCarePlus Pty Ltd as a whole. Units within the organisation must align their delegation's policies with the central strategy.

Delegations are to be exercised in a manner to ensure that delegated staff hold the requisite qualifications and skills.

4.1 Delegations to the Director.

Delegations are attached to the position occupied, not to the occupant of the position. The responsibilities of a position appear in a duty statement, role statement or statement of responsibility appropriate to the position.

Delegations reflect GentleCarePlus Pty Ltd's organisational structure. Levels of authority are hierarchical through relevant lines of responsibility up to and including the CEO. This means that formal authorities held by any delegate are included in those held by that delegate's supervisor or line manager. A delegate who sub-delegates authority remains responsible and accountable for the decision or action.

The CEO may at any time vary or terminate any delegation, subject to confirmation by the Board at its next meeting.

A delegation cannot be exercised where the officer holding the delegation has a conflict of interest or where the delegation will result, either directly or indirectly, in any tangible benefit to the delegate. In such cases, a transfer of the function to another appropriate position must be arranged with the CEO.

Permanent changes to delegations, either permissive or restrictive, require written authority from the CEO. Any significant variation to the standard delegations must be approved by the CEO.

This policy applies only to formal delegations. All delegations of an informal nature, where no commitment or liability is incurred on behalf of GentleCarePlus Pty Ltd, are carried out in the normal business of the organisation without the requirement for a written authority.

A staffing delegation cannot be exercised regarding staff for whom the delegate does not hold management responsibility.

Position	Authority to ensure staff replacement	Authority to authorise contracts	Authority to access My Place	NDIS Compliance
Director	Yes	Yes	Yes	Yes
Financial Officer			Yes	Yes

Position	Corporate Governance - Quality, Risks, Complaints and Incidents	Reporting and recording Risks, Complaints and Incidents	HR Management	Working with participants	NDIS Compliance
Director	Yes	Yes	Yes		Yes
Supervisor		Yes	Yes	Yes	Yes
Support Workers including Allied Health		Yes		Yes	Yes

5.0 RELATED DOCUMENTS

- Corporate Governance Policy and Procedures
- Human Resource Management Policy and Procedure

6.0 REFERENCES

- NDIS Quality Standards and Practice Indicators

Continuity of Support Policy and Procedure

1.0 PURPOSE

Continuity management is an integral part of our operating plan, risk management and decision-making throughout the organisation. Continuity of care to our participants falls within this remit. Continuity of care planning contributes to improved quality and safety of care, increased the satisfaction of the participant, Staff and our organisation, and will maximise the use of resources to provide the appropriate level of care and access.

The participant's NDIS Plan incorporates reasonable and necessary supports and any informal supports that already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services) as well as other formal supports, such as health and education. GentleCarePlus Pty Ltd will ensure that the participant has consistent supports or services to allow them to undertake daily activities and supports to maintain their life choices.

2.0 SCOPE

This policy applies to the Staff managing and working with participants.

3.0 POLICY

Director will arrange schedules to ensure that participants know who is attending to their needs and supports. Director will pair participants with workers who hold appropriate skills and knowledge. Participant's requests are matched wherever possible. Examples of meeting the participant's wishes may include accessing a Staff who speak the participant's first language or share the same cultural background or meet the specific criteria that have been requested.

Staff will be placed with participants whose location is close to their home to reduce travel and increase retention. Continuous support and predictability will be planned through the allocation of a consistent Staff

to a participant. All supports and strategies are recorded in the participant's plan and will be used by all Staff when supporting the participant's preferences and needs (see Support Management Policy and Procedure).

4.0 PROCEDURE

To ensure participants have timely and appropriate support without interruption GentleCarePlus Pty Ltd's Staff will:

- Access, read and comply with the participant's plan.
- Review the strategies listed in the support plan before the provision of support.
- Provide quality services as per plan.
- Document all the participant's preferences and needs to allow for a consistent approach.
- List all appointments and tasks related to the participant's needs.
- Be allocated according to the participant's requirements.
- Inform the Director of any absences in advance to allow time to allocate a replacement who meets the criteria of the participant and preferable is known to the participant.
- Contact participants if there are any changes or potential changes in their care, and
- Undertake emergency procedures as required.

No appointments are ever double booked. When travelling to participants, it is essential that adequate travel time is factored in to ensure correct arrival time.

4.1 Disruptions and changes

GentleCarePlus Pty Ltd notifies participants when an unavoidable interruption occurs. Staff make every attempt to inform participants via telephone and email prior to any unavoidable disruptions to services or participant appointments. When not possible, the participants are briefed on arrival at the next meeting or scheduled service.

Director contacts participant to:

- Seek participant's agreement and to ensure that they are entirely aware of the changes

- Explain alternative arrangements to the participant.

In case of an emergency, when a worker cannot attend work due to circumstances out of their control (such as illness, family emergency) then GentleCarePlus Pty Ltd will attempt to place a worker who is known to the participant, but if this is not possible, we will send the best match to the participant.

GentleCarePlus Pty Ltd will contact the participant and inform them of the situation and give details of the replacement worker to the participant.

4.2 Absence or Vacancy

When a Staff is absent, or a vacancy becomes available then GentleCarePlus Pty Ltd's CEO will:

- Contact a Staff a suitable replacement such as a Staff with the relevant qualifications or language requirement.
- Where possible, provide a Staff who has worked with the participant previously and is aware of the participant's preferences and needs.
- Where possible, advise the participants of replacement person and gather feedback on the replacement Staff.
- Replacement Staff will be sensitive to participant's requirements and ensure that care is consistent with the participant's expressed preferences.

Staff who are unable to work are required to contact the CEO. If there is an intended absence (such as vacation or appointment), then the Staff must inform the CEO at the earliest opportunity, to allow time to prepare the participant.

4.3 Service Agreement

GentleCarePlus Pty Ltd ensures arrangements are in place to make sure that support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered.

4.4 Critical Supports

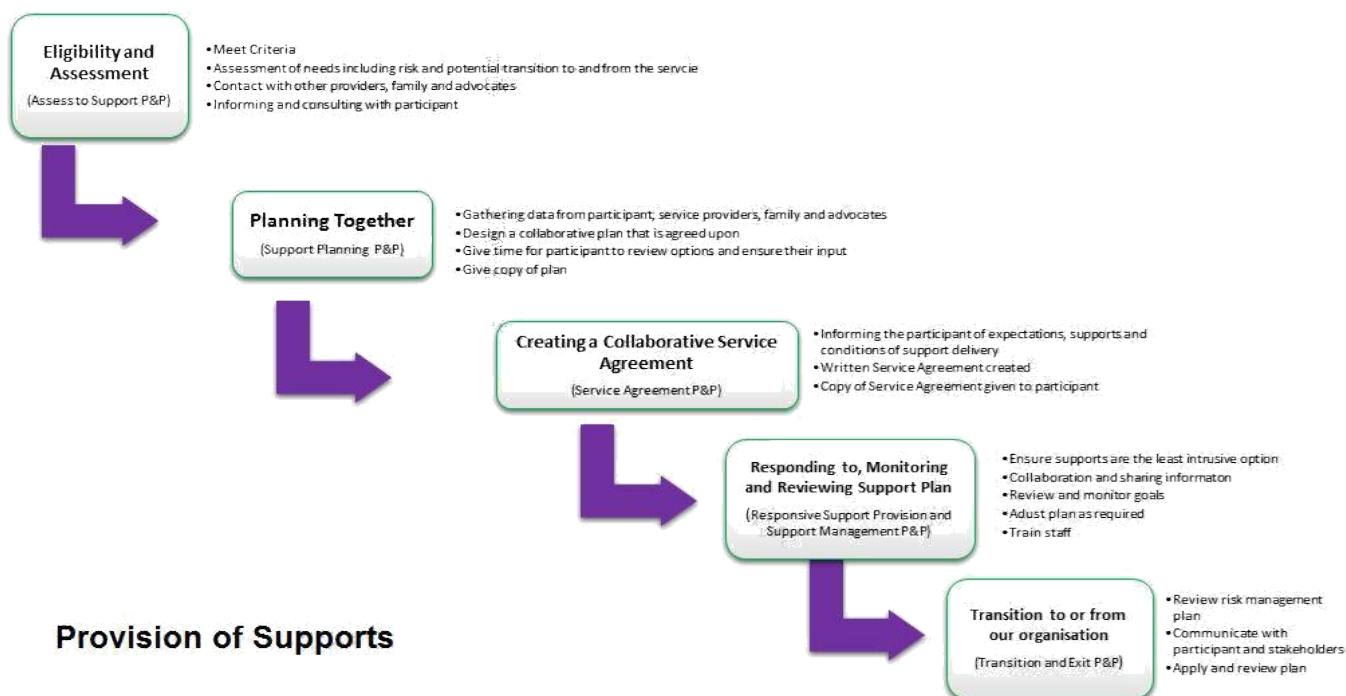
Contingency plans are drawn-up and adhered to ensure the continuity of care to all participants throughout their time with us. In the case of a disaster, planning will incorporate strategies that enable continual supports before, during and after the disaster. Critical planning will be undertaken for participants who have complex needs.

5.0 RELATED DOCUMENTS

- Support Management Policy and Procedure
- Support plans

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018)
- National Disability Insurance Scheme Act (2013)
- Privacy and Confidentiality Act (1988)



Section 3: Provision of Supports

3.1 Access to Supports	Access to Supports Policy and Procedures
3.2 Support Planning 3.3 Service Agreement	Support Planning and Service Agreement Collaboration Policy and Procedure
3.2 Support Planning	Support Planning Policy and Procedure
	Responsive Support Provision and Support Management Policy and Procedure
3.3 Service Agreements with Participants	Service Agreements Policy and Procedure
3.4 Responsive Support Provision	Responsive Support Provision and Support Management Policy and Procedure
3.5 Transition to or from the Provider	Transition and Exit Policy and Procedures

Access to Supports Policy and Procedures

1.0 PURPOSE

To provide the participant with the dignity of risk where our team respects each individual's autonomy and self-determination (or dignity) in making choices.

The assessment process will provide relevant, reliable and valid data that assists in identifying a participant's strengths and care needs.

2.0 SCOPE

Participants contribute to the assessment that is appropriate and considerate of their individual needs. The support delivery environment is to be designed to incorporate reasonable adjustments to ensure that the participant's plan and their environment is fit for purpose to allow the participant to have a good quality of life and independence.

POLICY

The CEO or their delegate must seek eligibility information from the participant before commencing any assessment process.

GentleCarePlus Pty Ltd will provide the participant with entry criteria and inform them of the associated costs.

Easy read documents are available to inform participant's on the right to have a voice in their support requirements.

Participants must be part of the decision-making process with their needs at the core of service delivery and planning.

GentleCarePlus Pty Ltd will be supported to understand what circumstances supports can be withdrawn. Supports will not be withdrawn or denied solely on the basis of the dignity of risk choice that has been made by the participant.

Assessments must be undertaken before the commencement of the GentleCarePlus Pty Ltd's service. Staff are required to determine if an interpreter is needed prior to the start of assessment to ensure that correct data is gained from the participant. The information obtained during the evaluation, such as areas of independence and identified needs forms the basis of discussion with the participant to create the Participant's Support Plan.

4.0 PROCEDURE

4.1 Access to Supports

The CEO will inform the participant of the eligibility criteria to access our support services and the associated costs for each service. Eligibility criteria for our NDIS services include that the participant currently holds an NDIS Plan that lists access to our registration groups.

The CEO will determine if the participant requires our Easy Read documents that inform them of their rights, their voice in the development of their Service Agreement, how to Complain and how we will maintain their Privacy. An interpreter will be provided if required by the participant.

Assessment will be undertaken to ensure that our organisation is able to supply the participant's services in the manner that the participant requires.

4.2 Reasonable Adjustment

An NDIS Plan is devised by the NDIA to address participant's reasonable and necessary supports. During the GentleCarePlus Pty Ltd's assessment process to develop the participant's support plan, the CEO or their

delegate will consult with the participant, family and advocate to make reasonable adjustments to the participant's support delivery environment. Any modifications must be discussed and negotiated with all parties and recorded in the service agreement. The reasonable adjustments are made to determine that the service provided is fit-for-purpose and that the changes support the participant's health, privacy, dignity, quality of life and independence.

4.3 Withdrawal of Services

GentleCarePlus Pty Ltd will not withdraw or deny supports based solely on the dignity of risk made by the participant. Our organisation may withdraw supports if any of the following occur:

- The participant fails to do what is required of them under the terms of their Service Agreement.
- The participant fails to comply with the policies and procedures of GentleCarePlus Pty Ltd
- The participant fails to communicate and provide information about changes to support needs.
- Workplace Health and Safety considerations are ignored.
- Communication has broken down between the GentleCarePlus Pty Ltd and the participant, family or advocate.
- Payment for support and/or expenses has not been received as per the Service Agreement.

Under the National Disability Insurance Scheme Terms of Business for Registered Providers, withdrawal or termination of services must be no less than 14 days.

GentleCarePlus Pty Ltd will always work in the best interest of the participant to achieve a safe transition to a new provider of services (see Transition and Exit Policy and Procedures)

Upon termination of the Service Agreement by either party GentleCarePlus Pty Ltd will take steps to ensure:

- The cancellation of service has been reported to the National Disability Insurance Agency.
- All services that have been provided under the terms of the Service Agreement has been claimed.
- The participant has alternative support solutions in place for their safety and wellbeing

4.4 Assessment Principles

- Assessment tools utilised are validated or considered “best practice”.
- The assessor understands and applies the principles of flexibility, validity and relevance to the assessment process.

The assessment process promotes independence, including the following principles:

- Determining the participant's abilities and difficulties.
- Setting expectations to enable a balance against the participant's abilities and their need for support.
- Service agreements acknowledge support needs, abilities to foster independence and the Participant's goals.

4.5 Undertaking Assessments

Assessment interview time is negotiated with the participant, family and advocate. The designated staff members are to:

- Invite the Participant's Representative/ Advocate to be present if required or desired.
- Identify any special needs. For example, an interpreter and information in the service user's language are sourced for service users who are culturally and linguistically diverse.
- Ensure that the Easy Read documents are available.
- Contact CEO to arrange an interpreter.

During the assessment process, Staff will inform the Participant of their rights and responsibilities, including the following information:

- How information is collected and used.
- Privacy and confidentiality considerations.
- Opt-out options to data collection.
- The complaints and feedback process.
- Their Advocacy options.
- The organisation's Information-sharing requirements.

The assessment is designed to meet the participant's health, privacy, dignity, quality of life and independence needs. Information is recorded in the participant's records for future reflection. Once the assessments are completed, they are reviewed by the CEO.

4.6 Responsibility for Assessments

Only trained professionals can conduct assessments of the participant. CEO will determine and delegate this responsibility.

4.7 Recording Assessment Information

The assessment is documented in a Participant's file and in the Participant's Management System. The interview and write-up times must be recorded against the participant in the management system.

5.0 RELATED DOCUMENTS

- GentleCarePlus Pty Ltd Assessments
- Participant Intake form
- Support Plan

6.0 REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulations 2014
- Privacy Act (1988)
- Equal Opportunity Act 2010

Support Planning and Service Agreement Collaboration Policy and Procedures

1.0 PURPOSE

GentleCarePlus Pty Ltd's aim is to work with participants, families, advocates, communities and other providers to achieve the best outcome for the participant. This communication will allow all parties to share ideas and knowledge to ensure that the supports are relevant, appropriate and in line with the service agreement.

2.0 SCOPE

GentleCarePlus Pty Ltd is committed to ensuring that the Staff understand the beneficial aspects of a collaborative approach to the participant.

3.0 POLICY

This collaborative approach requires Staff to work with relevant parties when:

- Locating key worker with a family and other provider.
- Working with other providers in the supply of supports or services.
- Assisting the participant in transitioning and exiting the service.
- Building the participant's capacity.
- Planning with supports for the participant.
- Developing Service Agreements.

Staff must cooperate with other agencies in the delivery of service. This collaboration may include initial contact, sharing ideas and input from participants, families and advocates following through on ideas of provider, and actively listening to discussions. We will collaborate with all relevant parties to provide

participants with the opportunity to access a service network that meets the full range of their needs. CEO will contact and establish communication with the relevant service provider so our organisation can maintain collaborative relationships and protocols and participate in networks with relevant agencies.

Information, knowledge and skills are communicated and shared between the participant, family, advocate, the provider, and other collaborating providers. GentleCarePlus Pty Ltd will work with the participant and their family and advocate to ensure that the participant maintains the functionality.

4.0 PROCEDURE

4.1 Key Worker

Participants and families may require assistance to locate the right person for the participant, so our team will undertake the following process:

1. Discuss the participant's requirements with participant, family and advocate.
2. Gain formal written consent to share and gather information with other providers.
3. Contact other service providers working with the participant to collaborate and determine the criterion.
4. Identify at least one (1) key support worker and contact participant, family and advocate, and the other providers.
5. Inform the participant, family and advocate of the identified person to allow them to select.
6. Record the process undertaken and the results in the participant's service agreement.

4.2 Collaborating with Other Providers

CEO or their delegate will make initial contact with other providers, after gaining consent from the participant, family and advocate. Various methods will be used to maintain contacts such as email, phone and networking. All records of contact are kept in the participant's service agreement.

4.3 Transition and Exit

The participant's needs, interests or aspirations may change during the delivery of their supports. These changes may lead to a need to transition to or exit from their current service. If this occurs, then we will, with the consent of a participant, contact the relevant service provider to:

- Collaborate with providers and participant to develop a plan of action.
- Send or request documents relevant to the participant.
- Communicate current supports, practices and needs to enable the participant to transfer or exit smoothly
- Identify risks and develop a Risk Management Plan.
- Develop a process for each participant - communicate the details to the participant, work with the participant during the process and review after the transition.
- Document the process in the Participant's Support Plan.

Risks associated with each transition to or from GentleCarePlus Pty Ltd are identified, documented and responded to. (See Transition and Exit Policy and Risk Management Policy)

4.4 Capacity building

The participant's capacity building process is designed to improve and retain their skills and knowledge, so they can maintain and improve their functionality.

To build and support the participant's functional capacity GentleCarePlus Pty Ltd will collaborate with:

- The participant, their family and advocate to affirm, challenge, and support.
- Other providers to further develop participant's skills and to improve practice and relationships.

4.5 Participant Outcomes

Collaboration with participant, family and advocate is the basis ensuring functional outcomes are based on the participant's needs, priorities, and their skills. The collaboration is to be recorded in the service agreement.

4.6 Support Planning

During the assessment and support planning process, collaboration is undertaken with participant, family and/or advocate:

- Complete a risk assessment.
- Document a risk assessment.
- Plan appropriate strategies to treat known risks.
- Implement appropriate strategies to treat known risks.
- Review annually or earlier according to their changing needs or circumstances.

4.7 Service Agreements

GentleCarePlus Pty Ltd will collaborate with the participant to develop a service agreement which establishes:

- Expectations,
- Explains the supports to be delivered, and
- Specifies any conditions attached to the delivery of supports, including why these conditions are attached.

With the consent or direction from the participant GentleCarePlus Pty Ltd collaborates in the development of the support plan, with other providers to:

- Develop links
- Maintain links
- Share information
- Meet participant's needs

5.0 RELATED DOCUMENTS

- Support Plan
- Consent Form
- Service Agreements

- Transition and Exit Policy and Procedure
- Risk Management Policy and Procedure

6.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Support Planning Policy and Procedures

1.0 PURPOSE

- The purpose of this policy is to outline the legislative requirements and practice procedures for undertaking support services for NDIS participants.
- To comply with the requirements of NDIS Practice Standards and Quality Indicators. Compliance with the policy is a condition of appointment for all persons engaged in providing services on behalf of GentleCarePlus Pty Ltd.

2.0 SCOPE

To inform our team how to plan to collaborate in the development of the support plan that incorporates the participant's wants, needs and aspirations, including the type of Staff, time and length of the service linked to the registration group on their NDIS Plan.

3.0 POLICY

All participants and their support networks are aided to collaborate and participate in the development of a goal-oriented support plan. The support plan will reflect an individual's goals and aspirations and will look at the strengths and functionality of the participant. It is based on the presumption of capacity and will safeguard the risks and needs of the participant.

The support plan to incorporate both participant's supports (described as nature of a coordination, strategic or referral service or activity) and reasonable and necessary supports funded under NDIS (activities that support goals maximise independence, allow to live independently and undertake mainstream activities).

The Support Plan will provide transparent written information to the participant, detailing the services and type of support that they will receive from GentleCarePlus Pty Ltd. Where there is a change in the

participant's needs, preferences and goals, an amended Support Plan will communicate this change in supports required to the participant.

Staff must be screened, trained and qualified in the roles that they undertake.

3.1 Support Planning Principles:

- The support planning process is consultative where the participant, family, friends, carer or advocate work together to identify strengths, needs and live goals with a focus on choice and decision-making.
- The participant's preferences, values and lifestyle choices should be supported (wherever possible).
- Support Plans should promote the valued role of people with disabilities that is of their own choosing.
- Promotion of functional and social independence and quality of life.
- Support plans will contain goals.
- Service choices agreed to should reflect the participant's personal goals.
- Support Plans should be creative, flexible and not developed by set patterns or methods of service delivery.
- Activities and supports in the plan must be inclusive of the participant's chosen communities and maintain connections with their community to allow for active participation.
- If a participant identifies as Aboriginal or Torres Strait Islander, then their community will be contacted to allow for engagement and support services.
- The Support Plan is reviewed regularly (at least annually) and amended to respond to participant needs and preferences.
- The Support Plan should be strength-based, seek to maximise independence, and build on the participant's existing networks.
- The Support Plan should be provided to the participant in their first language, where appropriate and/or requested.
- The participants or their advocates may request a review of the support plan at any time.
- Staff conducting support plan development will have the necessary skills and competence to undertake this function.
- Participants with a disability will also be facilitated to understand their NDIS plan, including:
 - Understanding and self-directing their NDIS plan.

- Understanding the supports in their NDIS plan.
- Funded support budgets.
- Purchasing general funded supports.
- Purchasing stated funded supports.
- Managing and paying for their supports.
- Choosing their providers.
- Making agreements with their preferred providers.

4.0 PROCEDURE

4.1 Support Plan Development

4.1.1 Planning

- Explain the Support plan development process for the participant.
- Arrange a meeting time with the participant and (if applicable) their advocate or family.
- Develop the Support plan with as much input, choice and decision-making from the participant as the participant wishes. Document the reasons (should a participant choose to have minimal input into their Support plan).
- Prior to meeting with the participant review: Participant's Intake Form, Participant's assessment information; any referral documents, and other relevant notes or data available that will assist in understanding the participant as an individual.

4.1.2 Providing Information to the Participant

- Emphasise the importance of the participant identifying their own personal goals and aspirations.
- Use the appropriate Support plan as a prompt to assist the participant in identifying areas where GentleCarePlus Pty Ltd services may help them realise their goals.
- Outline the prompts on the plan, including discussion of the participant's physical, emotional, spiritual, cultural, community, social and financial needs.
- Provide the participant with a clear understanding of their choices and service options available so that they can make informed decisions about their choices and priorities.

- Explain to the participant any information-sharing requirements with other parties.
- Provide the participant with examples or suggestions of how GentleCarePlus Pty Ltd services may be able to help them achieve their goals.

4.1.2 Facilitating the Development of Participant Centred Goals

- Work with the participant and their advocate(s) to identify their personal goals.
- Ask the participant to identify the types of help or assistance that would be most important to them.
- Help the participant to recognise their strengths and capabilities
- Transform the participant's goals into SMART Specific, Measurable, Attainable, Realistic and Timely)
 - *Example Simple Goal:* To be able to get the mail.
 - *Example SMART Goal:* To be able to walk to the mailbox each day by me to get the mail.
- Set a timeframe with each goal so that progress can be determined.
 - Example: To be able to walk to the mailbox each day without assistance to collect the mail.
To achieve this by 30 Nov 20XX
- Use the participants expressed priorities, agreed actions and goals to develop their Support Plan.

Also, consider:

- The financial resource capacities and any limitations of GentleCarePlus Pty Ltd services or specific programs to be utilised.
- The capacities, expertise and appropriateness of current GentleCarePlus Pty Ltd staff to provide the services.
- The availability of specialised subcontracted staff or services (if applicable).
- Other services or individuals who will provide services (as designated by the participant).
- Any volunteer supports available.
- Determine with the participant how each goal will be measured so that progress can be recorded.
- Identify with the participant, any potential barriers to achieving their goals, and work out strategies to alleviate these barriers.
- Ask the participant to prioritise their goals if many goals have been identified. For each goal - list the actions, responsibilities, frequencies and the duration of services to be coordinated or supplied on behalf of the participant. Document all the information in the Support Plan.

- Identify all stakeholders (Participants, family, advocates, community engagement links, other services or agencies) that will undertake to help the participant achieve each goal, and document this in the Support plan.

4.2 Support Plan Delivery and Review

- Negotiate the specific days for services or support and document these in the Support plan.
- (Where possible) agree upon time ranges for the services to build a level of flexibility into the service roster. (e.g., Start time of between 1 and 1:30 pm and 1hr of Domestic assistance).
- (If not yet finalised) negotiate service fees and record these in the participant Service Agreement and on the Support Plan.
- Ask the participant to sign the Support Plan to acknowledge their agreement with it.
- Agree on the criteria to evaluate the effectiveness of GentleCarePlus Pty Ltd service responses and document this in the Support Plan.
- Ensure all involved stakeholders have copies of the agreed Support Plan.
- Explain to the participant that the CEO will monitor the progress of the Support Plan, but the participant may also request a review of the Plan at any time.

5.0 RELATED DOCUMENTS

- GentleCarePlus Pty Ltd Assessments (as required)
- Service Agreement
- Participant Intake Form
- Support plan

6.0 REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- My first plan and Developing the Plan, NDIS, 2016



Responsive Support Provision and Management Policy and Procedure

1.0 PURPOSE

- To ensure that the participant has access to responsive, timely, competent and appropriate supports that meet their needs, desired outcomes and goals.
- To provide management and program design, individual planning, coordination and Support Management.

2.0 SCOPE

- To ensure staff are always trained and act professionally when developing plans that empower the participant to achieve their needs, goals and aspirations.
- To keep participants informed on their plan whilst undertaking a holistic approach that incorporates strengths-based and person-centred strategies.

3.0 POLICY

All services and Support Plans are developed and delivered in collaboration with the participants or their advocates. All participants, family members, representatives or advocates must be included in any decision-making processes, choice of strategies or activities and approval for all aspects of their Support Plan. Support Management will consist of delivery, monitoring, review and reassessment in a timely manner.

CEO or their delegate will ensure that the least intrusive options are planned using contemporary evidence-informed practices.

Reasonable efforts will be made to match the participant's key worker requirements to our current frontline workers.

We will collaborate with all relevant parties, including other service providers and only share information with the consent of the participant. Our team will consult to ensure that we meet individual needs.

CEO will ensure that only appropriately trained Staff work with the participant. The process of allocation will incorporate a skill and knowledge review of a potential frontline worker.

GentleCarePlus Pty Ltd will utilise this policy to ensure the organisation maintains a contemporary approach to support management services.

4.0 PROCEDURE

4.1 Support Management Principles

Support Management includes Screening; Comprehensive assessment; Support Planning & Support Plan implementation; Monitoring; Review; and Case closure.

CEO or their delegate will:

- Match available resources, Staff to the participant's needs.
- Work across the service boundaries to ensure that the participants with complex care needs can have access to a full range of allied health, health and social support services they need.
- Provide a single point of contact for the participants that require a complex range of services and/or require intensive levels of support.
- GentleCarePlus Pty Ltd's service is screened for eligibility and suitability in accordance with applicable program guidelines and the Access to Supports Policies & Procedure.
- Verify that consent for assessment and services was received and is recorded in the participant's file.
- Review the participant's referral information and confirm eligibility and suitability for a GentleCarePlus Pty Ltd service.
- Contact the participant and arrange a suitable time for a comprehensive assessment.

- With the participant's consent, arrange interpreters, advocates, guardians, or other service providers to attend the assessment, as appropriate.
- Determine (if possible) whether the clinical assessment of the participant's health condition is required and arrange for the appropriate staff (i.e. RN or allied health professional) to attend the assessment.
- Ensure representatives identified by the participant such as family, advocate and carers, are contacted and if necessary, assisted to participate in the assessment.
- On the day of the assessment, the assessment should be carried in accordance with the organisation's Policy & Procedure and based on the participant's needs and situation.
- Within five (5) days after a comprehensive assessment contact the referrer and any existing providers for further information, if necessary.
- If indicated, arrange additional specialised assessments.
- Investigate potential options for sourcing support, including the availability of GentleCarePlus Pty Ltd staff/resources and the use of brokerage resources.
- (If necessary) arrange a case conference with relevant services and individuals to discuss the participant's situation.
- Ensure outcomes from Support Management are documented within the Support Plan and advise the Participant that their services will be continually reviewed by the Coordinator for effectiveness.
- Where appropriate, and with Participant consent, provide the Support Plan to Participant's General Practitioner or Representative.
- Develop a Support Plan that includes a Plan of Action that meets the participant's needs, requirements and aspirations. The support plan will include:
 - Participant information - personal details, health details, cultural and spiritual requirements, sexual identification, Aboriginal and Torres Strait Islander.
 - Goals.
 - Advocate,
 - Interpreter requirement.
 - Consent forms.
 - Active engagement planning.
 - Plan to develop, sustain and strengthen independent life skills.
 - Medical information including conditions, doctors, medications, use and management.
 - Risks to participant and staff - management of the risk, if required.

- Any financial budget requirements (if application).
- The participant's involvement in any planning and decision-making process.

Monitor the relevancy of the Support Plan through regular contact with the participant and other representative and service providers involved in the well-being of the participant.

The Support Review is an essential element in the provision of focused and relevant supports, occurring at various points in the support continuum, depending on the needs of the participant or family, urgency and complexity of the family's needs and changes in family circumstances. Support Plan Reviews may be held to:

- Determine if the current roles and responsibilities of Staff and organisations are meeting the needs of the individual.
- Review if the frontline workers are meeting participant's goals.
- Review the purpose, intent, and direction of the intervention.
- Review the service currently being supplied against the participant's strengths, needs, goals and aspirations.
- Review previous assessment and determine if any more are required.
- Re-assess the participant using the relevant assessment tool.
- Review using evidence gathered during work with the participant.
- Review the status of the support plan.
- Make decisions relevant to the participant – ensuring that all parties are informed.
- Review goals/actions.
- Schedule a case conference with a participant and/or relevant stakeholders to ensure their active involvement and to inform changes in service are discussed.
- Plan towards transfer and/or closure if relevant.
- Records any changes to a Support Plan in the participant's file or notes and, if necessary.
- Assess the need to change the Service Agreement.

4.2 Exiting the Service

When the participant's needs begin to exceed program resources, or should the Participant change to another service provider, the CEO will:

- Refer to the Transition and Exit notes in the Support Plan.
- Follow the guidance of GentleCarePlus Pty Ltd Policy - Transition and Exit Policy and Procedures.
- Inform the participant on any potential risk of transferring or exiting.
- Negotiate participant handover arrangements with the new service provider.
- Inform participant of risk related to leaving the service.

5.0 RELATED DOCUMENTS

- GentleCarePlus Pty Ltd Assessments (as required)
- Support Plan
- Service Agreement
- Access to Supports Policy and Procedure
- Transition and Exit Policy and Procedure
- Consent Policy and Procedure

6.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018

Service Agreement with Participants Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd undertakes the development of a Service Agreement during the Access to Supports and Assessment Process and with the collaboration of relevant parties.

To ensure that all parties are aware of and agreed to all aspects of the services being provided.

2.0 SCOPE

It is the responsibility of the CEO or their delegate to undertake the development of a Service Agreement with the participant to ensure it is designed specifically for the participant.

3.0 POLICY

GentleCarePlus Pty Ltd collaborates with each participant to develop a service agreement which establishes:

- Expectations,
- Explains the supports to be delivered, and
- Specifies any conditions attached to the delivery of supports, including why these conditions are attached.

The participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to follow. We will supply an Easy Read format, as required.

The participants must give consent or direction to develop and maintain links utilising collaboration with other providers to share information and meet participant needs

4.0 PROCEDURE

GentleCarePlus Pty Ltd undertakes the following process to develop a Service Agreement with each participant:

- Collaborate with the family, advocate or representative to ensure that the Service Agreement meets the requirements and is linked to needs, interests and aspirations.
- Use appropriate communication method to explore, explain and determine what is being provided within the agreement.
- Records are kept explaining the process undertaken, include consent or direction to collaborate with other providers to share information to enable the team to meet the participant's requirements.
- Copy of Service Agreement is given to the participant.
- Should a participant not wish to keep a copy of the agreement, then the circumstance under which the participant did not receive a copy of the agreement, must be documented and kept on the participant's file. It is good practice to have the participant make a note on the agreement that a copy was not required.
- Supported Disability Accommodation Service Agreement must include outline the party or parties responsible and their roles (where applicable) for the following matters:
 - Addressing how a Participant's concerns about the dwelling will be communicated.
 - Management of potential conflicts involving participant(s).
 - Agree on how changes to participant circumstances and/or support needs will be disclosed.
 - In shared living, method of filling vacancies, including each participant's right to have their needs, preferences and situation considered.
 - Management of behaviours of concern which may put tenancies at risk, if this is relevant to the participant.

5.0 RELATED DOCUMENTS

- Service Agreement

6.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018

Transition or Exit Policy and Procedure

1.0 PURPOSE

GentleCarePlus Pty Ltd's Transition or Exit policy complies with the National Disability Insurance Scheme Act 2013, which promotes access, inclusion and choice for people with disabilities. The purpose of this policy is to define the processes required to assist and support participants to transition to or exit from services.

2.0 SCOPE

This policy applies to all participants receiving supports and services from GentleCarePlus Pty Ltd. The purpose of this policy is to define a Transition or Exit process for participants, family and advocate (where applicable). The policy provides direction for GentleCarePlus Pty Ltd's staff when considering the exit of a participant from the organisation or working with other providers during the transition to the organisation.

3.0 POLICY

GentleCarePlus Pty Ltd is committed to providing participants with information and support through the process of transition into, or exiting from, the organisation's services.

- All participants are provided with the necessary information and explanation in the appropriate communication formats in relation to their transition into or exit from the service.
- Participants are provided with information and support through the process of transition into or exit from the organisation's service.
- Participant transition strategies and exit planning will be documented in the participant's service agreement and support plan.
- The participant entry and exit process for programs are transparent, and the organisation adopts fair and, non-discriminatory practices when a participant chooses to or is required to leave the service.
- To collaborate with other providers for a planned transition to or from our service.

- Staff must document, communicate and effectively manage transitions and exit to benefit participants.
- Risk assessments are to be undertaken, documented and responded to with each transition.
- GentleCarePlus Pty Ltd delegated staff member must identify processes for the participant and ensure application and review.
- GentleCarePlus Pty Ltd will record the following information – if the participant goals have been met, or a participant chooses to leave or cease the services, or a participant wishes to transfer to another service provider, or the participant moves location and cannot access the service, or the participant no longer is eligible for services.

4.0 DEFINITIONS

Transition	Is preparing for and supporting the participant to enter or exit the service or referral from another service or to another service or program where appropriate.
Exit (or discharge)	Is the process through which participants transition out of the services of GentleCarePlus Pty Ltd. The exit process occurs when the participant has reached their goals outlined in the participants support plan. For some participant there may be a period of transition to exit or some form of continuing care.

5.0 PROCEDURE

GentleCarePlus Pty Ltd will undertake a collaborative approach when undertaking all decision-making processing regarding transition and exit to allow for an informed approach. This approach must be recorded in the support plan and include:

- Reasons for the transition.
- Provider transitioning to or from.
- Collaboration communication.
- Communications - method and information given to relevant parties.
- Feedback from participant, family, and advocates or stakeholders.
- Timeframes for the transition.

- Process of the transition that incorporates details of the process, how to apply, and communication process relevant to the participant.
- Risks to the participant with risk management strategies identified.
- Review of the process - adjustments made as required.

Ensure it is explained to all participants at the time of development of their individual service agreement and/or support plan how and when a process of transition or exit can occur.



5.1 Service Agreement

As per the Service Agreement, give a minimum notice of no less than 14 days or a more extended period, as is adequate to enable the participant, family and advocate, or GentleCarePlus Pty Ltd, to nominate an alternative Registered Provider to deliver those support services.

GentleCarePlus Pty Ltd will give notice of intent to withdraw/terminate services to a participant in accordance with the Service Agreement, which states no less than 14 days' notice or longer, as required.

5.2 Transition or Exit Plan

- A Transition or Exit Plan will be developed at the time of entry to the service.
- The Transition or Exit Plan is discussed during the participant's reviews.
- Inform and highlight to the participant of any risks involved with transitioning into or exiting from the service
- To have a timeframe that is seamless offers flexibility and provides reliable support from the other service provider.
- Support participants to transition into our service, to other services or cease services as needed.

5.3 Interviews

An entry interview is part of the transition entry; participants wishing to make a complaint regarding their transition into the service will be provided with details on the complaint process.

An exit interview is part of the Exit plan; participants wishing to make a complaint regarding their exit will be provided with details on the process of complaint.

5.4 Risks

Risks associated with the transition or exit process are identified during the planning stage, documented in the participant's plan and responded to immediately. This risk assessment will be held in the Support Plan.

GentleCarePlus Pty Ltd will aim to minimise the impact of change that is occurring for the participant and creating a transition support schedule that meets the participant's goals, needs and requirements in a person-centred way.

6.0 RELATED DOCUMENTS

- Service Agreement
- Participant Support Plan
- Complaint/Feedback Form

7.0 REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Privacy and Confidentiality Act (1988)

Section 4: Provision of Environmental Supports

4.1 Safe Environments	Safe Environment Policy and Procedure
4.2 Participant Money and Property	Participant Money and Property Policy and Procedure
4.3 Management of Medication	Management of Medication Policy and Procedure
4.4 Management of Waste	Management of Waste Policy and Procedure

Safe Environment Policy and Procedure

1.0 PURPOSE

Safety for our participants is pivotal to the provision of high-quality supports and services. This policy is designed to ensure that all participants have access to services and supports, that ensures they are:

- Free from violence, abuse, neglect, exploitation or discrimination.
- In a safe environment that is appropriate to their needs.
- Where any risks to them are identified and managed.
- Where their needs are met by workers who are competent in relation to their role, hold relevant qualifications and expertise and experience in providing person-centred support.
- Where incidents are acknowledged responded to and well managed and learned from.

2.0 SCOPE

All staff must ensure that they focus on the safety of all participants. Staff must also ensure that they are safe within the workplace.

3.0 POLICY

GentleCarePlus Pty Ltd will ensure that the participants can identify our frontline workers.

GentleCarePlus Pty Ltd will review the environment to ensure the safety of the participant's home environment and work in a safe manner with the participant.

If required, CEO will work with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.

4.0 PROCEDURE

4.1 Staff Identification

Staff must be easily identified by the participant in all environments. Identification could be in the form of a uniform or identification tags or badges. Staff must introduce themselves at the beginning of each service delivery.

4.2 Home Supports

All staff must use the identification provided by the GentleCarePlus Pty Ltd upon entering the participant's environment.

Staff must greet the participant and introduce themselves at the beginning of the service. The physical identification must be worn and in the form of a uniform or identification tags.

Staff must inform the participant when they are leaving the environment

At access to the service and during the initial support planning design, CEO will determine if the participant's home environment where the supports are undertaken is safe.

GentleCarePlus Pty Ltd will work with the participant, family and advocate to ensure that the home is safe for the participant and others. If required, the service will undertake an assessment of the premises (Safe Environment Checklist).

4.3 Establishing a Safe Environment

Any participants who are accessing other providers, our team will work with these providers to:

- Identify any environmental risks.
- Ascertain how to treat the risks.
- Review the environment to ensure safety.
- Undertake any hazards.

- Devise a Risk Management Plan to prevent and manage injuries.

5.0 RELATED DOCUMENTS

- Intake form
- Risk Management Policy and Procedure
- Work Health and Safety Policy and Procedure
- Collaboration Policy and Procedure
- Safe Environment Checklist

6.0 REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators

Participant Money and Property Policy and Procedure

1.0 PURPOSE

- To maximise each participant's control of their funding and finances.
- To ensure all participants are giving the opportunity to manage their NDIS funding personally.
- To ensure that financial management of NDIS services and any government programs are undertaken in an orderly manner in accordance with legislation and regulation.
- To support the participants to access and spend their own money as they determine.
- To ensure that all participants are informed of costs and payment process for all services provided.
- To provide participants with technical assistance to increase their capacity to direct their own support and teach them to self-manage.

2.0 SCOPE

To ensure that our staff do not give financial advice or information other than that would be required under the participant's plan. If GentleCarePlus Pty Ltd staff are involved with handling Participant's money, strict procedures contained herein will always be followed to protect them from financial abuse.

3.0 POLICY

We will ensure that all financial transactions and procedures are undertaken in a manner that meets the requirements of legislation and contracts. To safeguard all participants and Staff, the procedures outlined in this policy will be strictly followed.

Participant's money or other property is used with the consent of the participant and for the purposed intended by the participant.

The Staff must not give financial advice or information.

All participants requiring financial assistance must approve the arrangement and sign a Service Agreement and Consent Form. The participant's family or advocate must also sign the agreement. All documents will be kept on file and included in the participant's support plan.

We will undertake annual audits and forward required documentation. We will ensure the business is financially viable and inform participants of costs and payment procedures.

4.0 PROCEDURE

4.1 Home visits

Staff must only use and touch the participant's property for the purpose of delivering a service - for example, the use of equipment in completion of tasks (e.g. sweeping, dressing). Property used should be listed in the plan or strategies.

Staff must not access the participant's money. If the participant requests the purchase of an item, then the CEO must be informed and records kept in notes in the participant's records.

If a participant asks for financial assistance, the CEO is to be informed.

The Service Agreement must identify details of any money handling being undertaken on behalf of the participant.

4.2 Financial Management Guidelines

At times participants may require assistance with their finances (for example - Paying Bills, Banking, and/or Shopping). Staff must follow these guidelines and the procedures below when financially assisting a participant (either alone or with the participant's assistance):

- Staff are at NO TIME allowed access to a participant's personal identification number (PIN) or use an ATM on the participant's behalf.

- Financial assistance may only be offered if it is documented in the participant's care plan.
- If a participant requests financial assistance, and it is not documented in their care plan, staff must contact the CEO for approval.
- Transaction receipts must be obtained and given to the participant for the following:
 - Money received.
 - Money spent.
 - Money returned.
- The staff member must be sure to count the money in front of the participant on receipt and return.
- Staff must record all financial transactions carried out for participants in the Financial Transaction Register (FTR) (if in use) and in the participant's progress notes. Records must be documented clearly, accurately and immediately.
- Staff must not give financial advice to participants or their companions or act as a witness for any legal documents.
- Staff must not accept money or gifts from participants.

4.3 Staff Procedure

- Immediately record the amount of money you receive from the participant (cash, cheque, voucher) in the FTR or, if no FTR in use, record in participants progress notes.
- Count any cash carefully in front of the participant.
- Participant and staff member to sign the entry; confirming the correct details have been recorded.
- Staff to complete the transaction and obtain transaction receipts.
- Staff to carefully count out and return any money and all transaction receipts to the participant.

4.4 Financial Assistance Procedure

If the participant makes a request for financial assistance, and there is no record of a financial assistance agreement in the participant's support plan, the following steps are taken:

- If the service is conducted on behalf of another agency, approval must first be sought from the on-call coordinator for the agency.
- If there are no other agencies involved, then the request must be considered based on:
 - Participant agreement

- Need/Urgency
 - Participant safety
 - Time available
- All details of the participant's request and the final decision must be documented in the participant's notes and service agreement.

4.5 Suspected Financial Abuse

Staff are trained to look for signs of financial abuse when with participants. Staff are also trained to discuss preventive measures with participants. These measures include:

- Ensure that they are aware of their rights to confidentiality and privacy.
- Encouraging participants to have networks beyond their family circle.
- Not to relinquish control of their finances if they are still able to manage them themselves.
- Not to make significant financial decisions following a major event (i.e. Loss of a partner).
- Ensure they are aware of their right to refuse people access to their funds.
- Encouraging them to make plans in advance while they are still independent.
- Encouraging them to ask for help if they feel overwhelmed, confused or feel they are being taken advantage of.

If any staff member suspects that a participant is financially abused then the following steps are to be taken:

- Staff to gather evidence and record in participants notes.
- Contact CEO to discuss evidence gathered.
- CEO will gather the details of the abuse and author a report of the situation.
- CEO to inform the relevant authorities and obtain support for the participant.

4.6 Participant Fees and Payments

Payments and Pricing (NDIS)

- GentleCarePlus Pty Ltd must adhere to the NDIA Price Guide or any other Agency pricing arrangements and guidelines as in force from time to time.

- GentleCarePlus Pty Ltd must declare relevant prices, any notice periods or cancellation terms to Participants before delivering a service. Participants are not bound to engage the services of GentleCarePlus Pty Ltd after their prices have been declared.
- GentleCarePlus Pty Ltd can make a payment request once that support has been delivered or provided.
- No other charges are to be added to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all participants, whether the participant self-manages their funding, or managed by Plan Manager, or managed by the Agency .
- A claim for payment is to be submitted within a reasonable time (and no later than 60 days from the end of the Service Booking) to the Participant or the NDIS.
- GentleCarePlus Pty Ltd will not charge cancellation fees, except when provided explicitly in the NDIA Price Guide.
- GentleCarePlus Pty Ltd and Participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Where required GentleCarePlus Pty Ltd will obtain a quote for services and have this approved by the Participant.

4.7 Monitoring, Evaluation and Reporting

GentleCarePlus Pty Ltd exhibits a continuous improvement culture to facilitate the improvement of its services and processes. Stakeholder's input is pursued, and when received, it is reviewed immediately.

All GentleCarePlus Pty Ltd's policies are reviewed annually and take into account the input from all stakeholders. Policy reviews also take into account the results attained through monitoring and evaluation and changes in legislation.

5.0 REFERENCES

- Work Health and Safety Act 2011
- Australian Securities Industry Council (financial abuse)

- Provider Registration Guide to Sustainability
- Terms of Business for Registered Providers NDIS
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018
- Corporations Act 2001

Management of Medication Policy

1.0 PURPOSE

GentleCarePlus Pty Ltd is committed to providing a high standard of care and excellence in supports and service. GentleCarePlus Pty Ltd's participants may take medications to support and improve their health conditions. Many participants will manage and take their medications independently, while others may ask for some form of support or assistance.

2.0 SCOPE

For this commitment to be achieved GentleCarePlus Pty Ltd's CEO is responsible for ensuring that all medications are correctly managed in accordance with this Policy. This will include the management of documentation, safe/secure storage and handling, and safe support or administration by appropriately trained, qualified or certified staff.

3.0 POLICY

GentleCarePlus Pty Ltd encourages participants to maintain their independence for as long as possible, including managing their own medications in a safe and effective way. Where a participant requests help with their medications, the nature of this help will be clearly recorded, and the participant's consent is confirmed. GentleCarePlus Pty Ltd has processes for the reporting and investigation of medication errors.

Participants / carers / advocates can be confident that GentleCarePlus Pty Ltd will ensure quality outcomes for its participants through a safe and correct medication management policy.

This Policy and Procedures follow the:

- 12 Guiding Principles for Medication Management in the Community, developed by the Australian Pharmaceutical Advisory Council. (June 2006 updated January 2012)

4.0 DEFINITIONS

Medication Support – involves reminding or prompting a participant to take medication, assist with opening medication containers and other assistance; not involving medication assistance.

Medication Assistance – involves the storing of medicines, opening of the container, removing the prescribed dosage (from an approved container), giving the medication as per instructions.

5.0 ROLES AND RESPONSIBILITIES

GentleCarePlus Pty Ltd:

- Has policies and procedures in place for medication administration and storage, and errors and incidents.
- Will provide the necessary training to staff, which includes the effects and side-effects of medications and the safe and secure methods for storage of medications, in addition to medication safety.
- Will document support staff levels of skill and knowledge of medication safety, storage and administration; through a yearly competency.
- Ensures trained support staff are available to perform tasks that are within their knowledge, skills, and experience.
- Issues clear instructions, with the participant's consent that lists steps required to help the participant with their medication.
- These instructions will include, but not limited to:
 - Medication name, strength (where applicable).
 - Form of medication, e.g. tablets, suppositories, liquid.
 - Dose, Route, Frequency.
 - The participant has known allergies/adverse drug reactions.
 - The prescriber's name printed on medication, date and signature.

GentleCarePlus Pty Ltd's CEO and Qualified Delegate (Registered Nurse or Enrolled Nurse] will:

- Be responsible for medication management.

- Conduct and facilitate training sessions in relation to medication support, assistance and administration, for qualified staff.
- Provide annual training that incorporates:
 - Safe and timely medication administration
 - Recording and monitoring of the medication.
 - Safe storage of the medication.
 - Prevention of errors or incidents.
- Ensure Staff follow professional guidelines in the delivery of medications.

GentleCarePlus Pty Ltd's Support Staff will:

- Follow the Medication Management Policy and related medication policies.
- Participate in annual training.
- Only provide services that are consistent with their level of training and competence.
- Seek advice from the CEO where doubt exists.
- Follow the instructions from the CEO and, as per support plan requirements.
- Seek instruction from the CEO when the medication requires refilling.

6.0 PROCEDURE

GentleCarePlus Pty Ltd with the participant/carer/advocate's consent may need to liaise with the family or support network, GP, pharmacist Registered Nurse or Enrolled Nurse to clarify aspects of the medication management.

Staff providing medication support will make sure to:

- Identify the participant.
- Note the medication is current, and the label correctly identifies the participant.
- Administer oral medication, either from:
 - DAA (Dosage Administration Aid).
 - A 'box' medication device filled by a pharmacist, doctor/dentist
 - or GentleCarePlus Pty Ltd's CEO, and/or
 - The participant's labelled pharmacy container.

- Record the service in the participant's support plan.
- Monitor the participant for any adverse or side effects of the medication.

6.1 Safety Considerations

The participants are to be observed for any changes to their health status and reported to the GentleCarePlus Pty Ltd's CEO.

Where a participant refuses the administration of medication, the GentleCarePlus Pty Ltd's CEO is to be advised. Relevant health professionals [Doctor, Registered Nurse, Enrolled Nurse] will be consulted where necessary.

Support Staff shall not make the decision to withhold a participant's medication unless certain about the participant's health status. Staff must consult with the GentleCarePlus Pty Ltd's CEO prior to withholding the medication and follow the CEO's decision in consultation with relevant health professionals (Doctor, Registered Nurse, Enrolled Nurse).

Medications are to be stored in a manner that maintains the quality of the medicine and safeguards the participant, family and visitors in their home. GentleCarePlus Pty Ltd may assist a participant/carer/advocate to obtain and use a locked box or another suitable container or cupboard.

6.2 Documentation

Support staff are to document on the GentleCarePlus Pty Ltd's Medication chart or pharmacy generated medication chart - the date and time of medication administration with their signature and printed name.

Support staff are to record in the Participant health record any change of participant's health status, medication incidents (as listed below).

6.3 Adverse Drug Reactions

- Adverse drug reactions must be reported immediately to the GentleCarePlus Pty Ltd's CEO.

- CEO will inform the GP/RN immediately and document actions taken in the participant's health record.
- An adverse drug reaction is an incident and must be recorded on a "Medication Incident Form" and in the participant's health record, including symptoms and actions taken.

6.4 Medication Errors

GentleCarePlus Pty Ltd's staff who detects an error, including an error in dosage, time, frequency or type of medication administered to or taken by a participant must:

- Identify the nature of the error.
- Notify the CEO.
- Follow the advice from CEO.
- Complete an Incident Report Form.
- Monitor the participant for any adverse events because of the error

6.5 Support Staff Training for Medication Assistance

All GentleCarePlus Pty Ltd's Staff involved in assisting or supporting the participants with their medication is trained by CEO and health practitioners (Registered Nurse, Enrolled Nurse) in medication procedures taking due care and diligence to comply with legislative requirements, e.g. "Training in first aid, healthy body systems and the administration of medication is delivered by a Registered Training Organisation (RTO) in accordance with Australian Qualification Framework (AQF) standards."

GentleCarePlus Pty Ltd will ensure that all staff hold current first aid and CPR qualifications, so they can respond appropriately when monitoring any adverse reactions that require action, intervention and escalation. Support staff have relevant skills and experience and a level of competency to provide appropriate and safe support to a person with a disability.

GentleCarePlus Pty Ltd's staff participate in regular supervision of CEO to strengthen their understanding of medication procedures and affirm their knowledge and practice. An annual competency will be conducted by GentleCarePlus Pty Ltd to their support staff in their medication management and administration practices. This will be recorded in their staff files where appropriate. GentleCarePlus Pty Ltd's annual training will include, but not limited to, the following high-risk medication education;

6.6 High-risk Medications

GentleCarePlus Pty Ltd's staff will be trained and educated on the specific hazards and risks associated with high-risk medications that their participants may be consuming. GentleCarePlus Pty Ltd training will incorporate the following topics for their support workers; where necessary for each participant's individual needs; specified in their support plans.

- PRN medications
- Schedule 2 medicine (*over the counter pharmacy medicine*)
- Schedule 3 medicine (*Pharmacist only medicines*)
- Schedule 4 medicine (*Prescription only medicines*)
- Schedule 8 medicine (*controlled drugs*)
- Cytotoxic medications

7.0 RELATED DOCUMENTS

- Code of Conduct Policy
- Complaints Compliments and Feedback Policy
- Consent Policy
- Reportable Incident, Accidents and Emergencies Policy
- Privacy and Confidentiality Policy
- Risk Management Policy
- Service Agreement Policy
- Authority to Act as an Advocate
- Complaints / Feedback Form
- Doctors Medication Order Form
- Incident Investigation Form
- Privacy and Confidentiality Agreement
- Risk Assessment Form
- Participant Medication Plan and Consent Form

8.0 REFERENCE

- NDIS Quality and Safeguards Commission (2018)
- NDIS Provider and Registration and Practice Standard
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006
- 12 Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council. (June 2006 updated January 2012)
- The “Medication Management Framework” (Poisons Regulations 95AA January 2018)
- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff (2015)
- ACIA Administration of Oral Medications in the Community by Support Staff (2017)

Management of Waste Policy

1.0 PURPOSE

Provide clear guidelines to manage waste in a manner that meets environmental and the Work Health and Safety Act requirements.

2.0 SCOPE

For all frontline workers to know how to manage waste products in the same manner. To ensure that all people accessing or using our services are safe in their environment. To ensure that all staff are trained to respond to emergencies and incidents in an appropriate manner.

3.0 POLICY

All people who access GentleCarePlus Pty Ltd's services or any other person in the home are protected from harm because of exposure to the waste, infectious or hazardous substances generated during the delivery of supports.

GentleCarePlus Pty Ltd's policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements (see Work, Health and Safety Policy and Procedure).

Exposure to waste, infectious or hazardous substances is to be referred to CEO to manage the relevant processes that all staff and participants

4.0 PROCEDURE

4.1 Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- Reported to CEO
- Recorded on Hazard Form
- Investigated by CEO
- Reviewed and added to Continuous Improvement Register.

4.2 Emergency Plan

During an emergency such as a chemical spill or biohazard staff:

- Contact CEO
- Contact local emergency services, for example, police, fire brigade and poison information centre details are supplied.
- Alert people at the workplace to an emergency or emergency, for example, use a siren or bell alarm, or if in the home environment inform participant and/or others at the site.
- Evacuate the participants ensuring that correct processes for assisting any hearing, vision or mobility-impaired people.
- Follow the map in the workplace, illustrating the location of fire protection equipment, emergency exits, assembly points. If in a home environment, then take the participant and/or others at the site to a safe location away from the home environment.

After the Emergency, CEO will:

- Record the incident.
- Notifying the regulator (if applicable).
- Organise trauma counselling or medical treatment.

4.3 Reviewing and Evaluating

- CEO will train staff in this process.
- Analyse the emergency to feed into Continuous Improvement Policy and Procedure.

4.4 Staff Training

GentleCarePlus Pty Ltd will undertake the training of all staff who are involved in handling waste or hazardous substances. This training will include:

- Safe handling of hazardous materials and substances , including:
- Body waste.
- Infectious materials such as used dressing.
- Hazardous substances such as chemicals – toxic or corrosive substances, bloodborne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps injuries.
- The use of personal protective equipment.
- Clothing requirements such as shoes, masks or similar.
- The removing or mitigating of the hazard – inform CEO of any problems.
- Use of Off-site Work Kit – includes emergency contact details, gloves, aprons.

5.0 RELATED DOCUMENTS

- Hazard Form
- Continuous Improvement Policy
- Work Health and Safety Policy

6.0 REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulation 2014