Mildura Disability Support Services| **Continuous Improvement Policy**

1. Introduction

1.1. Purpose

The purpose of this Policy is to outline the approach to be taken to ensure continuous improvement is integrated into our organisation's operations and to ensure compliance with relevant legislative and quality framework requirements.

1.2. Scope

This Policy is applicable to all Workers affiliated with Mildura Disability Support. It is the responsibility of every individual, regardless of their employment status, to fully comprehend and comply with the commitments outlined in this policy. All Workers must acknowledge that they have read, understood and will comply with the contents of this Policy.

1.3. NDIS Indicators (Objectives)

Quality Management

Outcome: Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery. To achieve this outcome, the following indicators should be demonstrated:

a) A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.

b) The provider's quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.

c) The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers

2. Policy Statement

Mildura Disability Support Servicesis committed to a culture of continuous improvement to enhance the quality and effectiveness of our services. We aim to provide high-quality, person-centred services that

meet the needs and aspirations of our Participants. To achieve this, we continually review and improve our systems, processes, and service delivery models.

Our continuous improvement processes are underpinned by the following principles:

a) Participant-focused: Improvements are based on participant needs, feedback, and aspirations.

b) Inclusiveness: All Workers, volunteers, and participants are encouraged to contribute to the continuous improvement process.

c) Data-driven: Decisions are based on data and evidence.

d) Transparency: Information on continuous improvement is regularly communicated.

2.1. Relevant legislation

All relevant legislation to this Policy is outlined in the Legislation Register.

2.2. Related documents

a) Internal Audit Schedule

b) Continuous Improvement Register

c) Continuous Improvement Plan

d) Management Meeting (Agenda and Minutes)

3. Responsibilities and Roles

a) Narelle Margaret Fraser is responsible for the development and review of this policy. It is expected that Narelle Margaret Fraser ensures this Policy remains compliant with all applicable laws, regulations and standards.

b) Key Management Personnel play a vital role in ensuring the effective implementation of this Policy throughout Mildura Disability Support. It is the responsibility of all Key Management Personnel to not only assist Workers in understanding and complying with this policy but also to comply with it themselves. By leading by example, they demonstrate the importance of adherence to the policy and foster a culture of compliance within the organisation.

c) Workers are responsible for understanding the contents of this policy and complying with all procedures applicable to them.

4.   Definitions

Mildura Disability Support Servicesmeans AUS DISABILITY SUPPORT PTY LTD ABN 61 684 083 574.

Key Management Personnel means Narelle Margaret Fraser and other key management personnel involved in Mildura Disability Support Servicesfrom time to time.

Director means Narelle Margaret Fraser.

Worker means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by Mildura Disability Support Servicesand includes the Director.

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5.   Procedures

5.1.   Use of feedback for continuous improvement

a)   We welcome and encourage feedback from our Participants, their families, Workers, and stakeholders. Feedback is actively sought through various channels such as Participant surveys, feedback and complaints forms, meetings, and informal feedback.

b)   All feedback and service delivery outputs are regularly reviewed and analysed to identify opportunities for improvement. We evaluate the effectiveness of our services and support strategies to ensure they meet participant needs and aspirations.

c)   We develop improvement plans based on the findings from our evaluations and feedback. These plans clearly outline the proposed improvements, responsible parties, timelines, and resources required.

d)   Improvements are implemented in a structured and supportive manner, with resources allocated as required.

5.2.   Use of incidents for continuous improvement

a)   All Workers are required to report incidents promptly, no matter how minor they may seem. These incidents should be recorded in the Incident Register, detailing the incident's nature, the date and time, people involved, and any immediate actions taken.

b)   A designated person or team will be responsible for conducting an impartial investigation into the incident. The investigation should aim to understand the cause of the incident and why it happened.

c)   The findings from the investigation should be analysed to identify opportunities for service improvement. This could include changes to policies or procedures, training needs, resource allocation, or communication processes.

d) An action plan should be developed, outlining the steps to be taken to implement the identified improvements, the person responsible, and a timeline for implementation.

e) Findings from incident investigations and improvement actions should be communicated to all relevant Workers to promote learning and prevent recurrence. This could be done through team meetings, training sessions, or written communications.

5.3. Use of risk related data for continuous improvement

a) Mildura Disability Support Servicesconsistently collects risk-related data from different sources, which includes Home Risk Assessment Checklists, Hazard Identification Checklist and other safety documentation, in line with our Work Health and Safety Policy.

b) The collected data is then systematically analysed by a designated individual or team to identify trends, patterns, and high-risk areas. This evaluation aids in reviewing and understanding the risks and hazards that have arisen within our work environments.

c) Relevant documentation maintained under the Risk Management Policy is also reviewed to uncover further improvement opportunities.

d) All potential improvements identified through this review are promptly logged in the Continuous Improvement Register. An action plan for each improvement is then developed, detailing the measures to be taken, the responsible party, and the expected timeline for implementation.

e) To ensure that improvement actions are applied effectively in service delivery to our Participants, relevant strategies and information are disseminated to all workers who require this knowledge for their roles.

5.4. Use of industry information and advice

a) Key Management Personnel will regularly review and study information released by industry associations, including the NDIS Commission, that pertains to the services and support provided by Mildura Disability Support. The aim is to keep abreast of improvement opportunities based on evidence-informed practices.

b) As part of our efforts to stay informed about best practices in support delivery, we will subscribe, and study Provider Alerts issued by the NDIS Quality and Safeguards Commission.

c) Workers are encouraged and supported to attend relevant external training and engage in continuous professional development to stay updated with evidence-informed practices in our field.

5.5. Internal audits

a) Audits are an integral part of our continuous improvement process. They provide an objective assessment of our systems, processes, and service delivery, and help identify areas for improvement.

b) Audits are scheduled at regular intervals, as outlined in the Internal Audit Schedule. Unscheduled audits may also be conducted in response to incidents, complaints, or as required by changes in legislation or organisational policy.

c) **Planning Audits**

1) The planning stage involves defining the scope, objective, and criteria of the audit. It is determined based on regulatory requirements, risk assessment results, and previous audit findings.

d) **Conducting Audits**

1) Audits are conducted by a nominated Key Management Personnel. The process involves evaluating documentation, observing operations, interviewing Workers, and analysing relevant data. Participants may also be consulted to gain insights into their experience and satisfaction levels.

2) The Audit is to be conducted using the Internal Audit Schedule.

e) **Audit Report**

1) After an audit is completed, a report is compiled detailing the findings, including any non-compliances or areas for improvement. The report is shared with relevant personnel and management for review.

f) **Addressing Audit Findings**

1) Findings from the audit are addressed promptly. Corrective actions for non-compliances and improvement actions for areas of concern are planned and implemented. The actions are monitored until they are completed and have achieved their intended outcomes.

g) **Audit Follow Up**

1) A follow-up audit is conducted to verify the implementation and effectiveness of the corrective and improvement actions. The results of the follow-up audit are documented and communicated to all relevant parties.

5.6. Continuous Improvement Register

a) The Continuous Improvement Register is an essential tool for tracking and managing our improvement activities. It helps us ensure all feedback and improvement actions are documented, tracked, and evaluated in a structured manner.

b) **Updating the Register**

  1) Whenever a new improvement opportunity is identified, it should be promptly added to the register. The Worker identifying the opportunity is responsible for providing a detailed description, the source of the improvement, and the desired outcome.

c) **Assigning Responsibility**

  1) A member of management or a designated Worker will be assigned responsibility for each improvement item. They will be accountable for developing and implementing the action plan.

d) **Tracking Progress**

  1) The responsible party will update the register regularly to reflect the progress of each improvement item.

  2) This includes updates on the status, adjustments to the action plan or target date, and any challenges or successes encountered.

e) **Reviewing and Evaluating**

  1) Once an improvement action has been implemented, it should be reviewed to assess its effectiveness.

  2) The outcome and any follow-up actions should be documented in the register. If the improvement has not achieved its desired outcome, further actions should be planned.

f) **Closing Items**

  1) Once the improvement has been successfully implemented, reviewed, and no further actions are required, the item can be closed. The date of closure should be documented in the register.

g) **Regular Review of Register**

  1) The Continuous Improvement Register should be reviewed regularly by management to monitor the progress of improvement activities, identify trends, and ensure the continuous improvement process is functioning effectively.

6.   Policy Review and Updates

This Policy is to be amended and updated according to the requirements to comply with the applicable law.

Approval Authority: Narelle Margaret Fraser

Version: 1

Approval Date: February 2025

Review Date: February 2027