

## 1.2 CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

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### **Purpose and Scope**

The purpose of this policy and procedure is to set out how Partner In Your Care delivers quality services through an effective Quality Management System (QMS) that is based on an ongoing cycle of review and evaluation.

This policy and procedure applies to all Partner In Your Care staff and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

Documents relevant to this policy and procedure:

- *All policies and procedures*
- *QMS Document Review Schedule*
- *Continuous Improvement Register*
- *Compliance Register*
- *Complaints Register*
- *Incident Register*
- *Risk Register*
- *Schedule 2.0 Internal Review and External Audit Schedule*

### **Definitions**

**Continuous improvement** - the ongoing effort of an organisation to improve services, systems, processes or products to maximise benefits for its participants. The process relies on using evidence-based information to support the organisation's achievement of its goals and outcomes. This also means adapting to the changing needs of its community or participants.<sup>1</sup>

### **Policy**

Partner In Your Care is committed to quality, innovation and promoting a culture of continuous improvement in its governance, management and service delivery.

Continuous improvement is incorporated into all areas of Partner In Your Care's operations and the system is appropriate to the business' size and the classes of NDIS supports it provides.

Partner In Your Care includes its staff, participants and other relevant stakeholders in its continuous improvement activities to ensure services are of a high quality and meet participant needs.

### **Procedures**

Partner In Your Care's QMS is based on policies and procedures that comply with the *NDIS Practice Standards* and all relevant Commonwealth and State legislation and regulations. All policies and procedures will be formally reviewed annually, two yearly or three yearly and incorporate staff, participant and other stakeholder feedback.

All staff are required to:

- be familiar with all policies and procedures and their implementation;
- critically review policies and procedures and test them against future needs; and

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<sup>1</sup> National Standards for Disability Services, Department of Social Services

- make positive and constructive suggestions about current policies and procedures and the development of new ones.

To support continuous improvement, the General Manager – Quality Assurance and Compliance will arrange, monitor and report on internal reviews and external audits to the Management Team, in accordance with *Schedule 2.0 Internal Review and External Audit Schedule*. Where possible, stakeholders (participants, families, carers and advocates) will be included in each formal review or audit procedure undertaken by the organisation.

All service planning, delivery and evaluation activities will include staff, participant and other stakeholders and their feedback.

All staff are responsible for identifying and actioning opportunities for continuous improvement. They will be made aware of their responsibilities through formal Induction and training processes as well as ongoing workplace practices.

The Agenda for Management Team meetings will include a standing item on continuous improvement (including staff and participant feedback and complaints).

All continuous improvement issues or opportunities identified will be reported to and tracked by the General Manager – Quality Assurance and Compliance in Partner In Your Care's *Continuous Improvement Register*. The *Continuous Improvement Register* is a 'living document', updated as and when improvements are identified. For any specific improvement identified, the register includes the:

- improvement identified;
- action to be taken;
- person responsible for actioning;
- staff, participant or other stakeholder participation required and undertaken;
- date of completion; and
- review date.

The *Continuous Improvement Register* will also track improvements identified as a result of reviews of:

- Partner In Your Care's *Complaints Register*;
- Partner In Your Care's *Risk Register*;
- Partner In Your Care's *Incident Register*;
- feedback opportunities offered to participants, families, carers and advocates;
- planning, service delivery, plan review, exit, service refusal and referral information contained in Partner In Your Care's staff and participant records;
- results from internal reviews and external audits;
- Partner In Your Care's performance against its Vision, Mission and goals as set out in its strategic and operational planning;
- learning and reflection opportunities for staff;
- staff supervision and performance review processes and outcomes;
- reporting and data provided to the NDIS Quality & Safeguards Commission and other agencies; and
- collaborative relationships with similar organisations and networks.

## Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Management Team. Reviews will incorporate staff, participant and other stakeholder feedback.

Six-monthly Service Delivery and Planning days and activities will include participants and stakeholders where relevant and assess how effectively Partner In Your Care's continuous improvement processes inform quality service delivery.

Annual staff and participant satisfaction surveys will assess stakeholder satisfaction with Partner In Your Care's continuous improvement practices and the quality of services provided.

Partner In Your Care's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of any their implementation. Where relevant, this information will be fed into Partner In Your Care's service planning and delivery processes.

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| Endorsement Date:  | Reviewed Date:   | Reviewed Date:   | Reviewed Date: | Reviewed Date: |
| 12/11/2018   | 10/09/2019   | 01/06/2021   |                |                |
| Reviewed by / Rob Nelson   | Reviewed by / Rob Nelson   | Reviewed by/ Bianca Yee  |                |                |
| Signature:                    | Signature:  | Signature:  |                |                |
| <i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.</i> |  |  |                |                |