

# NDIS Practice Standards Interpretive Guide

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### Disclaimer

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# Contents

Introduction to the NDIS Practice Standards – Interpretive Guide .....	4
<b>Division 1 Rights and Responsibilities .....</b>	<b>6</b>
Outcome 1.1 Person-centred supports .....	6
Outcome 1.2 Individual values and beliefs .....	9
Outcome 1.3 Privacy and Dignity .....	11
Outcome 1.4 Independence and Informed Choice.....	14
Outcome 1.5 Violence, Abuse, Neglect, Exploitation and Discrimination .....	19
<b>Division 2 Provider Governance and Operational Management .....</b>	<b>22</b>
Outcome 2.1 Governance and Operational Management .....	22
Outcome 2.2 Risk Management ★ .....	28
Outcome 2.3 Quality Management .....	35
Outcome 2.4 Information Management .....	38
Outcome 2.5 Feedback and Complaints Management .....	42
Outcome 2.6 Incident Management .....	46
Outcome 2.7 Human Resource Management ★ .....	50
Outcome 2.8 Continuity of Supports ★ .....	60
<b>Outcome 2.9 Emergency and Disaster Management ★ .....</b>	<b>65</b>
<b>Division 3 Provision of Supports .....</b>	<b>75</b>
Outcome 3.1 Access to Supports.....	75
Outcome 3.2 Support Planning ★ .....	78
Outcome 3.3 Service Agreements with Participants ★ .....	88
Outcome 3.4 Responsive Support Provision ★ .....	93
Outcome 3.5 Transitions to or from the provider ★ .....	97
<b>Division 4 Support Provision Environment .....</b>	<b>100</b>
Outcome 4.1 Safe Environment ★ .....	100
Outcome 4.2 Participant Money and Property .....	111
Outcome 4.3 Management of Medication .....	114
<b>Outcome 26A Mealtime Management ★ .....</b>	<b>117</b>
Outcome 4.4 Management of Waste ★ .....	126

★ New information available

★ **New Outcome**

# Introduction to the NDIS Practice Standards – Interpretive Guide

This interpretive guide is for organisations preparing to re-register as an NDIS provider. The aim is to help providers that are required to meet Certification requirements with the NDIS Commission, to interpret and better understand the requirements of the NDIS Practice Standards Core Module and associated quality indicators. The guide provides both an explanation of what each indicator means and provides some examples of documentary evidence that may meet the requirement of the quality indicator. **This version contains the updated changes from the NDIS Legislation Amendment (Quality Indicators) Guidelines 2021**

## How to use the Guide

This guide can be used as a working document to prepare for your self-assessment against the relevant NDIS Practice Standards. It lists each outcome and quality indicator. Against each quality indicator, it provides the following information and tools;

- an interpretation of each quality indicator for the CORE Module of the NDIS Practice Standards and some useful links
- examples of documentary evidence that could demonstrate your organisation actively meet the requirements
- opportunity for providers to list/identify gaps
- opportunity to allocate responsibility for, and determine how you might meet the identified gaps that could form an action plan.

## About evidence

Registered providers are audited against the standards and need to provide evidence on how the standards are implemented. Evidence needs to be proportionate to the size and scale of the provider organisation.

The National Disability Scheme Insurance (Provider Registration and Practice Standards) Rules 2018 specify the types of evidence that auditors are required to collect including:

- (a) information directly from participants
- (b) information from family/friends/carer/nominees and/or independent advocates (with participant consent)
- (c) the documented support plan and evidence of the delivery of supports to execute the plan
- (d) all the supports delivered by the NDIS provider to the participant.

Providers are expected to demonstrate best practice through innovative, responsive service delivery, underpinned by the principles of continuous improvement of the systems, processes and associated with the outcomes. Auditors will check a variety of reliable sources to corroborate and confirm your claims. They will check whether the provider is meeting the expectations of participants and where appropriate, assisting them to attain their goals.

Information for participants, family and careers needs to be accessible and easy to understand. Communication with participants should be in the preferred style.

## Note

This guide does not cover all processes or practices relevant to all providers. It is important to interpret the information provided with respect to your own circumstances. The Practice Standards state that the processes you use to meet the indicators will be 'proportional' to the size and scope of supports you deliver. It is important to use the information provided as a guide to help you think about what your own organisation may have or do that fits with the intention of the indicator. This is important for small organisations that will need less complex systems and processes than larger organisations due to the size of the staff population, number of outlets, range and complexity of supports provided etc. The NDIS Commission acknowledges the complexity of your quality systems should not be outweighed by the benefits.

## Other important NDIS resources

This resource is not designed to replace NDIS Commission rules or guidance, and should be considered in conjunction with other important resources including:

**NDIS Commission website**  
[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

**NDIS Practice Standards-NDIS Practice Standards and Quality Indicators**  
[www.ndiscommission.gov.au/document/986](http://www.ndiscommission.gov.au/document/986)

**Registration Renewal Process Guide-Information for registered NDIS providers seeking to renew their registration**  
[www.ndiscommission.gov.au/document/996](http://www.ndiscommission.gov.au/document/996)

## Outcome 1.1

### Person-centred supports

#### Participant outcome:

Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

#### 1. Quality Indicators

Each participant's legal and human rights are understood and incorporated into everyday practice.

#### What this means

How the provider makes sure participants rights are understood by staff and participants, and the extent to which delivery of supports is planned and conducted in ways that promote, respect and protect participants rights.

#### Some examples of evidence to support meeting this indicator

Statement of participant rights that outlines how participants can expect to be treated. Participant rights information provided in brochures, service agreement, participant information pack. Staff position descriptions and training records. Code of Conduct signed by staff. Examples of policies and procedures that implement rights promotion and protection. Human Rights/Customer Charter.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.

#### What this means

Information and other forms of communication with participants about the supports you provide, is mindful and takes into account their individual communication needs to maximise comprehension of your messages.

#### Some examples of evidence to support meeting this indicator

Communication preference or supported decision making requirements included in participant files. Brochures, newsletters, posters and other forms of communication are made available to and accessible for participants communication needs. Staff position descriptions. Staff orientation program.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 3. Quality Indicators

Each participant is supported to engage with their family, friends and chosen community as directed by the participant.

#### What this means

How the provider understands and is responsive to each individual participants wishes about involvement of their family/friends and the extent to which participants are invited to engage with their family friends and chosen community (including cultural).

#### Some examples of evidence to support meeting this indicator

Persons preference regarding community culture, family and friends are included in service plans. Policies and procedures on Participant Support Provision. Staff position descriptions and code of conduct. Participant feedback. Participant records showing intake information.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## Outcome 1.2

### Individual values and beliefs

#### Participant outcome:

Each participant accesses supports that respect their culture, diversity, values and beliefs.

### 1. Quality Indicators

At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.

#### What this means

How does the provider understand and then respond to individual participant's cultural and diversity needs, when planning and providing supports.

#### Some examples of evidence to support meeting this indicator

Intake documentation. Participant survey/feedback. Public document (such as values, vision, mission statement, cultural safety and diversity policy) that states the providers goals with regards to meeting diverse community needs.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 2. Quality Indicators

Each participant's right to practice their culture, values and beliefs while accessing supports is supported.

### What this means

The provider makes sure that the supports they deliver and the way they are delivered are mindful of and reflect individual culture, value and belief considerations.

### Some examples of evidence to support meeting this indicator

Statement of participant rights. Participant rights information provided in brochures, service agreement, participant information pack. Staff position descriptions. Policies and procedures on Participant Support Provision.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 1.3 Privacy and Dignity

### Participant outcome:

Each participant accesses supports that respect and protect their dignity and right to privacy.

## 1. Quality Indicators

Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.

### What this means

How does the provider make sure it protects and promotes each participants privacy and dignity? The extent to which supports are delivered that respect and protect participant's privacy and dignity. How does the provider make sure that no unauthorised person is able to hear or read anything to do with a participant.

### Some examples of evidence to support meeting this indicator

Service agreements, Privacy and consent policy and procedures, participant files, CRM privacy controls, Staff induction, training records and code of conduct. Participant feedback. Policies and procedures on Participant Support Provision and Privacy.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 2. Quality Indicators

Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

### What this means

Information and other forms of communication with participants about your providers confidentiality practices, takes into account their communication needs to maximise comprehension of your messages.

### Some examples of evidence to support meeting this indicator

Communication preference or supported decision making requirements included in participant files. Mission, values statement. Brochures, newsletters, posters and other forms of communication are made available to and accessible for participants communication needs. Staff orientation program. Participant feedback.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 3. Quality Indicators

Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

### What this means

Processes for participant consent to collect specific information about them, are in place. Participants are provided with information about the purpose for which the information is collected.

### Some examples of evidence to support meeting this indicator

Statement of participant rights. Participant rights information provided in brochures, service agreement, consent to collect information forms, participant information pack. Staff position descriptions.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 1.4

### Independence and Informed Choice

#### Participant outcome:

Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

#### 1. Quality Indicators

Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.

#### What this means

The provider can demonstrate they have processes of assisting participants to understand, consider and communicate their choices and supported decision making for each participant that requires it. This is available for participants in relation to individual decision making and choice and takes into account the participant's communication needs to maximise comprehension of your messages.

#### Some examples of evidence to support meeting this indicator

Participant information pack that includes how they can participate in decision making and choice. Individual participant communication needs profile. Policies and procedures on active and supported decision making. Staff position descriptions and staff orientation program includes the inclusion of active/supported decision making. Participant feedback on opportunities to make informed choices. Policies and procedures regarding active/supported decision making requirements, choice and risk enablement. A Guide to supported decision making; [www.nds.org.au/images/resources/National-SDM-Guide.pdf](http://www.nds.org.au/images/resources/National-SDM-Guide.pdf)

#### Identified gaps/opportunities for your own improvement –Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.

#### What this means

How does the provider ensure risk enablement in decision making practices are promoted? [www.nds.org.au/resources/all-resources/people-with-disability-and-supported-decision-making-in-the-ndis-a-guide-for-nsw-providers](http://www.nds.org.au/resources/all-resources/people-with-disability-and-supported-decision-making-in-the-ndis-a-guide-for-nsw-providers)

#### Some examples of evidence to support meeting this indicator

Staff induction and training records on risk enablement in participant decision making. Supported decision making (SDM) policies and procedures. The range of ways participants can provide feedback, such as interviews and group discussion.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap



### 3. Quality Indicators

Each participant's autonomy is respected, including their right to intimacy and sexual expression.

#### What this means

How the provider ensure participants independence in relation to choices is supported including the right to sexual expression and relationships.

[www.fpnsw.org.au/factsheets/health-professionals/resources/supporting-decision-making-reproductive-and-sexual-health](http://www.fpnsw.org.au/factsheets/health-professionals/resources/supporting-decision-making-reproductive-and-sexual-health)

#### Some examples of evidence to support meeting this indicator

Policies and procedures on active and supported decision making including issue of consent with accompanying record of consent. Staff position descriptions. Staff orientation program that includes information on maximising individuals independence in relation to personal choices that includes intimacy and sexual expression. Participant feedback.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 4. Quality Indicators

Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.

#### What this means

How does the provider facilitate participants to understand and consider their options in relation to making informed decisions about the supports they seek and receive at each decision making stage of the support engagement.

#### Some examples of evidence to support meeting this indicator

Policies and procedures on supported decision making, participant participation, evidence of participant choice and decision making in supports delivered.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 5. Quality Indicators

Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present.

#### What this means

How does the provider ensure that the right of each participant to seek the support of an advocate, that they may choose is facilitated?

#### Some examples of evidence to support meeting this indicator

Information in a range of formats, for participants about accessing an advocate, Advocacy policy and procedure, participant information pack, participant feedback.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### Outcome 1.5

#### Violence, Abuse, Neglect, Exploitation and Discrimination

#### Participant outcome:

Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

### 1. Quality Indicators

Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.

#### What this means

How does your provider ensure that participants are protected from any form of abuse, violence, neglect, exploitation and discrimination.

#### Some examples of evidence to support meeting this indicator

Policy and procedures on preventing abuse, exploitation and neglect, including reporting procedures. Implementation and monitoring of workers meeting the Code of Conduct, which might be documented in staff supervision/staff meetings. Records of compliance with the Code of Conduct. Staff performance reviews. See Zero Tolerance resources for further information and examples <https://www.nds.org.au/resources/zero-tolerance>.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## 2. Quality Indicators

Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.

### What this means

How does the provider ensure that if a participant is involved in an allegation of abuse, neglect, violence, exploitation discrimination they are provided with access to an advocate?

### Some examples of evidence to support meeting this indicator

Information for participants about accessing an advocate. A list of current local advocacy organisations with contact details. Advocacy policy and procedure, participant information pack, participant feedback. Incident records.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 3. Quality Indicators

Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again.

### What this means

The provider has clear procedures in response to allegations of abuse violence, neglect, exploitation discrimination and exploitation. These include investigation of the allegation, support and assistance (including facilitating access to an advocate) for those participants that are involved in the allegation, the event and investigation results are recorded and a plan of action to eliminate any future occurrence is in place.

### Some examples of evidence to support meeting this indicator

Incident Policy and procedure, Incident register that links to CQI processes, CRM, evidence of investigations on incidents/allegations, staff training in responding to actual or allegations of abuse and neglect. See Zero Tolerance resources. [www.nds.org.au/resources/zero-tolerance](http://www.nds.org.au/resources/zero-tolerance)

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 2.1

### Governance and Operational Management

**Participant outcome:**

Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.

#### 1. Quality Indicators

Opportunities are provided by the governing body for people with disability to contribute to the governance of the provider and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.

**What this means**

How the provider invites, involves and works with participants to facilitate their involvement in the running of the organisation or in the goal-setting, planning and decision making for the provider. The extent to which the board listens to, considers and, as appropriate acts on the opinions, ideas of participants in their governance.

**Some examples of evidence to support meeting this indicator**

Policy on how participants help shape services and a process for that. Examples of the changes or decisions that have been made or directions set for the organisation, as a result of participant involvement. i.e. documents relating to the review and development of a strategic plan, consumer representative committees, participant involvement on the board (e.g. agenda and minutes). Policy and procedures on consumer participation. Policy on reasonable adjustment to ensure participants achieve meaningful participation.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

#### 2. Quality Indicators

A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.

**What this means**

How the provider decides what groups or individuals (e.g. the board, senior management, functional area committees or working groups (finance audit and risk) should undertake what kinds of decision making and planning activities. How does the provider make sure the structures and processes around financial, legislative, regulatory and contractual responsibilities are followed by management. This should include ways that the board uses to ensure quality and safeguards for participants of supports are promoted, monitored and protected.

**Some examples of evidence to support meeting this indicator**

Board constitution. Board identified responsibilities and associated structure for meeting responsibilities. Board monitoring strategies to ensure quality and safeguards activities are meeting the NDIS Commission rules and regulation.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

### 3. Quality Indicators

The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps.

#### What this means

Your governance body has a way to identify the skills and knowledge required for the Boards needs. If there are identified gaps in knowledge or skill, the Board seeks training to address those particular areas of need.

#### Some examples of evidence to support meeting this indicator

Board member profiles, Board member skills matrix, board recruitment documents, board member training attendance. [aicd.companydirectors.com.au/resources/director-tools/practical-tools-for-directors/board-composition/guidance-for-preparing-a-board-skills-matrix](http://aicd.companydirectors.com.au/resources/director-tools/practical-tools-for-directors/board-composition/guidance-for-preparing-a-board-skills-matrix)

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 4. Quality Indicators

The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants' and workers' needs and the wider organisational environment.

#### What this means

How the board develops the strategic and business plan to ensure they include their obligations in relation to NDIS registration requirements, legislative requirements, organisational risks, participant and staff needs and the whole organisational environment.

#### Some examples of evidence to support meeting this indicator

Policy and procedure on Strategic and Operational planning. Operational Plan. NDIS Commission (or previous state) audit report. Compliance register. Board meeting agenda and minutes. Strategic plan review reports.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 5. Quality Indicators

The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.

#### What this means

How the provider ensures performance of the CEO and those on the management team are meeting performance requirements, the CEO is being managed and opportunities for continuous quality improvement are maximised.

#### Some examples of evidence to support meeting this indicator

CEO and management position descriptions. Performance plan, KPIs and review report.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

### 6. Quality Indicators

The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.

#### What this means

How the provider ensures their CEO's performance matches the defined responsibilities, accountabilities and authorities of their role.

#### Some examples of evidence to support meeting this indicator

Records of performance planning, monitoring and review of the CEO role. CEO job description. Performance review report. CEO reports to the Board.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## Outcome 2.2 Risk Management

### Participant outcome:

Risks to participants, workers and the provider are identified and managed.

### 1. Quality Indicators

Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated.

#### What this means

How the provider makes sure it is aware of the events that could potentially affect its operations and how it prepares itself to deal with them if they happen. Whether the provider has identified the full range of risks relevant to it, including; events that could affect the survival of the whole organisation, such as NDIS pricing changes, issues involving the Board or management, such as the wrong decision being made, day to day service operations such as the IT system collapsing, natural disasters, property damage such as fire or theft, financial such as misuse of money or funding withdrawal, safety such as avoidable death or failure of infection control procedures. Systems are in place to ensure a risk mitigation strategy has analysed the likelihood of the above events and established a response to minimise the likelihood of them occurring and manage them effectively if they do occur.

#### Some examples of evidence to support meeting this indicator

Risk management framework and processes, signed off by the Board. Risk management register. Records of risk assessment and treatments relating to all relevant business areas; including incident management and reportable incidents, complaints management, worker screening checks, work health and safety, Human resource management, financial management information management and governance. Insurance and professional indemnity policies. Client/environmental risk profiles. Business continuity plan. Emergency response protocols. Compliance assessment. Insurance policies. Staff meeting minutes. Minutes of relevant management /board committees of Audit and Risk and their Terms of Reference.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

**2. Quality Indicators** ★ **New Information!**

A documented **risk management** system that effectively manages identified risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.

**What this means**

How the provider identifies analyses and prioritises its key areas of risk. How your provider identifies the data it needs to collect to monitor these risks (for example audit reports or regular monitoring of IT, health and safety, financial management, clinical governance) and how it collects and uses information to manage risks. How does the provider ensure all managers and staff understand possible risks, and how they should respond to them.

**Some examples of evidence to support meeting this indicator**

Risk management framework and processes or plan. Hazard and incident reporting systems, register of critical incidents and near misses. Risk management simulations e.g. fire evacuation.

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap****3. Quality Indicators** ★ **New Information!**

The risk management system covers each of the following:

- a) incident management;
- b) complaints management and resolution;
- c) financial management;
- d) governance and operational management;
- e) human resource management;
- f) information management;
- g) work health and safety;
- h) emergency and disaster management.

**What this means** ★

In addition to the previous requirements for this indicator to identify, analyse and prioritise specific risk areas, you ensure you now include these new key areas of risk.

The key areas of risk your provider identifies, analyses and prioritises includes these areas:

- a) Incident Management
- b) Complaints Management and resolution
- c) Work Health and Safety
- d) Human Resource Management
- e) Financial Management
- f) Information Management
- g) Governance and operational management
- h) Emergency and disaster management

**Some examples of evidence to support meeting this indicator** ★

Risk management framework and processes that address all these listed indicator requirements. Hazard and incident reporting systems, register of critical incidents and near misses. Risk monitoring and review reports. [See here](#) for resources to support these requirements

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap**



**4. Quality Indicators** ★ **New Information!**

Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.

**What this means** ★

Your risk management system includes a plan for the prevention and control of infection/outbreak spread.

**Some examples of evidence to support meeting this indicator** ★

Infection management/pandemic continuity plans, Infection control policies and procedures. Adequate supplies of PPE. Staff induction and training (and records) around outbreak management and implementation of plans. Service agreements that include disaster management arrangements. Site drills. Covid safe plans.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**5. Quality Indicators** ★ **New Information!**

Supports and services are provided in a way that is consistent with the risk management system.

**What this means** ★

The risk management plan documents how you will continue to deliver supports and services in a safe way. It includes the way supports are delivered and incorporates all elements relevant to direct support delivery.

**Some examples of evidence to support meeting this indicator** ★

Availability of and staff training in the use of PPE and other risk mitigation strategies. Vaccination records of all staff. Business continuity plan. Grab and Go Bags (that might contain participant medication records/PPE etc.)

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**6. Quality Indicators** ★ **New Information!**

Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

**What this means** ★

Your insurance includes: professional indemnity, public liability and accident insurance

**Some examples of evidence to support meeting this indicator** ★

Insurance documents: Insurance Management Policy. See [here](#) for an example

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap****Outcome 2.3**  
**Quality Management****Participant 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.

**1. Quality Indicators**

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.

**What this means**

What action does the provider take to make sure that it always provides the best possible service for the people it supports. How does the provider ensure it is meeting NDIS Commission and relevant legislative requirements? What structured set of processes does the provider follow for monitoring and managing quality and is this reviewed regularly?

**Some examples of evidence to support meeting this indicator**

Evaluation of programs, feedback via surveys/complaints/incident/outcome reports. Service and program review cycle. Induction training records. Quality improvement plan – plan for action to make improvements that will impact on the quality of service delivery or operations. Results of an NDIS Practice Standards (or similar) audit. Legislative compliance register.

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap**

## 2. Quality Indicators

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.

### What this means

How does the provider know that the policies and procedures you have in place to guide practice are being followed as required.

### Some examples of evidence to support meeting this indicator

Schedule of internal audits and audit results. Quality Improvement Register that shows where an audit is initiated in response to an incident.

### Identified gaps/opportunities for your own improvement – Your work plan!

**Who or how will you address the identified gap**

## 3. Quality Indicators

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

### What this means

How does the provider ensure continuous improvement in all areas of operation, including support delivery? How are the outcomes from individual complaints, incidents and other feedback analysed, in order to use this for improvements and future planning?

### Some examples of evidence to support meeting this indicator

Mission and values statement that refers to the importance of continuous quality improvement and organisational learning. CQI register, Incident register, compliance register, document control register, Review and evaluation activities, such as Staff and participant surveys review of policies and procedures. Policies and procedures that support continuous improvement across the organisation. Examples of improvements that have been implemented in response to feedback, incidents, complaints etc. Incident/complaints register.

### Identified gaps/opportunities for your own improvement – Your work plan!

**Who or how will you address the identified gap**

## Outcome 2.4

### Information Management

#### Participant outcome:

Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

#### 1. Quality Indicators

Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.

#### What this means

The provider has a system to ensure they obtain participants consent to collect, use, retained and share personal information. This includes the purpose of seeking to use their personal information. In circumstances where the provider is required to share or disclose personal information, without a participant's consent, for example reporting of incidents to the NDIS Commission, the provider informs the participant. How the provider ensures that these practices are followed.

#### Some examples of evidence to support meeting this indicator

Service agreements reflect this requirement regarding the use retention, disclosure of participant information. Privacy and consent policies and procedures. Participant records management system. Transfer of client information policy and procedures. Staff code of conduct. Personal information consent forms.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information, and withdraw or amend their prior consent.

#### What this means

How the provider informs participants about how the information gathered is stored and used. How the provider informs participants about how and when they can access their personal information, change it and if they wish withdraw or make a change to their consent.

#### Some examples of evidence to support meeting this indicator

Policy and procedure for participant information about access to, and withdrawal or amendment of consent to their personal records. Participant information pack.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 3. Quality Indicators

An information management system is maintained that is relevant and proportionate to the size and scale of the provider and records each participant's information in an accurate and timely manner.

#### What this means

How the provider manages hard copy and electronic participant files in a way that makes it easy for staff and participants to both submit and locate the information they need.

#### Some examples of evidence to support meeting this indicator

Information and records management policy and procedure. IT policies and procedures. Participant record management system.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 4. Quality Indicators

Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.

#### What this means

How the provider keeps personal information confidential and protected from unauthorised access and viruses and is backed up on a regular basis. How the provider manages the storage, retrieval, destruction and disposal of information.

#### Some examples of evidence to support meeting this indicator

Secure access to CRM. Adequate virus protection. Record back-up and tracking systems. Record maintenance, retention and archiving policies and guidelines.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## Outcome 2.5

### Feedback and Complaints Management

#### Participant outcome:

Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by All (ex. SDA only) parties are welcomed, acknowledged, respected and well-managed.

#### 1. Quality Indicators

A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the provider. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

#### What this means

How the provider makes sure that complaints are handled quickly, wisely and fairly. How the provider ensures that when they receive a direct complaint, the person making the complaint and the participant affected by the issue must:

- Be informed of the complaint's progress [www.legislation.gov.au/Details/F2018L00634](http://www.legislation.gov.au/Details/F2018L00634)
- Be appropriately involved in the resolution of the complaint
- Be updated on the implementation of any relevant outcomes, including any action taken and decisions made

#### Some examples of evidence to support meeting this indicator

Policies and procedures on receiving, recording and responding to all complaints that involves the participant. Complaint/feedback log/register to record which complaints are made, where when and how often. Complaint forms. Complaint actions outcomes register. Participant information pack containin ginformation about complaints process.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.

#### What this means

How does the provider ensure participants understand how they are able to give feedback or make a complaint about the supports they purchase and what external options they can go to that includes the NDIS Commission. What is the process to help participants access an advocate if they wish when they make a complaint. How does the provider welcome complaints and feedback, make the process easy and support the participant through process.

#### Some examples of evidence to support meeting this indicator

Information in alternative formats, for participants about making a complaint. Participant information pack. Information on your website about how you manage feedback and complaints. Staff position descriptions that includes their role in receiving and handling complaints. Participant feedback. Complaint investigation records. Staff feedback surveys.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 3. Quality Indicators

Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.

#### What this means

How the provider ensures their complaints and feedback process is regularly reviewed with a view to making improvements. How the provider reviews the accessibility of your Complaints handling process, to ensure its accessibility is continually improving.

#### Some examples of evidence to support meeting this indicator

Evidence of review and improvement of complaint handling policies and procedures. Participant feedback mechanisms such as surveys that include checking on the accessibility of your Complaints handling process. Continuous improvement plan that schedules a review of complaints management. Complaint outcomes are part of a continuous quality improvement system-continuous improvement register.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 4. Quality Indicators

All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

#### What this means

How does the provider ensure all staff are aware of their responsibilities regarding your internal complaints handling process with regard to the NDIS Commission Rules, including that staff must support participants to make a complaint and support them to take a complaint to the NDIS Commission if they choose.

#### Some examples of evidence to support meeting this indicator

Staff induction/training records on complaint procedures. Documented records of compliance with code of conduct or this standard. Complaint records. Manager position descriptions that include role modelling of internal complaints handling.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## Outcome 2.6

### Incident Management

#### Participant outcome:

Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

#### 1. Quality Indicators

An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the provider. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

#### What this means

How the provider has established an incident management system that identifies, assesses, manages and resolves incidents and meets the requirements of the NDIS Commission [www.ndiscommission.gov.au/document/1086](http://www.ndiscommission.gov.au/document/1086)

#### Some examples of evidence to support meeting this indicator

Policies and procedures for managing incidents that reflect the NDIS Commission requirements. Incident register and reporting mechanisms. Staff training records on the identification of reportable incidents, completing incident forms and following relevant procedures.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Each participant is provided with information on incident management, including how incidents involving the participant have been managed.

#### What this means

How the provider informs participants about their incident management system and includes information about how an individual participants incident has been managed.

#### Some examples of evidence to support meeting this indicator

Information for participants about your incident management processes in preferred communication styles. Participant Information Package. Participant feedback.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap



### 3. Quality Indicators

Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider's organisation.

#### What this means

How the provider ensures their Incident management system is regularly reviewed with a view to making improvements. How the provider reviews the accessibility of your incident management process, to ensure its accessibility is continually improving.

#### Some examples of evidence to support meeting this indicator

Risk management plans. Risk register. Incident register. Evidence of review and improvement of incident management policies and procedures. Participant feedback mechanisms such as surveys, or focus groups that include checking on the accessibility of your incident management process. Continuous improvement plan that schedules a review of incident management.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 4. Quality Indicators

All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

#### What this means

How does the provider ensure all staff are aware of their responsibilities regarding incident management with regard to the NDIS Commission Rules, including responding in an emergency, investigating review and CQI and reporting incidents to the NDIS Commission.

#### Some examples of evidence to support meeting this indicator

Staff induction. Ongoing staff training in Incident management. Incident management and Human Resources policy and procedures. Staff performance review forms.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## Outcome 2.7

### Human Resource Management

#### Participant outcome:

Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

#### 1. Quality Indicators

The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position.

#### What this means

How the provider decides what skills and knowledge/staffing profile it requires in order to provide the services and programs it wishes to deliver. These are documented along with the responsibilities and scope and limitations of each role.

#### Some examples of evidence to support meeting this indicator

Human resources policies and procedures that includes workforce planning, recruitment and selection, induction and orientation. Selection criteria and role descriptions or duty statements. Staff records with current practicing certificates, resumes. Feedback from participants regarding the suitability of the skills and knowledge of their support workers.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Records of worker pre-employment checks, qualifications and experience are maintained.

#### What this means

How does the provider ensure they meet the NDIS Commission's pre-employment check requirements. How the provider monitors that workers screening checks and any required registrations are valid.

#### Some examples of evidence to support meeting this indicator

Policies and procedures for pre-employment checks and monitoring currency. Credentialing and re-credentialing of allied health care staff. Records of credentialing and pre-employment checks.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 3. Quality Indicators

An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.

#### What this means

How the provider ensures all staff receive an orientation and induction to the provider and their role. How does the provider ensure all staff complete the compulsory NDIS Commission worker orientation program

#### Some examples of evidence to support meeting this indicator

Policies and procedures on orientation and/or induction. Staff orientation and/or induction records. Staff records. Records of completion of NDIS Worker Orientation program (for post June 2020).

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 4. Quality Indicators

A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.

#### What this means

The way in which the provider identifies and provides staff with opportunities to take training, have on the job experience, or in other ways keep learning and keep up to date and relevant to the needs of each participant. This includes all the NDIS Commissions mandatory staff training in relation to the Practice standards and rules (Refer to this resource).

#### Some examples of evidence to support meeting this indicator

Policies and procedures and records regarding staff training that includes the mandatory NDIS Commission practice standards and rules staff training requirements. Records of training schedule/delivery/outcomes.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 5. Quality Indicators

Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.

#### What this means

The extent to which policies and procedures for HR (that includes supervision, support and resources) are designed and implemented in a timely way to support staff with their role.

#### Some examples of evidence to support meeting this indicator

Staff survey, records, supervision records, policies and procedures for Human Resource tasks (such as supervision, support and resources) to support staff in their role. Position descriptions.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 6. Quality Indicators

The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.

#### What this means

How staff understand what is expected of them and the processes managers have in place to manage performance, including monitor performance, provide feedback, reinforce desired behaviours, with the goal of performance improvement.

#### Some examples of evidence to support meeting this indicator

Staff surveys. Policies and procedures for performance management. Records of staff performance review, supervision, CQI, grievance handling and training. Evidence of reflective practice.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

**7. Quality Indicators** ★ **New Information!**

Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.

**What this means** ★

You record which staff have relevant skills to lead the implementation of your emergency and disaster plans. For example this might include compliance and ensuring PPE is handled correctly, isolation procedures are being maintained appropriately and all other relevant procedures are followed as per your plan.

**Some examples of evidence to support meeting this indicator** ★

- Emergency and disaster plan management document.
- Staff recruitment/training records.
- On site records of designated staff to lead emergency/disaster plan implementation.
- Position descriptions.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**8. Quality Indicators** ★ **New Information!**

Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.

**What this means** ★

You have a plan of how you will access and bring in appropriate staff to replace those that cannot work for reasons related to an emergency or disaster. How will you ensure that new / seconded employees, and any casual employees understand the responsibilities of their role in a timely manner.

**Some examples of evidence to support meeting this indicator** ★

Workforce continuity plans. MOUs with other providers/labour hire companies. Evidence of regular contact with current emergency/disaster information providers. Records of Government arrangements of staff supply initiatives.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**9. Quality Indicators** ★ **New Information!**

Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.

**What this means** ★

You ensure all staff providing support to participants receive induction and regular update (refresher) training in relation to your infection prevention and control strategies. You have a way to determine when refresher training will occur.

**Some examples of evidence to support meeting this indicator** ★

Staff induction and regular update training records in relation to infection control and prevention. Staff interviews. Emergency training and Infection prevention/control training are monitored through internal audit process as a compliance requirement.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**10. Quality Indicators** ★ **New Information!**

For each worker, the following details are recorded and kept up to date:

- a) their contact details;
- b) details of their secondary employment (if any).

**What this means** ★

These records must be kept for all staff. You should also consider how you record the worker details and make sure they are accessible in the event of an emergency. (e.g. if there are power outages or physical damage to infrastructure/equipment).

**Some examples of evidence to support meeting this indicator** ★

Staff information records, kept in secure location.

Offsite back up of information

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## Outcome 2.8

### Continuity of Supports

#### Participant outcome:

Each participant has access to timely and appropriate support without interruption

#### 1. Quality Indicators

Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.

##### What this means

How the provider ensures that participants do not experience any problems with access to supports due to organisational disruptions such as staff illness, disasters, lack of communication within the organisation.

##### Some examples of evidence to support meeting this indicator

Participant/staff feedback. Participant information package. Participant records. Disaster plan. Policy and procedures on replacement of shifts/staff turnover and matching to participant needs.

##### Identified gaps/opportunities for your own improvement – Your work plan!

##### Who or how will you address the identified gap

#### 2. Quality Indicators

In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.

##### What this means

How the provider plans for staff absences to ensure adequate supply of appropriately skilled workers are available.

##### Some examples of evidence to support meeting this indicator

Policies and procedures on HR. Staff skills and availability audit. Policy and procedures on replacement of shifts/staff turnover and matching to participant needs.

##### Identified gaps/opportunities for your own improvement – Your work plan!

##### Who or how will you address the identified gap

### 3. Quality Indicators

Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.

#### What this means

How the provider customises supports based on individual needs and expressed preferences. How individual planned supports are documented to enable all staff to understand and deliver the agreed support prior to working with a participant to ensure the supports match the participant's expressed preferences.

#### Some examples of evidence to support meeting this indicator

Individual participant implementation plans. Induction policies and procedures. Participant feedback.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 4. Quality Indicators

Arrangements are in place to ensure 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 by the provider.

#### What this means

How the provider ensures it delivers the agreed supports in the service agreement for the life of the agreement. Ensuring supports are delivered as intended with periodic monitoring to ensure they are effective.

#### Some examples of evidence to support meeting this indicator

Records of Participant engagement. Staff and participant surveys/feedback. Guarantee of service provision for participant.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap



## 5. Quality Indicators ★ **New Information!**

Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:

- a) explained and agreed with them; and
- b) delivered in a way that is appropriate to their needs, preferences and goals.

### What this means ★

You communicate with participants the potential scenarios of what might impact their supports in the event of an emergency or disaster and what alternative supports maybe available. You seek their consent to your approach to providing supports when dealing with such interruptions. You ensure the alternative supports are appropriate for each individuals needs, preferences and goals.

### Some examples of evidence to support meeting this indicator ★

Service agreements that spell out to participants what support changes may be required in the event of an emergency of disaster.

Individual emergency Plan or Personal emergency evacuation plan (PEEP).

Communications plan in the event of an emergency or disaster.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 2.9 ★ **New Outcome** Emergency and Disaster Management

### Participant outcome:

Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

### 1. Quality Indicators

Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.

### What this means

You consider what should be in place to prevent, prepare, respond and recover adequately to any emergency or disaster as part of service delivery. The risk of relevant emergencies or disasters are identified considered and a plan to mitigate those risks is put in place. Your emergency policy and procedure plan requires you to understand your demographic of participants and the environment around you. Consider examples of emergency or disaster such as the impacts from flood, fire, cyclone and pandemic. Your emergency/disaster response plan includes how you will ensure supports that maintain each participants health wellbeing and safety, will be delivered in an ongoing way throughout a particular type of emergency or disaster

### Some examples of evidence to support meeting this indicator

Emergency Management policy and procedures, Infection control policy, Emergency Management Plan, pandemic plan, Site emergency procedure response plan, covid safe plans, Natural Disaster plans (eg bushfire, floods, cyclone)

Individual risk assessments/ safeguarding plans

### Resources

- NDS has a COVID-19 PPE supply calculator to have in place for use immediately a COVID + case is identified. This and our COVID-outbreak first 24 hours documents for each state or territory are available at:  
[nds.org.au/covid-19-hub/victorian-covid-19-response/snap-lockdown-checklist](https://nds.org.au/covid-19-hub/victorian-covid-19-response/snap-lockdown-checklist)
- Please access specific COVID-19 preparation and response resources at this hub:  
[nds.org.au/item/act-covid-19-support](https://nds.org.au/item/act-covid-19-support)
- [See here](#) for additional NDS resource to help develop an emergency/disaster plan.

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap****2. Quality Indicators** ★

The measures include planning for each of the following:

- a) preparing for, and responding to, the emergency or disaster;
- b) making changes to participant supports;
- c) adapting, and rapidly responding, to changes to participant supports and to other interruptions;
- d) communicating changes to participant supports to workers and to participants and their support networks.

**What this means**

- a) You have anticipated potential emergencies/disasters and with each of these considered how you would prepare for and respond to each one.
- b) This includes identifying supports that may need to change and what would need to be put in place to maintain achieving the goal of each support.
- c) You prepare to be responsive in a timely way to emergencies /disasters. This may involve developing and testing a variety of scenarios to identify weaknesses and address them.
- d) You have established good communication channels with staff, participants and their support networks (with consent) to provide information about the required changes to supports. Letting participants know how you intend to communicate with them if/when a disaster occurs helps to encourage confidence in your ability to manage the situation.

**Some examples of evidence to support meeting this indicator**

As above

Communication strategies in the event of an emergency/disaster

Roles and responsibilities for staff in an emergency

Identify triggers for activating an emergency plan

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap**

### 3. Quality Indicators ★

The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place.

#### What this means

Risks from emergencies or disasters can be prevented/minimised by having a plan to guide your approach and actions.

You have a way to consult with participants and their families/representatives about the plan and you have a structured way to implement the plan when required.

#### Some examples of evidence to support meeting this indicator

- As above
- See [Redcross Rediplan](#) for ideas on developing a plan and how to communicate it with participants and their support networks. Easy read version also available [here](#)

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 4. Quality Indicators ★

The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.

#### What this means

Make sure your plan includes guidance for how your board will respond to and oversee the response to identified potential emergencies or disasters.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 5. Quality Indicators ★

Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.

#### What this means

You establish ways to test your emergency/disaster management plans via running scenarios, regular drills, etc to help everyone be prepared.

You work with participants to make sure that they are comfortable with the procedures. They are familiar with things like PPE, such as the use of masks, before an emergency or case outbreak. This is so you can test it with them and maintain safety during an emergency. Testing plans helps ensure people know their role and responsibilities.

#### Some examples of evidence to support meeting this indicator

Designated staff responsible for these functions e.g., Covid warden/disaster management committee.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 6. Quality Indicators ★

The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.

#### What this means

You make sure you keep the plans up to date by reviewing them at regular intervals, or when circumstances change. You need to continuously improve plans.

#### Some examples of evidence to support meeting this indicator

Policy, procedures include review dates and review triggers

Evidence of participant input into plans, in particular individual plans, evidence of any participant supports that may need to change, review of actual incidents, training drill records, audits and any formal reviews of your plans.

Evidence of engagement with sector-wide forums to learn from other provider experiences

Include testing in internal audit compliance check

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 7. Quality Indicators ★

The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.

### What this means

When reviewing plans to ensure you include participants and their networks in that review.

### Some examples of evidence to support meeting this indicator

Updates Service Agreements, local support plans for individual participants, Staff consultation records, education for staff eg for seasonal preparation, team meetings training.

For providers - coronavirus (COVID-19) | NDIS Participant contingent care panels have been established in NSW, ACT and Victoria to help providers continue to deliver essential services to participants in residential settings directly impacted by COVID-19.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 8. Quality Indicators ★

The governing body communicates the plans to workers, participants and their support networks.

### What this means

You have established ways to communicate the plans with staff and participants. Updating agreements to ensure that participants and their plans cater for any specific needs. You have communicated those plans to the participants and their support networks and any advocates they have nominated.

### Some examples of evidence to support meeting this indicator

- easy English documents to help communicate plans and actions that might be needed for participants.
- Other forms of communication for participants their support networks and staff.
- Staff meeting minutes
- Emergency/disaster management plan

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 9. Quality Indicators ★

Each worker is trained in the implementation of the plans.

### What this means

Training is provided to all staff in how to implement your emergency and disaster plans. Consider frequency and roles required. Incident responses and documentation.

### Some examples of evidence to support meeting this indicator

Evacuation drill records, Training of staff, online, documented, team meetings, face to face training

Emergency Procedure

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 3.1

### Access to Supports

#### Participant outcome:

Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

### 1. Quality Indicators

The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand.

#### What this means

How information about the supports a provider offers and any related access considerations such as cost, physical/cultural barrier is provided to participants before they sign a service agreement. This information must be delivered in a way the participants understand.

#### Some examples of evidence to support meeting this indicator

Service agreement. Participant information in preferred communication style, regarding access/entry criteria. Website information. Participant feedback.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 2. Quality Indicators

Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.

### What this means

How the provider ensures that reasonable adjustments are made when delivering supports. This is to ensure the health, dignity, privacy, quality of life and independence of each participant is supported.

### Some examples of evidence to support meeting this indicator

Policies and procedures around rights of participants, staff orientation/induction/participant information packs, service agreements code of conduct implementation (records), physical layout (for access, safety and privacy).

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 3. Quality Indicators

Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.

### What this means

How the provider deals with participants choices they believe are too risky to support. This includes not denying access to required supports just because the provider determines them to be too risky.

### Some examples of evidence to support meeting this indicator

Policies and procedures regarding supported decision making and risk enablement. Code of conduct signed by staff, participant feedback. Information to participants about the circumstances that determines when a support can be withdrawn, provided in their preferred communication style.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## Outcome 3.2

### Support Planning

#### Participant outcome:

Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

#### 1. Quality Indicators

With each participant's consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.

#### What this means

How the provider seeks participants consent for the conduct of an appropriate, evidence based multidisciplinary needs assessment that takes into account the persons physical, emotional cultural and environmental circumstances as well as information from a range of sources. The provider has ways to ensure the persons needs, preferences strengths and goals are included in the assessment and the support plan.

#### Some examples of evidence to support meeting this indicator

Policies and procedures for participant intake, assessment planning and review. Participant consent records. Use of supported decision making strategies.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

#### 2. Quality Indicators ★ **New Information!**

In collaboration with each participant:

- a) risk assessments are regularly undertaken, and documented in their support plans; and
- b) appropriate strategies are planned and implemented to treat known risks to them.

#### What this means ★

You conduct and record individual participant risk assessments and plans are developed to respond to risks identified. Individual risk assessments are regularly undertaken and documented in their support plans:

- Strategies are planned and implemented to treat known risks e.g., chronic health risk
- You ensure you develop and maintain links with other relevant providers (with the participant's consent) to share information, manage risks and meet their needs
- Risk associated with transition of participants to or from your organisation are identified, documented and responded to.

#### Some examples of evidence to support meeting this indicator ★

Participant risk profiles

Risk assessment tool

Record of engagement with participant in case notes

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap



**2a. Quality Indicators** ★ **New Information!**

2A Risk assessments include the following:

- a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs.
- b) the extent to which the health and safety of participants would be affected if those services were disrupted.

**What this means** ★

You include as part of an individual's risk assessment, the consideration of vulnerability of the participant if they rely on your support for daily living needs.

You include the impact any disruption to the supports you provide on the health and safety of each participant.

**Some examples of evidence to support meeting this indicator** ★

Individual risk assessment

Individual support plan

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap****3. Quality Indicators**

Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.

**What this means**

How an provider reviews the risk mitigation plan it holds for each participant to ensure effectiveness of the strategies.

**Some examples of evidence to support meeting this indicator**

Incident records, individual risk management plan reviews.

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap**

#### 4. Quality Indicators

Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.

##### What this means

How the provider approaches the regular review of support plans that includes the participant. These are conducted at least an annual basis or sooner if needs or circumstances of the participant changes. The frequency the provider measures progress with achieving outcomes and goals is determined by identified risks, and the participants functionality and wishes.

##### Some examples of evidence to support meeting this indicator

Policies and procedures on support plan reviews, participant file review, participant feedback.

##### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

#### 5. Quality Indicators

Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.

##### What this means

How the provider amends the support plan in the circumstances where goals/outcomes are not being achieved.

##### Some examples of evidence to support meeting this indicator

Policies and procedures on support plan reviews, participant file review, participant feedback.

##### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

**6. Quality Indicators** ★ **New Information!**

Each participant's support plan is:

- a) provided to them in the language, mode of communication and terms they are most likely to understand; and
- b) readily accessible by them and by workers providing supports to them.

**What this means** ★

How do you ensure each participant understands what is in their support plan?

Support plans are available in an easy to access format, that suits the communication needs of the individual.

Make sure they are accessible in the event of an emergency and or new staff are on shift. That includes when access to systems could be disrupted by a disaster or emergency.

**Some examples of evidence to support meeting this indicator** ★

Information in alternative formats, for participants. Examples of modified support plans e.g., easy English.

Accessible location of supports plans

How do you support agency staff to work appropriately and effectively with participants?

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**7. Quality Indicators** ★ **New Information!**

Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.

**What this means** ★

You identify in what circumstances and with whom an individual's support plan may need to be shared in order maintain continuity of support. You seek informed consent from the participant for the plan to be shared with the identified people/bodies e.g., Hospital

**Some examples of evidence to support meeting this indicator** ★

Participant files containing a list of potential bodies/providers (with consent) that identifies who the support plan can be shared.

Any decision-making support is recorded.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**8. Quality Indicators** ★ **New Information!**

Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.

**What this means** ★

You ensure all support plans identify the full range of external supports an individual may need to access to prevent health issues occurring i.e., regular medical, dental checks etc.

**Some examples of evidence to support meeting this indicator** ★

Support plans that include a schedule of regular comprehensive health assessments, other medical, dental and allied health related checkups.

Contact details for treating GPs etc. are on a participant's record file.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**9. Quality Indicators** ★ **New Information!**

Each participant's support plan:

- a) anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
- b) is understood by each worker supporting them.

**What this means** ★

Your identified emergency and disaster plan has highlighted areas of potential environmental hazards, and the potential impact on each individual is documented in their support plan.

Each person understands their own support plan.

Staff have access to these plans in order to understand each individual's needs relating to potential identified emergencies and disasters.

**Some examples of evidence to support meeting this indicator** ★

Individual support plans

Staff training records that include location of individual response needs to emergencies.

Evidence of conversations and communication with participants about support plans

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## Outcome 3.3

### Service Agreements with Participants

#### Participant outcome:

Each participant has a clear understanding of the supports they have chosen and how they will be provided.

#### 1. Quality Indicators

Collaboration occurs 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.

#### What this means

The process used to develop a service agreement with a participant includes an explanation of what the participant can expect to receive, the specific supports to be delivered, such as price dependant on NDIA price guide, time of day/hrs per week and any particular condition such as sex or community language of support worker any conditions (e.g. mandatory reporting requirements of a provider to the commission for certain circumstances – incident reporting complaints) and the reason for them.

#### Some examples of evidence to support meeting this indicator

Service agreement. Policies and procedures on service agreement management. Participant feedback. Supported decision making policy.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

#### 2. Quality Indicators

Each 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 understand.

#### What this means

Information and other forms of communication with participants about the service agreement, is mindful and takes into account their communication needs to maximise comprehension of a provider's messages.

#### Some examples of evidence to support meeting this indicator

Service agreement using a range of formats relevant, where relevant. Participant feedback via surveys, interviews focus groups.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 3. Quality Indicators

Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement.

#### What this means

The provider attempts to provide a co-signed written copy of the service agreement to each participant. In circumstances where this isn't possible, the provider keeps a record of the circumstances around why the participant did not receive a service agreement.

#### Some examples of evidence to support meeting this indicator

Records of non delivery of service agreements. Participant record review.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 4. Quality Indicators

Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider.

At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:

- a) How a Participant's concerns about the dwelling will be communicated and addressed;
- b) How potential conflicts involving participant(s) will be managed;
- c) How changes to participant circumstances and/or support needs will be agreed and communicated;
- d) In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account; and
- e) How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.

#### What this means

The SIL provider has separate agreements with each participant and each SDA provider (where the participant uses SDA). These agreements spell out the roles and responsibilities of each body (SIL and SDA) in relation to; complaint handling about a participants concerns with the dwelling, potential conflicts of interest with participants, communication and agreement about changes participants circumstances and/or support needs, etc.

#### Some examples of evidence to support meeting this indicator

Accommodation policy (where applicable and including concerns, conflicts, change of circumstances, filling vacancies). Examples of SIL and SDA service agreement (where relevant) that include the requirements listed in this indicator.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## 5. Quality Indicators ★ **New Information!**

Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

### What this means ★

Your service agreements outline the supports you will provide in the event of anticipated emergencies and or disasters, that is specific to each individual

### Some examples of evidence to support meeting this indicator ★

Service agreements (perhaps in an appendix)

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## Outcome 3.4 Responsive Support Provision

### Participant outcome:

Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

### 1. Quality Indicators

Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.

### What this means

How the provider can demonstrate it delivers supports that are least intrusive, in accordance with evidence based practice, meet participants needs and help achieve desired outcomes.

### Some examples of evidence to support meeting this indicator

Staff meeting minutes that discuss evidence based practice. Training records, records of amendments made to supports, participant feedback, all demonstrating a focus on person-centred practice, person centred active support and positive behaviour support. Participant records that demonstrate achievement of documented goals.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 2. Quality Indicators ★ **New Information!**

For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.

### What this means ★

For each participant, you identify which other providers, including health care and allied health providers, you will need to share information about the participant with to minimise the risk of harm. You seek the participant's informed consent to share the information and this is recorded in the service agreement.

### Some examples of evidence to support meeting this indicator ★

Service agreement.

List of identified relevant contacts, with consents.

Record of consent

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## 3. Quality Indicators

Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.

### What this means

How the provider facilitates the participant to choose their support workers.

### Some examples of evidence to support meeting this indicator

Policies and procedures on participant choice/participant support provision. Participant feedback. Ways that participants are involved in choice of support worker.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**



#### 4. Quality Indicators

Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

##### What this means

How the provider ensures that all staff supporting participants with specific needs for monitoring and daily support are appropriately trained and understand the participants particular needs and preferences.

##### Some examples of evidence to support meeting this indicator

Demonstration of participant involvement in training on how best to provide support that meets their needs. Examples of staff training strategies in meeting particular participant needs. Participant feedback.

##### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### Outcome 3.5

#### Transitions to or from a provider

##### Participant outcome:

Each participant experiences a planned and coordinated transition to or from the provider.

#### 1. Quality Indicators

A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed.

##### What this means

How a provider plans the transition of a participant from one provider to another in collaboration with the participant (when possible). The process is documented, communicated and managed effectively.

##### Some examples of evidence to support meeting this indicator

Policies and procedures on participant collaboration regarding support transfer. Individual participant risk mitigation plan. Transfer plan documentation.

##### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

**2. Quality Indicators** ★ **New Information!**

Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.

**What this means** ★

Transitions of care refers to the movement of people between places or services providing care such as people moving between disability support services and hospitals. These are key points where there is risk of harm to participants.

Safe transitions of care require clear communication and co-ordination between the person with disability, their carers, health care and disability support services. Communication and co-ordination between services and the person's support network helps ensure that critical information about the person's health needs, potential risks and current health care are not lost during transitions of care.

**Some examples of evidence to support meeting this indicator** ★

Accurate and up to date risk profile, support plan and client file with any associated management plans that reduce risk of harm.

Record of communication with participant and support network

**Resources:**

[Admission to Discharge](#)

[Practice Alert: Transitions of care between disability services and hospitals | NDIS Quality and Safeguards Commission](#) (ndiscommission.gov.au)

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**3. Quality Indicators** ★ **New Information!**

Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.

**What this means** ★

The process for transition of care is developed and communicated. Information about the transition is recorded and reviewed once the transition has occurred.

**Some examples of evidence to support meeting this indicator** ★

Transfer of care/Transitional care policy

Staff training records

Communication record with participant

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## Outcome 4.1

### Safe Environment

#### Participant outcome:

Each participants accesses supports in a safe environment that is appropriate to their needs.

#### 1. Quality Indicators

Each participant can easily identify workers who provide supports to them.

##### What this means ★

You have ways for participants to recognise your staff when/if an unfamiliar staff member commences supporting them e.g., name badge/uniform/shirt with logo.

##### Some examples of evidence to support meeting this indicator ★

Policy on safe environment, that includes staff identification measures

Worker photo identification badges, logos on uniforms, participant information packs with photos of staff, Participant feedback.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

#### 2. Quality Indicators ★ **New Information!**

Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.

##### What this means ★

You consult with each participant and assess the safety of all environments where you provide supports. You address any safety concerns.

##### Some examples of evidence to support meeting this indicator ★

Environmental risk assessment tools/checklists

Infection Control Policy and procedure

Pandemic plan

Staff training records

Staff interviews

Environmental cleaning records

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

### 3. Quality Indicators ★ **New Information!**

Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.

#### What this means ★

You consider the importance of communicating with other providers (disability, transport, health etc.) to identify and manage risks to participants and to interpret their needs and preferences.

#### Resources ★

[Supporting effective communication](https://www.ndis.gov.au/quality) | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

[Practice Alert: Comprehensive Health](https://www.ndis.gov.au/quality/alerts/comprehensive-health) | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

[Practice Alert: Lifestyle Risk Factors](https://www.ndis.gov.au/quality/alerts/lifestyle-risk-factors) | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Or summary - [NDIS Commission practice alerts: identify and reduce risk of avoidable deaths](https://www.nds.org.au/summary) (nds.org.au)

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

### 4. Quality Indicators ★ **New Information!**

For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.

#### What this means ★

You ensure support staff understand each individual participant's communication styles so that any new health complaints/concerns they are communicating can be detected as early as possible.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**5. Quality Indicators** ★ **New Information!**

To avoid delays in treatments for participants:

- a) protocols are in place for each participant about how to respond to medical emergencies for them; and
- b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).

**What this means** ★

In order to ensure health treatment is provided ASAP, for each participant you.

- Have a procedure for each participant about how to respond to medical emergencies relating to them, and
- Ensure every support worker providing support to an individual, understands this procedure and can respond in the appropriate way.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**6. Quality Indicators** ★ **New Information!**

Systems for escalation are established for each participant in urgent health situations.

**What this means** ★

You have a way to hasten your response for any participant when the situation is urgent.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**7. Quality Indicators** ★ **New Information!**

Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.

**What this means** ★

All staff are required to implement basic infection prevention and control guidelines when they are providing all supports. These guidelines for the spread of infection include Respiratory and hand hygiene, cough etiquette, Use of PPE and handling infectious waste material properly.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**8. Quality Indicators** ★ **New Information!**

Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently touched surfaces.

**What this means** ★

You have a system of routine environmental cleaning in support environments other than participants homes.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**9. Quality Indicators** ★ **New Information!**

Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.

**What this means** ★

You ensure all staff have regular training in basic infection, prevention and control.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**10. Quality Indicators** ★ **New Information!**

Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.

**What this means** ★

You ensure staff who provide direct support to participants receive regular training in the use of PPE.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**11. Quality Indicators** ★ **New Information!**

PPE is available to each worker, and each participant, who requires it.

**What this means** ★

Adequate PPE is available to all staff and participants who need to use it.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

## Outcome 4.2

### Participant Money and Property

**Participant outcome:**

Participant money and property is secure and each participant uses their own money and property as they determine.

**1. Quality Indicators**

Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.

**What this means**

How providers ensure that when they are required to support participants to use and access their money/property they seek consent from the participant (by providing an explanation to the participant that their funds can be used with their consent and for the purpose the participant intends) and explain the way they account for the support they provide, such as reconciliation processes.

**Some examples of evidence to support meeting this indicator**

Policies and procedures on Managing Participant Money and Property. Reconciliation records when cash is involved. Service agreement that includes reference to this policy.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**



## 2. Quality Indicators

If required, each participant is supported to access and spend their own money as the participant determines.

### What this means

How the provider ensures that when they support participants to use their money, they can ensure it is how the participant determines.

### Some examples of evidence to support meeting this indicator

Policies and procedures on supporting participants to use and access their money. Participant feedback.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 3. Quality Indicators

Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

### What this means

How the provider ensures they do not provide advice or give information relating to a participants money (except where it is explicitly mentioned in their NDIS plan).

### Some examples of evidence to support meeting this indicator

Policies and procedures on supporting participants to use and access their money.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## Outcome 4.3

### Management of Medication

#### Participant outcome:

Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

#### 1. Quality Indicators

Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.

#### What this means

How the provider ensures the correct participant is receiving their correct medication and dosage.

#### Some examples of evidence to support meeting this indicator

Policies and procedures on medication management. Medication administration records.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

#### 2. Quality Indicators

All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.

#### What this means

How the provider ensures the relevant staff administering medication are aware of its side effects. The provider has a process to ensure staff understand what to do if there is an incident regarding medication administration, such as responding and reporting.

#### Some examples of evidence to support meeting this indicator

Policies and procedures on medication management that cover awareness of side effects of medications. Staff recruitment and induction records. Job descriptions for staff administering medication. Staff training records in medication administration. Medication incident reports. Medication risk assessment checklist. Procedures for monitoring medication administration. Medication administration monitoring record.

#### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

### 3. Quality Indicators

All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

#### What this means

How the provider ensures that medications are stored according to correct procedures, have a clear process for identifying medications and are only able to be accessed by staff with relevant training in medication administration.

#### Some examples of evidence to support meeting this indicator

Policies and procedures on medication management and medication safety. Staff recruitment and induction records. Job descriptions. Staff training records in medication administration. Medication incident reports. Medication audit form. Procedures for monitoring medication administration. Medication administration monitoring record.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## Outcome 26A ★ New Outcome

### 26A Mealtime Management

#### Participant outcome:

Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

### 1. Quality Indicators

Providers identify each participant requiring mealtime management.

#### What this means

For each participant you conduct and record screening checks for nutrition and swallowing risk and/or collaborate with other relevant providers (with the participant's consent) to share information, manage risks and meet their needs.

#### Some examples of evidence to support meeting this indicator

Mealtime Management policy and procedures  
Staff induction and training records

#### Resources:

Soon to be released UTS resources and eLearning on mealtime management, funded by the NDIS Commission.

Mealtime Management policy and procedures  
Staff induction and training records

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

## 2. Quality Indicators ★

Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:

- a) undertaking comprehensive assessments of their nutrition and swallowing; and
- b) assessing their seating and positioning requirements for eating and drinking; and
- c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
- d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.

### What this means

Support the participant to secure a referral to a qualified allied health practitioner for assessment.

### Some examples of evidence to support meeting this indicator

[FACS swallowing Policy \(nsw.gov.au\)](https://www.nsw.gov.au/facs-swallowing-policy)

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

## 3. Quality Indicators ★

With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.

### What this means

You work with the participant and relevant others to identify or seek funding.

### Identified gaps/opportunities for your own improvement – Your work plan!

### Who or how will you address the identified gap

#### 4. Quality Indicators ★

Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

##### What this means

You gain consent from participants to be involved in the development of their plans and record this

##### Identified gaps/opportunities for your own improvement – Your work plan!

##### Who or how will you address the identified gap

#### 5. Quality Indicators ★

Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.

##### What this means

You ensure and record that every support worker providing mealtime management support to an individual:

- understands the individual participants mealtime management plan
- can recognise and respond safely to risks for that person, and knows when to seek immediate and/or follow up help
- is trained to prepare meals as set out in the plan;
- can provide meals in a safe and enjoyable manner

##### Some examples of evidence to support meeting this indicator

You ensure procedures to prepare accurately textured meals and know how to check the consistency to meet criteria in the plan, are in place.

##### Identified gaps/opportunities for your own improvement – Your work plan!

##### Who or how will you address the identified gap

## 6. Quality Indicators ★

Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.

### What this means

You make sure the most current mealtime management plan is always available to staff where the participants' meals are prepared and provided.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

## 7. Quality Indicators ★

Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:

- a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
- b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.

### What this means

You ensure menu planning, developed collaboratively with participants, is effective and:

- is nutritious
- reflects participant preferences and informed choice
- follows the mealtime plan developed by the qualified health practitioner
- considers and manages any chronic health risks.

### Identified gaps/opportunities for your own improvement – Your work plan!

Who or how will you address the identified gap

**8. Quality Indicators** ★

Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.

**What this means**

You ensure procedures to prepare accurately textured meals and check consistency to meet criteria in the plan, are in place.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**9. Quality Indicators** ★

Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

**What this means**

You ensure meals are stored safely and in accordance with health standards. They can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to a particular participant.

**Identified gaps/opportunities for your own improvement – Your work plan!**

**Who or how will you address the identified gap**

**Outcome 4.4** ★ **New Information!****Management of Waste****Participant outcome:**

Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

**1. Quality Indicators** ★

Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.

**What this means** ★

You have policies and procedures for ensuring waste and infectious and hazardous substances (including PPE) is safely and appropriately stored, handled and disposed of in a manner that meets current legislation and local health district requirements.

**Some examples of evidence to support meeting this indicator** ★

Waste Management policies and procedures.

Check your state Health Department for local health district requirements

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap****2. Quality Indicators**

All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.

**What this means**

How does the provider ensure all incidents relating to infectious material body substances or hazardous substances are reported, recorded investigated and reviewed, with a view to reducing further incidents.

**Some examples of evidence to support meeting this indicator**

Policies and procedures on incident management and waste management. Incident reports.

**Identified gaps/opportunities for your own improvement – Your work plan!****Who or how will you address the identified gap**



### 3. Quality Indicators

An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.

#### What this means

What plan does the provider have in place to respond to a clinical waste or hazardous substance issue? In the event of an issue does the provider have a process for evaluating the effectiveness of the plan and making adjustment and improvements to the plan for future events.

#### Some examples of evidence to support meeting this indicator

Emergency plan for clinical waste and hazardous substances management issues/accidents is included in the procedures regarding waste management. This includes management of sharps/needles.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

### 4. Quality Indicators ★ **New Information!**

Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

#### What this means ★

All staff are trained (and provides refresher training) on the system you have for the safe handling and disposal of waste and infectious and hazardous substances.

#### Some examples of evidence to support meeting this indicator ★

Infection control Policy and procedure. Staff training records on management of waste and infectious or hazardous substances, including PPE.

#### Identified gaps/opportunities for your own improvement – Your work plan!

#### Who or how will you address the identified gap

