

Policy 5	CONTINUOUS IMPROVEMENT
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Record of policy development		
Version	Date approved	Date for review
2.4	December 2020	December 2022
2.3	May 2019	October 2020
2.2	October 2017	October 2020

Policy purpose: Coastlink actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Policy:

COASTLINK is committed to quality management and to building and maintaining a culture of continuous quality improvement.

COASTLINK will:

- involve staff, corporate governance body, people who receive service and other stakeholders in service review processes
- document improvement plans, activities and outcomes
- gather information on performance by tracking complaints, incidents and achievements and use this information to inform continuous improvement
- report internally on progress and performance
- develop a culture of continuous improvement
- adhere to the joint Australian/New Zealand national quality management standard principles

Principles:

Quality management principles

Underpinning the Continuous Improvement of COASTLINK are the International Organisation for Standardisation (ISO) *Quality Management Principles*

ISO Quality management principles (QMPs):

'Principle 1: Customer focus: The primary focus of quality management is to meet customer requirements and to strive to exceed customer expectations.

Principle 2: Leadership: Leaders at all levels establish unity of purpose and direction and create conditions in which people are engaged in achieving the organisation’s quality objectives.

Principle 3: Engagement of people: Competent, empowered and engaged people at all levels throughout the organisation are essential to enhance its capability to create and deliver value.

Principle 4: Process approach: Consistent and predictable results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes that function as a coherent system.

Principle 5: Improvement: Successful organisations have an ongoing focus on improvement.

Principle 6: Evidence-based decision making: Decisions based on the analysis and evaluation of data and information are more likely to produce desired results.

Principle 7: Relationship management: For sustained success, an organisation manages its relationships with interested parties, such as suppliers.’¹

Relevant Standards

NSW Disability Service Standards:

- 2. Participation & Inclusion
- 4. Feedback & Complaints
- 6. Service Management

NDIS Practice Standards:

- 1. Provider Governance and Operational Management

Aged Care Quality Standards

- 5. Organisation’s service environment
- 6. Feedback and complaints
- 8. Organisational governance

Related Legislation & References

[Aged Care Act 1997 \(Cth\), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care](#)

[Aged Care Quality & Safety Commission](#)

[Better Practice Guide to Complaints Handling in Aged Care Services \(2013\)](#)

[Children and Young Persons \(Care and Protection\) Act 1998](#)

[Commonwealth Home Support Programme Guidelines](#)

[Commonwealth Privacy Act 1988](#)

[International Organisation for Standardisation \(ISO\) Quality Management Principles](#)

[ISO Quality Management Principles](#)

[National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules 2018](#)

[National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#)

[National Disability Insurance Scheme Act 2013](#)

[National Disability Insurance Scheme Code of Conduct](#)

[NDIS Quality and Safeguards Commission](#)

[United Nations Convention on the Rights of Persons with Disabilities](#)

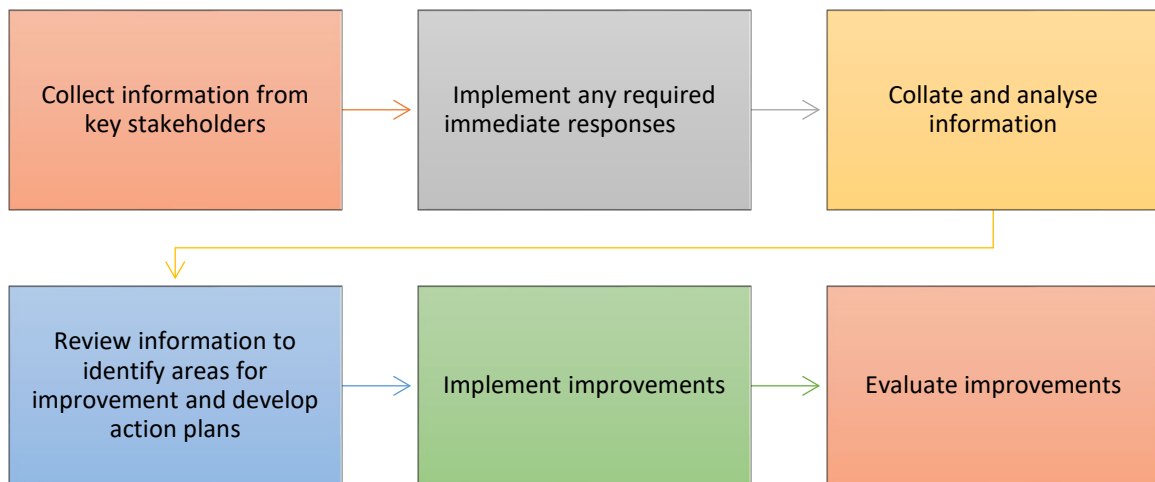
Related Procedures	
11.2.5 Employee Assistance Program	
Documents/Forms	
Minutes of Meetings	Shared Drive (Board minutes in CEO's confidential files)
Continuous Improvement Monthly Summary	Continuous Improvement/Shared Drive
Tell Us What You Think form/spreadsheet	Shared Drive and hard file at reception
Client Complaint Form	Leadership Group/all complaints reported to Board
Accident/ Incident/Hazard/Adverse Report	CEO and Finance/Operations Manager then to leadership group and coordinators.

Medication Error Report	CEO /Operations Manager then to leadership group and coordinators
Maintenance Request	Compliance/Operations Manager/CEO
Survey Audit Report	Program coordinator then leadership group and CEO
Quality Assurance Program reports	Program coordinator then leadership group and CEO

Responsibilities and delegations	
This policy applies to: Clients Employees/volunteers	It will be distributed through: Client handbook, Coastlink website, Coastlink brochures Employee/volunteer handbook, shared drive
Policy approval	CEO

Definitions
Refer to Definitions list at front of COASTLINK Policy and Procedure Manual

CONTINUOUS IMPROVEMENT MANAGEMENT PROCEDURE OVERVIEW



CONTINUOUS IMPROVEMENT PROCEDURE

5.1 Quality Management System (QMS)

Quality management is fundamental to person-centred approaches to service provision at COASTLINK to make sure it delivers the best possible services and outcomes for the people it supports.

People with a disability and those who are ageing need to have confidence in exercising choice and control over their supports and services and our QMS enables continuous quality improvements across our organisation.

Using the QMS, COASTLINK undertakes regular reviews against measurable outcomes and have procedures, processes and resources in place to best meet the needs of people with a disability, their families and carers and to ensure ongoing compliance with the NDIS Practice Standards.

Our QMS is based on our continuous improvement cycle and includes:

- Self-assessment and review of current practices and performance outcomes so that we can be confident we are operating efficiently and effectively, in compliance with relevant standards, legislation and policies, and are soundly governed. Self-assessment also provides an opportunity to bring together evidence for identifying improvements.
- Feedback from individuals receiving services and involvement in continuous improvement;
- Feedback enables service providers to ensure they are delivering services and supports to a standard of quality that meets client and community expectations. It also allows individuals to play an integral role in the development and planning of services and in decision-making processes;
- Identification of improvements. Identifying areas for improvement helps organisations to plan, develop and make changes and improvements in an ongoing manner. Outlining the areas for improvements with timeframes and responsibilities in an action plan will assist organisations to track progress over time.

5.2 PRINCIPLES OF COASTLINK'S QMS

COASTLINK has seven principles (source ISO 9001) which are comprehensive and fundamental for leading and operating an organisation, aimed at continually improving performance over the long term by focusing on customers while addressing the needs of all other stake holders.

These principles will guide the organisation in all aspects of the operation of the business.

The seven principles are:

PRINCIPLE 1 - COASTLINK IS A CUSTOMER-FOCUSED ORGANISATION:

1. Know what each customer wants now and in the future, how to meet and exceed their expectations;
2. Communicate these needs and expectations throughout the organisation;
3. Measure customer satisfaction & act on results;
4. Manage customer relationships.

PRINCIPLE 2 - LEADERSHIP:

1. COASTLINK leaders establish unity of purpose and direction of the organisation;
2. Leaders will create and maintain the internal environment in which people can become fully involved in achieving the organisation's objectives by:
 - Being proactive and leading by example;
 - Understanding and responding to changes in the external environment;
 - Considering the needs of all stakeholders including customers, funders, directors, local communities and society at large;
 - Establish a clear vision of the organisation's future;
 - Establish shared values and ethical role models at all levels of the organisation;
 - Build trust and eliminate fear;
 - Providing people with the required resources and freedom to act with responsibility and accountability;
 - Inspire, encourage and recognise people's contributions;
 - Promote open and honest communication;
 - Educate, train and coach people;
 - Set challenging goals and targets;
 - Implement a strategy to achieve these goals and targets.

PRINCIPLE 3 - INVOLVEMENT OF PEOPLE:

COASTLINK acknowledges that people at all levels are the essence of an organisation and their full involvement enables their abilities to be used for the organisation's benefit.

Steps in application of this principle are:

- Accept ownership and responsibility to solve problems;
- Actively seek opportunities to make improvements and enhance competencies, knowledge and experience;
- Freely share knowledge & experience in teams;
- Focus on the creation of value for customers;
- Be innovative in furthering the organisation's objectives;
- Improve the way of representing the organisation to customers, local communities and society at large.
- Help people derive satisfaction from their work;
- Make people enthusiastic and proud to be part of the organisation.

PRINCIPLE 4 - PROCESS APPROACH:

A desired result is achieved more efficiently when related resources and activities are managed as a process.

Steps in application of this principle are:

1. Define the process to achieve the desired result;
2. Identify and measure the inputs and outputs of the process;
3. Identify the interfaces of the process with the functions of the organisation;
4. Evaluate possible risks, consequences and impacts of processes on customers, suppliers and other stake holders of the process;
5. Establish clear responsibility, authority and accountability for managing the process;
6. Identify internal and external customers, suppliers and other stake holders of the process;
7. When designing processes, consider process steps, activities, flows, control measures, training needs, equipment, methods, information, materials and other resources to achieve the desired result.

PRINCIPLE 5 - SYSTEM APPROACH TO MANAGEMENT:

The identifying, understanding and management of a system of interrelated processes for a given objective, improves the organisation's effectiveness and efficiency.

Steps in application of this principle are:

1. Define the system by identifying or developing the processes that affect a given objective;
2. Structure the system to achieve the objective in the most efficient way;
3. Understand the interdependencies among the processes of the system;
4. Continually improve the system through measurement and evaluation;
5. Estimate the resource requirements and establish resource constraints prior to action.

PRINCIPLE 6 - CONTINUAL IMPROVEMENT:

Continual improvement is a permanent objective of the organisation.

Steps in application of this principle are:

1. Make continual improvement of products, processes and systems an objective for every individual in the organisation;
2. Apply the basic improvement concepts of incremental improvement and breakthrough improvement;
3. Use periodic assessments against established criteria of excellence to identify areas for potential improvement;
4. Continually improve the efficiency and effectiveness of all processes;
5. Promote prevention based activities;
6. Provide every member of the organisation with appropriate education and training on the methods and tools of continual improvement, such as the Plan-Do-Check-Act cycle, problem solving, process re-engineering, and process innovation;
7. Establish measures and goals to guide and track improvements;
8. Recognise improvements.

PRINCIPLE 7 - FACTUAL APPROACH TO DECISION MAKING:

Effective decisions are based on the analysis of data and information.

Steps in application of this principle are:

1. Take measurements and collect data and information relevant to the objective;
2. Ensure that the data and information are sufficiently accurate, reliable and accessible;
3. Analyse the data and information using valid methods;
4. Understand the value of appropriate statistical techniques;
5. Make decisions and take action based on the results of logical analysis balanced with experience and intuition.

Continuous Improvement to Policies and Procedures are located at Section 3 Information Management Clause 3.2 Policies and Procedures

5.3 Continuous Improvement Overview

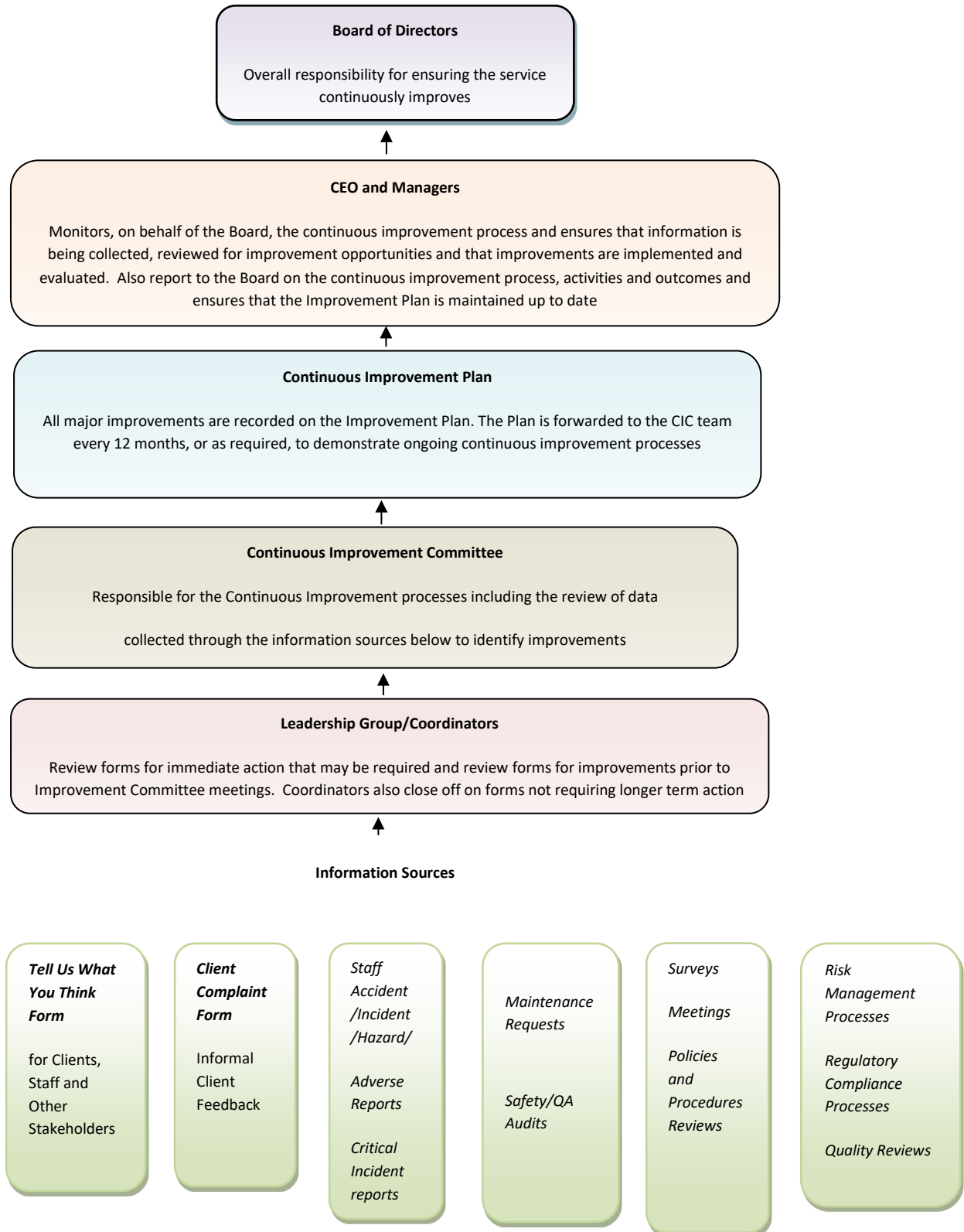
COASTLINK is committed to continuously improving all aspects of its operations with the aim of delivering improved services to clients.

The continuous improvement process for COASTLINK is based on ongoing feedback from:

- Clients (and representatives)
- Staff
- Management and
- Other stakeholders including funders, other service providers and community organisations.

The continuous improvement process, the roles of the Board and key staff and the range of information sources is shown in Figure 5.1 COASTLINK Continuous Improvement Information Management Process.

Figure 5.1: COASTLINK Continuous Improvement Information Management Process



5.3.1 The CONTINUOUS Improvement Committee

COASTLINK has established a Continuous Improvement Committee to oversee the continuous improvement process. The Committee is responsible for:

- Implementing the continuous improvement processes;
- The review of data to identify improvements;
- Talking to staff to support the implementation of improvements;
- Maintaining the Improvement Plan up to date (see 5.1.3 Improvement Plan);
- The evaluation of improvements;
- Informing key stakeholders of improvements;
- Identifying improvements to the continuous improvement processes.

Improvement committee membership

The Committee includes:

- Operations Manager
- A Senior Coordinator
- Coordinators
- Support Workers

Improvement committee meetings

See Section 1: Corporate Governance (Table 1.1: COASTLINK Management Meetings).

Improvement committee agenda

See Section 1: Corporate Governance (Table 1.1: COASTLINK Management Meetings).

5.3.2 Continuous Improvement and Risk Management

COASTLINK has integrated risk management into the continuous improvement process by:

- Establishing a Finance and Risk Advisory Committee to the Board to evaluate all organisational risks;
- Delegating responsibility for operational risk management oversight to the Improvement Committee;
- Including the identification and discussion of risks on the agenda for the Improvement Committee;
- Delegating responsibility to the Improvement Committee for developing, maintaining and reviewing any Risk Management Plans;
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

COASTLINK's risk management processes are described in detail in Section 6: Risk Management.

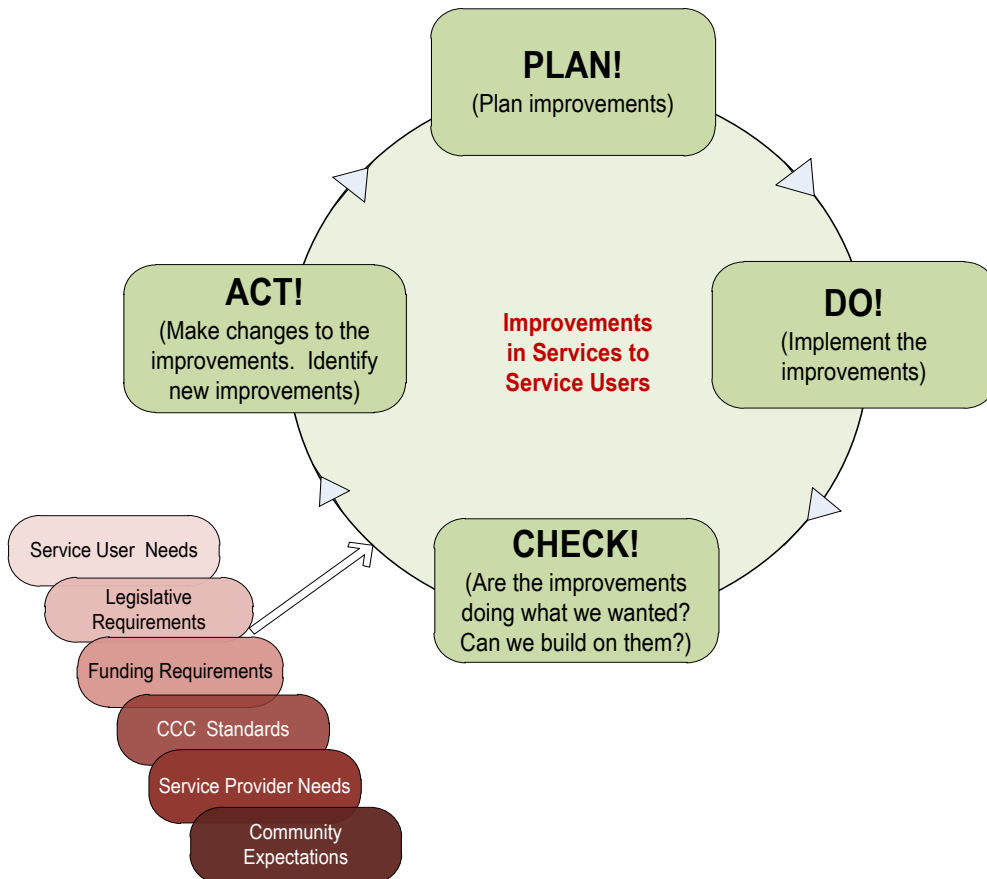
5.3.3 Improvement Plan

See 1.14 Planning.

5.3.4 Improvement Process

The improvement process used by COASTLINK reflects the Plan, Do, Check, Act model shown in Figure 5.2: Plan Do Check Act Improvement Cycle.

Figure 5.2: Plan Do Check Act Improvement Cycle



These steps are further described below:

Plan:

- Clarify issues or problems and document;
- Collect and review data or other information related to the issues or problems;
- Identify the causes of the issue or problem;
- Clearly identify improvements that can be made;
- Clarify the outcomes for improvements;
- Develop strategies to implement improvements – consider stakeholders – consider strategies to get management support;
- Identify how to measure the success of the improvement and identify how to collect the data;
- Identify key tasks.

Do:

- Gain approval for improvements;
- Implement the improvements – assign key tasks;
- Monitor the implementation – make sure key tasks are completed;
- Collect data on improvements.

Check:

- Did the improvement work? If not, why not?
- Were there any unintended consequences?
- Collect ongoing data on the operations of our organisation - e.g. client feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – what does this tell us about the improvements?

Act:

- Consider improvements – do they suggest other improvements – eg, staff training, review of procedures, changes to organisation operations?
- Share evaluation feedback with relevant stakeholders.
- If improvements did not work what do we need to do?
- If there were unintended consequences to improvements - do we need to do anything about them?
- Consider new data – eg, client feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc – does it suggest improvements?
- Look for things to improve – look at problems and consider solutions.

COASTLINK is committed to ongoing improvement and it is built into the organisation's culture and practices. This ensures the organisation continues to change and adapt to the needs of its clients, funders and the wider community.

5.4 Continuous Improvement Forms

The continuous improvement forms are described below. A file is kept for each type of continuous improvement form. Within each file there are two tabs: 'open' and 'closed' where open and closed out forms are stored. These are archived every year to reduce the bulk of the files.

5.4.1 Tell Us What You Think Form

Feedback, both positive and negative, is actively sought from clients, staff, management and other people using a Tell Us What You Think form. Staff and clients are encouraged to provide feedback through meetings, newsletters and day to day contact.

Forms are distributed to clients with invoices, correspondence etc. and to staff regularly and are prominent and available in all our centres. Forms are also provided at commencement and monitoring visits. They are also included in support home plans.

Completed forms are received by the Operations Manager and forwarded to the appropriate Coordinator for any immediate action required.

All information gathered is entered on to a spreadsheet which is periodically sent to Directors for their information.

Completed forms are processed as per 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.4.2 Client Complaint Form

The Client Complaint Form is used for more formal complaints or when negative feedback involves a significant issue that requires detailed documentation and action.

Completed Client Complaint Forms are forwarded to the Operations Manager and or the CEO who review and investigate the complaint in line with the procedures specified in Section 16: Complaints and Client Feedback. The relevant coordinator is informed of all complaints.

Forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.4.3 Staff Incident Accident Report

The Staff Incident/Accident Report system in ProSIMS is used to report accidents or incidents that affect clients, staff or volunteers. On-line forms are filled out immediately after the accident or incident and are automatically forwarded to the appropriate Coordinator once submitted in the system. The Operations Manager also receives a copy of all incident accident reports.

The level of incident (major, moderate, minor), necessity, legal and legislative requirements will determine the most appropriate response by staff and management.

Generally, the Coordinator:

- reviews the form, making sure it is correctly completed and that any required action is taken, including immediate first aid responses, control of hazards and the completion of a Workers Compensation report
- An on-line process in ProSIMS is followed to monitor and correct any necessary outcomes. The user guide to the accident, incident, hazard and near miss reporting process documentation is found in the appendices to the policies.
- Identifies the level of incident within the limitations of their skills and qualifications

- Will identify any staff training needs and report on them to the Operations Manager
- Will contact client/staff after an incident to check on wellbeing and provide relevant feedback on the incident management process (if appropriate)
- Will offer EAP to staff
- Will support the Operations Manager in any investigation

The Operations Manager will:

- liaise with the relevant Coordinator to ensure the wellbeing of clients and staff involved in any incident
- review reports and consider any actions necessary
- Will contact client/staff after an incident to check on wellbeing and provide relevant feedback on the incident management process (if appropriate)
- notify the CEO of any major/critical incidents immediately, including near misses
- will report any Reportable Incidents to the NDIS Quality and Safeguarding Commission within the required timeframes:
 - within 24hours – death, serious injury, abuse/neglect, unlawful contact, sexual misconduct, grooming, unauthorised restrictive practices
 - within 5 business days – any other reportable incidents
- will lead the investigation into any incident where required
- provides staff training where there is an identified need, and ensures all staff are trained in core competencies
- provides a monthly report on all incidents to the CEO
- provides a monthly report to the WH&S Committee on all incidents as part of continuous improvement
- will ensure that all staff and volunteers are trained in appropriate incident management procedures

The CEO will:

- take any immediate action required in the case of a major/critical incident to protect the safety and wellbeing of all clients, staff and/or other stakeholders
- notify the NDIS Quality and Safeguarding Commission of any reportable incidents, in the absence of the Operations Manager
- follow up on any incidents reported to the NDIS Quality and Safeguarding Commission and ensure any internal actions and investigations are reported in a timely manner
- report to the COASTLINK board within 24 hours any major/critical incidents
- review reports to identify trends for continuous improvement
- provide monthly reports to the COASTLINK board on any incidents
- review recommendations for continuous improvement, as a result of any incidents

Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

All major incidents are entered into the COASTLINK incident accident register for future reference.

5.4.4 Additional Steps - Major Incident Report (Also see Complaints And Client Feedback 16.1.1 Process For Managing Complaints)

The ProSIMS on-line incident reporting system is used to report all accidents or incidents including critical incidents that affect clients or visitors to COASTLINK.

This policy is designed to ensure the timely notification of critical incidents to the CEO.

Its purpose is to define and explain the circumstances under which COASTLINK staff and volunteers are to report critical incidents to the Manager.

It will provide guidelines for staff to ensure they promptly and accurately report critical incidents pursuant to the policy. COASTLINK's objective is to ensure that critical incidents are documented so that the Manager can direct further activity regarding the matter. An on-line process in ProSIMS is followed to monitor and correct any necessary outcomes. The user guide to the accident, incident, hazard and near miss reporting process documentation is found in the appendices to the policies.

Definitions

Definition of a critical incident: Critical incidents are those situations that might present a risk of significant bodily harm, property damage, legal involvement or other unusual activity that falls outside the scope of activity usually undertaken by COASTLINK. Some examples might be the following:

- Death or serious injury of a client or an employee;
- Where a client has been lost, absconds or left behind at an activity. The CEO needs to know of incident even if the client has been found or retrieved;
- The infliction of bodily harm, big or small, on any person during a COASTLINK activity;
- Significant occurrences: Whether by a client, volunteer or staff member on duty or other person; any threats of physical assaults; disruptive behaviour which places others in reasonable risk of harm or which causes harm. This would include but is not limited to, behaviour that leads to a report being issued to any public authority, including but not limited to the police, adult and child protective services;
- Sexual contact or attempted contact by a staff person on or off duty, volunteer or board member, directed at a client;
- A client's inappropriate behavior, ie, masturbating or behaving in public in other sexually inappropriate ways;
- Situations which require reporting under state or federal laws including but not limited to children and vulnerable adults;
- All staff and volunteer car and bus accidents occurring in the scope of activity related to COASTLINK or during staff working hours;
- Property damage: the intentional and willful damage to property by staff, volunteer or client (including property damage incurred by clients' with behavioural issues);
- Any incident involving mal-administration of medications.

Procedure for Reporting Critical Incidents:

The staff member will contact the COASTLINK office or the COASTLINK emergency number to report directly deaths, lost clients and injuries or any other critical incidents.

The staff member will adequately document the nature and circumstances related to the critical incident and will include at least the following:

- The circumstances of the incident and any support services or other treatment provided;
- Recommendations for any quality improvement measures that should be considered as a result of the critical incident;
- Determination of the follow up activity to be taken.

All critical incident reports will be delivered to the CEO either by email, fax or hand delivery on or before next working day following the occurrence of the critical incident.

- The CEO will review all critical incident reports and may take recommendations for action as is necessary to prevent further incidents from occurring;
- The CEO will notify the Board chairperson of the incident if there is any risk to any person or to the organisation;
- The CEO will analyse all critical incident reports on an on-going basis to identify trends or patterns or recurrence potential;
- The CEO will ensure that clients, volunteers and staff involved in critical incidents are offered access to trauma counselling;
- The CEO and the Operations Manager will ensure that staff and volunteers are aware of their obligations regarding critical incident reporting.

An on-line process in ProSIMS is used to monitor and control all incidents, including the development of action plans. An on-line process in ProSIMS is followed to monitor and correct any necessary outcomes. The user guide to the accident, incident, hazard and near miss reporting process documentation is found in the appendices to the policies.

Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.4.5 Incident Management and Procedures

The Purpose of this section is to describe the Incident Management System in context of the NDIS Act. This section focused on Reportable Incidents. The steps in this section are dovetailed into the ProSIMS reporting system described above and need to be considered in context of 5.4.3 and 5.4.4.

Definitions

Incidents: are acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of supports, or the alteration or withdrawal of supports, that cause harm, either physically or emotionally, to a worker, client, or other stakeholder. Incidents also include acts, omissions, events or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.

Reportable Incidents: refer to incidents, or alleged incidents, of severity that must be reported to an external agency. This includes but is not limited to:

- The death of a client
- Serious injury
- Abuse or neglect
- Sexual misconduct
- Unauthorised restrictive practices

Workers are staff, contractors and volunteers employed or engaged by Coastlink.

Procedures

Induction and staff training

All workers must be familiar with the organisation's incident management system, understand the organisation's definition of a Reportable Incident, and understand the procedures they must follow for reporting all incidents to the organisation and an external body (if required).

Coastlink promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so.

Incident identification

If a worker observes an incident, or a client or member of the public notifies a worker about an incident that does or could cause permanent or temporary detriment to a client, worker or other stakeholder, then the worker must report the incident through the ProSIMS incident reporting system. They must also call the Coastlink Emergency Number.

Workers and clients will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

Immediate response

Where possible, an incident will first be addressed by the organisation's personnel responsible and qualified to effectively manage the incident as it takes place. First respondents understand that they must contact emergency services if the situation warrants.

Notification procedures

Staff must report incidents to various agencies and persons based on the following priority system:

- For serious incidents workers must first contact emergency services
- Workers must report all incidents internally to the Coastlink Emergency Number (usually held by the Operations Manager)
- If it is determined that the incident is serious, the staff is responsible for notifying families, guardians and advocates of the client (they are best placed to call as they know the full details).
- If an incident is a Reportable Incident, the Operations Manager will notify the relevant external body within the expected timeframe of the external body.

Supporting clients

Throughout the incident management process, from initial response through to review, clients will be supported by the organisation through means of:

- Reassurance if the client reported the incident;
- Trauma and counselling services where required;
- Changes to regular supports if necessary;
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Clients will be involved in the management and resolution of the incident where appropriate.

Assessment and investigation

The Operations Manager is responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation. If an incident is a Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- The cause of an incident
- The effect of an incident
- Any organisational processes that contributed to or did not function in preventing an incident
- Changes the organisation can make in order to prevent further incidents from occurring

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be recorded and kept in strict confidence.

Incident resolution

Based on Coastlink's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- Providing an apology
- Disciplinary action
- Financial compensation

The organisation will inform and involve clients, family and advocates in the process of incident management and resolution.

Incident register and review

The organisation keeps an accurate register of all incidents that occur in relation to the provision of services. Each entry in the register contains:

- A description of the incident
- A determination of whether or not the incident is a Reportable Incident
- Where possible, time, date and location
- Names of all the people involved, including witnesses
- Details of the incident assessment
- Actions taken in regard to the incident

The organisation will review this information regularly to understand trends, address systemic issues and inform improvement activities.

Records will be kept for a minimum of seven years.

5.4.6 Hazard Report

On-line Hazard Reports are used to report areas of risk or potential risk to clients, staff or other people in COASTLINK work places, clients' homes and external venues.

Completed Hazard Reports are forwarded automatically to the relevant coordinator, the Operations Manager and the Manager Accommodation and Clinical, The Coordinator arranges for immediate control of the hazard and for any further action such as repairs and maintenance, new equipment etc. An on-line process in ProSIMS is used to monitor and control all hazards, including the development of action plans. An on-line process in ProSIMS is followed to monitor and correct any

necessary outcomes. The user guide to the accident, incident, hazard and near miss reporting process documentation is found on TimeOnLine and in the staff manuals.

Hazard reports are sent to the next WHS Committee meeting for review and recommendations.

All WHS minutes and recommendations go to the Board for ratification.

Reports are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and other Improvement Information.

5.4.7 Medication Error Report

The Medication Error Report is used to report any mishap or incident related to client medication. A ProSIMS online incident form must be completed by the witnessing staff member. An on-line process in ProSIMS is followed to monitor and correct any necessary outcomes. The user guide to the accident, incident, hazard and near miss reporting process documentation is found on TimeOnLine and staff manuals.

Medication Error Reports are forwarded to the Operations Manager and the relevant coordinator/s who will investigate the matter and carry out any immediate action required.

Forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.4.8 Maintenance Request

Maintenance Request forms are used to report items requiring maintenance that are not an immediate hazard.

Completed Reports are forwarded to the Compliance Officer who arranges the maintenance.

Completed forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.4.9 Staff and Client Suggestion Boxes

Staff and client suggestion boxes are provided at all centres to allow feedback and suggestions to be provided to the CEO anonymously.

5.4.10 SITE VISIT Report

A Site Visit report will be completed by the individual conducting the survey/audit for every survey or audit and records a summary of the results and any action required or improvements that can be made.

See also 5.4 Processing Continuous Improvement Forms and Other Improvement Information.

5.5 Document Control

Document Control is an essential part of any QMS as it drives compliance as well as providing a strong level of governance.

At COASTLINK Document Control is not a “set and forget” process but encourages flexible workflow through constant attention to documentation to ensure each document is meeting the needs of the organisation and its internal and external stakeholder.

Document control is required to ensure authority, accuracy and currency of the documentation on which people act.

This procedure describes how Document Control contributes to the COASTLINK’s QMS and will apply to all computer-centred documentation that is created, distributed, and retained for information and action in managing COASTLINK such as policies, procedures, management processes, committee and board minutes and other documents, as well as client documents and marketing material.

5.5.1 SCOPE

Document Control is designed to manage the authorisation, development, recording, review, revision, circulation, storage and disposal of documents of significance to the organisation.

It helps COASTLINK ensure that these documents have been appropriately considered and approved prior to their release, that they can be readily identified and accessed and that only the latest version of each document is available for general use.

5.5.2 TRAINING

COASTLINK will train all of its personnel in the forms and documents approved in the document control system and which pertain to their role in the Company. The nominated stakeholder will be responsible for training staff in the new or revised documentation.

5.5.3 DEFINITIONS

'Controlled Documents' are documents that serve as significant references for the conduct of the Company’s affairs, where the process of controlling documents drives compliance and provides a strong level of governance.

Controlled documents will generally be documents that are expected to have an extended life, and be subject to review from time to time. While most are generated internally, some reference documents will be externally resourced. The organisation's Controlled Documents comprise of:

- All Board documents including Board papers, minutes, policies, all Board information;
- Material contained in the Company Register including ASIC/ACNC documentation;
- Internally generated documents including head office, outreach centres, across all programs including incident/accident forms, hazard sheets, risk management forms;
- Client documentation including profiles, medication letters, care plans, person centred plans, risk assessments;
- Code of Conduct, and all Policies, Policy and Procedures;
- Job descriptions;
- Minutes of all staff meetings except Board minutes;
- Strategic Plan, Budget, Planning Calendar and other key planning documents;

- Audited Accounts, Balance Sheets, Profit & Loss Statements and other key financial documents;
- Reports on the organisation's performance, Self-Assessment, Improvement Plans;
- Handbooks, Manuals and Course Guides;
- Focus groups and other external stakeholder feedback including client surveys;
- Copies of relevant Government legislation and Industrial Awards & Certified Agreement;
- Training information and associated materials and such other internally or externally generated documents as the CEO may determine should be Controlled Documents.

5.5.4 PROCEDURE

COASTLINK will:

- Make maximum use of the opportunities for centralised control provided by our computer system to ensure ease of access, consistency in presentation, and availability of only the latest versions of its internally generated Controlled Documents and those externally-generated documents saved as internal documents;
- All internally generated Policies and Procedures, Forms and Registers - are to be recorded in the Documents Register in the QMS in the Common drive;
- Each Controlled Document will be assigned a stakeholder who will ensure that the document is correctly labelled and added to the Documents Register immediately;
- All newly developed or amended versions of Policy Guidelines and Procedures require CEO approval (minor changes) or Board approval (major changes) before they can be made available on the system;
- Old versions will be appropriately archived;
- Advice of new Controlled Documents or of modifications to pre-existing Documents will be emailed/distributed to all members of staff at the time of release;
- The currency of all Controlled Documents will be reviewed as per the Document Register located in the QMS in the Common Drive. This will be an agenda item at the office staff meetings every 6 months.

5.5.5 SCHEDULE

Document Group	Location	Stakeholder
Board documents including Board papers, minutes, policies, all Board information.	Restricted Drive	CEO
Material contained in the Company Register including ASIC/ACNC documentation;	Finance	Compliance Officer and Senior Finance Officer and CEO
Internally Generated Documents including head office, outreach centres, across all programs including incident/accident forms, hazard sheets, risk management forms;	Resources/Library	All
Code of Conduct, and all Policies, Policy and Procedures	Resources/Library	Compliance Officer

Job descriptions	Human Resources	HR Officer
Minutes of all staff meetings except Board minutes	Resources/Library	SMT
Strategic Plan, Planning Calendar and other key planning documents	Resources/Library	SMT
Audited Accounts, Budget, Balance Sheets, Profit & Loss Statements and other key financial documents	Finance	Senior Finance Officer and CEO
Reports on the organisation's performance, Self-Assessment, Improvement Plans	Quality Management System/ Continuous Improvement	CIC and SMT
Handbooks and client information	Marketing	SMT
Focus groups and other external stakeholder feedback including client surveys	Quality Management System	Compliance Officer
Client documentation including profiles, medication letters, care plans, person centred plans	Program/Client Directory	OM assisted by Program Coordinators
Copies of relevant Government legislation and Industrial Awards, Certified Agreement	Human Resources/QMS	HR Officer
Training information and associated materials and such other internally or externally generated documents as the CEO may determine should be Controlled Documents	Human Resources	OM

5.5.6 DOCUMENT HISTORY AND VERSION CONTROL PRINCIPLES

The policy manual is a controlled document. Each Section is marked appropriately at the top of each Section.

The Employee Employment Manual is included in the Policy Manual and is a controlled document overseen by the Operations Manager.

All COASTLINK controlled documents will be designated this way in the footer:

- Document name and designation
- Date of issue
- Version
- Where filed on computer
- Authorised by
- Last amended/Review Date

Example:

Doc Name: Updated SCHADS Award Information.	Approved By: OM Jan 2013
Located: Shared/workers/awards v3	
Version: 3.00	
Last Amendment: 30 Dec 2011	
Contact Officer: OM	Next Review: March 2014

5.6 Internal Audits

As part of our QMS and Risk Management systems all aspects of our operations will be subject to regular internal auditing.

Internal auditing is a key mechanism to assist managing risk and improving efficiency and effectiveness.

Programs will be audited against the NDIS Practice Standards, funding agreements, NSW and Federal Government legislation and regulation and will include items such as:

Clients:

- Ensuring clients human rights are respected;
- Staff emphasis is on services users' independence and resilience;
- Each person has a person centred plan designed to suit his/her lifestyle;
- The PCP plan is in line with the lifestyle each person has chosen;
- Each client has choice and control over their support packages;
- Each person is listened to with respect and is treated with dignity at all times;
- Access to programs is on the basis of equity with no discrimination or favouritism;

Staff:

- All staff comply with all COASTLINK policies ie Medication;
- Staff are aware of and follow each client's plan and risk assessments;
- Clients are integrated into activities and the general community by staff;
- Clients are not isolated and lonely when at COASTLINK;
- Clients are encouraged to make choices and take control of their lives;
- Clients are encouraged to become included in their local communities in genuine ways;
- Staff ensure clients enjoy general community facilities and no disability specific ones;
- Staff do not use "baby talk" to people with disabilities and those who are frail aged and do not make people dependent on them but rather work on each client's abilities rather than disabilities;
- WH&S practices and principles are followed;
- Staff work in positive ways to encourage each other and clients to enjoy their time at COASTLINK;
- Staff actively contribute to making COASTLINK a good place to work and a good place for clients;

- All necessary paperwork is completed i.e. client profiles, risk management plans, medication letters and plans, incident/accident/hazard forms and all are filed in the appropriate hard and e-files.
- Maintain clients' health at optimum levels.

Coordinators and the Operations Manager are responsible for regular program audits (at least monthly including on weekends) and completing the "Program Audit Form" each time. This form is then sent to the Supervisor or key worker on the activity who is asked to read it and sign it if satisfied with the contents. Any issues raised by the audit will be discussed with the Supervisor and an action plan completed and audited again within 6 weeks to gauge any progress on the action plan.

This form is then filed centrally as well as in the Supervisor's file.

The Operations Manager is responsible for auditing office systems and processes and completes the "Office Audit Form" when doing so. Any issues are raised with the person responsible and the item is re-audited within 6 weeks to gauge progress with any changes required.

The form is filed centrally and in the file of the person responsible.

5.7 Other Continuous Improvement Information Sources

Customer Satisfaction

Customer satisfaction is fundamental to our success and we seek always to achieve very high levels of customer satisfaction. Feedback from our customers is the best way to find out if the services we are providing are what each customer wants.

Customer satisfaction surveys, evaluation and focus groups are used as a way of identifying customer requirements and measuring customer satisfaction.

5.7.1 Informal Client Feedback

In addition to Tell Us What You Think forms and client surveys, COASTLINK staff record client informal feedback or comments regarding service delivery. These are recorded on a Tell Us What You Think form and processed as per the procedures in 5.2.1 Tell Us What You Think Form. Client names are not reported.

Any feedback received is fed into the continuous improvement system

5.7.2 Meetings

Minutes of all meetings are reviewed by the Operations Manager and the CEO to identify any opportunities for improvement.

These are recorded on a Tell Us What You Think form and processed as per the procedures in 5.2.1 Tell Us What You Think Form.

5.7.3 Safety Audits

Safety audits are regularly conducted in client homes, COASTLINK facilities and external venues used for client activities using the following forms:

- Home Safety Check Checklist
(See 8.4 Safety Audits).

Completed audits are forwarded to the appropriate Coordinator for review and action.

Completed forms are processed as per the procedure in 5.4 Processing Continuous Improvement Forms and Other Improvement Information. Copies are provided to the Compliance Officer for maintaining registers and auditing processes.

5.7.4 Policies and Procedures Reviews

Each section of the Policies and Procedures Manual is audited over a three-year period to:

- Check what is written is what occurs in practice;
- Identify improvements to practice;
- Improve the documented procedures;
- Improve any forms or other documents that support the procedures and practices.

The CEO and Leadership Group maintain a plan for policies and procedures review in the Corporate Calendar.

The Corporate Calendar details the reviews, surveys, responsive audits and other data collection and monitoring activities scheduled for the next 12 months. This is updated as reviews/audits are planned and completed.

The following process applies:

- The CEO reviews each policy and procedure and suggests changes which are marked in the documents;
- These changes are taken to the Improvement Committee for comments, review and suggested changes;
- The reviewed policy is forwarded to the Board for their input;
- Any changes suggested by the Board are made and returned to the next Board meeting.

New Policies and Procedures

- New policies and procedures can be required because of changes to legislation, current events (such as the current Royal Commission into Institutional Responses to Child Abuse) or because a pattern of events require new policies;
- The CEO will discuss new policies and procedures with senior staff before they are written. When complete, the new policies and procedures will go to the Improvement Committee as outlined above before going to the Board and then to program staff meetings;

The review process described above is used to conduct responsive audits; they are used to ascertain what is happening and to identify improvements and solutions. They are usually of a fairly narrow

scope. For example, if it is identified that some clients have advised that Support Workers have been arriving late for their support visit, a responsive audit may include:

- Talking with Support Workers to identify any barriers to them delivering services at the allocated time;
- Reviewing the rosters and schedules of the relevant Support Workers;
- Reviewing the support plans of the clients who have provided feedback and, if necessary, clients who receive services earlier;
- Identifying solutions to the issues;
- Implementing solutions;
- Providing feedback to the clients and support workers on the actions taken;
- Evaluating whether the actions have been effective.

A Survey Audit Report is completed and attached to the copy of the policies and procedures used during the review.

Completed forms are processed as per the procedure in 5.4 Processing Continuous Improvement

5.8 Processing Continuous Improvement Forms and Other Improvement Information

The following process applies to completed continuous improvement forms:

1. All items related to continuous improvement are forwarded to the Improvement Committee for recommendation for action;
2. Where a form leads to improvements, any action on the improvement is recorded on the back of the form. Significant improvements are also recorded on the Improvement Plan (see 1.14.1 Improvement Plan and Strategic Plan). The form is maintained in the 'open' section of the file for that form until all action is completed;
3. Closed out forms are filed in the 'closed' section of the file.

5.8.1 Communication of Improvements

Internal communication strategies are described in Section 3: Information Management and include the presentation of improvements at:

- Monthly Team Meetings, Bi Monthly Program meetings and,
- Annual Whole of Community Care Team Meetings.
- A summary of improvements is also included in our Newsletters.

5.8.2 Evaluating Improvements

An improvement is not closed out until the improvement is evaluated; that is, we have checked that the improvement achieved is as we expected and there were no unintended consequences.

If an improvement did not work, it is returned to the next Improvement Committee meeting for consideration of new strategies. The extent to which improvements are evaluated depends on the level and complexity of the improvement.



For example, a client request for bigger fonts in letters could be immediately implemented without an evaluation. However, a more complex improvement such as changing all staff commencement and finishing times to fit in with school closing hours requires consultations with staff and users, information sharing and significant changes to practices. This improvement would need to be evaluated with input from clients, staff and management to ensure it was a positive change with no unintended consequences.

Significant improvements can only be closed out by the CEO or Senior Management Team after it has been evaluated.

5.9 Monitoring Continuous Improvement Processes and Systems

Continuous improvement processes and systems are regularly audited as part of the COASTLINK audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made. Audits are scheduled and maintained by the Compliance Officer.