

SHAPE DISABILITY

CONTINUOUS IMPROVEMENT AND QUALITY MANAGEMENT POLICY AND PROCEDURE

1. PURPOSE

Shape Disability is committed to maintaining a Quality Management System which manages continuous improvement throughout the organization. This Policy is to provide guidance and insight into the process for continuous improvement.

2. SCOPE

This policy applies to all existing and potential Shape Disability staff, volunteers and Board Members.

3. DEFINITIONS

Term	Definition
Complaint	An expression of dissatisfaction with a support or service where standards or expectations have not been met.
Continuous Improvement	A deliberate and sustained effort to improve processes and adopt a 'learning' culture. It involves cyclical steps: identifying opportunities for improvement; collecting and analysing data; deciding on new approaches based on data analysis; developing and implementing changes and evaluating the effectiveness of the changes.
Deming Cycle	A management methodology incorporating integrated knowledge and learning, with the aim of continually improving processes. This cycle is based on four stages: Plan ; Do ; Check ; and Act .
Open Disclosure	The practice of acknowledging the complaint, expressing regret to the person making the complaint that standards or expectations have not been met, finding out what happened, how and why and seeking to learn from the experience and make improvements. Note: Expressing regret does not mean an admission of guilt.
Internal Audit	Independent, objective assurance and consulting activity designed to add value and improve operations. It adopts a systematic and disciplined approach to evaluating and improving the effectiveness of a quality management system.
Corrective Action	An action, or a plan created to address a non-conformance from an internal or external audit.
Performance Indicators	Measures that evaluate outcomes or results.

Quality Management	The process of activities and tasks to ensure an organisation's products or services meet a consistent and high level of excellence.
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4. CONTEXT

Shape Disability is committed to maintaining safety and quality and continually improving our service delivery and business operations. We will adopt a 'Plan; Do; Check; and Act' approach to continuous improvement and quality management which:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- prioritises client health, safety and wellbeing;
- promotes a learning culture where gaps, opportunities, input and feedback (including complaints) from stakeholders are encouraged and welcomed;
- integrates planning, resource allocation, risk management and reporting as part of the continuous improvement process;
- provides cultural and language-accessible modes and methods for clients to submit feedback and complaints;
- fosters a resolution-based culture of open disclosure;
- upholds clients' human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes clients' right to choice, control and self-determination;
- encourages and supports client independence and capacity-building, where possible; and
- implements changes as required and evaluates the effectiveness of those changes.

5. PRINCIPLES

Quality assurance is about systems and processes that deliver a consistent quality of care and services. Continuous improvement moves beyond quality assurance to find ways of lifting the quality of service delivered.

A culture of continuous improvement ensures a service is responsible to change and can continually develop a quality service that is of value to its participants.

A sound continuous improvement program can demonstrate:

- baseline – the current situation the service is trying to change
- planned improvements and the expected benefit to the participant
- monitoring – systems to monitor a new process or activity during its implementation
- evaluation – systems to monitor a process or activity once it has been implemented, which should help ensure its sustainability and capture the actual improvements

Continuous improvement processes help services resolve problems and deliver high quality care and services to participants.

6.1. Implementing and Maintaining a Quality System

Shape Disability will implement and maintain a quality system that:

- is integrated in our overall risk management and compliance framework;

- enables the governing body to monitor the organisation's performance in delivering safe and quality services and supports;
- clearly defines role accountabilities and responsibilities for ensuring safety and quality in service delivery;
- supports the timely and accurate collection of data so we can identify, analyse, monitor and report risks, complaints and incidents; and
- provides trend analysis functionality so we can identify process gaps and continually improve our service delivery.

6.2. Identifying Opportunities for Improvement

- We will strive to continually improve our processes to provide clients with safe and quality services and support.
- We will maintain processes that are consistent with our mission, vision and values.
- We will continually review and evaluate our processes and make changes as required.

6.3. Encouraging and Acknowledging Feedback and Complaints

- We will ensure clients are aware of their right to provide feedback and make a complaint, both internally and externally, and support them to do this if requested.
- We will actively engage with clients and their family/alternate decision-maker/advocate, workers and other stakeholders and use their input and feedback for continuous improvement and quality management.
- We will acknowledge a complaint, demonstrating courtesy and respect, verbally and/or in writing to a complainant and express verbal gratitude to acknowledge a compliment.

6.4. Collection, Collation and Evaluation of Information and Data

- We will maintain processes to collect, collate and evaluate information and data to identify gaps, systemic issues, errors, opportunities for improvement and non-conformances.
- We will maintain a Continuous Improvement Register, Complaints Register, Incident Register and Risk Register with details, actions and outcomes of complaints, incidents, risks and suggested/required improvements.

6.5. Reviewing and Monitoring Processes

- We will review board and management processes to ensure roles and responsibilities align with mission, vision and strategy.
- We will conduct internal audits to review and monitor processes and operations and make any required adjustments.
- We will participate in external audits and view them as an opportunity to learn and continually improve.

- We will review feedback, suggestions, complaints and incidents to identify systemic issues and take follow up action(s) as required (changes to policy and procedures, worker rostering, supervision and training, technology and communications).
- We will review and revise our policies, procedures, forms and templates to ensure currency, accuracy and compliance.

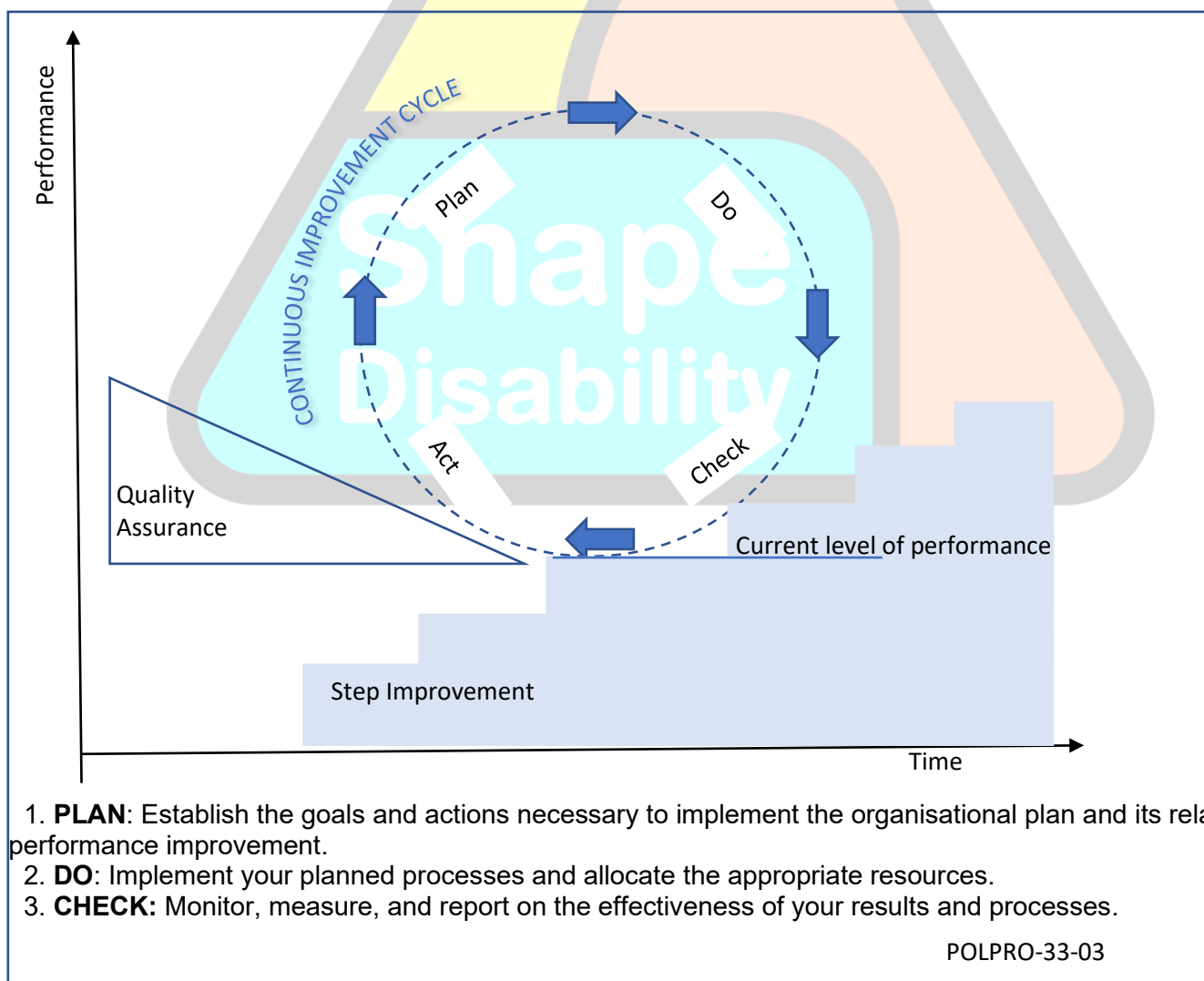
6.6. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the client has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the client and only other stakeholders authorised to access it.

6.7. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which supports our mission, vision and values and recognises the importance of continuous improvement.
- We will maintain processes to adequately monitor and supervise workers.

7. CONTINUOUS IMPROVEMENT CYCLE



4. **ACT:** Incorporate the ideas for improvement into your next plan and maximise areas where there have been successes.

Figure 1 – Shape Disability’s Continuous Improvement Cycle

7.1.1 Plan

Continuous improvement means taking a systematic and planned approach to improving the quality of care and service including:

- analysing complaints trends and themes
- researching possible solutions at the service level
- planning and prioritizing improvement activities
- listening to suggestions from supported individuals, representatives and staff
- monitoring and evaluating new solutions, processed and improvements

Improvements that are made in response to problems (eg. Malfunctions being corrected) are not *planned* continuous improvement.

7.1.2 Do

Shape Disability should monitor new processes and activities to make sure that change is not causing problems. This will allow the organization to make modifications to an activity or process as required and ensure positive results for participants.

Participants and staff shall be involved in the implementation of continuous improvement including through keeping them informed as appropriate. Staff should be supported through education and training, and updated information

7.1.3 Check

Monitor, measure, and report on the effectiveness of results and processes.

Evaluating the effectiveness of a new activity or process is an important step.

Ensure all components of the activity have been closed-off, for instance, updating of any policies and procedures and seeking supported individual’s input, staff and key stakeholder input.

Having a structured approach to the evaluation of continuous improvement can also provide guidance for future improvement activities.

7.1.4 Act

Incorporate the ideas for improvement and maximise areas where there have been successes.

- If the improvement activity has been successful, close the loop, or
- The improvement activity has been unsuccessful or partially successful and staff need to make amendments and start a new cycle of planning, implementing, evaluating and deciding.

8. PROCEDURES

8.1 When an improvement is identified, the Manager is given the details and this is logged on the Continuous Improvement Register.

8.2 The Improvement is given a unique Reference Number and details relating to the Improvement are recorded.

8.3 A staff member is nominated as the person who will be managing the improvement and follow up actions.

8.4 When the improvement action has been finalized, this is noted on the Continuous Improvement Register and the Improvement is closed.

8.5 The outcome is communicated to key stakeholders, including the person (where applicable) who lodged the improvement.

8.6 All improvements are reported to Management and to the Board.

9. INTERNAL AUDITS

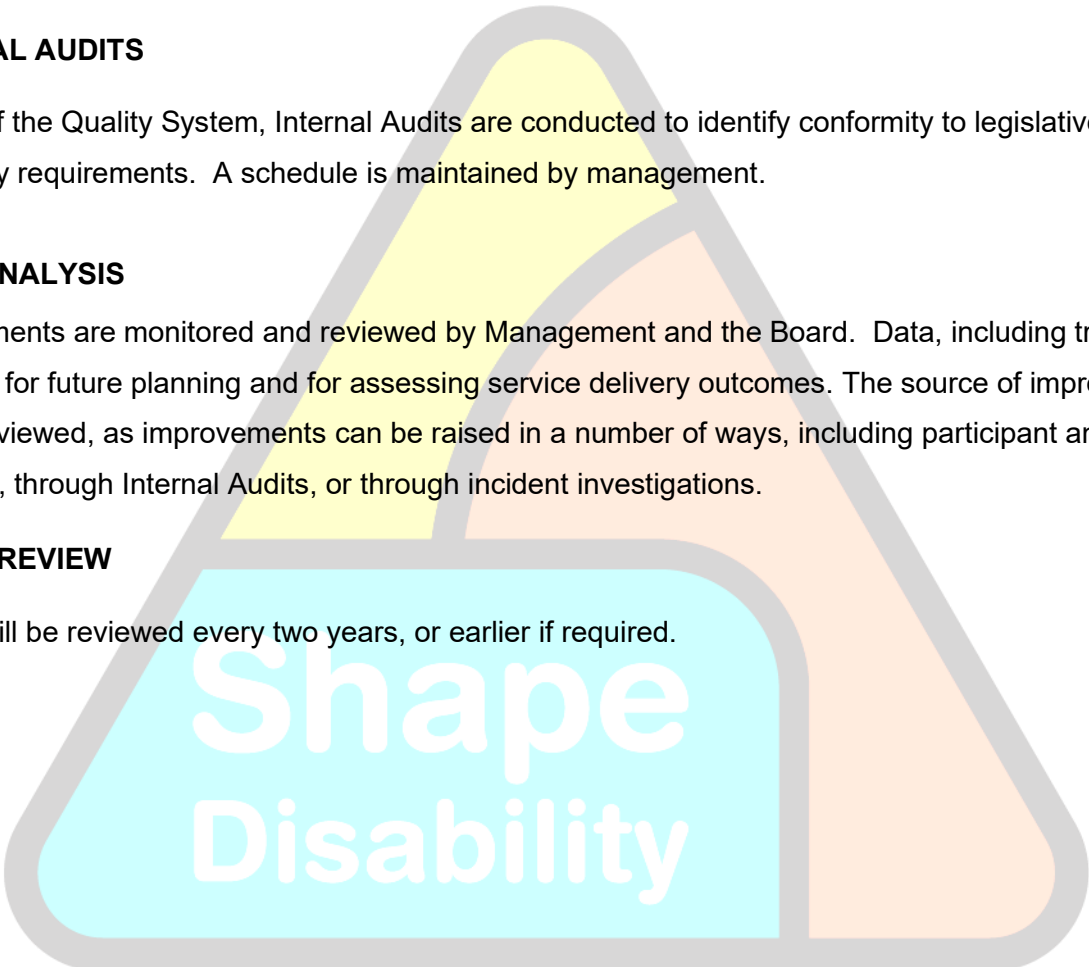
As part of the Quality System, Internal Audits are conducted to identify conformity to legislative and regulatory requirements. A schedule is maintained by management.

10. DATA ANALYSIS

Improvements are monitored and reviewed by Management and the Board. Data, including trends, are analysed for future planning and for assessing service delivery outcomes. The source of improvements will be reviewed, as improvements can be raised in a number of ways, including participant and staff feedback, through Internal Audits, or through incident investigations.

11. POLICY REVIEW

This policy will be reviewed every two years, or earlier if required.



**Shape
Disability**