

QUALITY ASSURANCE POLICY

1. NOSS will constantly review its performance against Service goals and disability standards to promote ongoing continuous development.
2. NOSS is committed to enhancing the quality of service delivery using a systematic process to improve performance in all areas of the service.
3. Feedback will be sought from clients, customers, staff and other stakeholders to ensure that services provided are appropriate to their needs, cost effective and the best possible quality.
4. Any complaints will be continuously monitored to ensure that any issues are rectified in a timely and effective manner (See Complaints Policy).
5. NOSS recognises that the updating of knowledge is an essential component in maintaining and improving the quality of service delivery and as such, will support ongoing staff development.
6. All policies and procedures, manuals and forms will be reviewed regularly to ensure ongoing accuracy, relevance and strict compliance with current legislation and industry standards (See Document Control Policy).

PROCEDURES

1. Audits

1.1 NOSS will:

- (i) Carry out an independent financial audit annually.
- (ii) comply with audit requirements as required by the funding bodies, such as:
 - annual Certification Audit of Bluegum by an independent accredited certification body against the Commonwealth Disability Employment Services Standards.
 - self audit against the Quality and Safety Standards Framework as required by the Department of Health and Human Services.

2. Internal Audits

- 2.1 The Office Manager will maintain a schedule of internal audits to ensure that all major organisational processes are audited regularly to ensure compliance with Service goals, Commonwealth and State Disability Standards.
- 2.2 Audits will include a lead auditor and an interviewer independent of the area being audited (if possible).

- 2.3** Each audit will review the organisational process with particular reference to Service goals and Disability Standards, including:
- review and document action on non-conformities from previous audits.
 - document any non-conformities and/or evidence of compliance from current audit.
 - interview stakeholders including crew members and/or clients, staff members and management.
 - review client and/or crew member files and relevant documents and records;
- 2.4** Audit reports will be completed and circulated to relevant stakeholders.
- Actions for improvement will be identified and actioned in accordance with the Reporting Policy.

3. Feedback

- 3.1** NOSS encourages all stakeholders to contribute to the continuous improvement of the Service by forwarding any suggestions for improvement to the office.
- 3.2** NOSS will obtain feedback annually from all stakeholders including:
- clients and crew members (and/or their advocates)
 - employees
 - Management
 - Bluegum customers
- 3.3** NOSS will analyse feedback and identify actions for improvement.
- 3.4** A summary of feedback will be distributed to the Board of Governance.

4. Client Representative Committees

- 4.1** The Workcrew Manager will facilitate the election of a Crew member Representative Committee. The Committee will submit a report to Board of Governance meetings and report relevant information back to co-workers.

5. Client Meetings

Bluegum

- 5.1** Quarterly meetings will be held between crew members and an advocate from an independent advocacy service to provide opportunities for issues to be discussed in a forum independent of Bluegum supervisory personnel.
- 5.2** Minutes of advocacy meetings will be prepared by the advocate and any issues addressed by NOSS Management.

Community Access

- 5.3** Three meetings per year will be held between a representative group of community access clients and an independent advocate to provide opportunities for issues to be discussed in a forum independent of NOSS personnel.

5.4 Minutes of advocacy meetings will be prepared by the advocate and any issues addressed by NOSS Management.

6. Management Meetings

NOSS Management will hold monthly management meetings to discuss Service improvement with:

- Community Access Manager, and
- Workcrew Manager

7. Quality Assurance Database (QAD)

7.1 Actions for improvement will be identified as a result of:

- Complaints
- Incidents and accidents
- Suggestions for Service improvement
- Risk Management Plan review
- Strategic and Business Plans
- Internal and other Audits
- Analysis of Feedback
- Board, Management, Staff and other meetings.

7.2 Improvement Requests will be entered on the Quality Assurance Database (QAD) including details of action required, responsible person and completion date.

7.3 Monthly reports of all outstanding action will be printed and distributed to each responsible person for resolution.

7.4 Monthly management meetings (Community Access and Bluegum) will include:

- Monitoring the progress of previous QAD items
- Developing and implementing plans for improvement.

7.5 Policies will be amended when necessary.

7.6 All relevant stakeholders will be informed of improvements.

8. Service Planning

8.1 Board of Governance will develop a triennial Strategic Plan with input from clients (and advocates), crew members, employees and management.

8.2 Elements of the Strategic Plan will be reviewed at each Board meeting and the Strategic Plan formally reviewed annually

8.3 The Workcrew Manager will develop an annual Bluegum Business Plan with input from Bluegum crew members and staff.

9. Risk Management

9.1 A Risk Management Plan will be developed and reviewed in accordance with the Risk Management Policy.