



**Australian General Practice  
Accreditation Limited (AGPAL) and  
*Quality Innovation Performance (QIP)***

**Response to the Consultation paper:**

***Proposal for a National Disability Insurance  
Scheme Quality and Safeguarding Framework***

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The AGPAL Group of Companies is accredited by the International Society for Quality in Health Care (ISQua).

## Introduction

Australian General Practice Accreditation Limited (AGPAL) and *Quality Innovation Performance* (QIP) have provided accreditation and quality improvement related services to the health and community services sectors for more than twenty years. We are not-for-profit, health promotion charities and are pleased to be provided the opportunity to comment on the proposed Quality and Safeguarding Framework for the National Disability Insurance Scheme (NDIS).

The Consultation Paper clearly indicates the intention of the Framework is to advance the rights of, minimise the risk of harm to, and maximise choice for, consumers experiencing disability and their carers. QIP works exclusively in the field of health and community services, across the spectrum of human services and is supportive of this aim. We have been actively involved in conducting quality assessments:

- as a Third Party Verifier in the New South Wales NDIS project
- as an Independent Review Body against the Human Services Standards (previously the Department of Human Services Standards) in Victoria
- for accreditation and quality assurance with disability service providers across Australia for more than twenty years.

QIP's parent company AGPAL is the accreditation provider of choice for the majority of general practices in Australia. QIP delivers accreditation programs in all other areas of human services. QIP works with disability services using a range of quality standards, depending on jurisdictional and program requirements. These include but are not limited to: Home Care Standards; Australian Service Excellence Standards; the QIC Health and Community Services Standards; New South Wales Disability Service Standards (NSW DSS); and, the Victorian Human Services Standards. We work with disability providers in New South Wales, Victoria, South Australia, Western Australia and Northern Territory. These providers include specialist disability services and multi-service organisations whose program mix includes disability services. The ISO 9001 and the National Disability Services standards are used in various jurisdictions with disability service providers, multiple services providers and disability employment services. QIP is committed to improving client outcomes, maximising safety and quality, minimising risk, reducing duplication and ensuring our clients have a choice of accreditation frameworks that best suits their clients, services, size and structure.

## The Context of our Response

QIP representatives have participated in the state-based consultation forums in South Australia, Victoria and New South Wales and this response has resulted from a review of the consultation paper, reflection on our findings from the consultation forums and our internal discussions. . We understand the scope of the proposed NDIS Quality and Safeguarding Framework and seek to provide comment based on our area of expertise – that of third party assessment providers across whole-of-organisation and specialist

quality frameworks and, in particular, in relation to National Disability Insurance Agency (NDIA) Provider Registration and the area of Monitoring and Overseeing, where issues of verification and quality monitoring arise.

The principles which have guided the development of the National Quality and Safeguarding Framework are understood, including a desire to strengthen individual capabilities, reduce red tape which may prevent new providers entering the market and introduce a risk based approach to determining expectations across providers.

This has been represented structurally in the three domains – Developmental, Preventative and Corrective. The Developmental approach focuses on building individual safeguards by provision of information, building capacity and strengthening community networks. The Preventative approach concentrates on risk management strategies between NDIA and the individual, as well as encouraging providers to deliver safe and high quality supports. The Corrective approach focuses on complaints and incident reporting and management.

## Our response to the Consultation Paper

We have responded in two parts:

1. To the specific questions raised in the Consultation Paper; and
2. By providing additional discussion and recommendations regarding quality frameworks and registration and a risk-based approach to safety and quality safeguards (*which we believe adds value to the response*).

## Specific Consultation Questions posed by NDIA

### Developmental domain

#### Providing information for participants

- What are the most important features of an NDIS information system for participants?
- How can the information system be designed to ensure accessibility?
- What would be the benefits and risks of enabling participants to share information, for example, through online forums, consumer ratings of providers and other means?

Participants can only make informed decisions and choices where sound and easily accessible information systems provide comprehensive and balanced information. AGPAL and QIP believe the important features of an NDIS information system include a full range of information provided via multiple accessible ways to encompass the spectrum of disability. The information may need to consider:

- Instructions on how to navigate the service system. Navigating the service system is challenging for service providers who at least have a rudimentary understanding of elements of the system – even in instances where single point of entry processes are in place. Participants, family, carers, advocates and planners therefore, may need support and guidance materials to enable successful, timely and easy navigation.
- Information on the range of services funded for NDIS participants. This information may be best presented under broad headings, which include the risks and benefits of specific service types and helpful tips outlining the type of information to seek about that service type when considering an appropriate provider.
- Details of specific service providers. This may include parameters such as the catchment area, service scope, qualifications, quality standards/certification (where applicable), any limitations of services and the cost range. It is important that this information is presented in a consistent format, to enable easy comparisons between provider offerings.

To ensure transparency and accountability, it is also important that accurate and up-to-date information is provided by services identified in the information system.

A model such as a participant-oriented decision support tool which enables navigation, knowledge, planning and choice may be worthwhile considering; this tool may be broadly based on the type of participant needs for which the service plan is being developed.

A hotline aimed at supporting new clients accessing the system may also improve the useability of the information system.

AGPAL and QIP believe a consumer experience survey should be included as a component of the Framework. This would enable easy referencing of data about individual services in the information system, based on consumer responses/trends. Furthermore, a consumer experience survey has the potential to provide more reliable data than the *trip advisor* style function discussed during the consultations. Monitoring on-line feedback mechanisms such as *Clickability* would help the Government to evaluate service uptake and interest to participants. Concerns regarding existing online public feedback systems in the travel and restaurant domains relate to the motive and the authenticity of the reviewer and the challenge of verifying the source/validity of the feedback. It is also recognised consumers do not necessarily all value or comment on the same aspects of a provider or service, and therefore the feedback may be less useful to individuals seeking alternative information. AGPAL and QIP recommend that any *trip advisor* style function be balanced with data from more reliable sources.

## Building natural safeguards

- Are there additional ways of building natural safeguards that the NDIS should be considering?
- What can be done to support people with a limited number of family and friends?

As discussed above, service providers themselves acknowledge the challenge of navigating a service system that is fragmented and for which data is incomplete and difficult to analyse. This must be addressed to enable participants, families and carers to make informed choices about care. AGPAL and QIP endorse the approaches outlined in the Consultation Paper: to build capability in participants, family and carers; to develop strategies which better connect people with disabilities to their community; and, to develop approaches which raise community awareness about living with a disability and disability services. Building capability will need to include processes for plan development and monitoring – through such tactics as training programs, planner support, checklists, mentoring (especially for socially isolated participants) and local support groups. Local Area Coordinators (LACs) will have a critical role in meeting the needs of their participant community of interest.

Service provider staff will also require NDIS training and orientation, so that they can work in partnership with participants in an empowering way.

Community development approaches will promote a whole of community understanding of the NDIS and its roll out.

## Preventive domain

### Service level safeguards

- What kind of support would providers need to deliver high-quality supports?

High quality supports and services can be achieved where a comprehensive understanding of service governance is in place, involving all levels of an organisation. Service governance covers all dimensions of quality – safety, effectiveness, efficiency, appropriateness, responsiveness, access and acceptability, with the participant at the centre of this, across the organisational elements of governance, leadership and culture, consumer and community involvement, competence and education of support personnel, and information management and reporting. As service governance is not yet well-developed in the community sector, investment in the form of training and resources may be required to enable organisations to understand and develop sound systems for service governance. Furthermore, a quality framework which includes a strong foundation in service governance will benefit the sector and its participant users.

Legal compliance, risk management, knowledge management, human resources systems and service delivery systems across the continuum of care underpin safety and quality in service provision.

Consideration of resources to capture data for service governance would be beneficial for benchmarking against quality standards longitudinally and across services.

## Corrective domain

### Oversight functions

- Should there be an independent oversight body for the NDIS?
- What functions and powers should an oversight body have?

While internal complaint management and continuous quality improvement processes are to be encouraged, QIP supports the commissioning of an independent oversight body for the NDIS. This body may be responsible for the following functions – to:

- Establish policy regarding service provision safety and quality
- Act as a registration body
- Manage external complaints, in instances where internal processes have not achieved resolution
- Manage allegations of abuse
- Monitor consumer protections for NDIS participants and potential participants
- Review systematically critical incidents of a serious nature
- Performance monitor service providers against an established range of requirements, which includes, but is not limited to, targeted accreditation/standards and key performance indicators.

## NDIA Provider registration

- Considering the options described, which option would provide the best assurance for:
  - Providers?
  - Participants?
- Should the approach to registration depend on the nature of the service?
- How can the right balance be reached between providing assurance and letting people make their own choices?

QIP endorses a nationally-consistent tiered approach to ensuring the safety and quality of services provided to people with a disability. Quality and safety in service provision are vital, irrespective of the type of service being provided.

Where service delivery requires infrequent contact of a non-personal nature with a participant, a lower standard of requirements may be appropriate. We suggest the minimum requirements include a national criminal history record check (NCHRC), legal compliance obligations and a Code of Conduct. In order to be effective, at a minimum the Code of Conduct should include consideration of respectful and appropriate communication, ethical behaviour and sound relationship management, in addition to those items identified in the Consultation Paper. Incidents, consumer feedback and complaints would be the

major monitoring system in such a 'light-touch' approach, and would need to be managed centrally by an independent oversight body. Extra requirements might be imposed on service providers against whom multiple complaints or incidents are recorded, where evidence validates the need for corrective action. We support the notion of a 'barred list' where significant risk was identified by an independent body, where improvement was not achieved and therefore the risk to participants not ameliorated to a safe level.

Where significant, ongoing and personal contact with a participant is involved, especially where unsupervised, we believe a higher level of registration requirements is necessary in order to provide NDIS participants with an assurance of safety and quality. to. Furthermore, AGPAL and QIP believe an integrated approach across a number of quality indicators would best provide safety and quality assurance, and create a framework for quality improvement. This integrated approach could encompass:

- external verification or assessment against appropriate standards well-matched with agreed process and outcome measures; these measures could be collected and verified as part of the external assessment process, as could the monitoring of staff requirements (see *Ensuring staff are safe* section)
- a consumer experience survey and its analysis
- analysis of incidents and complaints processed by the independent authority, should such a body be commissioned.

The selection of appropriate standards bears mention here. While National Disability Standards exist and may be best suited to any assessment process proposed by NDIA, services whose focus is not disability services may be disadvantaged by multiple standards requirements and hence an increased regulatory burden. AGPAL and QIP recommend recognition protocols be established to ensure every effort is made to reduce the burden on organisations where alternate independently verified quality frameworks exist.

AGPAL and QIP do not endorse one-time third party verification, as it is our experience that quality assurance and improvement are not consistently maintained in all organisations over time, and that organisations tend to 'drop the ball' on quality matters.

Where accreditation is chosen as one element of the quality framework, an agreed-format summary report of the assessment findings could be made publicly available on the independent body's website; this could include ratings against the standards, commendations, corrective actions undertaken to achieve accreditation and any high priority quality improvement recommendations.

Any third party assessment body involved in registration processes should meet the accreditation requirements of either the Joint Accreditation System of Australia and New Zealand (JASANZ) or the International Society for Quality in Health Care (ISQua), at a minimum. QIP observes that many

Commonwealth Departments recognise JASANZ-accredited certification bodies but do not recognise ISQua-accredited bodies such as AGPAL and QIP, despite the rigor of ISQua accreditation which is recognised worldwide as best practice accreditation in healthcare and social services assessment bodies. This presents an anomaly and restricts choice of provider for service organisations. It is noted that the Australian Commission on Safety and Quality in Health Care (ACSQHC) recognises a number of ISQua-accredited organisations as accreditation providers, as do a number of state governments in health and human services sectors, including disability.

AGPAL and QIP note that access to a ‘barred list’ could provide participants managing their own plans a measure of protection from providers deemed inappropriate for work in this sector, irrespective of the type of service provided. Such a list would need to be maintained and monitored by an independent body.

We also note that providers which have undertaken accreditation or other third party assessment processes in general recognise the inherent value of this process in promoting the effective development, maintenance and improvement of workplace systems and endorse accreditation/certification as a public and necessary symbol of safety and quality. In fact, we have found this to be the case even in organisations that did not initially favour accreditation.

## Complaint management

- How important is it to have an NDIS complaints system that is independent from providers of supports?
- Should an NDIS complaints system apply only to disability-related supports funded by the NDIS, to all funded supports, or to all disability services regardless of whether they are funded by the NDIS?
- What powers should a complaints body have?
- Should there be community visitor schemes in the NDIS and, if so, what should their role be?

QIP endorses independent complaints management as a required element of an effective complaint management system which protects participants and carers. A number of industries, jurisdictions and sectors operate independent complaints management bodies as an independent and objective service where complaints directly to a service fail to be satisfactorily resolved; some of these bodies have greater powers than others e.g. to effect binding decisions. The Victorian Health Services Commissioner and the Victorian Disability Services Complaints Commissioner, along with similar bodies in other states, share a common mandate to promote best practice in complaint management over and above obligations of services under consumer protection legislation. AGPAL and QIP endorse the establishment of an independent national body which, as one of its tasks, provides an external complaint management function with a mandate to promote best practice, at a minimum. However, if this body had multiple functions (as described earlier), additional powers may be warranted, including administration of a ‘barred list’, in order to protect the rights of the most vulnerable in our society.

AGPAL and QIP consider further investigation may be required to be certain that extending the scope of any such body beyond services funded by the NDIS is acceptable or workable, as we currently have limited information regarding the risks and legalities.

AGPAL and QIP understand Community Visitors are voluntary positions with varied support and training and limited monitoring, and that this differs in various jurisdictions and areas of disability; they have significant power and influence and face a variety of challenging situations. We recommend a thorough evaluation of the risks and benefits of such a program before including this strategy in a complaints management system and structure for the NDIS. Such an evaluation would need to consider risks to participants, families, carers and advocates, services and the Community Visitors themselves. An alternative strategy is targeted, unannounced visits where concerns are raised by the complaint management system; these visits could be conducted by personnel specifically trained in the assessment process, such as third party assessors, who have the benefit of ongoing professional development and supervision.

## Ensuring staff are safe

- Who should make the decision about whether employees are safe to work with people with disability?
- How much information about a person's history is required to ensure they are safe to work with people with disability?
- Of the options described, which option, or combination of options, do you prefer?

At the outset it is recognised that the safety requirements required of staff providing support may vary for different people experiencing disability; this therefore needs to be considered when establishing a system to protect people with a disability and their family/carers. Does this mean that the system must cater for the most vulnerable of participants?

Several cohorts of people will be involved in decision-making regarding the recruitment and ongoing employment of people who are safe to work with people with a disability, and their families and carers. Initially this will be vested in the employing organisation; it would be of value to support the recruitment and performance management systems of service providers through the provision of policy guidelines, training, resources and materials that explore:

- behavioural interviewing
- screening questions for use in referee checking
- attitude and behaviour-based decision-making practices for both recruitment and ongoing performance monitoring and reflection on practice.

AGPAL and QIP consider a valid national criminal history record check (NCHRC), international if required, and at least two referee checks to be a minimum requirement for selection processes for all personnel.

# Reponse to the NDIS Consultation Paper



QIP believes the approaches and principles embedded in the *Child Wise* program are easily transferable to the disability sector.

The establishment of a national vulnerable persons check, similar to that of working with children check (WWCC), would strengthen this significantly where ongoing and unsupervised personal contact with a participant occurs. The system could be enabled to look beyond police records and criminal convictions to other registration facilities such as professional registrations, licensing bodies and the like.

QIP's experience in programs such as Human Services Standards accreditation in Victoria, demonstrates that organisations which participate in a third party assessment process establish, in the main, sound working systems to manage credentialing/re-credentialing processes such as NCHRC and WWCC, along with other professional credentialing requirements, compared to their practice prior to accreditation implementation. This can be seen by the relatively few notifiable events lodged to the Department of Health and Human Services relating to the absence of mandatory checks over the three years since this accreditation scheme began, and in the earlier iteration, Community Service Organisation Registration assessments in the child, youth and family services sector.

A system where people are required to register their (new) employer is embedded into many current systems to enable notifications to be sent to all employers should the person's status change; however there is limited capacity for an employer to access data about a current or potential staff member if the check number is not known, a shortcoming in the current system of operation in some WWCC programs. Consideration also needs to be given to the time taken between recruitment and receipt of a valid check, to enable timely employment to begin; a portal where potential employers could access this data would streamline this process.

AGPAL and QIP endorse the establishment of such a vulnerable person check program, mandatory for all services where significant personal and unsupervised contact occurs, and voluntary for less personal contacts, for NDIS service providers. Mechanisms would need to be put in place for participants/carers to access information about providers, should they be contracting with sole providers as part of a self-managed plan.

One area where additional consideration may need to be given is training and resources for organisations in the event that an adverse finding is made against a criminal record check or vulnerable persons check, where an external agency is not empowered to make a judgement on inherent risk. QIP's assessment experience in the Safeguarding Children Program has been that some organisations have limited policy and procedure in this area to support decision-making.

Any external system put in place will still require that organisations have well-known systems for reporting of abuse by any staff observing or suspecting abuse to be occurring, and monitoring to ensure that the systems is actively practiced.

The major concern may well be the management of self-employed providers involved in NDIS service provision. QIP suggests that further consideration be given to determine whether special conditions need to apply to self-employed or very small providers who may well be a 'collective' of virtually self-employed people; nonetheless, we believe that self-employed persons should, at a minimum, be required to provide a valid national criminal history record check to planners and self-managing participants.

While QIP recognises that a barred persons list is contentious, it may be necessary to support self-managing participants, or busy planners, in their decision-making, as well as organisations in their employment practice. That said, the non-production of a valid vulnerable persons check may be sufficient to preclude an organisation from employing an individual in a support or 'front of house' role. Support will need to be provided to ensure that participants understand why an entry in a barred list may be made against a provider/individual, and the risk analysis that has predicated entry of a provider/individual on to the list. Natural justice principles would of course underpin any such system for creating a barred person list. To AGPAL and QIP, this means procedural fairness, impartiality and a lack of bias, objective evidence to corroborate a decision and inquiry, such that any person or service about to be added to the barred list would be provided the opportunity to provide evidence demonstrating their compliance with stated requirements (i.e. - a fair hearing), an opportunity to appeal any decision and the opportunity to take remedial action and be considered for removal from the barred list at a future time.

## Safeguards for self-management

- Should people who manage their own plans be able to choose unregistered providers of supports on an 'at your own risk' basis (Option 1) or does the NDIS have a duty of care to ensure that all providers are safe and competent?
- What kind of assistance would be most valuable for people wanting to manage their own supports?

Some of the previously mentioned safeguards – service provider registration, vulnerable persons check, barred persons list, consumer experience findings, complaints – can contribute to a self-managing participant, or carer managing a plan, feeling confident in their choice of providers. The dilemma is how to provide information, and how much information is fair and reasonable to provide, to support decision-making? If an independent body had wide functional responsibilities as previously outlined, it may be possible to aggregate data from a range of sources including accreditation, appropriately weighted, to develop a rating for a provider that would give an indication to the self-manager, the carer developing a plan, or a planner of the safe practice of that provider. AGPAL and QIP believe the NDIS has a duty of care to ensure that care planners have enough information to make an informed decision, which may mean unregistered providers cannot be used in a plan. An alternate process to enable a self-managing participant to engage an unregistered provider might be for the participant to develop a risk mitigation

plan to cover the inclusion of that provider in their plan – perhaps on a time-limited basis requiring review – to enable that person to make an informed choice.

The NDIS might also consider developing guidelines about how many clients a non-registered provider is permitted to have before a registration process becomes an automatic requirement; such an approach would ameliorate NDIS' duty of care.

Again checklists and resources about decision-making would assist participants in making appropriate choices that will work for them.

## Reducing and eliminating restrictive practices

- Who should decide when restrictive practices can be used?
- What processes or systems might be needed to ensure decisions to use restrictive practices in a behaviour support plan are right for the person concerned?
- Are there safeguards that we should consider that have not been proposed in these options?
- For providers, what kinds of support are you receiving now from state and territory departments that you think would be helpful if it was available under the NDIS?

AGPAL and QIP endorse ongoing training and education about behaviours that may lead to the use of restrictive practices and strategies for the identification and elimination of restrictive practices except in certain circumstances of imminent harm to self or others; positive behaviour support plans are a case example of better practice, where both the participant and the caring personnel understand the need for such a plan and the implications of its implementation.

While a formal human rights charter protects the rights of individuals in this matter in some jurisdictions, this protection does not exist nationally. Where 8000 to 9000 individuals may be impacted, safeguards are required to ensure any restrictive practice is used appropriately. A two tiered approach may be considered:

1. Authorisation internal to the organisation for any positive behaviours support plan, authorised by an appropriately skilled senior person in the organisation. This would need to be dependent on certain conditions such as capacity of the participant, predicted frequency of use and severity of the restraint
2. External authorisation (e.g. by an Senior Practitioner), where the frequency of the application of restrictive practice, the seriousness of the restriction or the capacity of the participant and the staff enacting the practice might contribute to the requirement for external authorisation.

Appropriate guidelines would need to be put in place to support implementation. These guidelines should include consideration of the use of restrictive practice in the absence of a behaviour support plan and should result in the development of a plan or other alternate appropriate measure (including disciplinary action, staff education and training, and/or quality improvement activities).

## Monitoring and reporting

- Would you support mandatory reporting on the use of restrictive practices? Why/Why not?
- If you support mandatory reporting on the use of restrictive practices, what level of reporting do you believe should occur (based on one, or a combination of, the options provided)

A tiered approach to reporting of the intention to use restricted practice is discussed above.

If a suite of indicators were adopted that complemented an external assessment against appropriate quality standards, data on the use of restrictive practices and the monitoring of such by the organisation could be collected as a process performance indicator, or the achievement of positive behaviour change as an outcome measure. This could then be trended to inform policy directions, training and education requirements and the like, or targeted to identify inappropriate use of restrictive practice for intervention by the independent oversight body. It is noted that this is retrospective, and may not by itself be sufficient to protect vulnerable persons with challenging behaviours. However, when accompanied by the second tier lodgement of plans to the independent body, the two combine to provide a level of protection that is a valuable starting point.

Complaints, incident reporting and/or allegations of abuse arising from restrictive practices might also give rise to an investigation by an independent person – for example, an unannounced visit by an assessor or advocate.

## Additional discussion

### Quality frameworks and registration

The National Standards for Disability Services (NSDS) have existed in some form since 1993 and been managed at Commonwealth and state levels, and the approach to implementation generally varied in each jurisdiction or were replaced by the funding body/regulator with alternate quality frameworks. The state by state approach creates some challenges for larger organisations working across jurisdictions, where they may be required to accommodate a variety of approaches and standards. Services with multiple program streams may face a number of alternate and overlapping quality frameworks with which they are required to comply, increasing regulatory burden, human resource effort and cost.

AGPAL and QIP is supportive of an agreed national approach with some consideration of choice, not only for the service user, but for the service provider to select accreditation standards that fit both their organisational structure and satisfy safety and quality expectations for the client and the funder. This may be achieved through recognition of frameworks or standards within other frameworks for equivalence with the NSDS. A further anomaly exists where the Department of Social Services recognises only JASANZ providers for some types of third party assessment (e.g. Disability Employment) resulting in some services having to contract with more than one accreditation/certification provider in order to exercise their preferred choice of provider, especially where the values fit or support package is not well-

aligned with the JASANZ model. Again this increases regulatory burden and increases costs and human resource effort.

In working with a broad range of standards (see Appendix for the range of standards used in AGPAL and QIP programs), we recognise each have their strengths and weaknesses. Consequently, a framework as has been outlined in the Consultation Paper could easily form the basis of the approval processes to assess how well or otherwise other frameworks address the existing NSDS or where gaps exist and supplementary evidence may be required.

## **Additional Recommendations**

AGPAL and QIP make the following additional recommendations regarding quality frameworks and registration:

1. NDIA approved third party assessment providers be independently accredited by either the Joint Accreditation System of Australia and New Zealand (JASANZ) or International Society for Quality in Health Care (ISQua).
2. NDIA formally consult with existing service providers regarding standards they are currently accredited against, including state-based standards, and consider formal recognition of those standards that meet NDIA requirements, in whole or in part
3. The NDIA develop an approval and guidance document that identifies:
  - a. full recognition of equivalence or
  - b. additional or supplementary evidence or assessment requirements to meet NDIA requirements for a particular standards program or accreditation/ certification process.

## **A Risk-Based Approach to Safety and Quality Safeguards**

AGPAL and QIP recognise the size and structure of an organisation is significant in the interpretation and/or application of standards, to ensure that the systems assessed are 'fit for purpose'. However, the risk based approach taken in the Consultation Paper raises some significant issues and appears based on some concerning assumptions.

The organisations and services with which QIP works range from very small (i.e. less than five staff – some of which may be operated wholly or in part by volunteers), through to regional, state-wide and national/international organisations, which are usually large, complex multi-program services. Size is often not the main indication of risk. Smaller organisations or services may be more likely to rely on good intentions, shortcuts, perception and satisfaction, without putting in place the checks or safeguards to support quality and safety for staff and consumers. It is noteworthy that the greatest level of support and guidance is often required by the smallest services and some of the most risky practices also lie there.

While the scope of the verification exercise is different for organisations that have diverse scopes of practice, consumer outcomes should be the same i.e. safe, effective and respectful services that are of

high quality, and acceptable to the consumer. In some areas small services present as a significant risk. The elements outlined in the Quality and Safeguarding Framework for use at various levels of risk, are in general already built into a number of the organisational accreditation frameworks, either explicitly or required as evidence of broader standards/criteria (e.g. legislative requirements met, code of conduct for service provider/staff, regular review and evaluation and continuous improvement processes). In addition, staff vetting is comprehensively addressed with professional registration (where relevant), qualifications and key competencies, with safety prerequisites built into the human resource requirements of standards, with still further system requirements for supervision and performance management. Recruitment and selection systems are required to include national criminal history record checks and child safe clearances (where applicable), along with cultural safety and anti-discrimination processes. For small providers a simple checklist of requirements and “must haves” can allow them to meet these standards. For large organisations, a more substantial system is required.

If some form of external verification was considered for all NDIA-approved providers, consumer safety and quality expectations could be more systematically managed. QIP has significant experience in introducing new small players to the world of accreditation and recognises that this can be well managed within resources. We work with small practices/services across the spectrum of general practices and allied health professionals as well as community organisations. It is important to maintain the same standards while ensuring the effort is commensurate with both risk and resources.

It may be feasible to consider a tiered approach, especially for small organisations, that are new to the market in disability sector.

- Entry requirements – such as NCHRCs and/or vulnerable persons checks plus some core policies and procedures to guide practice, based on legal compliance and risk – could be put in place prior to provisional registration for a period of up to twelve months
- Participation during the initial twelve months in data collection for performance indicator measures defined by the independent body
- Achievement of accreditation within 12 months of being provisionally registered.

Work health and safety is also built into a good quality framework, which further protects the funders, providers, staff and contractors.

## Additional Recommendations

AGPAL and QIP make the following additional recommendations regarding a risk-based approach to safety and quality safeguards:

1. Review Risk Based Quality matrix and associated requirements. Give consideration to how equivalent outcomes can be achieved while applying the performance-monitoring methodology in a tiered way depending on size, type of service, risk etc.
2. Develop internal and external audit tools for assessing new entrants to the Disability sector, which takes a more individualised approach to assessing risk including, for example: nature of services; employees versus contractors; experience working with culturally diverse and Aboriginal communities; operating for more than a prescribed number of years in that field; experience in the Disability sector; and, prior approval/experience in aged care sector. This could support decision-making about appropriate accreditation requirements.
3. Consider a staged approach to a quality framework for new organisations entering the market.
4. For medium and large enterprises, require independent third party verification against an approved organisational quality framework and performance indicators as determined by NDIA or an independent body, in line with NSDS.

## Conclusion

QIP's experience of working with organisations whose clients are the most vulnerable and marginalised in our community (e.g. – children, people with a disability, people experiencing homelessness and/or family violence, culturally diverse populations including lesbian, gay, bisexual, transgender and intersex persons, Aboriginal and Torres Strait Islanders) confirms to us the value of an appropriate quality framework which enables robust workplace systems to be developed, maintained and monitored. Such a framework embeds quality improvement as part of the way the organisation does its business, and places the participant or consumer at the centre of its work. Where that quality framework is grounded in the elements of a robust service governance system, and the organisations commits to its implementation, quality outcomes follow, as does continuous quality improvement. We encourage the NDIA to champion quality improvement as the vehicle for better outcomes for participants in the NDIS, and to invest its thinking in creating a multi-faceted assessment model that provides assurance while facilitating improvement. Assessment against standards, outcome and critical process indicator measures, credentialing and re-credentialing of staff, trending of complaints, other feedback, incidents and restrictive practices, when combined together, can be used to provide a rich picture of the quality and safety of any organisation. Third party verification of such systems in place provides a level of assurance to a range of stakeholders but importantly, can signal to a consumer that this is an organisation in which they can have confidence of a better outcome.

## Contact details for enquiries

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## Appendix

**Australian General Practice Accreditation Limited (AGPAL)** is a not-for-profit organisation, established in 1997 to provide accreditation services to general practices under the RACGP Standards for General Practices. AGPAL has accredited general practice since 1997 and is the preferred provider of more than 75% of accredited general practices in Australia. In addition to general practice, AGPAL's accreditation clients include: After Hours Medical Services, Medical Deputising Services, Aboriginal Medical Services and the Royal Flying Doctor Service.

**Quality Innovation Performance Limited (QIP)** is Australia's most comprehensive accreditation business, delivering accreditation and support services across the entire health and human service continuum from community services and primary care to secondary and tertiary health organisations. QIP is dedicated to supporting health and community service organisations to manage risk and improve service quality through the provision of accreditation, certification and quality assurance services, and accreditation and quality improvement related training and capacity building.

QIP currently offers accreditation and assessment programs utilising the following quality frameworks:

- **Mental Health Service Accreditation Program**, providing accreditation under the National Standards for Mental Health Services (NSMHS) to mental health services.
- **PRSS Program**, providing accreditation under Psychosocial Rehabilitation Support Services (PRSS) Standards on behalf of the South Australian Government.
- **Australian Health Service Safety and Quality Accreditation (AHSSQA) Program**, providing accreditation under the National Safety and Quality Health Service (NSQHS) Standards. QIP is approved by the Australian Commission on Safety and Quality in Health Care (ACSQHC) to provide accreditation services under the AHSSQA Scheme.
- **NSW Disability Services Standards Program**, providing third party verification for the Australian disability services sector, owned by Ageing Disability and Home Care (ADHC).
- **Rainbow Tick Program**, providing accreditation under the Rainbow Tick Standards in partnership with Gay & Lesbian Health Victoria (GLHV). **Home Care Standards**, previously Community Care Common Standards, providing quality review services of Home and Community Care (HACC) Services, packaged care programs or the National Respite for Carers Program (NRCP) on behalf of State and Territory Governments.
- **DHS Program**, providing independent review services under the Victorian Department of Human Services (DHS) Standards as an endorsed Independent Review Body (IRB) under a Deed of Agreement with the Department of Human Services Victoria.
- **QIC Program**, providing accreditation under the QIC Health and Community Services Standards to a broad range of health community services. The Quality Improvement Council (QIC) is part of the AGPAL Group of Companies.
- **ASES Program**, providing assessment services under the Australian Service Excellence Standards (ASES) as South Australian Government licensed provider and nationally.

- **Problem Gambling Treatment Program**, providing assessment services under the Gambling Help Standards.
- **Medicare Locals Accreditation Program**, providing accreditation under the Medicare Locals Accreditation (MLA Scheme) Standards. QIP is approved by the Australian Commission on Safety and Quality in Health Care (ACSQHC) to provide accreditation services under the MLA Scheme.
- **Physiotherapy Accreditation Program**, providing accreditation under the Australian Physiotherapy Association (APA) Physiotherapy Practice Standards in partnership with the APA.
- **Retirement Village Accreditation Program**, providing accreditation under the International Retirement Community Accreditation Scheme (IRCAS) Standards in partnership with the Scheme.
- **Diagnostic Imaging Service Accreditation Program**, providing accreditation under the Diagnostic Imaging Accreditation Standards (DIAS) for the Diagnostic Imaging Accreditation Scheme. QIP is approved by the Commonwealth Minister for Health as a provider of accreditation under the DIAS.
- **Introductory Dental Practice Accreditation**, providing voluntary accreditation under the National Safety and Quality Health Service (NSQHS) Standards to private dental practices in partnership with the Australian Dental Association (ADA).
- **Safety and Quality in Specialised Health Services**, providing voluntary accreditation under the National Safety and Quality Health Service (NSQHS) Standards to office-based specialised health services, including Podiatry Services, Ophthalmology, Optometry, and Audiology Practices.