# NDIS Practice Standards – Core Module Self-Assessment

Current as at 1 February 2022

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## 1. RIGHTS AND RESPONSIBILITIES

### 1.1 Person-Centred Supports

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| **1.1** RIGHTS AND RESPONSIBILITIES: Person-Centred Supports  **Outcome:** Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Each participant’s legal and human rights are understood and incorporated into everyday practice. |  |  |
| 1. Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand. |  |  |
| 1. Each participant is supported to engage with their family, friends and chosen community as directed by the participant |  |  |

### 1.2 Individual Values And Beliefs

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| **1.2** RIGHTS AND RESPONSIBILITIES: Individual Values And Beliefs  **Outcome:** Each participant accesses supports that respect their culture, diversity, values and beliefs. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to. |  |  |
| 1. Each participant’s right to practice their culture, values and beliefs while accessing supports is supported |  |  |

### 1.3 Privacy and Dignity

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| **1.3 RIGHTS AND RESPONSIBILITIES:** Privacy and Dignity  **Outcome:** Each participant accesses supports that respect and protect their dignity and right to privacy. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant. |  |  |
| 1. Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand. |  |  |
| 1. Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format |  |  |

### 1.4 Independence and Informed Choice

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| **1.4 RIGHTS AND RESPONSIBILITIES:** Independence and Informed Choice  **Outcome:** Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand. |  |  |
| 1. Each participant’s right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration. |  |  |
| 1. Each participant’s autonomy is respected, including their right to intimacy and sexual expression. |  |  |
| 1. Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit. |  |  |
| 1. Each participant’s right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present |  |  |

**1. RIGHTS AND RESPONSIBILITIES:** Violence, Abuse, Neglect, Exploitation and Discrimination

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| **1. RIGHTS AND RESPONSIBILITIES:** Violence, Abuse, Neglect, Exploitation and Discrimination  **Outcome:** Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination. |  |  |
| 1. Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made. |  |  |
| 1. Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again. |  |  |

## 2. PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT

### 2.1 Governance and Operational Management

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| **2.1** **PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:**  Governance and Operational Management  **Outcome:** Each participant’s support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights. |  |  |
| 1. A defined structure is implemented by the governing body to meet a governing body’s financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants. |  |  |
| 1. The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps. |  |  |
| 1. The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants’ and workers’ needs and the wider organisational environment. |  |  |
| 1. The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices. |  |  |
| 1. The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports. |  |  |
| 1. There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place. |  |  |
| 1. Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies. |  |  |

### 2.2 Risk Management

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| **2.2 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Risk Management  **Outcome:** Risks to participants, workers and the provider are identified and managed. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated. |  |  |
| 1. A documented system that effectively manages identified risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided. |  |  |
| 1. The risk management system covers each of the following:  * incident management; * complaints management and resolution; * financial management; * governance and operational management; * human resource management; * information management; * work health and safety; * emergency and disaster management. |  |  |
| 1. Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks. |  |  |
| 1. Supports and services are provided in a way that is consistent with the risk management system. |  |  |
| 1. Appropriate insurance is in place, including professional indemnity, public liability and accident insurance. |  |  |

### 2.3 Quality Management

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| **2.3** **PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Quality Management  **Outcome:** Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery. |  |  |
| 1. The provider’s quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered. |  |  |
| 1. The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers. |  |  |

### 2.4 Information Management

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| **2.4 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Information Management  **Outcome:** Management of each participant’s information ensures that it is identifiable, accurately recorded, current and confidential. Each participant’s information is easily accessible to the participant and appropriately utilised by relevant workers. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Each participant’s consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law. |  |  |
| 1. Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information, and withdraw or amend their prior consent. |  |  |
| 1. An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant’s information in an accurate and timely manner. |  |  |
| 1. Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered. |  |  |

### 2.5 Feedback and Complaints Management

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| **2.5 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Feedback and Complaints Management  **Outcome:** Each participant has knowledge of and access to the provider’s complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.* |  |  |
| 1. Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints. |  |  |
| 1. Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider’s organisation. |  |  |
| 1. All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling. |  |  |

### 2.6 Incident Management

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| **2.6 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Incident Management  **Outcome: :** Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.* |  |  |
| 1. Each participant is provided with information on incident management, including how incidents involving the participant have been managed |  |  |
| 1. Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider’s organisation. |  |  |
| 1. All workers are aware of, trained in, and comply with the required procedures in relation to incident management. |  |  |

### 2.7 Human Resources

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| **2.7 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Human Resources  **Outcome:** Each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position. |  |  |
| 1. Records of worker pre-employment checks, qualifications and experience are maintained. |  |  |
| 1. An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program. |  |  |
| 1. A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules. |  |  |
| 1. Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered. |  |  |
| 1. The performance of workers is managed, developed and documented, including through providing feedback and development opportunities. |  |  |
| 1. The performance of workers is managed, developed and documented, including through providing feedback and development opportunities. |  |  |
| 1. Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified. |  |  |
| 1. Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster. |  |  |
| 1. Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants. |  |  |
| 1. For each worker, the following details are recorded and kept up to date:  * their contact details; * details of their secondary employment (if any). |  |  |

### 2.8 Continuity of Supports

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| **2.8 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Continuity of Supports  **Outcome:** Each participant has access to timely and appropriate support without interruption. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports. |  |  |
| 1. In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role. |  |  |
| 1. Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant’s experience is consistent with their expressed preferences. |  |  |
| 1. Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider. |  |  |
| 1. Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:  * explained and agreed with them; and * delivered in a way that is appropriate to their needs, preferences and goals. |  |  |

### 2.9 Emergency and Disaster Management

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| **2.8 PROVIDER GOVERNANCE AND OPERATIONAL MANAGEMENT:** Emergency and Disaster Management  **Outcome:** Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster. |  |  |
| 1. The measures include planning for each of the following:  * preparing for, and responding to, the emergency or disaster; * making changes to participant supports; * adapting, and rapidly responding, to changes to participant supports and to other interruptions; * communicating changes to participant supports to workers and to participants and their support networks. |  |  |
| 1. The governing body develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place. |  |  |
| 1. The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster. |  |  |
| 1. Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster. |  |  |
| 1. The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster. |  |  |
| 1. The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans. |  |  |
| 1. The governing body communicates the plans to workers, participants and their support networks. |  |  |
| 1. Each worker is trained in the implementation of the plans. |  |  |

**3. SUPPORT PROVISION ENVIRONMENT**

### 3.1 Access to supports

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| **3.1 PROVISION OF SUPPORTS:** Access to supports  **Outcome:** Each participant accesses the most appropriate supports that meet their needs, goals and preferences. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand. |  |  |
| 1. Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant’s health, privacy, dignity, quality of life and independence is supported. |  |  |
| 1. Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant. |  |  |

### 3.2 Support Planning

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| **3.2 PROVISION OF SUPPORTS:** Support Planning  **Outcome:** Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. With each participant’s consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant’s needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan. |  |  |
| 1. In collaboration with each participant:  * risk assessments are regularly undertaken, and documented in their support plans; and * appropriate strategies are planned and implemented to treat known risks to them. |  |  |
| 1. Risk assessments include the following:  * consideration of the degree to which participants rely on the provider’s services to meet their daily living needs; * the extent to which the health and safety of participants would be affected if those services were disrupted. |  |  |
| 1. Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required. |  |  |
| 1. Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant’s functionality and the participant’s wishes. |  |  |
| 1. Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan. |  |  |
| 1. Each participant’s support plan is:  * provided to them in the language, mode of communication and terms they are most likely to understand; and * readily accessible by them and by workers providing supports to them. |  |  |
| 1. Each participant’s support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies. |  |  |
| 1. Each participant’s support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check ups, comprehensive health assessments and allied health services. |  |  |
| 1. Each participant’s support plan:  * anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and * is understood by each worker supporting them. |  |  |

### 3.3 Service Agreements with Participants

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| **3.3 PROVISION OF SUPPORTS:** Service Agreements with Participants  **Outcome:** Each participant has a clear understanding of the supports they have chosen and how they will be provided. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached. |  |  |
| 1. Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand. |  |  |
| 1. Where the service agreement is created in writing, each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement. |  |  |
| 1. Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:    * How a Participant’s concerns about the dwelling will be communicated and addressed;    * How potential conflicts involving participant(s) will be managed;    * How changes to participant circumstances and/or support needs will be agreed and communicated;    * In shared living, how vacancies will be filled, including each participant’s right to have their needs, preferences and situation taken into account; and  * How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant. |  |  |

### 3.4 Responsive Support Provision

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| **3.4 PROVISION OF SUPPORTS:**Responsive Support Provision  **Outcome:** Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes. |  |  |
| 1. Where agreed in the service agreement, and with the participant’s consent or direction, links are developed and maintained through collaboration with other providers to share information and meet participant needs. |  |  |
| 1. Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports. |  |  |
| 1. Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant’s needs and preferences. |  |  |

### 3.5 Transitions to or from the provider

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| **3.5 PROVISION OF SUPPORTS:**Transitions to or from the provider  **Outcome:** Each participant experiences a planned and coordinated transition to or from the provider. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed. |  |  |
| 1. Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation. |  |  |
| 1. Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (b)) are developed, applied, reviewed and communicated. |  |  |

## 4. PROVISION OF SUPPORTS

### 4.1 Safe Environment

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| **4. PROVISION OF SUPPORTS:** Safe Environment  **Outcome:** Each participant accesses supports in a safe environment that is appropriate to their needs. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Each participant can easily identify workers who provide supports to them. |  |  |
| 1. Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them. |  |  |
| 1. Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences. |  |  |
| 1. For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns. |  |  |
| 1. To avoid delays in treatments for participants:  * protocols are in place for each participant about how to respond to medical emergencies for them; and * each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations). |  |  |
| 1. Systems for escalation are established for each participant in urgent health situations. |  |  |
| 1. Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently touched surfaces. |  |  |
| 1. Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette. |  |  |
| 1. Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE. |  |  |
| 1. PPE is available to each worker, and each participant, who requires it. |  |  |

### 4.2 Participant Money and Property

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| 4.2 PROVISION OF SUPPORTS: Participant Money and Property **Outcome:** Participant money and property is secure and each participant uses their own money and property as they determine. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Where the provider has access to a participant’s money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants’ money or other property is only used with the consent of the participant and for the purposes intended by the participant. |  |  |
| 1. If required, each participant is supported to access and spend their own money as the participant determines. |  |  |
| 1. Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan. |  |  |

### 4.3 Management of Medication

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| **4. PROVISION OF SUPPORTS:** Management of Medication  **Outcome:** Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication. |  |  |
| 1. All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication. |  |  |
| 1. All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers. |  |  |

### 4.4 Mealtime Management

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| **4. PROVISION OF SUPPORTS:** Mealtime Management  **Outcome:** Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| a) Providers identify each participant requiring mealtime management. |  |  |
| b) Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:   * undertaking comprehensive assessments of their nutrition and swallowing; and * assessing their seating and positioning requirements for eating and drinking; and * providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and * reviewing assessments and plans annually or in accordance with the professional advice of the participant’s practitioner, or more frequently if needs change or difficulty is observed. |  |  |
| c) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans. |  |  |
| d) Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids |  |  |
| e) Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks. |  |  |
| f) Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them. |  |  |
| g) Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:  be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and  if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks. |  |  |
| h) Procedures are in place for workers to prepare and provide texture modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans. |  |  |
| i) Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants. |  |  |

### 4.5 Management of Waste

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| **4. PROVISION OF SUPPORTS:** Management of Waste  **Outcome:** Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports. | | |
| **Indicators** | **Evidence** | **Areas for Improvement**  **and Action** |
| 1. Policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements. |  |  |
| 1. All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed. |  |  |
| 1. An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required. |  |  |
| 1. Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances. |  |  |