



Quality Management Policy

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Version Control

Contact names	Role / position	Version number	Date	Review date
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1. Policy Statement

Quality is about the people we assist; understanding their needs and delivering services and programs that achieve desired outcomes.

St Vincent de Paul Society NSW's aim is to provide quality programs and services that consistently meet or exceed the needs and expectations of the people we assist, whilst ensuring we continually achieve compliance with the priorities and conditions within current government funding agreements, legislation, standards and regulations.

This will be achieved by embedding a cycle of continuous improvement into our management systems, programs and services and by exceeding the requirements of measurable service standards. We recognise that quality is focused not only on service quality but also on the means to achieve it.

We shall meet our aims by:

- listening to the people who receive our services and valuing their feedback;
- creating opportunities for active participation of the people we assist,
- understanding what we do, and what we are doing well;
- identifying where improvements are needed;
- taking action in order to best meet the needs of our clients;
- gathering information we need to change and innovate as part of a cycle of continuous improvement;
- building pathways, linkages and positive relationships to enable improved outcomes, and
- providing the required leadership, management and resources.

This Quality Management Policy will be implemented through the application of the Quality Management System, which will oversee all activities and tasks needed to meet our quality objectives. The Quality Policy will be reviewed every two years and communicated to all staff, volunteers and members.

2. Scope

This Quality Management Policy applies to all Support Services' staff, volunteers and members. It also applies to Central Councils implementing the Client-Centred Service Delivery Model.

3. Purpose

The aim of the Society's Quality Management Policy is to apply a philosophy of continuous improvement and make practical the application of quality practices across all aspects of service delivery. This means that practices will be systematically reviewed to identify areas where improvements can be made and ensure effectiveness, efficiency and consistency of practice is achieved. No process or practice is exempt from possible improvement. This Policy recognises that all staff members play an important role in actively identifying areas for improvement and implementing approved improvements.

4. Definitions

Concept	Meaning
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Accreditation	an evaluation process in which an assessment is undertaken by an external body to determine compliance against the relevant sector or industry standards.
Continuous Quality Cycle	a consistent approach to quality management through a planned sequence of practices aimed at constantly improving processes and ensuring the expectations and needs of staff, clients and stakeholders are met. The Quality Working Group is a key vehicle for these processes.
Continuous Improvement (CI)	the ongoing effort to improve the delivery of services internal or external.
Evidence	tangible records, documents, reports or other information that demonstrate compliance or performance.
Key Performance Indicators (KPIs)	benchmarks or targets to evaluate success of an activity and the extent to which outcomes are achieved.
Quality	meeting and/or exceeding the expectations of the people we assist.
Quality Management	the act of overseeing all activities and tasks needed to maintain a desired level of excellence. Importantly, quality management is focused not only on service quality, but also on the means to achieve it i.e. person centred approaches.
Quality Working Group (QWG)	working group(s) made up of invited members, purposely for leading continuous improvement activities and applying the quality management system within their respective service(s).
Quality Improvement Plan	plan for action to make improvements that will impact on the quality of service delivery or operations.
Service Standards	specific procedures or outcomes that our funded services are required to meet.

5. Policy Framework

The Society has established seven objectives to ensure continuous monitoring and improvement in practices and processes, and to ensure ongoing client and stakeholder engagement and satisfaction. These objectives are:

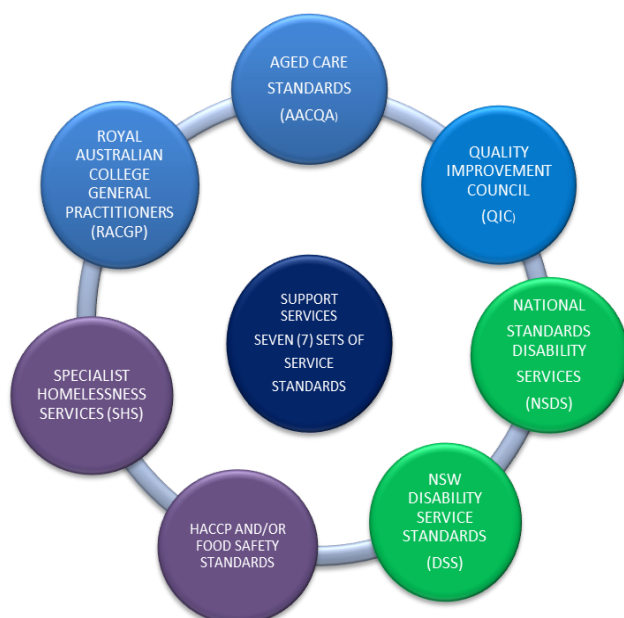
- to deliver our existing services in a consistent, reliable manner while meeting the needs of the people we assist, staff and stakeholders;
- to ensure that core processes run smoothly and efficiently, with minimal non-compliance whilst ensuring maximum client/participant, staff and stakeholder satisfaction and maximum staff morale;
- to identify and commence new projects aimed at improving areas identified in performance monitoring;
- to maintain high standards in documentation and information management and ensure accessibility, relevance and currency of information provided to staff, the people we assist and stakeholders;
- to continue to review processes and practices ensuring efficiency and effectiveness;
- to ensure a robust Quality Management System by achieving and maintaining accreditation thereby embedding the concept of continuous quality improvement into the culture of the Society;
- to make quality a normalised practice across everything we do.

6. Quality Management System

These objectives will be achieved through the Quality Management System (QMS). The QMS purpose is to direct service activities to meet the needs of the people we assist, funding agent and regulatory requirements, and improve effectiveness and efficiency on a continuous basis. Key elements of the QMS are:

- Quality Management Policy
- Service Standards – see Diagram 1
- Accreditation
- Quality Working Groups
- Quality Process Documentation
- Quality Management Tools

6.1. Service Standards & Accreditation



Many of our services are government funded and as such are respondent to sector relevant service standards. In accepting funding we have a responsibility to the funding body, the service recipient and the public. Each funded service undergoes periodic review and accreditation by an external party. The service standards include both compliance and quality elements that work in a complementary way to promote quality and safety, and moreover to ensure acceptable standards of service are achieved. Each set of service standards has its own quality management system.

Figure 1: Service Standards Diagram

6.2. Quality Process documentation

Our quality management process documentation is supported by documented policies, procedures, data collection and templates concerning:

- risk management;
- complaint management;
- policy & procedure framework;
- incident management;
- performance evaluation and reporting;
- service delivery systems & procedures;
- continuous quality improvement (CQI);
- measuring client satisfaction.

6.3. Quality Management Tools

A suite of Quality Management Tools assist our services and programs to capture core information and data, feeding into a cycle of continuous improvement of management systems and service delivery:

- Local Document Control Log
- Local Continuous Improvement Register
- Local Complaints Register
- Local Client Incident Register
- Local WHS Incident Register
- Local Training & Certification Register
- Service standard's Self-Assessment
- Delegations Table
- Centralised data management

6.4. The Quality Working Group

The Quality Working Group is a forum for the review of quality and risk based practices; for leading continuous improvement activities; and applying the quality management system within the respective service(s). Service delivery and planning is informed by evidence based data collected and reviewed within the QWG with the utilisation of the quality management tools.

Activities include accreditation preparation, service self-assessment and measurement against the service standards, internal and external audit, local policy & procedure review, risk identification and prevention, service monitoring and improvement, CQI, client feedback mechanisms, core data collation and analysis, quality capacity building of its members.

Each local Quality Working Group is guided by a Terms of Reference, Minutes & Agenda and is chaired by the relevant Senior Operations Manager.

A hierarchy of information and data flows from multiple Local Quality Working Groups, to the Person-Centred Systems Quality Working Group and then up to the SVDPSW Leadership Advisory Committee and Special Works Committee. See Figure 2 Quality & Governance Diagram below.

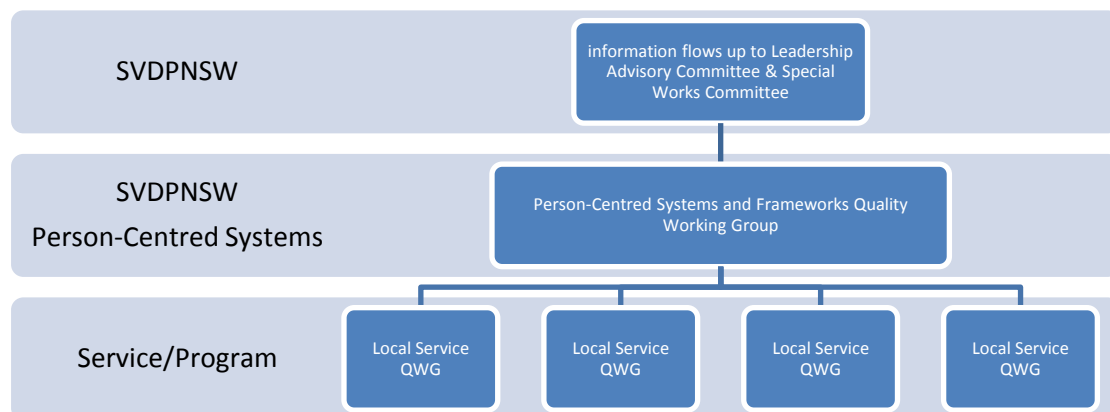


Figure 2: Quality & Governance Diagram

7. Continuous Improvement Approach

7.1 Quality cycle

The quality cycle (see Figure 3 below) underpins the philosophy used by the Society in relation to quality improvement activities. This cycle emphasises the importance of feedback at all phases of the improvement cycle. It can be used for any activity that is undertaken to help ensure that areas for improvement are quickly identified, addressed and the best possible results are documented and achieved.

The underlying principle of the cycle is that an activity is not complete until evaluation shows that it has been effective and reached the set of desired goals/outcomes. When a problem is identified the phases of the quality cycle must always be utilised to ensure that the action results in the maximum benefit possible. All phases of this cycle will be documented to ensure transparency.

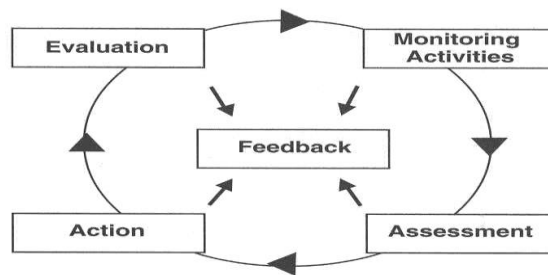


Figure 3: The Quality Cycle

7.2 Monitoring Activities

Monitoring allows identification of problems, gathers data for analysis and/ or establishes a baseline from which performance can then be measured. Monitoring activities may include satisfaction surveys, service audits, observations, data appraisals, process checks and policy reviews.

7.3 Assessment

Assessments of situations and issues will be made by analysing the data from the monitoring phase of the cycle. Various analytical quality tools will be utilised in this phase e.g. data reports, audit results, identifying best practice, and peer discussions. This analysis helps determine actions to be taken in the next phase.

7.4 Action

Suitable, practical solutions for system improvement take into consideration the needs of the people we assist, stakeholders and staff, in addition to the needs of the Society. Actions may be both corrective and preventative

dependant on the nature of the issues found whilst assessing monitoring activities. Corrective action will be taken in relation to performance results that show less than optimal operation or in relation to process problems identified. Corrective actions can also be taken in relation to problems that arise in the course of everyday work i.e. ad hoc audits. Preventative actions will reduce the likelihood of adverse events or results occurring. To be effective, actions are to be continuously reviewed and implemented by the staff of the Society.

Actions may include changes to policies and procedures, alterations to processes and modification to practices.

7.5 Evaluation

Intrinsic to the improvement cycle is an evaluation of the actions taken. This evaluation includes asking the following reflective questions:

- What has been the impact of our services or activities, for the people we assist and other stakeholders?
- Did the action achieve the desired result/ outcome?
- Did the action undertaken compliment the values and principles of the Society's ethos, Client-Centred Service Delivery Model, Trauma Informed Care and inclusive practice?
- Have the services provided met the needs of clients and other stakeholders?

Monitoring activities that were undertaken in the first phase can be repeated and results compared. This cycle needs to be repeated until the desired result is achieved and/or maintained. The changed system or process then becomes the standard.

7.6 Feedback

The people we assist and stakeholders are a critical source of feedback. As an integral part of the quality cycle, feedback needs to occur at all phases. Feedback ensures all relevant parties are informed of progress, allows input and ensures transparency in outcomes and changes to Society operations. Feedback mechanisms such as client exit surveys, service suggestion boxes and staff activity surveys can be used to maximise improvements and ensure a two-way communication flow. Society feedback mechanisms are designed to be user friendly, appropriate and can be used in combination to achieve the best possible result.

8. Quality and Accreditation Coordinator

The Quality and Accreditation Coordinator, Person-Centred Systems and Frameworks, is responsible for the development and management of the Society's Quality Management System to all Special Works and the Local Area Coordination Transition Program. The Society's Quality Management System will systematically review all practices and processes to identify areas

where improvements can be made and ensure effectiveness and efficiency of performance.

The Quality and Accreditation Coordinator is the Management Representative for all QMS issues and has responsibility and authority for the following:

1. Ensuring the processes needed for the QMS are established, implemented and maintained.
2. Reporting to the Executive on the performance of the QMS and any need for improvement.
3. Conducting service compliance reviews / internal audits against the respective service standards.
4. Ensuring the promotion of awareness of client, stakeholder and staff requirements throughout the organisation.
5. Continuing to embed a culture of continuous quality improvement across the Society.

9. Quality Management System Status and Review

The Quality and Accreditation Coordinator will review the effectiveness of the Society's Quality Management System. They will review performance results, and identify any ad-hoc issues. Outcomes of the review will be communicated to the Manager and Head of Person-Centred Systems and Frameworks and Deputy Chief Executive Officer for review and approval. The Deputy Chief Executive Officer bears ultimate responsibility for all business management systems. Any changes to management systems must be authorised by the Deputy Chief Executive Officer.

Once signed-off, the review will be communicated to all relevant Managers to inform staff of the outcomes and actions required. Everyday issues requiring specific planning will be tabled at staff meetings and appropriate solutions identified and actioned. Arising from this process, any new objectives and action plans will be produced and tabled for consideration. The Quality and Accreditation Coordinator will undertake any approved changes to the Quality Management System as soon as possible.

10. Related Policies and Legislation

Policies

- [Code of Conduct for Members, Volunteers and Employees](#)
- [Complaint Handling Policy and Procedure](#)
- [Critical Incident Policy and Procedure](#)
- [Internal Audit Charter](#)
- [Privacy Policy](#)
- [Risk Management Framework](#)
- [Risk Management Policy](#)
- [The Ethos](#)
- [Work Health and Safety Policy Statement](#)
- [Client Access and Eligibility Policy](#)

- [Client-Centred Service Delivery Policy](#)
- [Client Charter Policy](#)
- [Client Transition and Exit Policy](#)
- [Client Referral Policy](#)
- [Client Review Policy](#)
- [Client Incident Management Policy and Procedure](#)
- [Client Incident Register Procedure](#)
- [Cultural Safety and Diversity Policy](#)
- [Partnerships Strategy Policy](#)
- [Reportable Incidents in Disability Supported Group Accommodation Policy](#)
- [Restricted Practices Policy](#)
- [Trauma Informed Care Policy](#)

Legislation relating to this policy includes:

- *Anti-Discrimination Act 1977* (NSW)
- *Community Services (Complaints, Reviews and Monitoring) Act 1993* (NSW)
- *Community Welfare Act 1987* (NSW)
- *Crimes (Domestic and Personal Violence) Act 2007* (NSW)
- *Disability Discrimination Act 1992* (Cth)
- *Disability Inclusion Act 2014* (NSW)
- *Guardianship Act 1987* (NSW)
- *Health Records and Information Privacy Act 2002* (NSW)
- *Ombudsman Act 1974* (NSW)
- *Privacy Act 1988* (Cth)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)
- *Supported Accommodation Assistance Act 1994* (Cth)
- *Work, Health and Safety Act 2011* (NSW).

11. Roles and Responsibilities

The requirements contained in this policy will be followed by all staff included in the scope of this Quality Management Policy.

12. Effectiveness and Review

This policy is scheduled for two yearly review from its date of endorsement, or on a needs basis as required to align with legislative or practice changes.

13. Further Advice or Assistance

Please speak with your Manager if you have any questions regarding this policy. Staff may also contact the Person-Centred Policy Coordinator and/ or Quality and Accreditation Coordinator to provide feedback on this policy.

Approval and Amendment History	Details
Original Approval Authority	SVdP Society CEO 10/10/2014
V2	Change in language to reflect person-

	<p>centred framework. Additions to the Policy Statement section. Additions to Definitions section. Re-write of the Quality Management System section. Insertion of Service Standards & Accreditation section. Insertion of Quality Working Groups section. Deletion of Communication section. Additions to Quality and Accreditation Coordinator section. Update of Related Policies and Legislation Section.</p>
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