



NDIS Quality and Safeguards

SECTOR READINESS PROJECT

for Psychosocial Service Providers

Amendments to NDIS Practice Standards and Quality Indicators

From November 15, 2021 **New Practice Standards and Quality Indicators for mealtime management, severe dysphagia management and emergency and disaster management** will commence. **Numerous updates have also been made to relevant existing indicators in the Core module.** [Visit the NDIS Commission for further details](#) and to download the updated Practice Standards.

Below are the amendments to the NDIS Practice Standards and Quality Indicators for the **Core Module** as identified by the WAAMH NDIS Project Team. While every effort has been made to ensure all updates are included, it is the responsibility of the Provider to ensure that they are compliant with all areas of the updated Core Module. (Note: where reference is made to indicator numbers these relate to the previous Practice Standards).

WAAMH is updating this resource, please be aware it is inconsistent with the current NDIS Practice Standards and Quality Indicators as of November 15, 2021.

There has been a change to Module 1: High Intensity Daily Personal Activities (Dysphagia Management) that has come into immediate effect. These changes are not listed here.

Changes to the Core Module include:

1. Division 1 – Rights and Responsibilities

Person centred supports

Change of wording in indicator 3 from **'family, friends'** to **'support network'**

2. Division 2 – Provider Governance and Operational Management

Risk Management

Indicator 2 – change of wording from **'a documented system...'** to **'a documented risk management system'**

Indicator 3 change of wording from **'support delivery is linked to a risk management system which includes...'** to **'the risk management systems covers each of the following (note new order of items and new items in blue font below):'**

- incident management;
- ‘complaints management’ now renamed ‘complaints management and resolution’;
- financial management;
- ‘governance’ now renamed ‘governance and operational management’;
- human resource management;
- information management;
- work health and safety;
- emergency and disaster management (new item)

Three new indicators under Risk Management:

- Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.
- Supports and services are provided in a way that is consistent with the risk management system.
- Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

Human Resource Management, new indicators:

- 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
- Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
- Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.
- For each worker, the following details are recorded and kept up to date:
 - their contact details;
- details of their secondary employment (if any)

Continuity of Supports

Indicator 5 has been replaced by:

- 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

Indicator 6 has been removed

Emergency and Disaster Management (new outcome and indicators)

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.

To achieve this outcome, the following indicators should be demonstrated:

- 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.
- The measures include planning for each of the following:
 - a) preparing for, and responding to, the emergency or disaster;
 - b) making changes to participant supports;
 - c) adapting, and rapidly responding, to changes to participant supports and to other interruptions;
 - d) communicating changes to participant supports to workers and to participants and their support networks.
- 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.
- The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
- 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.
- The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
- The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.
- The governing body communicates the plans to workers, participants and their support networks.
- Each worker is trained in the implementation of the plans.

3. Division 3 – Provision of Supports

Support planning

Indicator 2 has been replaced by the below:

- 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.

New indicator

- 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

New indicator:

- 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.

Indicator 6 has been reworded and is now Indicator 8:

- Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.

New indicators:

- 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.
- 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.

Service Agreements with Participants

New indicator:

- Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

Responsive Support Provision

Indicator 2 now replaced by:

- For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.

Transitions to or from a provider (Previously Transitions to or from the provider)

Indicator 2 now replaced by:

- 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.

Indicator 3 now replaced by:

- Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.

4. Division 4 – Provision of Supports Environment

Safe environment

Indicator 1 now replaced by:

- Each participant can easily identify workers who provide supports to them.

Indicator 2 now replaced by:

- 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.

Indicator 3 now replaced by:

- 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.

New indicators:

- 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.
- To avoid delays in treatments for participants:
 - a) protocols are in place for each participant about how to respond to medical emergencies for them; and
 - b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
- Systems for escalation are established for each participant in urgent health situations.
- Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- PPE is available to each worker, and each participant, who requires it.

Mealtime Management (new outcome and indicators)

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.

To achieve this outcome, the following indicators should be demonstrated:

- Providers identify each participant requiring mealtime management.
- Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - a) undertaking comprehensive assessments of their nutrition and swallowing; and
 - b) assessing their seating and positioning requirements for eating and drinking; and
 - c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
 - d) 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.
- With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- 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.
- 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.
- 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.
- Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
 - a) 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
 - b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
- 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.

- 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

Management of Waste

Indicator 1 has been replaced by:

- Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.

Indicator 4 has been replaced by:

- 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.