Sector Readiness Project

Self-Assessment Workshop and Readiness Workbook Launch
NDIS Practice Standards and Quality Indictors

WAAMH
Western Australian Association
for Mental Health

We acknowledge the traditional custodians of this land.

We recognise their continuing connection to land, water and community.

And we pay our respects to their elders past, present and future.

Acknowledgment of lived experience contributions

WAAMH

Western Australian Association
for Mental Health

Introductions

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Workshop Objectives

Self-assessment process

NDIS online self-assessment

Launch the Readiness Workbook

- Organisation

- Practical examples

- Have a go!

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Online self-assessment

The NDIS online self-assessment is an assessment you undertake of your own business and how it currently complies with the NDIS Practice Standards.

It will determine:

- Registration group/s
- Audit pathway: verification or certification
- What parts of the Practice Standards you need to comply with

It acts as an initial Guide for auditors

- are you meeting the minimum requirements?

- do you understand the specific requirements that you are responding to?

Online Self–Assessment Timeline

- Submit your online self-assessment by your registration renewal date

- Commence your online self-assessment up to 6 months prior to renewal date

- Complete online assessment within 60 days of commencement

- Scope of Audit becomes available after submitting online assessment and you can begin to get Auditor quotes

Online self-assessment

Participant 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.

Quality Indicators:

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

1. Each participant's legal and human rights are understood and incorporated into everyday practice.

2. 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.

3. Each participant is supported to engage with their family, friends and chosen community as directed by the participant.

Response:

Please provide your response within approximately 300 words. *

(Limit: approx 300 words, 2,000 characters)   Characters entered: 0

READINESS WORKBOOK

NDIS PRACTICE STANDARDS & QUALITY INDICATORS

Assisting Psychosocial Disability service providers to comply with the NDIS Quality and Safeguarding Commission's requirements, from a Recovery-Oriented and Trauma-Informed perspective.

Why a workbook?

- Specific for Psychosocial Disability Service Providers

- Tap into existing knowledge, language and quality systems to present adequate evidence when audited

- Build capacity to be able to achieve compliance with the NDIS Commission requirements

- Use principles (and language) of Recovery-Oriented, Trauma-Informed Care

- Resource that can be used throughout the 3 year NDIS audit cycle as a systematic quality improvement tool

Uses of the Workbook

Planning support tool prior to the online assessment

Lead up to the Audit

Mid-cycle audit

Training

Core Module Divisions

1. RIGHTS & RESPONSIBILITIES

2. GOVERNANCE & OPERATIONAL MANAGEMENT

3. PROVISION OF SUPPORTS

4. SUPPORT PROVISION ENVIRONMENT

1.3.2

1.3.2 QUALITY INDICATOR TO BE DEMONSTRATED:

Each participant is **advised** of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

INTERPRETATION

Your organisation communicates information around confidentiality in a language and format that meets the communication needs and preferences of Participants. This may include plain language/ easy read resources, interpretation or translation, or other age, literacy and cultural considerations. In addition, you must ensure that Participants understand the meaning of messages you are trying to convey when communicating with them.

MAPPING TO NSMHS

Primary Standards:
1.8

2.1.2

2.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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.

INTERPRETATION

Your organisation has identified its financial, legislative, regulatory and contractual responsibilities. You have a definitive organisational structure in place to meet these responsibilities. Each individual's roles and level of authority are clear, including responsibilities in relation to the quality and safeguarding of Participants.

MAPPING TO NSMHS

Primary Standards:
8.4, 8.11

Other relevant Standards:
8.9, 8.10, 10.4.5

3.3.3

3.3.3 QUALITY INDICATORS TO BE DEMONSTRATED:

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.

INTERPRETATION

Your organisation maintains a documented and signed Service Agreement with each Participant, and then provides them with a signed copy. Where providing the written copy is not practical, or the Participant does not wish to have a copy, the circumstances surrounding this are documented within Participant records, including the reasons why.

MAPPING TO NSMHS

This NDIS Indicator does not map to NSMHS, please see the evidence examples for information on how you can demonstrate compliance.

4.3.3

4.3.3 QUALITY INDICATOR TO BE DEMONSTRATED:

All medications are **stored safely and securely**, can be **easily identified and differentiated**, and are only accessed by appropriately trained workers.

Please note: this indicator may not be relevant to all providers.

INTERPRETATION

Medications held by your organisation are stored in a safe and secure manner and can only be accessed by appropriately trained staff. Medications are clearly labelled, enabling easier identification and differentiation.

MAPPING TO NSMHS

Primary Standards:
10.5.6

Other relevant Standards:
2.4

Format

- Indicator

- Mapping to NSMHS

- Interpretation

- Evidence examples

- Implementation into everyday practice

1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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**.

INTERPRETATION

Your organisation communicates in a language and format that meets the communication needs of the Participant. This may include plain language/easy read resources, interpretating or translating services, as well as other age, literacy or cultural considerations. In addition, it is important to ensure Participants understand the meaning or message you are trying to convey when communicating.

MAPPING TO NSMHS

Primary Standards:
1.4, 1.7

Other relevant Standards:
4.5, 4.6, 6.3, 9.3

EVIDENCE EXAMPLES

☐ During the intake process, Participants language and communication needs are identified and documented, including Supported Decision-Making requirements. This information is included in Support Plans, Service Agreements, and Participant records

☐ A documented Service Delivery Policy includes an outline of what services/supports look like at your organisation, and the parameters around what is/is not provided

☐ Print resources about your organisation's provision of supports are available and accessible to Participants with different communication needs

☐ Advice that written information is available in alternative formats is included on all information, resources and documentation

"Service delivery at our organisation is implemented in line with recovery-oriented principles and trauma informed practice. Our organisation empowers Participants, by protecting their legal and human rights whilst facilitating choice and control."

"Please be advised that this document can be made available in a different language or format if required."

IMPLEMENTATION INTO EVERYDAY PRACTICE

☐ Staff can confirm that they know how to access alternative resources, including interpreting and translating services

☐ Relationships are maintained with organisations that provide interpreting and translating services, to assist in promptly meeting Participants communication needs. This could include organisations that develop easy English formatted documents. Accessibility functions are embedded onto your website

☐ Participants can confirm the availability and accessibility of resources in different formats

This is the indicator exactly as it is written in the NDIS Practice Standards and Quality Indicators.

1.1.2

1.1.2 QUALITY INDICATOR TO BE DEMONSTRATED:

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**.

INTERPRETATION

You ...   ...d format that
mee...   ...nt. This may
incl...   ...rpretating or
tran...   ...cy or cultural
con...   ...e Participants
und...   ...ng to convey
whe...

MAPPING TO NSMHS

This section provides an interpretation of what the indicator means form a psychosocial disability perspective

Here you will find the NSMHS that we have mapped to the NDIS Indicator.

EVIDENCE EXAMPLES

☐ During the intake process, Participants language and communication needs are identified and documented, includi... requirements. This i... lans, Service Agree...

☐ A doc... es an outline of wha... anisation, and the pa...

☐ Print ... provision of suppo... ticipants with differe...

☐ Advice that w... information is available in alternative formats is included on all information, resources and documentation

This section provides some examples of organisational evidence you can use to demonstrate your compliance with this indicator.

These boxes provide helpful hints

"S... or... wi... ar... O... Pa... legal an... an rights whilst facilitating choice and control."

"Please be advised that this document can be made available in a different language or format if required."
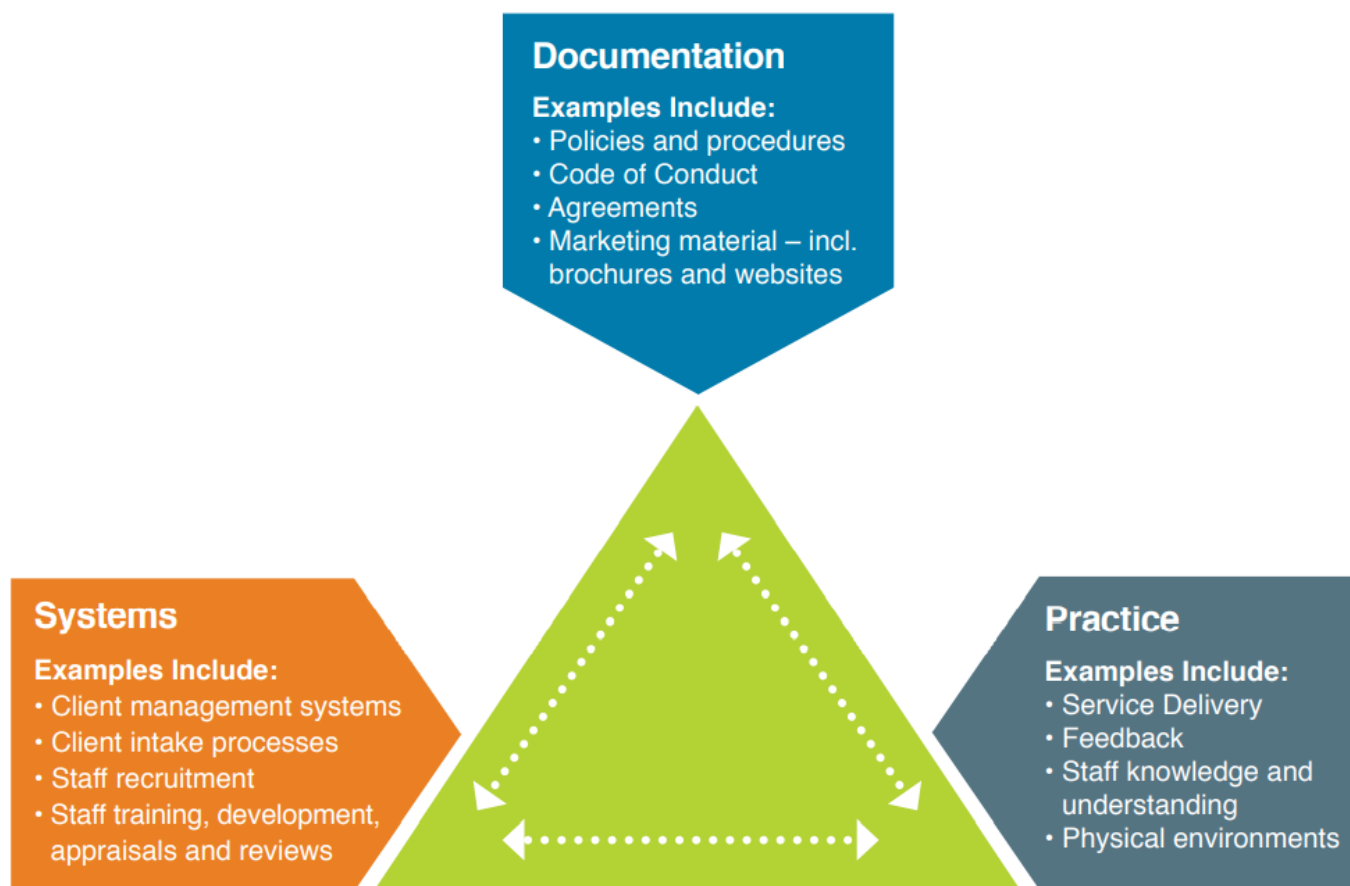
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This section provides example of what evidence for this indicator might look like in practice.

Evidence and Implementation

Documentation

Examples Include:
- Policies and procedures
- Code of Conduct
- Agreements
- Marketing material – incl. brochures and websites

Systems

Examples Include:
- Client management systems
- Client intake processes
- Staff recruitment
- Staff training, development, appraisals and reviews

Practice

Examples Include:
- Service Delivery
- Feedback
- Staff knowledge and understanding
- Physical environments

Format

- **Self assessment**

  (What you already have)

- **Gaps**

  (What you might be missing)

- **Readiness Action Plan**

  (What you are going to do to meet the NDIS Practice Standards and Quality Indicators)

SELF-ASSESSMENT (what you alre

> This box provides a space to write what evidence you already have for this indicator

GAPS IDENTIFIED (w

> This box provides space to write what you might be missing in policy, procedure or practice

READINESS ACTION PLAN
(what you're going to do to meet the NDIS Practice Standards

> This box is for what needs to be done for your organisation to fully address this indicator

FURTHER INFORMATION
- Achieving Great Person-Centred Care Factsheet
- UN Convention on the Rights of Persons with Disabilities
- Disability Services Act 1986
- Mental Health Act 2014
- Privacy Act 1988
- Australian Human Rights Commission
- Australian Charter of Healthcare Rights
- Carers Recognition Act 2010

> In this section we have provided links to further resources that might be useful

APPENDIX 1
MAPPING NDIS PRACTICE STANDARDS TO NSMHS

☐ Match ☐ Partial Match ☐ No Match

NDIS	NSMHS Primary	NSMHS Secondary
1.1.1	1.2, 1.4	1.3, 1.7, 1.9, 1.10
1.1.2	1.4, 1.7	4.5, 4.6, 6.3, 9.3
1.1.3	1.11, 4.3	1.12, 3.2, 7.1, 7.16, 10.4.3
1.2.1	4.1, 7.5	4.2, 4.6
1.2.2	4.5, 10.1.5	4.3, 4.4, 4.6, 7.5
1.3.1	1.1, 1.8	10.1.2
1.3.2	1.8	
1.3.3	1.3	1.13, 7.7, 7.8, 7.9, 7.10
1.4.1	1.10	1.3, 3.1, 10.1.6, 10.1.8
1.4.2	1.10	1.3
1.4.3	1.7	
1.4.4		1.11, 10.4.5
1.4.5	1.15	1.11, 3.4

APPENDIX 2
INCIDENT MANAGEMENT SYSTEM CHECKLIST
FOR NDIS PROVIDERS

Your incident management system is maintained and is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of your organisation. Your incident management system should have written policy and procedure which address:

☐ Identifying, assessing, managing, and resolving actual and alleged incidents

☐ How incidents are identified (i.e., by staff or Participants), recorded, and reported

☐ How incidents are acknowledged, respond to, well-managed and learned from

☐ Who incidents must be reported to; including the responsible person for reporting incidents to the NDIS Commission (if the incident is reportable)

☐ Guidance about reporting to the police, emergency services, guardians, family, carers and internal escalation pathways should also be documented

☐ A post-incident assessment, including procedures to support relevant personnel to undertake these

☐ When an incident investigation is required to establish the cause/s, its impact and anything that may have contributed to the incident occurring, as well as the type of investigation undertaken

☐ When corrective action is required, and the nature of this corrective action

APPENDIX 3
COMPLAINTS MANAGEMENT SYSTEM CHECKLIST

Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. Your complaints management system should have policy and procedure which addresses:

☐ Each Participant having knowledge of and can utilise the complaints management and resolution system if they need to

☐ Enabling any person to make a complaint to your organisation (incl. an anonymous complaint) about the supports or services provided

☐ Guidance on how a complaint about the registered NDIS provider or a staff member can be made to the provider and/or made directly to the NDIS Commission

☐ Providing an easy and accessible process for making and resolving complaints

☐ Ensuring appropriate support and assistance are provided to any person who wishes to make, or has made, a complaint

Your complaints management and resolution system are maintained, and is relevant and proportionate to the size, scale, scope and complexity of supports delivered by your organisation. The system complies with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018. Your fully documented, accessible complaints management system should:

☐ Follow the principles of procedural fairness and natural justice

☐ Acknowledge the receipt of all complaints

APPENDIX 4
LEGISLATION, RULES AND REGULATIONS

- United Nations Convention on The Rights of Persons with Disabilities

- NDIS Quality and Safeguarding Framework

- NDIS Act 2013 (Cth)

- NDIS (Code of Conduct) Rules 2018 (Cth)

- NDIS (Complaints Management and Resolution) Rules 2018 (Cth)

- NDIS (Procedural Fairness) Rules 2018 (Cth)

- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)

- NDIS (Restrictive Practice and Behaviour Support) Rules 2018 (Cth)

- NDIS (Practice Standards – Worker Screening) Rules 2018 (Cth)

- NDIS (Registered NDIS Provider Notice of Changes and Events) Guidelines 2019 (Cth)

- NDIS Code of Conduct

- Privacy Act 1988 (Cth)

The NDIS have published an NDIS Rules Summary Information Table to give a brief understanding of what each legislative instrument covers.

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☐ Participants can confirm the availability and accessibility of resources in different formats

SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

GAPS IDENTIFIED (what you might be missing)

READINESS ACTION PLAN
(what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

FURTHER INFORMATION

• Translating and Interpreting Service (TIS)): TIS National – Certified NDIS Service

• Hemingway App – tool to assist you in writing in plain language

• HelpingMinds What is the NDIS? Animation – an example of communicating a message and information in an alternative format

• Bild An Introduction to PBS video – an example of communicating a message and information in an alternative format

• Web Content Accessibility Guidelines (WCAG)

• Australian Style Manual – guidelines on writing, editing or publishing content

• Guide to making content accessible

1.1.2: 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.**

SELF-ASSESSMENT (what you already have e.g. policy/procedure/practice)

- Participants preferred language, format and mode of communication is captured as part of the Intake Process.

- Types of supports are outlined in the Service Delivery Policy.

- Advice on alternative information formats included on all documentation.

GAPS IDENTIFIED (what you might be missing)

- Staff aren't trained in how to access interpreting and translating services should it be required.

- Development of main policy/procedure/marketing documents in easy read formatting.

READINESS ACTION PLAN (what you're going to do to meet the NDIS Practice Standards and Quality Indicators)

- Develop and deliver training to staff on how to access interpreting translating services.

- Research of, and engagement with, organisations who can development easy read resources

Review

Email: ready4QSC@waamh.org.au

Webpage: https://waamh.org.au/sector-development-and-training/ndis-quality-and-safeguards-commission-sector-readiness-project

End of Session

Thank you