Organisational Management

QUALITY MANAGEMENT

Policy Approved	Sign:	Date: 27/6/25

POLICY

Greystanes Disability Services ("Greystanes") recognises that by maintaining a quality management system which is well structured, efficient and transparent, Greystanes is able to provide high quality support and services to people with disability.

The purpose of Greystanes' quality management system is to have policies and procedures in place which protect the rights of people while providing services which meet their requirements and expectations.

Greystanes' quality management system maintains a formal document control process for all policies, procedures and forms and these are subject to ongoing review to ensure their continued suitability and effectiveness.

All stakeholders are encouraged to be involved in identifying areas for improvement by contributing through surveys, interviews or completing a Service Improvement Form.

Documents which are superseded are water-marked "Obsolete" and archived.

Greystanes operates within the relevant legislative framework and strives at all times to conform to the Disability Inclusion Act 2014, NSW Disability Service Standards, Attendant Care Industry Standard and other relevant legislation and standards.

Confidential and secure procedures are in place for the access, storage and retention of records for the people we support and/or employees.

As part of Greystanes' commitment to continuous service improvement, on-going internal audits are conducted to identify arears for improvement and to verify the integrity of the procedures.

SCOPE:

This policy relates to all Board Members, the people Greystanes supports, families, guardians, employees, contractors, volunteers of Greystanes and other stakeholders.

PROCEDURES:

1. QUALITY MANUAL

The electronic Quality Manual is located in SharePoint in Shared and in CareMaster the manual contains all the folders relevant to Greystanes' quality management system. The Quality Manual also contains documentation used to register and manage all internal audits.

Greystanes' Policy and Procedures Manual is available in hardcopy at each location and also on the SharePoint and CareMaster. The original signed copy of policies and procedures is kept securely in the Executive Assistant's office.

2. INTERNAL AUDITS

Greystanes' Internal Audit Schedule is maintained by the Executive Assistant and internal audits are conducted as per the schedule. Documentation is collated by the Executive Assistant and kept in the Quality Manual folder and electronically on SharePoint. *See Internal Auditing Procedure.*

3. DOCUMENT CONTROL

3.1 Policy and Procedures Manual

3.1.1. All policies and procedures are controlled documents and have a reference number and date in the footer.

3.1.2. A register of policies and procedures is kept by the Executive Assistant in the Quality Manual.

3.1.3. The register of policies and procedures shows all actions such as: **ISSUED**, **AMENDED** or **OBSOLETE**.

3.1.4. After research, analysis and where possible consultation with other stakeholders, Greystanes' policy template is used to draft a new policy. The draft policy is placed in the Compliance and Quality folder in SharePoint.

3.1.5. The Management Team will evaluate the policy and will either:
   a. Approve as is
   b. Accept pending changes
   c. Request further review

3.1.6. Once the policy is approved by the Management Team, the CEO will sign and date the original copy.

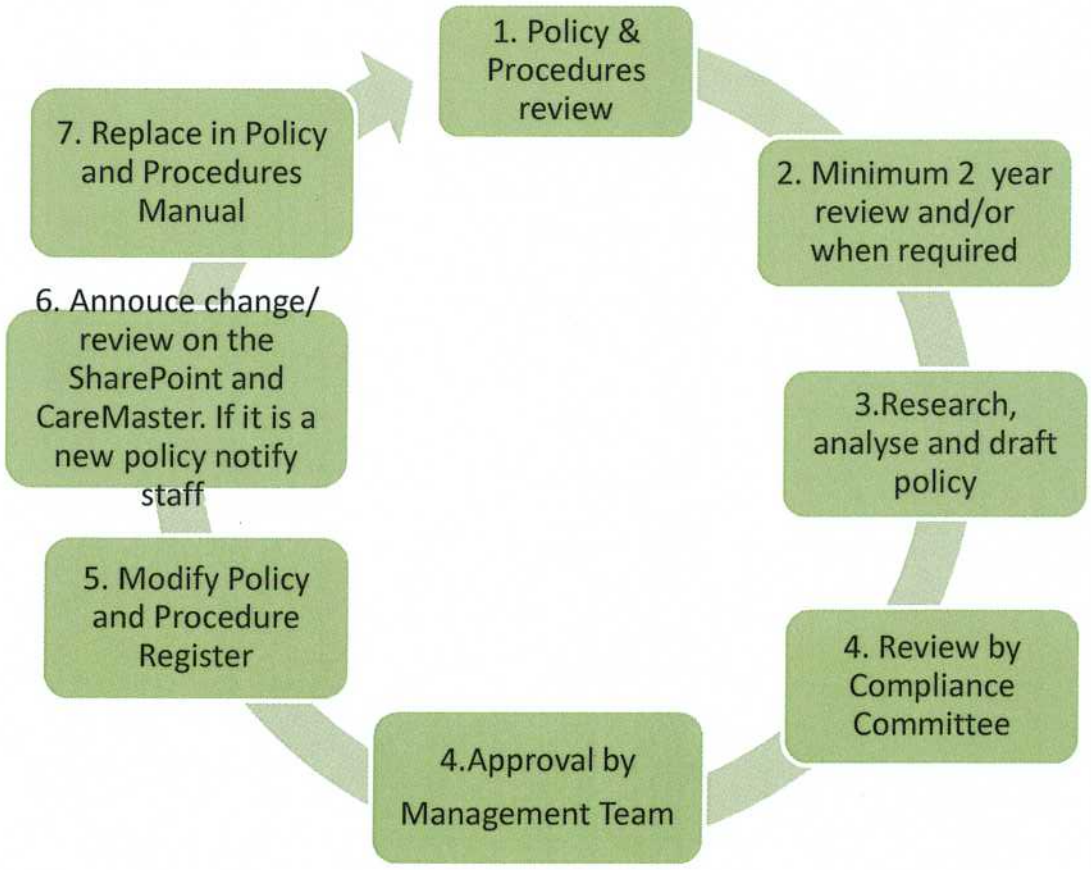
3.1.7. New and/or amended policies are copied and placed in each Policy and Procedures Manual at each location and on SharePoint.

3.1.8. If a new policy has been created staff will be asked to sign the Staff Policy Review Sheet after the new policy has been read. The form is then returned to the Executive Assistant.

3.1.9. Superseded polices are watermarked "Obsolete" and electronically archived.

3.1.10. An announcement is placed in CareMaster informing staff of the new policy.

3.1.11. A continuous review of polices is conducted by the CEO, Management, WHS Committee and relevant employees.



3.2 Forms

3.2.1 Forms are consistently changed to ensure Greystanes' documentation is up to date and relevant.

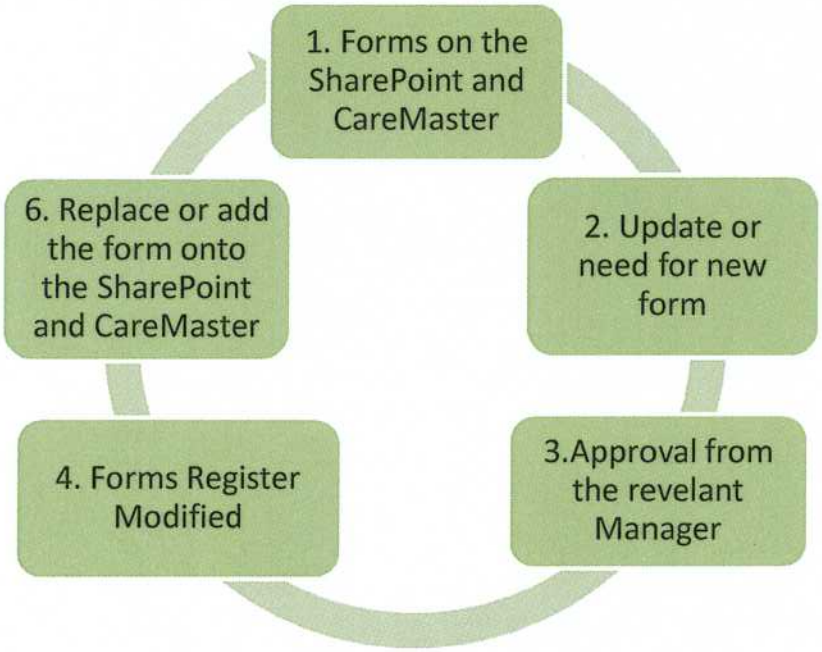
3.2.2 All forms are controlled documents and have a reference number and date in the footer.

3.2.3 A forms register is kept by the Executive Assistant in the Quality Manual.

3.2.4 The Forms Register shows the date of actions such as **ISSUED**, **AMENDED** or **OBSOLETE.**

3.2.5 Superseded forms are watermarked "Obsolete" and archived.

3.2.6 All current forms are available on the SharePoint and CareMaster.



4. CONTINUOUS SERVICE IMPROVEMENT

All employees, people Greystanes supports, families and other stakeholders are encouraged to participate in the service improvement process.

Staff and other stakeholders are encouraged to record any suggestions or ideas that promote the continual improvement of service delivery on a Service Improvement Form (SIF).

4.1 Suggestions and/or improvements can be in a range of areas, such as:

- Equipment
- Training
- Potential risk or hazard
- Staff issue
- Stakeholder issue
- Polices
- Procedures
- Result of a complaint
- Result of an external or internal audit

4.2 The service improvement form should be completed as thoroughly as possible and given to the relevant Manager.
4.3 The Manager will pass the form onto the Executive Assistant to be scanned and registered.
4.4 All SIFs are reviewed at Management Team meetings where a decision either for an action to be implemented or the SIF is declined, with no action required.
4.5 The relevant Manager will then be responsible for the implementation any action.
4.6 The Executive Assistant will retain the forms, complete the register and draft a letter explaining the Management team's decision to the person who raised the SIF.

5. REVIEW AND INPUT FROM FAMILIES AND PEOPLE WE SUPPORT

5.1 Greystanes encourages and supports people and their families to review our policies and procedures on a regular basis. Invitations are sent out throughout the year and also in each Greystanes newsletters.
5.2 For people we support who can provide feedback (given that at the time of this writing the great majority of the people Greystanes supports have profound intellectual disabilities), Greystanes encourages active and regular participation in the review of complaint handling.
5.3 Families and people we support participate in assessing Greystanes' Service Agreements.

6. SUPPORTING PEOPLE IN THEIR OWN HOME

Greystanes recognises we are providing a service in an individual's home and at all times will respect the person's home environment.

6.1 Greystanes may conduct 6 monthly assessments on an individual's home to ensure safety for both the individual and Greystanes's staff.
6.2 Greystanes and/or an auditor may audit health and daily files.

DEFINITIONS:

Board of Directors: The governing body of a company. It provides leadership and has responsibility for all aspects of the company's direction and operation.
Code of Conduct: Refers to the ethical and professional boundaries which govern the behaviour of people in their area of work.
Corporate Services: Refers to operational services responsible for finances, payroll, administration, maintenance and motor fleet.
Family: Family refers to legal guardian, person responsible, relatives, those with 'parental responsibility' and significant others. Due to the complex support needs of people receiving a service from Greystanes, we acknowledge that families will often be the substitute consent provider on behalf of that person.
Management: The managers that oversees the day to day operations of Greystanes Disability Services and its services, projects and programs. Management meets monthly, or more frequently as required, and members provide monthly reports. Management may also be referred to as the Management Team.

LEGISLATIVE FRAMEWORK:

Disability Inclusion Act 2014
Australia Privacy Principles 2014
Attendant Care Industry Standard: 2013
National Standards for Disability Services
NSW Disability Service Standards
NSW Anti-Discrimination Act (1977)
NSW Disability Services Act (1993)
Commonwealth Disability Discrimination Act 1992
NSW Guardianship ACT (1987)
NSW Health Records and Information Privacy Act (2002)
NSW Ombudsman Act 1974
UN Declaration on the rights of disabled persons

REFERENCES AND LINKS:

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