Quality Management System Policy and Framework

The Little Sanctuary Support Services PTY LTD

The Little Sanctuary Support Services Pty Ltd ("the Organisation") is committed to providing a safe, respectful, and inclusive environment for all participants, families, carers, staff, and volunteers.

The purpose of this Quality Management System (QMS) is to establish a structured, organisation-wide approach to monitoring, evaluating, and improving the quality of supports and services provided by The Little Sanctuary Support Services.

This system ensures compliance with:

- **NDIS Practice Standards and Quality Indicators**
- **NDIS Code of Conduct**
- **Disability Services Act 2006 (QLD)**
- **Human Rights Act 2019 (QLD)**
- Relevant workplace health and safety, child safety, and privacy legislation

and reflects best practice principles of continuous improvement.

This policy is directly linked to our Code of Conduct and reflects our values of respect, integrity, empowerment, and empathy.

1. Scope and applicability

This policy applies to:

- All staff, contractors, volunteers, and students.
- All services and supports provided to participants under the NDIS.
- Organisational processes including governance, service delivery, workforce management, and participant engagement.

2. Principles of Policy

Participant-Centred: Services are designed and delivered in partnership with participants, respecting choice, control, and rights.

Transparency and Accountability: Decision-making, reporting, and improvement processes are open, fair, and evidence-based.

Continuous Improvement: Quality is enhanced through regular monitoring, evaluation, feedback, and innovation.

Compliance: Services meet or exceed NDIS Practice Standards and all legislative requirements.

Safety and Wellbeing: Supports are delivered in ways that prioritise participant and staff safety.

3. Quality Management System Framework

The QMS operates across **four key domains**:

Governance and Leadership

- The **Director** is responsible for oversight of the QMS.
- Quality and compliance are standing items at management meetings.
- Policies and procedures are reviewed at least annually or when legislation/standards change.
- Risks are managed through the **Risk Management Strategy** and **WHS systems**.

Service Delivery and Participant Outcomes

- Services are guided by:
    - **Code of Conduct**
    - **Service Access and Exit Policy**
    - **Participant Advocacy Policy**
    - **Child Safety and Wellbeing Policy**
    - **Infection Prevention and Control Policy**
- Outcomes are measured against participant goals, satisfaction, and NDIS plan requirements.
- Mealtime management, medication administration, and financial/property safeguarding are monitored through specialised procedures.

Workforce Management

- Recruitment and suitability checks ensure staff are qualified, safe, and values-aligned.
- Induction and ongoing training cover:
    - NDIS Code of Conduct
    - Child safety and mandatory reporting
    - WHS and infection control
    - Participant rights and safeguarding
- Performance reviews and probationary periods assess competence and suitability.

Feedback, Complaints, and Continuous Improvement

- Participants, families, staff, and stakeholders are encouraged to provide feedback through accessible channels.
- Complaints are managed according to the **Complaints Handling Policy**, ensuring fairness, confidentiality, and compliance with NDIS and QLD law.

- Incident data (from the **Incident Reporting Policy**) and feedback are analysed to identify trends and areas for improvement.
- Corrective actions are documented, implemented, and monitored.

4. Monitoring and Evaluation

The QMS includes systematic monitoring through:

- **Yearly audits** of compliance with NDIS Practice Standards.
- **Annual internal review** of all policies and procedures.
- **Participant surveys** conducted at least annually.
- **Staff feedback forums** and reflective practice sessions.
- **Performance data collection** on service delivery, incidents, complaints, and outcomes.
- **NDIS Commission self-assessments** and external audits.

5. Continuous Improvement Process

The organisation uses a **Plan–Do–Check–Act (PDCA)** cycle:

1. **Plan** – Identify areas for improvement based on evidence, feedback, and audits.
2. **Do** – Implement changes to practice, policy, or service delivery.
3. **Check** – Measure the effectiveness of changes through audits, reviews, and outcomes.
4. **Act** – Standardise improvements and embed into organisational practice.

All improvement activities are documented in a **Continuous Improvement Register**, including:

- Issue identified
- Action taken
- Responsibility
- Timeline
- Outcome

6. Roles and Responsibilities

Director: Provides leadership, oversees compliance, approves policies, ensures governance.

Lead Psychologist/Practitioners: Ensure evidence-based service delivery and clinical oversight.

Staff and Volunteers: Implement policies, provide feedback, uphold quality standards.

Participants and Families: Actively contribute feedback and participate in co-design of services.

8. Related Documents

Risk Management Strategy

Complaints Handling Policy

Incident Reporting Policy

Service Access and Exit Policy

Participant Advocacy Policy

Infection Prevention and Control Policy

Child Safety and Wellbeing Policy

Staff Recruitment and Suitability Policy

Workplace Health and Safety Policy

6. Policy Status and Review

This policy and framework will be reviewed **annually**, or earlier if required by changes in NDIS standards, legislation, or organisational practice.

Approved by:
Elizabeth Spash – Director
Date: 8th September 2025
Next Review Date: 8th September 2026