

Quality Assurance Procedure

CPSN is committed to quality management and to building and maintaining a culture of continuous quality improvement. This document guides the development, implementation, and delivery of services and ensures CPSN maintains high standards, continuously improves systems and processes, and adapts to changing needs in its provision of rights-based, person-centred, high-quality, effective, and safe services and supports.

Record of procedure development

Version	Date approved	Date for review
Version 1	February 2026	February 2028

Responsibilities and delegations

This procedure applies to:	Clients (and where appropriate, their decision makers), members, employees, volunteers, contractors, researchers and Board
Procedure approval:	CEO
Review of Procedure Compliance	CEO
Specific responsibilities:	Board CEO General Manager Service Delivery Human Resources Manager Leadership Team All CPSN employees

Policy Statement

CPSN is committed to quality management and to building and maintaining a culture of continuous quality improvement. This document guides the development, implementation, and delivery of services and ensures CPSN maintains high standards, continuously improves systems and processes, and adapts to changing needs in its provision of rights-based, person-centred, high-quality, effective, and safe services and supports.

CPSN will:

- where appropriate, involve members, clients, employees, the Board, and other stakeholders in the service review processes, organisation's policies and procedures relevant to the service provision and protection of client rights.
- encourage feedback from clients (and where appropriate, their decision makers), and other stakeholders. This feedback will be used to inform continuous improvements for individual clients and the broader organisation.
- provide the necessary documents, systems, processes and support for clients and staff that they require for them to be able to fulfil their obligations as outlined in this document.
- monitor organisational performance against quality measures and report internally on progress.
- gather information on performance by tracking feedback, complaints, incidents, and practice reviews and use this information to inform continuous improvement.
- identify improvement and action and learning opportunities, in a timely way from internal and external audit activities.
- maintain a Continuous Improvement Register to document identified improvement activities, accountabilities, and outcomes from identified quality improvement actions, complaints, feedback, client, and employee incident reports (including near misses), and internal and external audits.
- develop a culture and practice of continuous improvement in CPSN by implementing and reviewing the activities above.

Definitions

The following definitions apply to this Procedure and its associated Policy:

Employee means a person who is employed by CPSN with wages or salary.

Staff means all the people employed by CPSN or within a specific work area.

Worker means any person engaged by CPSN to perform a service, paid or unpaid, and may include but is not limited to employees, consultants, contractors, employees of a labour hire company, apprentices, trainees, students or volunteers.

Quality management - is an organisation's processes for maintaining and improving the level of quality services the organisation delivers to clients.

Core principles of quality management include:

- **Client focus:** The primary focus of quality management is to meet client requirements and to strive to exceed client expectations.
- **Engagement of people:** Competent, empowered and engaged people at all levels throughout the organisation are essential to enhance its capability to create and deliver value.

- **Evidence-based decision making:** Decisions based on the analysis and evaluation of data and information are more likely to produce desired results.
- **Improvement:** Successful organisations have an ongoing focus on improvement.
- **Leadership:** Leaders at all levels establish unity of purpose and direction and create conditions in which people are engaged in achieving the organisation's quality objectives.
- **Process approach:** Consistent and predictable results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes that function as a coherent system.
- **Relationship management:** For sustained success, an organisation manages its relationships with interested parties, such as suppliers.

Continuous improvement - is the ongoing effort of an organisation to improve its services, systems, processes, or products to achieve the best possible outcomes for clients. Continuous improvement systems help the organisation to identify where quality and safety are at risk and helps an organisation to respond promptly and appropriately.

Continuous improvement relies on evidence-based information and learning to support the organisation in achieving its goals and outcomes. This includes adapting to the changing needs of the community of people using services. It takes into account the needs and feedback of clients and may involve them in improvement activities.

Continuous improvement is part of an overall quality system that assesses the standards of care and service achieved.

The core elements of continuous improvement are:

- client focus
- innovation
- achievement of improvement through planned steps
- driven by involvement and accountability of key stakeholders:
 - clients, and where appropriate, their decision makers
 - employees and volunteers
 - contractors and researchers
 - Board members
 - advocates
- involves regular monitoring and evaluation of progress

CPSN's continuous improvement system reflects a 'plan, do, check, act' model.

Practice review – is a reflective process that examines the experience of an individual or group of individuals of a CPSN service or group of services or group of workers with a view to learning and improving practice.

Procedure

Purpose of this Procedure - This procedure guides the Quality Assurance activity by telling the Leadership Team **how** they need to do their work. It promotes consistency, good practice, and provides an accountability tool against which people's actions and compliance with the procedure can be measured.

The Quality Assurance Policy outlines the roles and responsibilities for implementation of the policy. These roles and responsibilities are embedded within this procedure.

The CEO will delegate to members of the Leadership Team the following tasks;

- maintain a register of legislation, regulatory and other legal and contractual requirements that CPSN is subject to.
- ensure organisational policies are regularly reviewed and represent contemporary best practice in achieving CPSN's strategic directions. Policies will be reviewed generally every two years (one year for new policies) or when updates are required as a result of changes in accepted practice standards, changes in external requirements such as legislation, regulations or standards, staff identifying gaps or problems in implementing policies or procedures, and/or client feedback.
- foster a positive attitude to quality improvement and a culture and practice of continuous improvement across the staff team.
- monitor organisational performance against quality measures and report internally on progress including monthly and quarterly reports to the Leadership Team, Human Rights Committee (the Quality and Practice Report), Finance and Audit Committee (the Quality and Risk Report), and an annual report on quality assurance policy and activities to the Board.
- identify improvement opportunities from internal and external audit activities.
- maintain a Quality Improvement Register (QCI) to document identified improvement activities, accountabilities, and outcomes from identified quality improvement actions including from internal systems such as risk register complaints, feedback, client, and employee incident reports (including near misses), internal and external audits and report internally on progress including monthly reports to the Leadership Team, Human Rights, and Finance and Audit Committees on the Quality Improvement Register actions and outcomes. The QCI will include actions required, timelines and accountabilities and will be tabled at Leadership Team meetings.
- maintain and update CPSN's Emergency Management Plan, which outlines CPSN's response to a crisis to minimise risks to clients, employees and property, to protect the reputation of the organisation and to implement emergency management procedures where required.
- maintain appropriate insurances to protect CPSN's delivery of its purpose.
- quarterly review of incident management policy and procedure, and investigation outcomes, to ensure continuous improvement of incident management. This includes documenting and reviewing the causes, management, and outcomes of incidents (including 'near misses'), seeking clients' and workers' views, and using their feedback to implement changes to the system.
- conduct internal audits to ensure that the organisation's policies and procedures are being implemented effectively, review risk management, and identify areas for process improvement.
- ensure a positive attitude to quality improvement and a culture and practice of continuous improvement across the staff team.
- seek feedback from clients (and where appropriate, their decision makers), employees and others. This feedback will be used to inform continuous improvements for individual clients and the broader organisation.
- monitor organisational performance against agreed metrics and report internally on progress including monthly reports to the Leadership Team.
- coordinate communication to CPSN clients, members and the public.
- ensure all relevant policies, procedures, forms and associated documents are accessible and available to clients, staff and other stakeholders.
- ensure that as part of the process of completing person centred service agreements with each client that they are made aware of opportunities to provide feedback and contribute to continuous improvement of CPSN services.
- monitor and report service quality and client satisfaction, monitor organisational performance against agreed metrics and report internally on progress, including monthly reports to the CEO.
- create a methodology for recording client goal achievement in Salesforce, which can then generate service and organisational level client goal attainment performance measures to review effectiveness.
- lead service development and review processes, involving members, clients, employees, the Board, and other stakeholders where relevant.

- conduct practice reviews to understand factors contributing to people’s experience of a service, with a view to learning and improving practice.

Review of Procedure

This procedure will be reviewed by the CEO upon any of the following events occurring:

- a review of the *Quality Assurance Policy*
- changes in accepted practice standards
- changes in external requirements such as legislation
- staff identifying gaps or problems in implementing the procedure
- service user feedback.

Training plan

CPSN workers will be provided with training in understanding quality assurance practice and to enable participation in both internal and external audits. Ensure relevant staff have experience and competency in conducting internal and external audits.

Prerequisites

Quality Assurance Policy

Maintaining appropriate records

- Records will be kept for seven years.
- CPSN records are maintained using cloud-based technology systems, covering HRIS, CRM and Operational documentation.

Forms that apply to this procedure

- Complaints Management Procedure
- Incident Reporting Procedure
- Hazards/Incident Reporting Procedure

Document Revision History

This document is only valid on the day it was printed.

Who	Version	Date	Description of review
CEO	V1	February 2026	New Procedure