**1. Rights and Responsibilities**

**These NDIS Practice Standards set out the rights of participants and the responsibilities of providers that deliver supports and services to them.**

**C = Conforms NC = Not Conforms**

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| **1.1 Person – centred supports** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| 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. | Each participant’s legal and human rights are understood and incorporated into everyday practice. |  |  |  |
| 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. |  |  |  |
| Each participant is supported to engage with their family, friends and chosen community as directed by the participant |  |  |  |

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| **1.2 Individual values and beliefs** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant accesses supports that respect their culture, diversity, values and beliefs. | At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to. |  |  |  |
| Each participant’s right to practice their culture, values and beliefs while accessing supports is supported. |  |  |  |
| **1.3 Privacy and Dignity** | | | | |
| **Outcome** | **To achieve this outcome** |  |  |  |
| Each participant accesses supports that respect and protect their dignity and right to privacy. | Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant. |  |  |  |
| Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format |  |  |  |

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| **1.4 Independence and informed choice** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided. | Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| Each participant’s right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration. |  |  |  |
| Each participant’s autonomy is respected, including their right to intimacy and sexual expression. |  |  |  |
| Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit. |  |  |  |
| Each participant’s right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present |  |  |  |
| **1.5 Violence, Abuse, Neglect, Exploitation and Discrimination** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination | Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination. |  |  |  |
| Each participant is provided with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made. |  |  |  |
| Allegations and incidents of violence, abuse, neglect, exploitation or discrimination, are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable) and action is taken to prevent similar incidents occurring again. |  |  |  |

**2. Provider Governance and Operational Management**

**These NDIS Practice Standards set out the governance and operational management responsibilities for NDIS Providers.**

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| **2.1 Governance and Operational Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant’s support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered. | Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights. |  |  |  |
| 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. |  |  |  |
| The skills and knowledge required for the governing body to govern effectively are identified, and relevant training is undertaken by members of the governing body to address any gaps. |  |  |  |
| The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example Agency requirements and guidance), participants’ and workers’ needs and the wider organisational environment. |  |  |  |
| The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices. |  |  |  |
| The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports. |  |  |  |
| There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place. |  |  |  |
| Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies. |  |  |  |

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| **2.2 Risk Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Risks to participants, workers and the provider are identified and managed. | Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised and treated. |  |  |  |
| A documented system that effectively manages identified risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided. |  |  |  |
| Support delivery is linked to a risk management system which includes:  –  Incident Management;  –  Complaints Management;  –  Work Health and Safety;  –  Human Resource Management;  –  Financial Management;  –  Information Management; and  –  Governance |  |  |  |

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| **2.3 Quality Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery. | A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery. |  |  |  |
| The provider’s quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered. |  |  |  |
| The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers |  |  |  |

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| **2.4 Information Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Management of each participant’s information ensures that it is identifiable, accurately recorded, current and confidential. Each participant’s information is easily accessible to the participant and appropriately utilised by relevant workers. | Each participant’s consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law. |  |  |  |
| Each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information, and withdraw or amend their prior consent. |  |  |  |
| An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each participant’s information in an accurate and timely manner. |  |  |  |
| Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered. |  |  |  |
| **2.5 Feedback and Complaints Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant has knowledge of and access to the provider’s complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. | A complaints management and resolution system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system follows principles of procedural fairness and natural justice and complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018. |  |  |  |
| Each participant is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints. |  |  |  |
| Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of participant views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider’s organisation. |  |  |  |
| All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling. |  |  |  |
| **2.6 Incident Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from. | An incident management system is maintained that is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of the organisation. The system complies with the requirements under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. |  |  |  |
| Each participant is provided with information on incident management, including how incidents involving the participant have been managed. |  |  |  |
| Demonstrated continuous improvement in incident management by regular review of incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking of participant and worker views, and incorporation of feedback throughout the provider’s organisation. |  |  |  |
| All workers are aware of, trained in, and comply with the required procedures in relation to incident management. |  |  |  |
| **2.7 Human Resource Management** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support. | The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope and limitations of each position. |  |  |  |
| Records of worker pre-employment checks, qualifications and experience are maintained. |  |  |  |
| An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program. |  |  |  |
| A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant. The system identifies training that is mandatory and includes training in relation to staff obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules. |  |  |  |
| Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered. |  |  |  |
| The performance of workers is managed, developed and documented, including through providing feedback and development opportunities. |  |  |  |
| **2.8 Continuity of Supports** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant has access to timely and appropriate support without interruption. | Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports. |  |  |  |
| In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role. |  |  |  |
| Supports are planned with each participant to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant’s experience is consistent with their expressed preferences. |  |  |  |
| Arrangements are in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider. |  |  |  |
| Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed with the participant. |  |  |  |
| Where applicable, disaster preparedness and planning measures are in place to enable continuation of critical supports before, during and after a disaster. |  |  |  |

**3. Provision of Supports**

**These NDIS Practice Standards set out the responsibilities for NDIS Providers when providing supports to participants.**

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| **3.1 Access to supports** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant accesses the most appropriate supports that meet their needs, goals and preferences. | The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant’s health, privacy, dignity, quality of life and independence is supported. |  |  |  |
| Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant. |  |  |  |

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| **3.2 Support Planning** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed. | With each participant’s consent, work is undertaken with the participant and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the participant’s needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan. |  |  |  |
| In collaboration with each participant, a risk assessment is completed and documented for each participant’s support plan, then appropriate strategies to treat known risks are planned and implemented. |  |  |  |
| Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required. |  |  |  |
| Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed, at a frequency relevant and proportionate to risks, the participant’s functionality and the participant’s wishes. |  |  |  |
| Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan. |  |  |  |
| Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers and relevant government agencies. |  |  |  |
| **3.3 Service Agreements with Participants** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant has a clear understanding of the supports they have chosen and how they will be provided. | Collaboration occurs with each participant to develop a service agreement which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached. |  |  |  |
| Each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| 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. |  |  |  |
| Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:  a)  How a Participant’s concerns about the dwelling will be communicated and addressed;  b)  How potential conflicts involving participant(s) will be managed;  c)  How changes to participant circumstances and/or support needs will be agreed and communicated;  d)  In shared living, how vacancies will be filled, including each participant’s right to have their needs, preferences and situation taken into account; and  e)  How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant. |  |  |  |
| **3.4 Responsive Support Provision** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals. | Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes. |  |  |  |
| Where agreed in the service agreement, and with the participant’s consent or direction, links are developed and maintained through collaboration with other providers to share information and meet participant needs. |  |  |  |
| Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports. |  |  |  |
| Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant’s needs and preferences. |  |  |  |
| **3.5 Transitions to or from the provider** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant experiences a planned and coordinated transition to or from the provider. | A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed. |  |  |  |
| Risks associated with each transition to or from the provider are identified, documented and responded to. |  |  |  |
| Processes for transitioning to or from the provider are developed, applied, reviewed and communicated. |  |  |  |

**4. Provision of Supports**

**These NDIS Practice Standards set out the environment in which supports are to be provided to participants.**

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| **4.1 Safe environment** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participants accesses supports in a safe environment that is appropriate to their needs. | Each participant can easily identify workers engaged to provide the agreed supports. |  |  |  |
| Where supports are provided in the participant’s home, work is undertaken with the participant to ensure a safe support delivery environment. |  |  |  |
| Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries. |  |  |  |
| **4.2 Participant Money and Property** | | | | |
| **Outcome** | **To achieve this outcome** |  |  |  |
| Participant money and property is secure and each participant uses their own money and property as they determine. | Where the provider has access to a participant’s money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants’ money or other property is only used with the consent of the participant and for the purposes intended by the participant. |  |  |  |
| If required, each participant is supported to access and spend their own money as the participant determines. |  |  |  |
| Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan. |  |  |  |
| **4.3 Management of Medication** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents. | Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication. |  |  |  |
| All workers responsible for administering medication understand the effects and side- effects of the medication and the steps to take in the event of an incident involving medication. |  |  |  |
| All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers. |  |  |  |

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| **4.4 Management of Waste** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports. | Policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements. |  |  |  |
| All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed. |  |  |  |
| An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required. |  |  |  |
| Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances. |  |  |  |

**5. Specialist Support Co-ordination Module (Note: only for selected sites providing specialist support co-ordination)**

These NDIS Practice Standards apply to NDIS providers who are registered to provide specialist support co-ordination to NDIS participants.

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| **5.1 Specialist Support Co-ordination** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant receiving specialised support coordination receives tailored support to implement, monitor and review their support plans and reduce the risk and complexity of their situation. | Demonstrated knowledge and understanding of the risk factors experienced by each participant with high-risk and/or complex needs |  |  |  |
| Participants are involved in the evaluation of their situation and the identification of the supports required to prevent or respond to a crisis, incident or breakdown of support arrangements, and the promotion of safety for the participant and others. |  |  |  |
| Consultation is undertaken with the participant and, with the participant’s consent,  the participant’s support network and mainstream services (as appropriate) in planning and coordinating supports to implement the participant’s plan, and any plan review. |  |  |  |
| In consideration of each participant’s individual needs, preferences and  circumstances, suitable NDIS providers and mainstream service providers that have  the appropriate skills and experience to deliver the required support are identified. |  |  |  |
| There is proactive engagement to ensure that all providers implementing the  participant’s plan understand and respond to the risk and/or complexity of the participant’s situation, and collaborate with other relevant providers, where required. |  |  |  |
| All monitoring and reporting obligations associated with the participant’s plan are  managed effectively. |  |  |  |
| **5.2 Management of a Participant’s NDIS Supports** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant exercises meaningful choice and control over their supports  and maximises the value for money they receive from their supports. | Supports and services are arranged using the participant’s NDIS amounts as directed by the participant and for the purposes intended by the participant. |  |  |  |
| Each participant has been provided with information about their support options  using the language, mode of communication and terms that the participant is most  likely to understand. |  |  |  |
| As appropriate, each participant is supported to build their capacity to coordinate, self-direct and manage their supports and to understand how to participate in Agency planning processes such as establishing agreements with service providers and managing budget flexibility. |  |  |  |
| Supports funded under a participant’s plan are used effectively and efficiently, and are complemented by community and mainstream services to achieve the objectives of the participant’s plan. |  |  |  |
| **5.3 Conflict of Interest** | | | | |
| **Outcome** | **To achieve this outcome** | **Examples** | **Evidence** | **C/NC** |
| Each participant receives transparent, factual advice about their support  options which promotes choice and control. | Conflict of interest policies are provided or explained to each participant using the  language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| Each participant is supported to understand the distinction between the provision of  specialised support coordination and other reasonable and necessary supports funded under a participant’s plan using the language, mode of communication and terms that the participant is most likely to understand. |  |  |  |
| If the provider has an interest in any support option available to the participant, the participant is aware of this interest. The participant understands that any choice they made about providers of other supports will not impact on the provision of the specialised support coordination. |  |  |  |
| Referrals to and from other providers are documented for each participant. |  |  |  |