

Quality

1. PURPOSE

The purpose of this Policy is to ensure Helping Hand Aged Care Aged Care Inc (Helping Hand) delivers safe, effective, and person-centred aged care in line with regulatory requirements, while fostering ongoing quality improvement.

Aligned with our values of respect, excellence, compassion and community, Helping Hand adopts a strategic, organisation-wide approach to identifying and managing risk, led by the Board and integrated across all levels of the organisation. Our approach enables informed decision-making, supports continuous improvement, and strengthens our ability to achieve our purpose.

Helping Hand is committed to a proactive, data-informed approach that goes beyond compliance to support individual's rights, dignity, independence and informed choice - while upholding our duty of care. Through early identification and active monitoring of emerging risks and opportunities, we ensure safe, high-quality care and sustainable service delivery. We continually review quality audit results and legislative compliance processes to support effective clinical governance and safety.

2. SCOPE

This policy applies to all employees, contractors, volunteers, and students engaged with Helping Hand, including others acting on behalf of Helping Hand (including Associated Providers).

It also covers the systems, responsibilities, and practices that underpin quality management across all services and functions, including clinical care, personal support, workforce capability, governance, risk, continuous improvement, and consumer engagement.

3. POLICY STATEMENT

This policy outlines specific responsibilities throughout Helping Hand relating to quality management and is aligned to each standard within the Aged Care Strengthened Quality Standards.

Helping Hand is committed to achieving its vision to be the most trusted and exceptional partner in aged care and wellbeing services. Within our Strategic Plan, we commit to exceeding the quality expectations of our stakeholders. Our commitment to quality spans our entire organisation, and prioritises our consumers, and workforce, as well as our environments, programs, processes and services. The Helping Hand Board is accountable for the delivery of safe and quality care and services.

4. POLICY PRINCIPLES

Closely aligned to the values within the Aged Care Strengthened Quality Standards, Helping Hand's approach to quality management are consistent with the following principles, allowing Helping Hand to be more responsive to the needs of individuals:

Consumer-Centred: Respecting individual preferences, rights, and cultural identities.

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Integrated: Quality embedded across all services and systems.

Accountable: Clear leadership, governance, and reporting structures.

Continuous: Committed to ongoing evaluation, learning, and improvement.

Collaborative: Engaging consumers, families, staff, and partners.

5. POLICY REQUIREMENTS

5.1 Policy Details

Helping Hand's quality management system enables us to:

- Define "the best consumer experience": ensuring every individual receives respectful, high-quality care that meets the Aged Care Statement of Rights and individual needs and preferences.
- Identify the people and systems needed to achieve our vision, including the structure (what is required), the process (what is done), and the outcomes (what is expected).
- Provide the right support for people and put effective systems in place to deliver the desired quality of care.
- Monitor whether practices and systems are providing the experience and outcomes our consumers and their supporters expect and deserve.
- Enhance systems and practices to ensure consumers consistently receive the quality of care they expect and continuously raise standards to achieve excellence over time.
- Proactively manage and respond to risks to ensure the safety and wellbeing of consumers.

Aligning to this Policy are the Quality Management Framework Principles:

5.2 Person-Centred Care and Engagement

- Helping Hand holds as a core principle that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services
- Promote consumer dignity, choice, and inclusion
- Ensure active consumer participation in planning, delivery, and evaluation
- Manage feedback, complaints, and satisfaction proactively

5.3 Clinical and Personal Care Governance

- Deliver safe, evidence-based personal and clinical care
- Identify and manage high-impact clinical risks (e.g., falls, pressure injuries, medication errors)
- Monitor outcomes through clinical indicators and audits

5.4 Workforce Capability and Culture

- Maintain a competent and compassionate workforce
- Define roles, responsibilities, and supervision practices
- Provide ongoing training and professional development aligned with best practice

5.5 Governance, Leadership, and Accountability

- Board and executive oversight of quality and safety performance
- Defined governance structures and quality subcommittees
- Transparent reporting and risk management systems

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- Embedded Clinical Governance Framework

5.6 Continuous Quality Improvement (CQI)

- Implement a cycle of planning, monitoring, review, and improvement
- Use incident reports, feedback (e.g. from aged care workers, individuals receiving aged care funded services, contractors etc), audits, and data for decision-making
- Foster a learning culture that values innovation and responsiveness

5.7 Safe and Inclusive Environment

- Promote physical and emotional safety
- Ensure inclusive practices for culturally diverse, LGBTQIA+, and First Nations communities
- Embed trauma-informed and culturally safe care principles

5.8 Partnerships and Integrated Care

- Collaborate with healthcare providers, families, and community partners
- Ensure care transitions are well-coordinated and documented
- Strengthen service linkages and multidisciplinary input

5.9 Information Management and Digital Capability

- Maintain secure, accurate, and accessible documentation
- Leverage digital tools to support decision-making and quality reporting
- Ensure staff are trained in digital systems and information governance

6. ROLES & RESPONSIBILITIES

Responsible Persons

- Provide strategic leadership and, governance and resource allocation for the quality system.
- Define and communicate the vision for a great consumer experience.
- Allocate resources and support for quality initiatives.
- Monitor and evaluate the effectiveness of the quality system.

Quality and Clinical Governance Committees

- Monitor compliance, incidents, and quality trends activities
- Monitor compliance with regulations, policies, and quality standards, and review trends in incidents.
- Identify and address emerging risks, ensuring effective mitigation and follow-up actions.
- Recommend and support initiatives to enhance consumer safety, care outcomes, and service quality.
- Provide clear, regular reports to the board or executive leadership, ensuring transparency and accountability.

Managers and Team Leaders

- Implement quality practices at the operational level.
- Ensure staff adherence to policies, procedures, quality standards and protocols.
- Provide feedback and support to staff to promote continuous improvement.
- Identify and address barriers to quality care delivery.

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- Implement local quality initiatives, support staff training

All Staff (Associated Providers, Contractors and Volunteers)

- Deliver quality care and services to consumers.
- Follow established care plans, procedures and quality standards.
- Engage with consumers to understand and meet their individual needs and preferences.
- Participate in quality improvement initiatives and provide feedback on care practices, contribute to safe, respectful, and quality care.

Consumers and their Supporters

- Active participants in the quality system.
- Provide feedback on care experiences and outcomes.
- Collaborate with staff to develop and review care plans.
- Engage in quality improvement activities and share insights to enhance care delivery.

7. MONITORING AND COMPLIANCE

The Board exercises due diligence over quality management through the following mechanisms:

- **Trend Monitoring:** Ongoing monitoring and reporting of quality and safety trends including:
 - Consumer experience outcomes
 - Staff capability, experience, and engagement
 - Continuous improvement impacts.
- **Quality Indicators:** Collection and benchmarking of quality indicator performance against national results to identify trends.
- **Legislative Compliance:** Regular review of performance against the Aged Care Act 2024 and other relevant legislation.
- **Audit and Assurance Activity:** Independent reviews and assurance testing of quality systems to validate continuous improvement outcomes.
- **Risk Reporting:** Regular review of enterprise risks relating to quality management as part of the integrated Enterprise Risk Management Framework.
- **Governance Oversight:** Oversight by the Client Care Committee, which reports to the Board on quality and compliance outcomes.

8. MANDATORY RELATED DOCUMENTS

The following documents must be complied with under the Policy, to the extent that they are relevant:

Internal Documents

- [Clinical Governance Framework \(QAL021P\)](#)
- Quality Framework
- [Risk Management Framework \(QAL022P\)](#)
- Incident and Feedback Management Procedures
- [Diversity, Inclusion and Belonging \(DIB\) Strategy 2023-2025 \(CEO003G\)](#).
- [Helping Hand Workforce Strategy \(HRD132P\)](#)
- The Helping Hand Disciplinary Policy
- The Workplace Behaviour and Conduct Policy

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External References

- [New Aged Care Act 2024](#)
- [New Aged Care Rules 2025](#)
- [Strengthened Aged Care Quality Standards](#)
- [National Disability Insurance Scheme Act 2013](#)
- [NDIS Practice Standards and Quality Indicators](#)
- [Aged Care Statement of Rights](#)

9. SUPPORTING INFORMATION

- [ACQ&SC Governance Toolkit: A Guide to Effective Governance in Aged Care](#)
- Balding, C. (2016) Create a great quality system in six months! Melbourne: Qualityworks Pty Ltd.
- International Standard ISO 31000:2018
- National Model Clinical Governance Framework, Australian Commission on Safety and Quality in Health Care, 2017
- Effective incident management systems: Best practice guide, 2022

10. DEFINITIONS AND ABBREVIATIONS

| Word/Term | Definition |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk | The effect of uncertainty on objectives. |
| Clinical Governance | The set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients and consumers to deliver safe and quality clinical care. |
| Employees | means all HHAC employees, contractors, volunteers, students and others acting on behalf of HHAC etc. |
| Board | means the HHAC Inc. Board of Directors. |
| Governance | The processes and structures used to direct and manage HHAC. |
| HHAC | Helping Hand Aged Care Inc. (ABN: 19 636 743 675) |
| Quality Management System (QMS) | The coordinated activities and processes used to direct and control Helping Hand with regard to quality, including planning, assurance, improvement, and control. |
| Continuous Quality Improvement (CQI) | An ongoing cycle of planning, implementing, reviewing, and improving services and systems to enhance quality and outcomes. |
| Quality Indicators | Standardised measures used to assess and monitor the quality of care and services. |

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11. GOVERNANCE

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| Version | 1.0 |
| Endorsement/ Approval Date | 28 October 2025 |
| Approved By | Board |
| Review Cycle | Every 3 years or as required. |
| Due for Review | 28 October 2025 |
| Document Owner | Board |

Review Cycle and Approval Process

This policy will be reviewed every three years by the Board in consultation with relevant stakeholders. All changes require approval by the Board

Communication of the Policy

This policy will be communicated via:

- Staff training and onboarding.
- Intranet updates and email notifications.

Summary of Changes

| Version | Date | Changes |
|---------|-----------------|-------------------|
| 1.0 | 28 October 2025 | Initial document. |