

Core Module Manual

Full Care Lifetime

COMPLIANCE POLICY AND PROCEDURE

The purpose of this policy and procedure is to ensure that Full Care Lifetime complies with the range of legislative, regulatory and contractual requirements that apply to its operations and keeps abreast of changes to these requirements. This policy and procedure apply to all Full Care Lifetime staff and meets relevant legislation, regulations and standards

Definitions

- **Commissioner of the NDIS** Quality and Safeguard Commission (NDIS Commissioner) – the person who leads the NDIS Commission.
- **Approved Quality Auditor** – a person or body approved by the NDIS Commissioner to be an approved quality auditor for the purposes of the NDIS Act 2013 (Cth).
- **Banning Order** – a written notice provided by the NDIS Commissioner to an NDIS provider or person employed or engaged by an NDIS provider, prohibiting them from certain activities. A banning order may apply generally or be of limited application. It may also be permanent or for a specified period.
- **Certification** – an assessment by an approved quality auditor of an applicant, or of a registered NDIS provider, against an applicable standard (such as the NDIS Practice Standards) by conducting:
 - o A desk audit of the applicant or provider, including reviewing the applicant's or provider's relevant documentation, in relation to the standard.
 - o An inspection of the sites, facilities, equipment and services used, or proposed to be used, in the delivery of supports or services by the applicant or provider in relation to the standard; and
 - o Interviews with relevant persons, including key personnel of the applicant or provider and persons receiving, or to receive, supports or services from the applicant or provider in relation to the standard.
- **Compliance Notice** – a written notice provided to an NDIS provider by the NDIS Commissioner if the NDIS provider is not complying with the NDIS Act 2013 (Cth). Failure to comply with a Compliance Notice will result in a civil penalty (fine) and may lead to the provider's registration being suspended or revoked.
- **Enforceable Undertaking** – in the context of the NDIS and this Policy and Procedure, an agreement made between the NDIS Commission and a registered NDIS Provider that is legally binding and enforceable in a court. In these circumstances, the commitment would relate to activities the provider has agreed to undertake to address or rectify compliance issues.
- **NDIS Code of Conduct** – a code of conduct that applies to NDIS providers and the people employed or otherwise engaged by NDIS providers, regardless of whether they are registered. The NDIS Code of Conduct supports the rights of people with disability in the NDIS to have access to safe and ethical supports and reflects the core values and principles set out in the National Standards for Disability Services, the National Mental Health Standards and the NDIS Act 2013 (Cth).
- **NDIS Practice Standards** - standards concerning the quality of supports or services to be provided by registered NDIS providers. Non-compliance with the NDIS Practice Standards by registered NDIS providers constitutes a breach of registration.
- **NDIS Provider Register** – a register kept by the NDIS Commission containing the details of all registered NDIS providers. It includes:
 - o business details, including contact person, ABN and contact details.
 - o the approved registration period.
 - o the classes of supports or services the business is registered to provide.
 - o the classes of people the business is registered to support.

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- o any conditions placed on the registration.
- o details of any previous or current suspension.
- o details of any previous or current banning order.
- o information about any previous or current compliance notices in force; and
- o information about any enforceable undertaking the business has committed to.

The NDIS Provider Register may also include information about unregistered NDIS providers or NDIS providers who have had their registration revoked, as well as any other information that it is relevant to the provision of supports or services to people with disability

- **NDIS Quality and Safeguard Commission (NDIS Commission)** – an independent body that regulates the NDIS market and supports the high quality and safe delivery of NDIS supports and services. It is responsible for:
 - o registration and regulation of NDIS providers.
 - o compliance monitoring, investigation and enforcement action.
 - o responding to concerns, complaints and reportable incidents, including abuse and neglect of a person with disability.
 - o national oversight of behaviour support, including monitoring the use and reduction of restrictive practices within the NDIS; and
 - o leading collaboration with states and territories to design and implement nationally consistent NDIS worker screening processes.
- **Revocation** – a written notice removing the registration of a person as a registered NDIS provider due to the reasons outlined in the definitions above. The Commissioner may also revoke the registration of a registered NDIS provider upon written request from the provider
- **Suspension** – The NDIS Commissioner may suspend the registration of a registered NDIS provider for a specified period. The Commissioner may also suspend the registration of a registered NDIS provider upon written request from the provider. While suspended, registration ceases to have effect. A Suspension may be enforced if the provider is not complying with the NDIS Act 2013 (Cth), their registration application contained false or misleading information, where they or their key personnel are considered unsuitable to provide services to people with disability or if they become an insolvent under administration.
- **Verification** – an assessment by an approved quality auditor of an applicant, or of a registered NDIS provider, against an applicable standard by conducting a desk audit of the applicant or provider, including reviewing the applicant’s or provider’s relevant documentation, in relation to the standard.

POLICY

Full Care Lifetime is committed to maintaining compliance with all relevant regulatory, legislative and contractual requirements.

We acknowledge that its Director(s) and the Management Team are ultimately responsible for ensuring that the service remains compliant. Our practice will comply with all requirements set down by the state and Federal governments. Our practice will comply with the NDIS Code of Conduct.

PROCEDURES

- To maintain its NDIS provider registration Full Care Lifetime must:
- comply with all applicable requirements imposed by a law of the Commonwealth or a law of the State or Territory in which it operates as a registered NDIS provider.

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- comply with all applicable requirements of the NDIS Code of Conduct.
- comply with all applicable standards and other requirements of the NDIS Practice Standards.
- comply with all applicable requirements relating to record keeping required by the NDIS Rules.
- implement and maintain a complaints management and resolution system that complies with the NDIS Rules.
- implement and maintain an incident management system and comply with all applicable requirements relating to reportable incidents under the NDIS Rules; and
- if requested, give information to the Commissioner of the NDIS Quality and Safeguards Commission within the period specified in the request.
- Full Care Lifetime must also comply with any conditions specified in its NDIS Certificate of Registration, or imposed by the NDIS Quality and Safeguard Commission at a later time, such as:
 - the types of quality audits it must undergo.
 - the timing of such quality audits; and
 - requirements relating to supports or services for which it is registered to provide, including circumstances in which supports, or services can or cannot be provided.
- Full Care Lifetime must notify the NDIS Commission of a change of circumstances that materially affects its suitability, or the suitability of any of its key personnel, to provide the supports or services it is registered to provide. The change must be notified to the Commissioner within 28 days of the change occurring on the form approved by the Commissioner. Changes of circumstances include:
 - event that significantly affects Full Care Lifetime's ability to comply with its conditions of registration.
 - a change that adversely affects access to supports or services by people with disability currently receiving those supports or services from Full Care Lifetime.
 - an adverse change in Full Care Lifetime's financial capacity to provide the supports or services it is registered to provide; and
 - a significant change in Full Care Lifetime's organisation or governance arrangements.
- Management Team members are responsible for:
 - supporting ongoing compliance in all areas of Full Care Lifetime operations.
 - ensuring staff understand their compliance responsibilities; and
 - fostering a compliance culture within their area of responsibility.
- Full Care Lifetime may request that the NDIS Commissioner make a correction to the NDIS Provider Register, using the approved form, if it becomes aware that the Register contains incorrect information.
- Full Care Lifetime's Compliance Coordinator and Operations Manager will report on compliance issues to the Management Team on a monthly basis, and these will be tracked by the Operations Manager in Full Care Lifetime Compliance Register.
- All staff are responsible for managing compliance within their areas of influence.
- The Management Team must monitor changes to legislation and regulatory compliance requirements through, for example, ongoing contact with relevant government agencies, scanning relevant websites for updates, membership of peak organisations and internal audits. All staff are to be made aware of any relevant changes as soon as possible.

Reporting Compliance Failure

- Full Care Lifetime encourages proactive reporting of compliance failures, breaches, issues, incidents and complaints so that these matters can be rectified openly and in a timely manner.
- All staff must notify their immediate supervisor or the Operations Manager once they become aware that a compliance failure has occurred or is likely to occur, or that a compliance-related complaint has been made. The Operations Manager must address identified compliance failures or

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compliance-related complaints upon becoming aware of them, in order to re-establish compliance and provide protection to Full Care Lifetime as quickly as possible.

- All compliance failures or compliance-related complaints must be reported to the Compliance Operations Manager, who will track them in the Compliance Register and report them to the Management Team.
- As a NDIA Registered NDIS Provider, Full Care Lifetime must comply with the NDIS Terms of Business for Registered Providers and the NDIS Provider Registration Guide to Suitability. Full Care Lifetime will assess its compliance with these documents as part of its annual self-assessment against the NDIS Practice Standards.
- Full Care Lifetime must comply with the following NDIS Practice Standards, set out in Schedules to the NDIS (Provider Registration and Practice Standards) Rules 2018.

NDIS Code of Conduct

In providing supports or services to people with disability, Full Care Lifetime and its staff will:

- act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- respect the privacy of people with disability.
- provide supports and services in a safe and competent manner, with care and skill.
- act with integrity, honesty and transparency.
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
- take all reasonable steps to prevent and respond to sexual misconduct.

Monitoring and Review

Full Care Lifetime Management Team will review this policy and procedure at least annually. This process will include a review and evaluation of current practices and service delivery types, contemporary policy and practice in this clinical area, the Incident Register and will incorporate staff, participant and another stakeholder feedback. Feedback from service users, suggestions from staff and best practice developments will be used to update this policy.

Full Care Lifetime Continuous Improvement Plan will be used to record and monitor progress of any improvements identified and where relevant feed into Full Care Lifetime service planning and delivery processes.