



# Continuous Improvement Policy and Procedure

*For Soaring Sparrows Pty Ltd*

## Document Control

- **Policy Title:** Continuous Improvement Policy and Procedure
  - **Date Policy Developed:** 19 September 2025
  - **Review Date:** 19 September 2026
  - **Version:** 1.0
  - **Policy Owner:** Director
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## Purpose

This policy outlines Soaring Sparrows Pty Ltd's approach to continuous improvement. It ensures that participant outcomes, service delivery, governance, and compliance are regularly monitored, reviewed, and enhanced in line with the NDIS Practice Standards, participant feedback, and best practice.

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## Scope

This policy applies to all employees, contractors, and management of Soaring Sparrows Pty Ltd. It covers all aspects of operations, service delivery, and organisational systems.

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## Definitions

- **Continuous Improvement** – A planned and ongoing effort to improve services, systems, and participant outcomes by regularly reviewing performance and making changes where required.
- **Continuous Improvement Register** – A formal record used to track identified improvements, including the source of the improvement, actions required, responsible persons, timelines, and outcomes.

- **Audit** – A structured review of organisational processes, services, or systems to assess compliance with the NDIS Practice Standards, legislation, and internal policies.
  - **Feedback** – Information provided by participants, families, staff, contractors, or stakeholders, including compliments, complaints, suggestions, or survey responses.
  - **Stakeholders** – Any person or group with an interest in the organisation's operations or outcomes, including participants, families, carers, staff, contractors, community members, regulators, and funding bodies.
  - **NDIS Practice Standards** – The standards set by the NDIS Quality and Safeguards Commission that registered providers must comply with to ensure safe, high-quality services and supports.
  - **Incident** – An event that has caused, or could have caused, harm to a participant, staff member, contractor, or the organisation's operations.
  - **Legislation** – Relevant laws and regulations that apply to the organisation, including the NDIS Act 2013, associated Rules, and applicable state or territory laws.
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## Policy Statement

Soaring Sparrows Pty Ltd is committed to:

- Embedding continuous improvement into all areas of the organisation.
  - Encouraging input from participants, families, staff, contractors, and stakeholders.
  - Using feedback, audits, reviews, and data to improve services and systems.
  - Maintaining a Continuous Improvement Register to track, review, and monitor improvements.
  - Ensuring improvements are communicated to staff and participants where relevant.
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## Responsibilities

- **Director / NDIS Compliance Officer**
  - Maintain the Continuous Improvement Register.

- Ensure improvements are implemented, tracked, and reviewed.
    - Lead organisational reviews, audits, and compliance reporting.
    - Provide training on continuous improvement processes.
  - **Staff and Contractors**
    - Identify opportunities for improvement in daily work.
    - Report feedback, risks, complaints, and incidents promptly.
    - Participate in quality reviews and improvement activities.
  - **Participants and Stakeholders**
    - Provide feedback through surveys, meetings, complaints, and other channels.
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## **Procedures**

### **1. Identifying Improvements**

Improvements may be identified through:

- Participant feedback, compliments, and complaints.
- Staff feedback and supervision sessions.
- Incident reports and investigations.
- Internal and external audits.
- Policy and procedure reviews.
- Changes to legislation, NDIS rules, or best practice.
- Staff meetings and reflective practice.

### **2. Recording Improvements**

- All identified improvements are entered into the **Continuous Improvement Register**.
- Each entry includes: description of the improvement, source (feedback, audit, incident, etc.), action required, responsible person, due date, and review outcome.

### **3. Implementing Improvements**

- The Director raises any suggested improvement or opportunity for improvement at staff meetings for discussion
- The Director assigns responsibility for each action.
- Staff are supported with resources, training, and guidance to implement changes.
- Improvements are monitored until completed.

#### **4. Reviewing and Monitoring**

- Completed improvements are reviewed for effectiveness.
- Outcomes are discussed at team meetings and with stakeholders where relevant.
- The Continuous Improvement Register is reviewed at least quarterly.

#### **5. Communication**

- Improvements are communicated to staff through team meetings, emails, and training.
- Participants and families are informed of changes that affect them (e.g. policy updates, service improvements).

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#### **Related Legislation and Standards**

- NDIS Act 2013 (Cth)
- NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
- NDIS Code of Conduct
- Work Health and Safety Act 2012 (SA)

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#### **Other Relevant Documents**

- Soaring Sparrows Complaints and Feedback Policy
  - Soaring Sparrows Incident Management Policy
  - Soaring Sparrows Risk Management Policy
  - Continuous Improvement Register
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## **Review**

This policy will be reviewed annually or earlier if:

- There are changes to NDIS requirements or legislation.
- Feedback or audit findings indicate a need for revision.
- Improvements in best practice suggest changes are required.

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## **Approval**

Approved By: Kathryn Soar

Position: Director, Soaring Sparrows Pty Ltd

Date: 19/09/2025



## Appendix A

### Continuous Improvement Register (example)

#### PLAN FOR CONTINUOUS IMPROVEMENT

Prepared on:	[Date]
Updated on:	[Date]

Service name:	
Quality Manager	

*When deciding on an action plan, you should consider how you will measure the improvement to the care and services provided, the outcomes for disability consumers, and the sustainability of the action. There are resources available on our website that may provide information to assist you in completing this form.*

Date	Related Standard	Issues identified <i>Include source for example, disability consumer relative meeting, internal audit</i>	Planned action <i>This must include actions, tasks and person responsible for implementing the improvement</i>	Person responsible	Planned completion date	Outcomes <i>This includes the results, achievement, impact, what you have measured</i>
<b>Core Module Division 1 Participant Rights</b>						
<b>Core Module Division 2 Governance</b>						
<b>Core Module Division 3 Provision of Supports</b>						

Continuous Improvement saved in

OneDrive - Soaring Sparrows\Administration\Registers\Continuous Improvement Register.docx



## Appendix B

# Procedure for Recording an Improvement

### Purpose

To ensure all staff record identified improvements consistently and accurately in the Continuous Improvement Register.

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### Steps

#### 1. Identify the Improvement

- Recognise a situation where services, systems, or processes could be improved.
- Examples include:
  - Feedback or suggestions from participants, families, or staff.
  - Outcomes of incidents, complaints, or audits.
  - Observations of inefficiency, risk, or outdated practice.

#### 2. Gather Information

- Note the **source of the improvement** (feedback, complaint, audit, meeting, etc.).
- Write a short description of the issue or opportunity for improvement.

#### 3. Record in the Register

- Open the **Continuous Improvement Register**.
- Create a new entry and complete the following fields:
  - **ID No.** (next available number).
  - **Date Identified.**
  - **Source of Improvement.**
  - **Description of Improvement Opportunity.**
  - **Action Required** (what needs to be done).

- Leave **Responsible Person** and **Due Date** blank if unknown – the Director will assign these.

#### **4. Notify the Director**

- Inform the Director (or delegate) that a new improvement has been logged.
- Provide any supporting evidence (e.g. feedback form, audit report, email).

#### **5. Follow Up**

- Once an action is assigned to you, complete it within the agreed timeframe.
- Update the Register (status and outcome) when actions are taken.

#### **6. Review and Close**

- When the improvement is completed, the Director reviews the outcome.
- If effective, mark as **Closed** and enter the **Date Closed**.
- If not effective, further action is planned and the entry remains **Open** until resolved.