



National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018

made under subsection 181D(2) of the

National Disability Insurance Scheme Act 2013

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About this compilation

This compilation

This is a compilation of the *National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018* that shows the text of the law as amended and in force on 15 November 2021 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1 – Preliminary

1 Name

This instrument is the *National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018*.

3 Authority

This instrument is made under subsection 181D(2) of the *National Disability Insurance Scheme Act 2013*.

4 Definitions

Note 1: A number of expressions used in this instrument are defined in section 9 of the Act, including the following:

- (a) National Disability Insurance Scheme;
- (b) National Disability Insurance Scheme rules;
- (c) nominee;
- (d) participant;
- (e) restrictive practice.

Note 2: A number of expressions used in this instrument are defined in section 4 of the NDIS Practice Standards Rules, including the following:

- (a) regulated restrictive practice;
- (b) worker.

In this instrument:

Act means the *National Disability Insurance Scheme Act 2013*.

behaviour support plan means:

- (a) a comprehensive behaviour support plan; or
- (b) an interim behaviour support plan.

dignity of risk means the right of the individual to choose to take some risk in engaging in life experiences.

functional behavioural assessment means the process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.

high intensity support skills descriptor, for an activity, means the descriptor for the activity described in the *NDIS Practice Standards: skills descriptors*, July 2018 (Version 1), published by the NDIS Quality and Safeguards Commission, as existing on 1 October 2021.

Note: The *NDIS Practice Standards: skills descriptors* could in 2021 be viewed on the NDIS Quality and Safeguards Commission website (<https://www.ndiscommission.gov.au>).

key worker means a person who is chosen by the family of a child receiving early childhood early intervention supports to work with them to coordinate information, services and supports for the child.

NDIS behaviour support practitioner means a person the Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

NDIS Practice Standards Rules means the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*.

positive behaviour support capability framework means the *Positive behaviour support capability framework: For NDIS providers and behaviour support practitioners*, published by the NDIS Quality and Safeguards Commission, as existing on 1 October 2021.

Note: The *positive behaviour support capability framework* could in 2021 be viewed on the NDIS Quality and Safeguards Commission website (<https://www.ndiscommission.gov.au>).

PPE is short for personal protective equipment.

service agreement means a written agreement between the provider and the participant on the supports to be provided and the conditions surrounding those supports.

specialist behaviour support provider means a registered NDIS provider whose registration includes the provision of specialist behaviour support services.

support network means family, friends, carers and other people who have a supportive relationship with a participant.

support plan means a document developed in response to a request for supports by the Participant and an appropriately skilled professional within the provider organisation prior to the commencement of supports.

4A Interpretation

References to providers and participants

- (1) A reference in this instrument to a provider includes a reference to a person who is applying to become a registered NDIS provider.
- (2) A reference in this instrument to a participant includes a reference to:
 - (a) a prospective participant; and
 - (b) a person with disability receiving supports or services from a provider under the arrangements set out in Chapter 2 of the Act; and
 - (c) a person with disability receiving supports or services from a person included in a class of persons prescribed for the purposes of subparagraph (b)(ii) of the definition of **NDIS provider** in section 9 of the Act.

References to participants providing consent

- (3) A reference in this instrument to a participant providing consent, includes a nominee providing consent on a participant's behalf.

Expressions in this instrument to have the same meaning as in the NDIS Practice Standards Rules

- (4) Expressions used in this instrument have the same meaning as in the NDIS Practice Standards Rules.
- (5) Subsection (4) is subject to any contrary intention in this instrument.

Part 2 – Core Module

Division 1 – Rights and Responsibilities

5 Quality indicators for NDIS Practice Standards—rights of participants and responsibilities of providers

This Division sets out the quality indicators for the NDIS Practice Standards about rights of participants and responsibilities of providers, as follows.

Quality indicators: rights of participants and responsibilities of providers		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 6	clause 3 of Schedule 1
2	section 7	clause 4 of Schedule 1
3	section 8	clause 5 of Schedule 1
4	section 9	clause 6 of Schedule 1
5	section 10	clause 7 of Schedule 1

6 Person-centred supports

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant's legal and human rights are understood and incorporated into everyday practice.
- (2) 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.
- (3) Each participant is supported to engage with their support network and chosen community as directed by the participant.

7 Individual values and beliefs

Outcome: Each participant accesses supports that respect their culture, diversity, values and beliefs.

To achieve this outcome, the following indicators should be demonstrated:

-
- (1) At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.
 - (2) Each participant's right to practice their culture, values and beliefs while accessing supports is supported.

8 Privacy and Dignity

Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.
- (2) Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.
- (3) Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

9 Independence and Informed Choice

Outcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- (4) 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.
- (5) 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.

10 Violence, Abuse, Neglect, Exploitation and Discrimination

Outcome: Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.
- (2) 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.
- (3) 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.

Note: A registered NDIS provider has obligations in relation to incident management systems and reportable incidents that may apply to incidents or a reportable incidents (see sections 73Y and 73Z of the Act and the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*).

Division 2 – Governance and Operational Management

11A Quality indicators for NDIS Practice Standards—provider governance and operational management

This Division sets out the quality indicators for the NDIS Practice Standards about provider governance and operational management, as follows.

Quality indicators: provider governance and operational management		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 11	clause 9 of Schedule 1
2	section 12	clause 10 of Schedule 1
3	section 13	clause 11 of Schedule 1
4	section 14	clause 12 of Schedule 1
5	section 15	clause 13 of Schedule 1
6	section 16	clause 14 of Schedule 1
7	section 17	clause 15 of Schedule 1
8	section 18	clause 16 of Schedule 1
9	section 18A	clause 16A of Schedule 1

11 Governance and Operational Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.
- (6) The provider is managed by a suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.
- (7) There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
- (8) Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

12 Risk Management

Outcome: Risks to participants, workers and the provider are identified and managed.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) A documented risk management 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.
- (3) The risk management system covers each of the following:

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- (a) incident management;
 - (b) complaints management and resolution;
 - (c) financial management;
 - (d) governance and operational management;
 - (e) human resource management;
 - (f) information management;
 - (g) work health and safety;
 - (h) emergency and disaster management.
- (4) Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.
 - (5) Supports and services are provided in a way that is consistent with the risk management system.
 - (6) Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

13 Quality Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) The provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.

14 Information Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.

- (2) 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.
- (3) 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.
- (4) 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.

15 Feedback and Complaints Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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*.
- (2) 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.
- (3) 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.
- (4) All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

Note: A registered NDIS provider has obligations if an incident is the subject of a complaint (see sections 73W and 73X of the Act and the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*).

16 Incident Management

Outcome: Each participant is safeguarded by the provider's incident management system,

ensuring that incidents are acknowledged, respond to, well-managed and learned from.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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*.
- (2) Each participant is provided with information on incident management, including how incidents involving the participant have been managed.
- (3) 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.
- (4) All workers are aware of, trained in, and comply with the required procedures in relation to incident management.

17 Human Resource Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) Records of worker pre-employment checks, qualifications and experience are maintained.
- (3) An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.
- (4) 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.
- (5) Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
- (6) The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.

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- (7) Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.
 - (8) Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
 - (9) Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.
 - (10) For each worker, the following details are recorded and kept up to date:
 - (a) their contact details;
 - (b) details of their secondary employment (if any).

18 Continuity of Supports

Outcome: Each participant has access to timely and appropriate support without interruption.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- (2) In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
- (3) 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.
- (4) 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.
- (5) Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:
 - (a) explained and agreed with them; and
 - (b) delivered in a way that is appropriate to their needs, preferences and goals.

18A Emergency and disaster management

Outcome: Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

To achieve this outcome, the following indicators should be demonstrated:

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- (1) Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.
 - (2) The measures include planning for each of the following:
 - (a) preparing for, and responding to, the emergency or disaster;
 - (b) making changes to participant supports;
 - (c) adapting, and rapidly responding, to changes to participant supports and to other interruptions;
 - (d) communicating changes to participant supports to workers and to participants and their support networks.
 - (3) The governing body develops emergency and disaster management plans (the *plans*), consults with participants and their support networks about the plans and puts the plans in place.
 - (4) The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
 - (5) Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
 - (6) The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
 - (7) The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.
 - (8) The governing body communicates the plans to workers, participants and their support networks.
 - (9) Each worker is trained in the implementation of the plans.

Division 3 – Provision of Supports

19A Quality indicators for NDIS Practice Standards—provision of supports to participants

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of supports to participants, as follows.

Quality indicators: provision of supports to participants		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 19	clause 18 of Schedule 1
2	section 20	clause 19 of Schedule 1
3	section 21	clause 20 of Schedule 1
4	section 22	clause 21 of Schedule 1
5	section 23	clause 22 of Schedule 1

19 Access to Supports

Outcome: Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) 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.

20 Support Planning

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) In collaboration with each participant:
 - (a) risk assessments are regularly undertaken, and documented in their support plans; and
 - (b) appropriate strategies are planned and implemented to treat known risks to them.
- (2A) Risk assessments include the following:
 - (a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs;
 - (b) the extent to which the health and safety of participants would be affected if those services were disrupted.
- (3) 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.

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- (4) 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.
 - (5) Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
 - (6) Each participant's support plan is:
 - (a) provided to them in the language, mode of communication and terms they are most likely to understand; and
 - (b) readily accessible by them and by workers providing supports to them.
 - (7) Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.
 - (8) Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
 - (9) Each participant's support plan:
 - (a) anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
 - (b) is understood by each worker supporting them.

21 Service Agreements with Participants

Outcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

Note: Specialist disability accommodation providers should also achieve the outcomes set out in part 8 of these Guidelines.

22 Responsive Support Provision

Outcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.
- (3) Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
- (4) 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.

23 Transitions to or from a provider

Outcome: Each participant experiences a planned and coordinated transition to or from the

provider.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.
- (3) Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.

Division 4 – Support Provision Environment

24A Quality indicators for NDIS Practice Standards—environment in which supports are provided to participants

This Division sets out the quality indicators for the NDIS Practice Standards about the environment in which supports are provided to participants, as follows.

Quality indicators: environment in which supports are provided to participants

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 24	clause 24 of Schedule 1
2	section 25	clause 25 of Schedule 1
3	section 26	clause 26 of Schedule 1
4	section 26A	clause 26A of Schedule 1
5	section 27	clause 27 of Schedule 1

24 Safe environment

Outcome: Each participant accesses supports in a safe environment that is appropriate to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant can easily identify workers who provide supports to them.
- (2) Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
- (3) Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify

and manage risks to participants and to correctly interpret their needs and preferences.

- (4) For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.
- (5) To avoid delays in treatments for participants:
 - (a) protocols are in place for each participant about how to respond to medical emergencies for them; and
 - (b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
- (6) Systems for escalation are established for each participant in urgent health situations.
- (7) Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- (8) Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- (9) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- (10) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- (11) PPE is available to each worker, and each participant, who requires it.

25 Participant Money and Property

Outcome: Participant money and property is secure and each participant uses their own money and property as they determine.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) If required, each participant is supported to access and spend their own money as the participant determines.
- (3) Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

26 Management of Medication

Outcome: Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

26A Mealtime management

Outcome: Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Providers identify each participant requiring mealtime management.
- (2) Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - (a) undertaking comprehensive assessments of their nutrition and swallowing; and
 - (b) assessing their seating and positioning requirements for eating and drinking; and
 - (c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
 - (d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- (3) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- (4) Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

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- (5) Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
 - (6) Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
 - (7) Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
 - (a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
 - (b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.
 - (8) Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
 - (9) Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

27 Management of Waste

<p>Outcome: 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.</p>
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To achieve this outcome, the following indicators should be demonstrated:

- (1) Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.
- (2) All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.
- (3) 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.

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- (4) Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

Part 3 – Module 1: High Intensity Daily Personal Activities

28 Quality indicators for NDIS Practice Standards—provision of high intensity daily personal activities

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of high intensity daily personal activities, as follows.

Quality indicators: provision of high intensity daily personal activities		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 29	clause 3 of Schedule 2
2	section 30	clause 4 of Schedule 2
3	section 30A	clause 4A of Schedule 2
4	section 31	clause 5 of Schedule 2
5	section 32	clause 6 of Schedule 2
6	section 33	clause 7 of Schedule 2
7	section 34	clause 8 of Schedule 2
8	section 35	clause 9 of Schedule 2

29 Complex Bowel Care

Outcome: Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their complex bowel care management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.
- (3) All workers working with a participant requiring complex bowel care have received training, relating specifically to each participant's needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

30 Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management

Outcome: Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their enteral feeding and management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs.
- (3) All workers working with a participant who requires enteral feeding have completed training, relating specifically to each participant's needs, type and method of enteral feeding and regime, and high intensity support skills descriptor for enteral feeding, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.

30A Severe dysphagia management

Outcome: Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Providers identify each participant requiring severe dysphagia management.
- (2) With their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- (3) Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:
 - (a) their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and
 - (b) how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.

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- (4) Appropriate policies and procedures are in place in relation to the support provided to each participant requiring severe dysphagia management, including training plans for workers supporting them.
 - (5) Each worker responsible for providing severe dysphagia management to participants has received training, relating specifically to each participant's needs, managing any severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management, delivered by an appropriately qualified health practitioner with expertise in severe dysphagia management.

31 Tracheostomy Management

Outcome: Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their tracheostomy suctioning and management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a tracheostomy.
- (3) All workers have completed training, relating specifically to each participant's needs, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and supporting a person dependent on ventilation, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.

32 Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

Outcome: Each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for management of their catheter. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and

emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant with a catheter.
- (3) All workers have completed training, relating specifically to each participant's needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.

33 Ventilator Management

Outcome: Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their ventilator management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant who is ventilator dependent.
- (3) All workers have completed training, relating specifically to each participant's ventilation needs, managing a related incident and the high intensity support skills descriptor for ventilator management, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for ventilator management.

34 Subcutaneous Injections

Outcome: Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their subcutaneous injections which includes dosage measurement and calculation. With their consent, each participant's health status is subject to regular and timely review by an appropriately qualified health practitioner.

The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

- (2) There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
- (3) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medication.
- (4) All workers have completed training, relating specifically to the participant's injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections. Workers must also have a basic understanding of the participant's related health condition.

35 Complex Wound Management

Outcome: Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant is involved in the assessment and development of the plan for their complex wound management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- (2) Appropriate policies and procedures are in place, including a training plan for workers, that relate to the support provided to each participant requiring complex wound management.
- (3) All workers working with a participant requiring complex wound management have received training, relating specifically to the participant's needs that are affected by their wound management regime (for example, showering, toileting and mobility) and high intensity support skills descriptor for providing complex wound management, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.

Part 4 –Module 2: Specialist Behaviour Support

36 Quality indicators for NDIS Practice Standards—provision of specialist behaviour support

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialist behaviour supports, as follows.

Quality indicators: provision of specialist behaviour support		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 38	clause 3 of Schedule 3
2	section 39	clause 4 of Schedule 3
3	section 40	clause 5 of Schedule 3
4	section 41	clause 6 of Schedule 3
5	section 42	clause 7 of Schedule 3
6	section 43	clause 8 of Schedule 3
7	section 44	clause 9 of Schedule 3

37 Application of Module

This module applies to specialist behaviour support providers. It does not apply to providers implementing behaviour support plans.

38 Behaviour Support in the NDIS

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

- (1) The *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* are understood and applied.
- (2) All NDIS behaviour support practitioners have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans.
- (3) Each NDIS behaviour support practitioner undertakes ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.
- (4) A specialist behaviour support clinical supervisor provides clinical supervision of each work practice of the NDIS behaviour support practitioner.
- (5) Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

39 Restrictive Practices

Outcome: Each participant is only subject to a restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any restrictive practices included in a behaviour support plan.
- (2) Each Behaviour Support Practitioner undertakes professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices.
- (3) Each participant and, with the participant's consent, their support network, providers implementing behaviour support plans, and other relevant stakeholders are engaged in discussions about the need for restrictive practices and they understand the risks associated with their use. Alternatives to the use of restrictive practices are promoted as part of these discussions.
- (4) Each participant and, with the participant's consent, their support network, their providers implementing behaviour support plans and other relevant stakeholders are engaged in the development of behaviour support strategies that are proportionate to the risk of harm to the participant or others.
- (5) Restrictive practices are only included in a participant's behaviour support plan in accordance with relevant Commonwealth legislation and/or policy requirements and relevant state or territory legislation and/or policy requirements for obtaining authorisation (however described) for the use of any restrictive practices.
- (6) Regulated restrictive practices in behaviour support plans comply with the conditions prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- (7) Each participant's behaviour support plan or interim behaviour support plan includes strategies that will lead to the reduction and elimination of any restrictive practices included in the plan.
- (8) Support is provided to other providers implementing a behaviour support plan, in delivering services, implementing strategies in the plan and evaluating the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.

40 Functional Behaviour Assessments and Behaviour Support Plans

Outcome: Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Work is undertaken with each participant and their support network to undertake a behaviour support assessment that identifies unmet participant needs, the function and/or purpose of behaviours, and identify strategies to address behaviours of concern.
- (2) Behaviour support plans take into account all appropriate sources of information such as the behaviour support assessment, and with the consent of the participant, the participant's support network, the providers implementing behaviour support plans, and assessments carried out by other collaborating providers and mainstream service providers.
- (3) Behaviour support plans are consistent with evidence-informed practice, including proactive strategies.
- (4) The interface between a reasonable and necessary supports under a participant's plan and any other supports or services under a general system of service delivery that the participant receives, are considered, and strategies and protocols are developed to integrate supports/services as practicable.
- (5) Behaviour support plans are developed in consultation with the providers implementing behaviour support plans, and the behaviour support plan is given to those providers for their consideration and acceptance.
- (6) All behaviour support plans containing a regulated restrictive practice are provided to the Commissioner in the time and manner prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

41 Supporting the Implementation of the Behaviour Support Plan

Outcome: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Assistance is given to ensure that the providers implementing behaviour support plans understand the relevant state or territory legislative and/or policy requirements for obtaining authorisation (however described) for the use of a restrictive practice included in a behaviour support plan, including any conditions around the use of restrictive practices.
- (2) Reasonable measures are taken to ensure the participant, and with the participant's consent, the participant's support network, and the providers implementing behaviour support plans, understand the rationale underpinning the behaviour support plan. Instructions and guidance are

developed to support the participant, the providers implementing behaviour support plans and the participant's support network to effectively implement the behaviour support plan.

- (3) Providers implementing behaviour support plans are made aware of the reporting requirements prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- (4) Person-focused training, coaching and mentoring is facilitated or delivered to each of the providers implementing behaviour support plans, and, with each participant's consent, their support network (where applicable). It covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies.
- (5) Development of behaviour support plans for each participant, in collaboration with the providers implementing the behaviour support plan.
- (6) Where the specialist behaviour support provider recommends that workers implementing a behaviour support plan receive training on the safe use of a restrictive practice included in a plan, oversight is retained to ensure the training addresses the strategies contained within each participant's behaviour support plan.
- (7) Ongoing support and advice is offered to providers implementing behaviour support plans, and, with the participant's consent, their support network (where applicable), to address barriers to implementation.

42 Behaviour Support Plan Monitoring and Review

<p>Outcome: Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant.</p>
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To achieve this outcome, the following indicators should be demonstrated:

- (1) The progress and effectiveness of implemented strategies are evaluated through regular engagement with the participant, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.
- (2) Modifications to the strategies contained in each participant's behaviour support plan are made based on engagement with the participant and the results of the information and data analysis, and with the participant's consent, these changes are communicated and training is provided (where required) to their support network on the modified strategies.
- (3) Opportunities to reduce the use of restrictive practices based on documented positive change are pursued.
- (4) The Commissioner is notified and work is undertaken with the Commissioner to address such situations:
 - (a) where effective engagement with providers implementing behaviour support plans is not possible for any reason; or

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- (b) if the supports and services are not being implemented in accordance with the behaviour support plan.
- (5) Each participant's behaviour support plan is reviewed at least every twelve months. Consideration is given to whether the participant's needs, situation or progress create a need for more frequent reviews, including if the participant's behaviour changes, or if a new provider is required to implement the plan.
- (6) The Commissioner is notified of changes in each participant's behaviour support plan in the manner and timeframe prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

43 Reportable Incidents involving the Use of a Restrictive Practice

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Support is given to the providers implementing each participant's behaviour support plan in responding to a reportable incident involving the use of restrictive practices.
- (2) Each participant, and with the participant's consent, their support network, the providers implementing behaviour support plans and other stakeholders are included in the review of incidents.

44 Interim Behaviour Support Plans

Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.

To achieve this outcome, the following indicators should be demonstrated:

- (1) When a participant develops an immediate need for behaviour support, the participant and the providers implementing behaviour support plans are involved in evaluating the risks posed to the participant and others by the participant's behaviour, and an interim behaviour support plan is developed that appropriately manages that risk.
- (2) Advice and guidance is given to the providers implementing behaviour support plans and, with the participant's consent, their support network on the effective implementation of the interim behaviour support plan.

Part 5 –Module 2A: Implementing Behaviour Support Plans

45 Quality indicators for NDIS Practice Standards—implementing behaviour support plans

This Division sets out the quality indicators for the NDIS Practice Standards about implementing behaviour support plans, as follows.

Quality indicators: implementing behaviour support plans		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 47	clause 3 of Schedule 4
2	section 48	clause 4 of Schedule 4
3	section 49	clause 5 of Schedule 4
4	section 50	clause 6 of Schedule 4
5	section 51	clause 7 of Schedule 4
6	section 52	clause 8 of Schedule 4
7	section 53	clause 9 of Schedule 4
8	section 54	clause 10 of Schedule 4

46 Application of Module

This module applies to providers who implement behaviour support plans. It does not apply to specialist behaviour support providers.

47 Behaviour Support in the NDIS

Outcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks.
- (2) Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support.
- (3) Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

48 Regulated Restrictive Practices

Outcome: Each participant is only subject to a regulated restrictive practice that meets any

state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan.
- (2) Where state or territory legislation and/or policy requires authorisation (however described) to, the use of a regulated restrictive practice, such authorisation is obtained and evidence submitted.
- (3) Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Regulated restrictive practices are implemented, documented and reported in a way that is compliant with relevant legislation and/or policy requirements.
- (4) Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan.
- (5) Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices.

49 Supporting the Assessment and Development of Behaviour Support Plans

Outcome: Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments.
- (2) Collaboration occurs with the specialist behaviour support provider to develop each participant's behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.
- (3) Relevant workers have the necessary skills to inform the development of the participant's behaviour support plan.
- (4) Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.

50 Behaviour Support Plan Implementation

Outcome: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Policies and procedures that support the implementation of behaviour support plans are developed and maintained.
- (2) Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.
- (3) Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with the positive behaviour support capability framework.
- (4) Specialist behaviour support providers are supported to train the workers of the providers implementing a behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.
- (5) Workers receive training in the safe use of restrictive practices.
- (6) Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan.
- (7) Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately.

51 Monitoring and Reporting the Use of Regulated Restrictive Practices

Outcome: Each participant is only subject to a restrictive practice that is reported to the Commission.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- (2) Data is monitored to identify actions for improving outcomes.
- (3) Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

52 Behaviour Support Plan Review

Outcome: Each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

To achieve this outcome, the following indicators should be demonstrated:

- (1) The implementation of the participant's behaviour support plan is monitored through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record keeping, other feedback and supervision.
- (2) Information is recorded and data is collected as required by the specialist behaviour support provider and as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- (3) Identification of circumstances where the participant's needs, situation or progress create a need for more frequent review, including if the participant's behaviour changes
- (4) Contributions are made to the reviews of the strategies in a participant's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation.

53 Reportable Incidents involving the Use of a Restrictive Practice

Outcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

To achieve this outcome, the following indicators should be demonstrated:

- (1) The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.
- (2) Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice.
- (3) The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.
- (4) Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
- (5) Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour

support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

- (6) Authorisation processes (however described) are initiated as required by their jurisdiction.
- (7) The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

54 Interim Behaviour Support Plans

<p>Outcome: Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.</p>
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To achieve this outcome, the following indicators should be demonstrated:

- (1) Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
- (2) Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- (3) Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

Part 6 –Module 3: Early Childhood Supports

55 Quality indicators for NDIS Practice Standards—provision of early childhood support

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of early childhood supports, as follows:

Quality indicators: provision of early childhood support		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 56	clause 3 of Schedule 5
2	section 57	clause 4 of Schedule 5
3	section 58	clause 5 of Schedule 5
4	section 59	clause 6 of Schedule 5
5	section 60	clause 7 of Schedule 5
6	section 61	clause 8 of Schedule 5
7	section 62	clause 9 of Schedule 5

56 The Child

Outcome: Each child participant accesses supports that promote and respect their legal and human rights, support their development of functional skills, and enable them to participate meaningfully and be included in everyday activities with their peers.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Knowledge and understanding of each participant’s legal and human rights, and incorporation of those rights into everyday practice.
- (2) Implementation of practices and procedures to manage risk with a focus on creating a safe environment for children.
- (3) Compliance with all relevant state and territory legislation relating to the reporting of risk of harm to children.
- (4) Facilitation of the active involvement of the participant’s support network in the participant’s development.
- (5) Alternative arrangements for the continuity of supports for each child participant, when changes or interruptions are unavoidable, are:
 - (a) explained and agreed with them (taking into account their capacity to understand and agree to alternative arrangements) and their family; and
 - (b) delivered in a way that is appropriate to their needs, preferences and goals.

57 The Family

Outcome: Each family receives family-centred supports that are culturally inclusive, responsive, and focus on their strengths.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each support plan is based on child and family choice and control and is undertaken with the family.
- (2) The family's expertise and knowledge about their child is recognised and respected.
- (3) The family's strengths, needs and priorities are identified by working in partnership with the family.
- (4) Each support plan is flexible and individualised to reflect the child's and family members' preferences and learning styles.
- (5) Each support plan is culturally responsive and respectful of the family's cultural beliefs and their community.
- (6) Information and supports are provided in a clear, easy to understand and flexible manner by integrating the support into the child's everyday routine.
- (7) The strengths of the family are promoted and developed and the family is assisted to develop their own network of formal and informal resources, with recognition that positive outcomes for children do not rely solely on therapeutic child-focused programs.
- (8) Work is undertaken with the family to inform and strengthen their participation in, and contribution to, the child's learning and development.

58 Inclusion

Outcome: Each participant accesses supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Assessment of each child's development focuses on the child's functions in their everyday routines and activities in their natural learning environments.
- (2) A child's inclusive, meaningful and active participation in their family life, community life and natural environments is promoted.
- (3) Links with each family's community and other support agencies are enabled and built upon.
- (4) Each child's inclusion through participation in daily routines in their natural learning environments is promoted.

59 Collaboration

Outcome: Each participant receives coordinated supports from a collaborative team comprising their family, the provider and other relevant providers, to facilitate their development and address the family's needs and priorities.

To achieve this outcome, the following indicators should be demonstrated:

- (1) If the family wishes to engage a key worker, work is undertaken with the family and other providers to identify a suitable key worker.
- (2) Close collaborative links with the family and other collaborating providers are established to coordinate the team around each child.
- (3) With the consent of the family, information, knowledge and skills are communicated and shared between the family, the provider, and other collaborating providers.
- (4) Where relevant, collaboration between supports and services is undertaken to ensure that transition/exit planning meets the needs of each child and their family.

60 Capacity Building

Outcome: Each participant receives supports that build the knowledge, skills and abilities of the family and other collaborating providers in order to support the child's learning and development.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Work is undertaken with the support network in each child's life to build their capacity to achieve the functional outcomes identified in the support plan.
- (2) Each family's confidence is built to understand how their family routines and everyday activities can support their child's development.
- (3) The capacity of the child, family and collaborating providers involved with the child is built through coaching, capacity building supports and collaborative teamwork.
- (4) Collaboration is undertaken to affirm, challenge, and support the child, family and collaborating providers to further develop their skills and to improve practice and relationships.
- (5) Feedback and learnings from the child, family and other professionals is used to improve support delivery.

61 Evidence-Informed Practice

Outcome: Each participant receives evidence-informed supports from providers with quality standards and validated practice.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Intervention strategies are based on explicit principles, validated practices, best available research and relevant laws and regulations.
- (2) Appropriate information, knowledge, skills and expertise are in place to deliver quality supports to each participant's support network.
- (3) Knowledge and skills are maintained through continuing relevant professional development, ongoing self-reflection, self-assessment and monitoring of practices.

62 Outcome Based Approach

Outcome: Each participant receives supports that are outcome-based and goal-focused.
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To achieve this outcome, the following indicators should be demonstrated:

- (1) The functional outcomes for the child and their family are based on their needs and priorities, and the skills needed to achieve those outcomes are identified through collaboration with the child and their family.
- (2) Each child has a documented support plan that describes the interventions and their functional outcomes.
- (3) The family is actively involved in the assessment of the child and the development and review of the support plan.
- (4) A copy of the support plan is provided to the family in the language, mode of communication and terms that they are most likely to understand.
- (5) The functional outcomes support the child's meaningful participation in family and community life.
- (6) The assessment, intervention planning and outcomes for the child and the family are measured, evaluated and reported in ways that are meaningful to, and understood by, the family.

Part 7 –Module 4: Specialised Support Coordination

63 Quality indicators for NDIS Practice Standards—provision of specialised support coordination

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialised support coordination, as follows:

Quality indicators: provision of specialised support coordination		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 64	clause 3 of Schedule 6
2	section 65	clause 4 of Schedule 6
3	section 66	clause 5 of Schedule 6

64 Specialised Support Coordination

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Demonstrated knowledge and understanding of the risk factors experienced by each participant with high-risk and/or complex needs.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) 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.
- (6) All monitoring and reporting obligations associated with the participant's plan are managed effectively.

65 Management of a Participant's NDIS Supports

Outcome: Each participant exercises meaningful choice and control over their supports and maximises the value for money they receive from their supports.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Supports and services are arranged using the participant's NDIS amounts as directed by the participant and for the purposes intended by the participant.
- (2) 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.
- (3) 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.
- (4) 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.

66 Conflict of Interest

Outcome: Each participant receives transparent, factual advice about their support options which promotes choice and control.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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.
- (2) 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.
- (3) 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.
- (4) Referrals to and from other providers are documented for each participant.

Part 8 – Module 5: Specialist Disability Accommodation

67 Quality indicators for NDIS Practice Standards—provision of specialist disability accommodation

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialist disability accommodation, as follows:

Quality indicators: provision of specialist disability accommodation		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 68	clause 3 of Schedule 7
2	section 69	clause 4 of Schedule 7
3	section 70	clause 5 of Schedule 7
4	section 71	clause 6 of Schedule 7
5	section 72	clause 7 of Schedule 7

68 Rights and Responsibilities

Outcome: Each participant's access to specialist disability accommodation dwellings is consistent with their legal and human rights and they are supported to exercise informed choice and control.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Knowledge and understanding of each participant's legal and human rights, and incorporation of these rights into everyday practice, including through reasonable adjustments or modifications to the dwelling to meet each participant's needs.
- (2) Any agreement or contract entered into with each participant, and any communication with the participant about the provision of specialist disability accommodation, including about rights and responsibilities in relation to the dwelling, is responsive to their needs and provided in the language, mode of communication and terms which that participant is most likely to understand.
- (3) Each participant's autonomy, including their right to privacy, intimacy and sexual expression is respected.

69 Conflict of Interest

Outcome: Each participant's right to exercise choice and control over other NDIS support provision is not limited by their choice of specialist disability accommodation dwelling.

To achieve this outcome, the following indicators should be demonstrated:

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- (1) Organisational policies are in place that detail how perceived or actual conflicts of interests are managed. The conflict of interest policies are made available to participants in the language, mode of communication and terms which each participant is most likely to understand.
 - (2) Conflicts of interest, perceived or actual, are proactively managed and documented.
 - (3) The participant is supported to understand the distinction between the provision of specialist disability accommodation and other NDIS supports delivered in the dwelling. Where a specialist disability accommodation provider is delivering both specialist disability accommodation and other NDIS supports to the same participant, there are separate service agreements.
 - (4) The participant's housing rights, including security of tenure, are upheld, irrespective of any decision/s the participant makes about the provision of other NDIS supports within the specialist disability accommodation dwelling (notwithstanding any matters covered by the specialist disability accommodation service agreement).

70 Service Agreements with Participants

Outcome: Each participant is supported to understand the terms and conditions that apply to their specialist disability accommodation dwelling and the associated service and/or tenancy agreements.
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To achieve this outcome, the following indicators should be demonstrated:

- (1) Work is undertaken with each participant to develop a written service agreement that meets the requirements of the *National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rules 2018*, and any applicable state or territory residential tenancy legislation.
- (2) In the absence of any applicable state or territory residential tenancy legislation, written service agreements should deal with the following matters:
 - (a) specify the rent that must be paid by the participant and the method and timing of making rental payments and arrangements for the issuance of rental payment receipts;
 - (b) specify the value and management arrangements in relation to any bond that is required from the participant;
 - (c) if applicable, specify any board payments that have been agreed with the participant, what the board payments will cover and the method and timing of making the board payments;
 - (e) specify the minimum period of notice that will be given by the provider before the provider increases the amount of rent or board (where applicable) payable by the participant;
 - (f) specify:

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- (i) the name, telephone number and address of the provider's agent (if any) and the responsibilities of the agent; or
 - (ii) if the provider does not have an agent, the address and telephone number, of the provider;
- (g) require the provider to notify the participant in writing within 5 business days of any change during the agreement of the matters provided for in paragraph (f), unless applicable state or territory law stipulates an alternative notice period;
 - (h) specify the commencement date of the agreement, the duration of the agreement, and the manner in which the agreement can be extended;
 - (j) specify the circumstances in which the agreement can be terminated by either the participant or the provider;
 - (k) require the provider to give the participant a minimum of 90 days' notice before the participant is required to vacate the premises, unless shorter notice is required to address risks of harm to the participant or others;
 - (l) explain the process for requesting repairs or maintenance to be undertaken.
- (3) The agreement establishes expectations, explains the responsibilities of the specialist disability accommodation provider in relation to the dwelling, and specifies the rights and responsibilities of the participant in accessing the dwelling.
 - (4) The agreement includes information about dwelling safety features, including fire alarms and building evacuation procedures, and how this information will be communicated to other providers who deliver supported independent living to each participant in the dwelling.
 - (5) Each participant is supported to understand the agreement, including any conditions, by using the language, mode of communication and terms which that participant is most likely to understand.
 - (6) Each participant receives a copy of their agreement signed by the participant and the provider. Where this is not practicable, a record is made detailing the circumstances in which the participant did not receive a copy of their agreement.

71 Enrolment of SDA Properties

Outcome: Each participant's specialist disability accommodation dwelling meets the requirements of the design type, category and other standards that were identified through the dwelling enrolment process.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Mechanisms are in place to ensure a provider's enrolled specialist disability accommodation dwellings meet the design type, category and density restriction requirements of the *National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rules 2018*.

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- (2) Mechanisms are in place to ensure a provider maintains ongoing compliance with the *National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rules 2018* and all relevant laws and standards, including building standards and tenancy laws that apply to specialist disability accommodation dwellings.
 - (3) Enrolled dwellings are in a good state of repair and are being appropriately maintained, having regard to the safety, security and privacy of residents.

72 Tenancy Management

Outcome: Each participant accessing a specialist disability accommodation dwelling is able to exercise choice and control and is supported by effective tenancy management.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Demonstrated adherence to the requirements established in the *National Disability Insurance Scheme (Specialist Disability Accommodation Conditions) Rules 2018*.
- (2) Where applicable, policies and procedures are in place about how a provider will declare, advertise and fill vacancies in shared living, including how each participant's views, preferences and needs are documented and taken into account. The policies are made available to participants in the language, mode of communication and terms which each participant is most likely to understand.
- (3) Documented arrangements are in place with each participant and each participant's other NDIS providers that deliver supported independent living supports within a specialist disability accommodation dwelling. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
 - (a) How the specialist disability accommodation provider will work with other providers who deliver supported independent living supports to ensure the shared living arrangement is working for all tenants;
 - (b) How potential conflicts involving the participant will be managed;
 - (c) Policies and procedures for responding to violence, abuse, exploitation or conflict involving one or more participant which may impact on the condition of the dwelling;
 - (d) How each participant's concerns about the specialist disability accommodation dwelling will be communicated to and addressed by the specialist disability accommodation provider;
 - (e) How behaviours of concern will be managed, if this a relevant issue for the participant;
 - (f) How changes to a participant's circumstances or supports will be agreed and communicated;
 - (g) Arrangements for continuity of supports (including specialist disability accommodation) in the event of a natural disaster or other emergency; and

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- (h) In shared living, how vacancies will be filled including the participant's right to have their needs, wishes, choices and situation taken into account.

Where the participant does not consent to an agreement, the specialist disability accommodation provider has a documented record of this.

Note: NDIS providers who provide supported independent living supports to participants in specialist disability accommodation dwellings should also achieve the outcomes set out in section 21 of these Guidelines.

- (4) 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 in the future.
- (5) Where a change in participant needs or circumstances occurs, reasonable adjustments are made to accommodate the changes. If the changed support needs exceed the design category or functionality of the dwelling, work is undertaken to modify the dwelling, following consideration of the impact of the modifications on the other tenants (if applicable). Where the participant's needs or circumstances cannot be accommodated, the participant, and any relevant support providers are made aware of the need to find alternative accommodation.
- (6) A complaints management and resolution system is maintained that meets the requirements of the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018* and follows the principles of procedural fairness and natural justice.
- (7) An incident management system is maintained in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.
- (8) State or territory legislative requirements regarding the provision of tenancy-related notices are adhered to and each participant is aware of their right to seek review of a decision, where applicable.
- (9) Policies, procedures and agreements relating to any tenancy management are provided in the language, mode of communication and terms which each participant is most likely to understand.

Part 9 –Verification

73 Quality indicators for NDIS Practice Standards—verification

This Division sets out the quality indicators for the NDIS Practice Standards that must be met by providers whose compliance with the standards is to be assessed by verification, as follows:

Quality indicators: verification		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 74	clause 6 of Schedule 8
2	section 75	clause 5 of Schedule 8
3	section 76	clause 4 of Schedule 8
4	section 77	clause 3 of Schedule 8

74 Human Resource Management

Outcome: 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.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Records of worker identity, right to work, pre-employment checks, qualifications and or experience are maintained.
- (2) Workers complete mandatory NDIS orientation module and records of continuing professional development are maintained.
- (3) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- (4) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- (5) PPE is available to each worker, and each participant, who requires it.

75 Incident Management

Outcome: Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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*.

76 Complaints Management

Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints made by all parties are welcomed, acknowledged, respected and well-managed.

To achieve this outcome, the following indicators should be demonstrated:

- (1) 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*.

77 Risk Management

Outcome: Risks to participants, workers and the provider are identified and managed.

To achieve this outcome, the following indicators should be demonstrated:

- (1) A documented risk management system that effectively manages work health and safety risks is in place, and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports.
- (2) Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.
- (3) The risk management system includes emergency and disaster planning.
- (4) Risk assessments are regularly undertaken, and include the following:
 - (a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs;
 - (b) the extent to which their health and safety would be affected if those services were disrupted.
- (5) Infection prevention and control standard precautions are implemented throughout all settings.

Part 10—Application, saving and transitional provisions

78 Application of amendments made by the *National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021*

Definitions

- (1) In this section:

amending Guidelines means the *National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021*.

existing registered NDIS provider means a person or entity who was a registered NDIS provider immediately before 15 November 2021.

Delayed application of criteria for certain standards for existing registered NDIS providers

- (2) The amendments of this instrument made by Part 3 of the amending Guidelines apply in relation to an existing registered NDIS provider on and after 24 January 2022.

Note: For the delayed application of clause 16A (mealtime management standard) and clause 26A (emergency and disaster standard) of the NDIS Practice Standards Rules for existing registered NDIS providers, see subsections 31(2) and (3) of the NDIS Practice Standards Rules.

Application of amendments to applications for registration

- (3) The amendments of this instrument made by the amending Guidelines apply in relation to an application under section 73C of the Act:
- (a) made on or after 15 November 2021; or
 - (b) made but not decided before 15 November 2021, if the assessment under paragraph 73E(1)(c) of the Act has not been made before that day.

Application of amendments to mid-term audits

- (4) Subject to subsections 31(2) and (3) of the NDIS Practice Standards Rules and subsection (2) of this section, the amendments of this instrument made by the amending Guidelines apply in relation to a mid-term audit under section 13B of those Standards carried out on or after 15 November 2021.

Endnotes

Endnote 1—About the endnotes

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
National Disability Insurance Scheme (Quality Indicators) Guidelines 2018	18 May 2018 (F2018N00041)	1 July 2018 (s 2)	
National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021	29 Oct 2021 (F2021N00274)	Sch 1 (items 1–21, 27–52): 15 Nov 2021 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 1	am F2021N00274
s 2	rep LA s 48D
s 4	am F2021N00274
s 4A	am F2021N00274
Part 2	
Division 1	
s 5	rs F2021N00274
s 6	am F2021N00274
Division 2	
s 11A	ad F2021N00274
s 12	am F2021N00274
s 17	am F2021N00274
s 18	am F2021N00274
s 18A	ad F2021N00274
Division 3	
s 19A	ad F2021N00274
s 20	am F2021N00274
s 21	am F2021N00274
s 22	am F2021N00274
s 23	am F2021N00274
Division 4	
s 24A	ad F2021N00274
s 24	rs F2021N00274
s 26A	ad F2021N00274
s 27	am F2021N00274
Part 3	
s 28	rs F2021N00274
s 30A	ad F2021N00274
Part 4	
s 36	rs F2021N00274
Part 5	
s 45	rs F2021N00274
s 50	am F2021N00274
Part 6	
s 55	rs F2021N00274

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
s 56	am F2021N00274
s 61	am F2021N00274
Part 7	
s 63	rs F2021N00274
Part 8	
s 67	rs F2021N00274
Part 9	
s 73	rs F2021N00274
s 74	am F2021N00274
s 77	am F2021N00274
Part 10	
Part 10	ad F2021N00274
s 78	ad F2021N00274
