**NDIS Participants in Residential
Aged Care (RAC)**NDIS RAC
Provider Toolkit

Part I

NDIS Evidence Guide

For RAC providers

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## NDIS Practice Standards & Quality Indicators Evidence Guide – CORE MODULE

As part of the NDIS registration application process, you are required to demonstrate that your organisation meets the NDIS Practice Standards. This is required as part of the self-assessment in your online registration renewal application and is further assessed by an approved quality auditor during the Stage 1 (Desktop) Audit and Stage 2 (Onsite) audit (Refer Part D of this Toolkit).

The NDIS Evidence Guide for RAC Providers (The Guide) will help you prepare for the NDIS registration renewal and audit. The Guide includes examples of evidence that could be used to meet the NDIS Practice Standards (Core module) requirements. This Guide is not intended to prepare RAC providers for aged care audits.

**How to use this Evidence Guide:**

This Guide can be used in several ways:

1. To understand commonalities and differences between the Aged Care and NDIS Practice Standards as it relates to specific types of evidence that demonstrates you meet the NDIS Practice Standards. This will help identify:
* Evidence that as an Aged Care Provider you may already have in place where requirements under the Aged Care Quality Standards and NDIS Practice Standards are the same; this evidence could be used to demonstrate your compliance with the NDIS Standards.
* Additional evidence which may be required where aged care requirements have some similarities or are different to NDIS requirements.

Note: *Part E Comparison of Aged Care and NDIS Standards* provides an overview of these commonalities and differences.

1. To refer to when completing the online NDIS self-assessment which is required as part of an application to renew registration.
2. To refer to when reviewing your current documentation prior to your NDIS certification audit to identify if any amendments are required to policies, procedures and systems.

Note: Part H*: Concordance Table* is an optional tool that can be used in conjunction with this Guide to identify and document your evidence.

**Key Points:**

* For easy reference, we have colour coded the Quality Indicators in the NDIS Practice Standards throughout all of these tools to indicate those that are similar to, have some similarities, or are different to aged care requirements. The colour coding used is:

|  |  |
| --- | --- |
| Similar | **Similar** – Aged Care requirements are the same as those for NDIS Practice Standards  |
| Some similarities | **Some similarities** – Aged Care requirements have some similarities to NDIS Practice Standards, and additional evidence would be required to demonstrate all requirements fully  |
| Different | **Different** – Aged Care requirements are different to NDIS Practice Standards, and additional evidence would be required to demonstrate all requirements |

* The information in this document serves as ***a guide***, to how compliance with the NDIS Practice Standards may be evidenced and the examples are ***not prescriptive***. The NDIS Practice Standards apply in proportion to the size, scale and type of supports and services your organisation delivers. This means, for example, that a provider with only a few workers and a small number of participants needs to present a different level of evidence to meet requirements, compared to a national provider with a large workforce and many participants. Therefore, you do not need every single form of evidence listed in this guide, but rather evidence that is proportional to the size, scale and scope of your organisation and the supports you provide NDIS participants.
* As an approved Aged Care Provider, it is likely that you already have much of this evidence in place – particularly for standards where there are similarities. You will still need to demonstrate this evidence to the audit team, unless your chosen approved quality audit firm has received approval from the NDIS Commission for the audit team to consider the results of a recent aged care audit.

## NDIS Practice Standards Evidence Guide

|  |
| --- |
| Rights and Responsibilities |
| Person-centred supportsOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 1 | 1. Each participant’s legal and human rights are understood and incorporated into everyday practice. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Charter of Aged Care Rights.
* Consumer/resident welcome pack/handbook.
* Brochures and marketing material.
* Feedback and Complaints policy and process.
* Signed resident agreement.
* Care and services plan.
* Strategic documents policies and procedures that explain the provider’s approach to diversity.
* Care risk register.

***Records:*** * Worker position descriptions.
* Evidence of communication preferences of the individual participant, preferred terminology or supported decision making requirements documented in participant records.
* Consumer/Resident intake / assessment documents.
* Worker training records.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Organisational policies and procedures that describe processes to promoting NDIS participant rights and responsibilities (including rights to freedom of expression, self-determination, decision-making, privacy and dignity).

***Records:*** * Records of participants’ activities, visitor records, and engagement with support network and chosen community.
* Evidence of communications, i.e. newsletters, posters etc. are made available to and accessible for the diversity of participant’s communication needs.
* Feedback (related to rights) from participants and workers, e.g. planning processes, formal surveys, file notes.
* Evidence of completion of mandatory NDIS Worker Orientation Program for all workers who support NDIS participants.
* NDIS Support Plan.
* Worker training in rights and responsibilities.
* Lifestyle activity plans and/or 1 on 1 records.
 |
| **Similar** Same | 1(3)[c], [e] & [f] | 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. |
| **Some Similarities** Some similarities | 1(3)[c]4(3)[c]8(3)[a] | 3. Each participant is supported to engage with their support network and chosen community as directed by the participant. |
| Individual values and beliefsOutcome: Each participant accesses supports that respect their culture, diversity, values and beliefs. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 4(3)[a] to [c]8(3)[b] | 1. At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Organisational policies and procedures covering the requirements of individual values and beliefs, including cultural safety and diversity.
* Vision, Mission and Values statements.
* Resident rights information/welcome pack provided in brochures in culturally appropriate formats and language.

***Records:*** * Intake / assessment documents.
* Care and services plan.
* Feedback from consumers/residents and workers (e.g. surveys, file notes).
* Records of training for workers around values, beliefs, cultural diversity and sexuality/gender preferences.
* Evidence of culturally appropriate practice in care and services plans and file notes.
* Aged Care Resident agreements.
* Aged Care risk assessments.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Processes to indicate how there is the most appropriate match of support worker to the culture, values and beliefs of each participant.

***Additional evidence to consider includes:******Records:**** Records indicating that cultural needs, values and beliefs of participants had been considered as part of matching participants with workers.
 |
| **Similar** Same | 1(3)[a]4(3)[a] to [c]8(3)[b] | 2. Each participant’s right to practice their culture, values and beliefs while accessing supports is supported. |
| Privacy and DignityOutcome: Each participant accesses supports that respect and protect their dignity and right to privacy. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 1 | 1. Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Organisational policies and procedures that describe processes to upholding participant rights to privacy, dignity and confidentiality.
* Charter of Aged Care Rights.
* Consumer/resident welcome pack/handbook.
* Brochures and marketing material.
* Mission, vision and values statement.
* Service Agreement (Privacy provisions).

***Records:*** * Consent forms.
* Worker induction and training records about privacy, dignity and confidentiality processes.
* Feedback from participants and workers (e.g. surveys, file notes).
* Privacy Consent forms.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Brochures, newsletters, posters and other forms of communication address privacy and are made available to and accessible for participants communication needs.
* Privacy policy publicly available.

***Records:*** * Evidence of advice to participants of confidentiality policies includes:
	+ Communication preference or supported decision making requirements on file
	+ Record of acknowledgement.
* Certificates for staff on file for mandatory NDIS Worker orientation program.
* Signed privacy consent forms, including details of who information is released to and collected from, and use of audio or visual recordings.
 |
| **Similar** Same | 1(3)[e] | 2. Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand. |
| **Some Similarities** Some similarities | 1(3)[f]8(3)[c][i] | 3. Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format. |
| Independence and informed choiceOutcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 1(3)[e] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policies and procedures on consumer dignity and choice.
* Consumer/resident welcome pack/handbook that includes information on decision making, choice and having a say.
* Charter of Aged Care Rights.

***Records:*** * Evidence of communication preferences of the individual participant, preferred terminology or supported decision making requirements documented in participant records.
* Participant assessment records.
* Aged care risk assessments.
* Worker position descriptions.
* Feedback from participants and workers.
* Consumer/Resident file notes.
* Service agreement.
* Care and services plan.
* Participant exit records (if applicable).
* Regular review of care and services plan.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Advocacy policy and procedure.
* Information re advocacy services in handbook
* Partner in Care/nominated representative recorded in care records.
* Up to date and relevant information for participants in a range of formats about accessing an independent advocate. A list of current local disability advocacy agencies (DAA) with contact details. Local DAAs can be located at: <https://askizzy.org.au/disability-advocacy-finder>

***Records:*** * Analysis of communication methods (i.e. how does the provider decide what formats or communication methods are appropriate for the diversity of participant needs?).
* Worker induction and training records on risk enablement in participant decision making.
 |
| **Similar** Same | 1(3)[d] | 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.  |
| **Similar** Same | 1(3)(iv)4(3)[c][ii] | 3. Each participant’s autonomy is respected, including their right to intimacy and sexual expression.  |
| **Some Similarities** Some similarities | 1(3)[e]3(3)[e] | 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.  |
| **Some Similarities** Some similarities | 6(3)[b] | 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.  |
| Violence, abuse, neglect, exploitation and discriminationOutcome: Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 8(3)[d] | 1. Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policy and procedures on preventing and reporting abuse and neglect.
* Incident Management Policy and procedure.
* Training programs related to reporting abuse, mandatory reporting and Serious Incident Response Scheme.

***Records:**** Worker performance reviews.
* Worker training.
* Worker Employee Assistance Program.
* Internal audits (i.e. those conducted by RAC as part of quality management).
* Records and analysis of Incidents and Complaints.
* Consideration of abuse and neglect as part of risk management processes.
* Feedback from participants and workers (e.g. surveys, file notes).
* Continuous improvement register and CI processes.
* Documented evidence of investigations of incidents/allegations.
* Worker training in responding to actual or alleged abuse and neglect.
* Management and Governing Body minutes.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policy and procedures on preventing abuse and neglect also include exploitation, violence and discrimination, NDIS reporting procedures and link to NDIS Reportable Incident requirements.
* Advocacy policy and procedure.
* Partner in Care/nominated representative recorded in care records.
* Participant welcome pack/handbook which includes information on accessing an independent advocate. A list of current local disability advocacy agencies (DAA) with contact details. Local DAAs can be located at: <https://askizzy.org.au/disability-advocacy-finder>.
* Whistle-blower Policy.

***Records:**** Current Worker Screening / Criminal History Screenings in line with NDIS requirements.
* Incident and complaints records in line with NDIS rules (refer Division 2, standards 15 and 16).
* Internal audits.
 |
|  | 6(3)[b] | 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.  |
|  | 8(3)[c]8(3)[d][ii]8(3)[v] &[vi] | 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.  |
| Governance and operational management |
| Governance and operational managementOutcome: 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. |
| **Comparison** | **Aged Care Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
|  | 8(3)[a] & [b] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Governing body constitution.
* Board sub-committee relevant to standards.
* Clinical (care) governance framework.

***Records:**** Board papers including agenda and minutes.
* Feedback from consumers/residents (surveys, focus groups).
* Risk register.
* Compliance / Continual Improvement registers.
* Worker Position descriptions.
* Performance and training plans.
* KPIs and targets.
* Records of workforce planning, monitoring and review.
* Delegations of authority policy/documentation
* Feedback from workers.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies & procedures detailing corporate governance requirements.
* Processes to provide opportunities for people with disability to contribute to governance of the organisation.
* Conflict of interest (CoI) policy and processes.
* Policy and procedure supporting strategic and business planning processes.
* Fraud and corruption policy/guidelines.

***Records:**** Evidence of development and review of a strategic and business plan.
* Participant consultative committees.
* Participant involvement or representation on the board.
* Evidence that legislative, regulatory and contractual requirements (including NDIS requirements) have been identified and identification of who is responsible for ensuring compliance (e.g. Compliance register).
* Records of relevant training for governing body (e.g. NDIS context, Disability Awareness, AICD etc).
* Records of completion of mandatory NDIS orientation training and NDIS worker screening checks for governing body.
* Regular review of Governing body composition (e.g. skills matrix).
* Standing agenda item (and minutes) ensuring quality & safeguarding activities are undertaken and monitored e.g. clinical indicator reporting or quality reports.
* Conflict of Interest Register.
* Delegations matrix/delegations of authority.
* Current Business / operational plan.
* Current Strategic Plan.
* Records to demonstrate Performance review of CEO and senior management has taken place.
 |
|  | 8(3)[c][iv] | 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.  |
|  | 8(3)[c][ii]& [v] | 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.  |
|  | 8(3)[a]8(3)[c][iii]8(3)[c][v]8(3)[d][i] & [iii] | 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.  |
| **Similar** Same | 7(3)[e]8(3)[c][ii]8(3)[d][ii] | 5. The performance of management, including responses to individual issues, is monitored by the governing body to drive continuous improvement in management practices.  |
| **Some Similarities** Some similarities | 8(3)[b]8(3)[c][iv] | 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.  |
| **Some Similarities** Some similarities | 8(3)[c][iv]8(3)[e] | 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.  |
| **Some Similarities** Some similarities | 4(3)[e] | 8. Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.  |
| Risk managementOutcome: Risks to participants, workers and the provider are identified and managed. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 7(3)[d]8(3)[c][iv]8(3)[c][v]8(3)[d][i] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Clinical (care) Governance Framework.
* Risk management framework, including organisational policies, procedures and processes.

***Records:**** Risk register, including identification of relevant risks, including measures for the control and prevention of infection and outbreaks, risk tolerance and mitigation strategies.
* Business continuity plan.
* Records of worker meetings, i.e. audit and risk committees (and terms of reference).
* Records of individual Aged care risk assessments covering support processes (including environment).
* Consumer/resident and worker feedback (e.g. surveys, focus groups, file notes).

***Additional evidence to consider includes:******Records:*** * Records of risk assessment and treatments including:
	+ incident management
	+ complaints management and resolution
	+ financial management
	+ governance and operational management
	+ human resource management
	+ information management
	+ work health and safety
	+ emergency and disaster management.
* Records of insurance policies, and justifications for the level of insurance in each category, i.e. public liability, professional indemnity etc.
* Evidence of how individual risk assessments feed into organisational risk.
* Internal audits covering risk.
 |
| **Some Similarities** Some similarities | 1(3)[d]2(3)[a]3(3)[b]8(3)[d] | 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.  |
| **Some Similarities** Some similarities | 4(3)[d]7(3)[d]8(3)[c]8(3)[d] | 3. The risk management system covers each of the following:1. incident management;
2. complaints management and resolution;
3. financial management;
4. governance and operational management;
5. human resource management;
6. information management;
7. work health and safety;
8. emergency and disastermanagement.
 |
| **Some Similarities** Some similarities | 38(3)[c]&[e] | 4. Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks. |
| **Similar** Same | 38[3](d)[iv] | 5. Supports and services are provided in a way that is consistent with the risk management system. |
| **Different** Different |  | 6. Appropriate insurance is in place, including professional indemnity, public liability and accident insurance. |
| Quality managementOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
|  | 8(3)[c] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Continuous Improvement policies and procedures.

***Records:**** Continuous Improvement register.
* Examples of improvements that have been implemented in response to feedback, incidents, complaints etc.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Quality management policies & procedures covering internal audit, document and records control, continuous improvement and management review.
* Processes in place to ensure the organisation receives updates about relevant legislation and regulatory requirements.

***Records:*** * Quality/continuous improvement plan.
* Compliance Register/Legislation table identifying relevant legislation the provider must meet.
* Program evaluation contributing to organisational learning.
* Feedback mechanisms including from workers, participants and external stakeholders.
* Continuous improvement register includes also:
	+ internal audits and results
	+ external audits and results
	+ complaints/incident/outcome reports.
* Internal audit program, showing all scheduled internal audits based on risk.
* Records of internal audits
	+ audit plans
	+ audit reports
	+ corrections and corrective actions
	+ inputs into continuous improvement register.
* Ongoing training and professional development of workers in quality improvement/internal audits etc.
* Minutes of meetings.
* Audits of the internal audit process to review effectiveness.
 |
| **Some Similarities** Some similarities | 7(3)[e]8(3)[d] & [e] | 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.  |
| **Some Similarities** Some similarities | 6(3)[d]7(3)[d]&[e]8(3)[c]8(3)[e] | 3. The provider’s quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from participants and workers.  |
| Information managementOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 1(3)[e] & [f] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policy, procedure or processes supporting information management, including maintenance, retention and archiving.
* Privacy and confidentiality policies, procedures and processes.
* Secure IT management practices.

***Records:**** Feedback from consumers/residents and workers (e.g. surveys, file notes).
* Secure access to document storage (physical or cloud).
* Virus protection methods.
* Record back-up and tracking systems.
* Records of maintenance, retention and archiving.

***Additional evidence to consider includes:******Records:*** * Accessible information regarding the use of participant information (consent, retention, disclosure, withdrawal) within:
	+ service agreements
	+ participant handbook / welcome pack
	+ promotional publications.
* Records demonstrating participant (privacy) consent to disclose information, as well as review of consent options.
 |
| **Some Similarities** Some similarities | 1(3)[e] & [f] | 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.  |
| **Some Similarities** Some similarities | 8(3)[c][i] | 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.  |
| **Similar** Same | 8(3)[c][i] | 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.  |
| Feedback and complaints managementOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 6(3) | 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*.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policies and procedures on feedback and complaints.
* Complaints process Information in a range of accessible formats (as appropriate) provided to participants.

***Records:**** Complaints and feedback register.
* Complaints forms or alternative mechanisms in accessible formats.
* Analysis of data around complaints and feedback to improve quality.
* Records of complaints investigation.
* File notes.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures on feedback and complaints which covers the requirements of *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*, including:
* publicly available information on the complaints process (may be website), a participant handbook or information pack
* making complaints directly to the NDIS Commissioner
* access to other external bodies
* making complaints anonymously
* confidentiality of complaints
* no negative consequences for raising a complaint
* information about external disability advocacy agencies
* training for all workers.

***Records:*** * Feedback mechanisms such as participant surveys and focus groups to determine accessibility of the complaints system.
* Worker induction.
* Records of mandatory training on complaint procedures for workers.
* Worker Handbook.
* Feedback from workers, including exit interviews.
* Internal Audits.
* Team, management and governing body minutes.
* Continuous Improvement Register (linked to Feedback and complaint).
 |
| **Some Similarities** Some similarities | 6(3)[a]6(3)[b] | 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.  |
| **Some Similarities** Some similarities | 6(3)[a][c] & [d]8(3)(c)(ii) & [iv) | 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.  |
| **Some Similarities** Some similarities | 7(3)[d]7(3)[c] & [e] | 4. All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.  |
| Incident managementOutcome: Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 3(3)[e] & [f]8(3)[d] | 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*.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policies and procedures on incident management (including reportable incidents).

***Records:**** Incident register.
* Reporting mechanisms.
* Worker Handbook.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures on incident management that reflect the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* which include:
	+ receiving, recording and responding to all incidents, including evaluation and links to continuous improvement practices
	+ Reportable Incidents:
		- definition
		- timeframes
		- reporting to NDIS Commission
* Providing copies of documented system to workers and NDIS participant in accessible formats.
* Detail on incident management procedures (how they are identified, recorded, reported, key personnel, support to participants, including advocates, periodic review of system, procedural fairness, record keeping and statistics).

***Records:*** * Ongoing mandatory training for workers in NDIS Incident management processes, including training records.
* Information on incident management provided to participants in a range of accessible formats (as appropriate), including on information about how incidents involving the participant have been managed.
* Worker feedback on incident management processes and outcomes.
* Evidence of review and improvement of incident management policies and procedures, i.e. internal audit.
* Evidence that outcomes of incidents inform continuous quality improvement, risk register and risk treatment plans.
* Records of worker induction on incident management.
* Worker training on incident management.
 |
| **Similar** Same | 6(3)[a] | 2. Each participant is provided with information on incident management, including how incidents involving the participant have been managed.  |
| **Similar** Same | 6(3)[a]8(3)[c][ii]8(3)[d][ii] | 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.  |
| **Some Similarities** Some similarities | 7(3)[c],[d] & [e] | 4. All workers are aware of, trained in, and comply with the required procedures in relation to incident management.  |
| Human resource managementOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 4(3)[d]7(3)[a] & [c]8(3)[c][iv] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Human resources policies and procedures that includes:
	+ recruitment and selection
	+ induction and orientation
	+ ongoing performance review
	+ workforce planning and training strategies.

***Records:**** Worker files are maintained and kept up to date:
	+ Position descriptions
	+ Worker contracts
	+ Pre-employment checks
	+ Inductions
	+ Records of with current practicing certificates, memberships, qualifications, resumes
	+ Individual training plans
	+ Training certificates / records
	+ Performance review, supervision and grievance handling.
* Credentialing and re-credentialing of allied health care workers.
* Feedback from workers (surveys, exit interviews etc.).
* Review of outcomes and effectiveness of training which inputs into organisational training and recruitment needs.
* Records of supervision, meeting minutes, support provided.
* Information on supervision and support as part of employment contract or worker induction pack.
* Existence of external EAP access.
* Infection prevention and control processes.

***Additional evidence to consider includes:******Records:*** * Records of secondary employment.
* NDIS mandatory worker orientation program.
* Organisational skills matrix / training needs analysis, identifying mandatory training for workers, e.g. relevant NDIS Practice Standards, Complaints, incidents, High Intensity Daily Personal Activities skills descriptors, Medication Management, Waste Management, and mandatory Infection prevention and control training.
* NDIS worker screening requirements are addressed in pre-employment checks, including how roles are risk assessed, and appropriate record keeping.
* Emergency and disaster workforce planning, including delegations.
* Feedback from participants regarding the suitability of the skills and knowledge of their support workers.
 |
| **Similar** Same | 8(3)[i] & [iv] | 2. Records of worker pre-employment checks, qualifications and experience are maintained.  |
| **Some Similarities** Some similarities | 7(3)[d]& [e] | 3. An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.  |
| **Some Similarities** Some similarities | 7(3) | 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.  |
| **Some Similarities** Some similarities | 7(3)[a] & [d] | 5. Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.  |
| **Some Similarities** Some similarities | 7(3)[d] & [e] | 6. The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.  |
| **Some Similarities** Some similarities | 8(3)[c][iv] | 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.  |
| **Similar** Same | 2(3)[d] and [e]4(3)[e]8(3) | 8. Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster. |
| **Similar** Same | 3[3][g] | 9. Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants. |
| **Similar** Same | 8(3)[c][i] &[iv] | 10. For each worker, the following details are recorded and kept up to date:1. their contact details;
2. details of their secondary employment (if any).
 |
| Continuity of supportsOutcome: Each participant has access to timely and appropriate support without interruption. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 3(3)[e]3(3)[f]7(3)[a]8(3)[c][iv]8(3)[e] | 1. Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Human resources management policy, procedure or process to manage staff absences or staff vacancies.
* Participant information pack / handbook.

***Records:**** Rostering systems.
* Delegations matrix.
* Skills matrix.
* Individual participant care and services plans.
* Participant service agreement.
* File notes
* Training for workers re care and service planning.
* Participant assessments, including individual and worker preferences.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Continuity of support policy, procedure or process

 (to ensure timely and appropriate support without  interruption) ***Records:*** * Business continuity plan.
* Risks to continuity of care captured in risk framework.
* Evidence (service agreement, support plan, file notes) confirming alternative arrangements where interruptions are unavoidable have been explained and agreed, and delivered in a way that meets participants needs, preferences and goals.
* Record of participant agreement to unavoidable changes.
* Support plans and assessments – specifically in relation to selecting backup staff appropriate to participants needs and goals.
* Worker feedback about information provided and process.
 |
| **Similar** Same | 3(3)[e]3(3)[f]7(3)[a]8(3)[c][iv]8(3)[e] | 2. In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.  |
| **Similar** Same | 3(3)[e]4(3)[a]4(3)[d]4(3)[e] | 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.  |
| **Similar** Same | 7(3)(a) 8(3)(c)(iv). | 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.  |
| **Some Similarities** Some similarities | 7(3)[a] 8(3)[c][iv]. | 5. Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:1. explained and agreed with them; and
2. delivered in a way that is appropriate to their needs, preferences and goals.
 |
| Emergency and disaster managementOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 2(3)[c][ii]8(3) | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Risk management policy and procedure.

***Records:**** Delegations matrix/delegations of authority.
* Emergency response plans.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Emergency and disaster planning policy and processes.
* Continuity of support policy, procedure or process, includes links to emergency and disaster planning and management.

***Records:*** * Emergency and disaster management plans.
* Emergency and disaster management plan communication strategy.
* Risks to continuity of care captured in risk framework.
* Minutes / papers to evidence governing body has consulted with participants and their support networks about emergency and disaster planning.
* Risk management system confirms that planning with participants also extends to disaster planning, and that NDIS participants and their family, friends, carers or others involved in their care are consulted in developing and maintaining these plans.
* Provisions for participant continuity of support during emergency and disaster planning considers:
	+ preparing for, and responding to, the emergency or disaster;
	+ making changes to participant supports;
	+ adapting, and rapidly responding, to changes to participant supports and to other interruptions; and
	+ communicating changes to participant supports to workers and to participants and their support networks.
* Emergency and disaster plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
* Records (minutes, test results, drill and evacuation evidence, board papers / minutes) can be evidenced to ensure the governing body actively tests the plans, and adjust them, in the context of a particular kind of emergency or disaster.
* Emergency plans show evidence of a schedule of review, verification of regular review, and if applicable, changes to responses to new or revised risks and responses.
* Records to verify that emergency and disaster plans have been communicated to workers, participants and their support networks.
* Records of worker training on emergency and disaster management plans.
 |
| **Some Similarities** Some similarities | 8(3) | 2. The measures include planning for each of the following:1. preparing for, and responding to, the emergency or disaster;
2. making changes to participant supports;
3. adapting, and rapidly responding, to changes to participant supports and to other interruptions;
4. communicating changes to participant supports to workers and to participants and their support networks.
 |
| **Different** Different | 2(3)[a] | 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. |
| **Some Similarities** Some similarities | 8(3) | 4. The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster. |
| **Some Similarities** Some similarities | 2(3)[a]8(3) | 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. |
|  **Some Similarities** Some similarities | 8(3) | 6. The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster. |
| **Some Similarities** Some similarities | 8(3) | 7. The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans. |
| **Some Similarities** Some similarities | 8(3) | 8. The governing body communicates the plans to workers, participants and their support networks.  |
| **Some Similarities** Some similarities | 7(3)[b]8(3)[c][iv] | 9. Each worker is trained in the implementation of the plans. |
| Provision of Supports |
| Access to supportsOutcome: Each participant accesses the most appropriate supports that meet their needs, goals and preferences. |
| **Comparison** | **Aged Care Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality** |
| **Similar** Same | 1(3)[e] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Clearly defined admission criteria and / or policy.
* Policies and procedures on supported decision making, duty of care and dignity of risk.

***Records:**** Consumer/resident and worker feedback.
* Service agreement.
* File notes.
* Dignity of risk training.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Online information about NDIS supports including website, social media and other NDIS provider marketing platforms.

***Records:**** Accessible information outlining access criteria, any costs, and the circumstances that determines when support can be withdrawn, provided in the preferred communication style of the participant.
 |
| **Similar** Same | 4(3), especially 4(3)[c][i]. | 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.  |
| **Similar** Same | [1](3)[e] | 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.  |
| Support planningOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 2(3) | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policies and procedures covering
	+ Consumer/resident admission
	+ care and services assessment, planning and review
	+ individual risk assessment, covering frequency of review of risk assessments and strategies.

***Records:**** Documentation of supported decision making.
* Feedback from participants and workers.
* File notes.
* Incident records.
* Risk Assessments.
* Care and services plan indicate regular monitoring and review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** ***Records:*** * Records of participant consent to share with their support network, other providers and government agencies.
* Records of regular documented individual aged care risk assessment and review, undertaken in collaboration with participants. This should include:
	+ consideration of the degree to which participants rely on the provider’s services to meet their daily living needs;
	+ the extent to which the health and safety of participants would be affected if those services were disrupted
	+ evidence of strategies to mitigate risks
	+ links to individual support planning / plans.
* Care and services plans also include:
	+ proactive support for preventative health measures such as support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services
	+ anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing.
* Mechanisms to ensure that care and services plans are understood by each worker supporting the participant (e.g. handover notes).
 |
| **Similar** Same | 2(3)[a] & (e)8(3)[d] | 2. In collaboration with each participant:1. risk assessments are regularly undertaken, and documented in their support plans; and
2. appropriate strategies are planned and implemented to treat known risks to them.

2a. Risk assessments include the following:1. consideration of the degree to which participants rely on the provider’s services to meet their daily living needs;
2. the extent to which the health and safety of participants would be affected if those services were disrupted.
 |
| **Similar** Same | 2(3)2(3)[e] | 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.  |
| **Some Similarities** Some similarities | 2(3)3(3)[d]4(3)[d] | 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.  |
| **Some Similarities** Some similarities | As above, especially 2(3)[e] | 5. Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.  |
| **Similar** Same | 2(3)[d]3(3)[e] | 6.Each participant’s support plan is:1. provided to them in the language, mode of communication and terms they are most likely to understand; and
2. readily accessible by them and by workers providing supports to them.
 |
| **Similar** Same | 1(3)[c][ii]3(3)[e]4(3)[d] | 7. Each participant’s support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies. |
| **Similar** Same | 2(3) | 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. |
| **Some Similarities** Some similarities | 2(3)[e] | 9. Each participant’s support plan:1. anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
2. is understood by each worker supporting them.
 |
| Service agreements with participantsOutcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 2(3),especially 2(3)[d] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:**** Policies and procedures about service agreements.

***Records:**** Information to consumers/residents is in a range of accessible formats relevant to the needs of participants.

***Additional evidence to consider includes:**** Policies and procedures about service agreements fully address NDIS requirements.

***Records:*** * Evidence that participant has understood and received the service agreement.
* Evidence of participant service agreements, ensuring appropriate NDIS requirements are included, and arrangements are set out for providing supports to be put in place in the event of an emergency or disaster.
* Fie notes recording where service agreements signed or not.
 |
| **Similar** Same | 1(3)[e]1(3)[f]2(3) | 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. |
| **Similar** Same | 2(3)[d] | 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.  |
| **Some Similarities** Some similarities | 12(3)56 | 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:1. How a Participant’s concerns about the dwelling will be communicated and addressed;
2. How potential conflicts involving participant(s) will be managed;
3. How changes to participant circumstances and/or support needs will be agreed and communicated;
4. In shared living, how vacancies will be filled, including each participant’s right to have their needs, preferences and situation taken into account; and
5. How behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.
 |
| **Some Similarities** Some similarities | 12(3)[d] & [e] | 5. Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster. |
| Responsive support provisionOutcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 3(3)[a]4(3)[a]8(3)[c][ii]8(3)[d] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Records:**** Consumer/resident assessments, including documentation that preferences are understood
* Care and services plan reviews, including

changes to supports, i.e. re-assessment/evaluation and subsequent modification of care and services plan.* Participant (resident) service agreements.
* File notes.
* Worker training records.
* Feedback from Consumers/residents and workers
* Records of consumer/resident consent to share with other providers, including health and allied health providers.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies, procedures and processes around NDIS support provision, person centred approaches and choice.

***Records:*** * Evidence informed practice e.g. worker meeting minutes, training records, professional development, conferences, workshops.
* Evidence (case notes etc) of interactions with other providers about participants linked back to service agreements.
* Demonstrated awareness/collaboration with local providers of NDIS supports that may also be relevant to the goals and needs of Participants.
 |
| **Some Similarities** Some similarities | 2(3)[c]&[d]4(3)[d]&[e]3(3)[e] | 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. |
| **Similar** Same | 2(3)[e] | 3. Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.  |
| **Similar** Same | 2(3)7(3)[d] | 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.  |
| Transitions to or from a providerOutcome: Each participant experiences a planned and coordinated transition to or from the provider. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 2(3)[e]3(3)[f]8(3)[c][i] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies, procedures and processes covering participant risk assessments.

***Records:*** * File notes.
* Individual risk assessments and mitigations.
* Feedback from participants and workers.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering transfers to and from the provider. Processes shall include review and communication about transitions.

***Records:*** * Records of assessment supporting transfer.
* Records of actual transfer (i.e. intake / exit form).
* Documented Aged care risk assessment for transition, including risks where temporary transitions (perhaps to a hospital).
* Transition plan.
 |
| **Similar** Same | 3(3)[b]8(3)[c][ii] | 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. |
| **Similar** Same | 3(3)[b]8(3)[c][ii] | 3. Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, reviewed and communicated. |
| Support Provision Environment |
| Safe environmentOutcome: Each participant accesses supports in a safe environment that is appropriate to their needs. |
| **Comparison** | **Aged Care Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality** |
| **Similar** Same | 2[3][c]5(3) | 1. Each participant can easily identify workers who provide supports to them. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies, procedures and processes supporting:
	+ safe environments
	+ risk assessment and management
	+ escalation protocols for responses to urgent healthcare.

***Records:**** Worker ID’s which could include:
	+ photo identification badges
	+ provider logos on uniforms
* PPE is available to each worker, and each participant, who requires it.
* Care and Services Plan, including where care is to be delivered by workers with particular competencies and qualifications.
* Participant risk assessment and mitigation strategies.
* Policy/processes established for management of clinical deterioration of participant.
* Environmental and infection prevention and control audits.
* Processes for environmental cleaning.
* OHS audits.
* Worker position description covering safety accountabilities and responsibilities.
* File notes.
* Risk register/frameworks covering environmental risks for participants and workers, as well as identification and management of risks with other providers, as applicable.
* Participant and worker feedback.
* Arrangements can be demonstrated such as training, file notes and plans to assist workers who support participants (who require communication supports) to understand their communication needs and the manner in which they express emerging health concerns.
* Minutes of meetings.
* Incident processes including records of incident reporting if applicable.

***Additional evidence to consider includes:******Records:*** * PPE inventory monitored and regularly replenished, as required.
* Information provided to each participant with photos of their workers
* Records demonstrate that each worker was trained (and has refresher training) in:
	+ process for managing clinical deterioration and/or health emergency responding to emergencies
	+ Infection prevention and control
	+ How to effectively use personal protective equipment (PPE)
	+ infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
 |
| **Similar** Same | 4(3)[c] | 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. |
| **Some Similarities** Some similarities | 3[3][e] & [f]4[3][c] | 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. |
| **Similar** Same | 1(3)[d]2(3)[a] [c],8(3)[a]8[3][c][i], 8(3)[d][iii] | 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. |
| **Similar** Same | 8(3)[e] | 5. To avoid delays in treatments for participants:1. protocols are in place for each participant about how to respond to medical emergencies for them; and
2. each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
 |
| **Similar** Same | 3(3)[f]8(3)[e] | 6. Systems for escalation are established for each participant in urgent health situations. |
| **Similar** Same | 3(3)[g]5(3)[c] & [d] | 7. Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants. |
| **Similar** Same | 3(3)[g]5(3)[b] & [c] | 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. |
| **Similar** Same | 7(3)[c] and [d] | 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. |
| **Some Similarities** Some similarities | 3(3)[g]8(3)[d] | 10. Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE. |
| **Some Similarities** Some similarities | 3(3)[g] | 11. PPE is available to each worker, and each participant, who requires it. |
| Participant money and propertyOutcome: Participant money and property is secure and each participant uses their own money and property as they determine. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 5 | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Processes on how the organisation’s service environment promotes safety of belongings.

***Records:**** File notes.
* Records to show the participants’ money or property is only used with consent of the participant.
* Care and services plan.
* Safe storage processes for money and property (i.e. locked draws, lockers etc).
* Feedback from participants and staff.
* Financial records – invoicing, petty cash, billing systems.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies, procedures and processes on Managing Participant Money and Property.

***Records:*** * Processes includes reference to handling money and property.
* Records of participant (or decision-maker) approval for expenditure, where funds are managed by the RAC provider.
* Records to demonstrate how participants can access and spend their own money as they choose.
* Training for workers about managing participant money and property (ensuring financial advice is not provider to participants), where funds are managed by the RAC provider.
* Police reports in the event of allegations of theft.
 |
| **Some Similarities** Some similarities | 5(3)[a] | 2. If required, each participant is supported to access and spend their own money as the participant determines.  |
|  | NA | 3. Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan.  |
| Management of medicationOutcome: Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 8(3)[e] | 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.  | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance framework.
* Incident management policies and procedures.
* Medication management policy and procedures/guidelines.

***Records:**** Medication administration records for each participant.
* Care and services plan.
* Service agreement.
* Safe medication storage.
* Records of worker training on medication management, including Schedules 2, 3, and 4, and their application in each state and territory of operation.
* Records of worker First Aid.
* First Aid instructions maintained on medication labels.
* Review of training effectiveness.
* Position descriptions for worker administering medication.
* Risk assessments related to medication management.
* Records of medication administration.
* Fie notes.
* Feedback from workers.
* Records on worker recruitment and induction records.
* Monitoring processes and records.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies, procedures and processes (work instructions) covering medication management, including monitoring medication and side effects, and link to NDIS Reportable Incident requirements.
* Medication competency for personal care workers.

***Records:*** * Incident reports and records related to medication management.
* Medication competency records.
 |
| **Some Similarities** Some similarities | 8(3)[e] | 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.  |
| **Similar** Same | 8(3)[e] | 3. All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.  |
| **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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 4[3](a) & [f] | 1. Providers identify each participant requiring mealtime management. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
* processes for participant assessments which identify needs for mealtime management;
	+ food safety.

***Records:**** Care and services plan.
* Mealtime management plans that are accessible to workers where mealtime management is provided.
* Evidence workers are aware of participant care and services plan and their implications for safe mealtime management.
* Fie notes.
* Individual Aged care risk assessments, including identification of required mealtime management.
* Evidence on file of review of assessment 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.
* Processes to identify and record changes in participant mealtime management needs.
* Evidence of involvement by consumers/residents of assessment and development of their mealtime management plans, with consent.
* Records of worker training on:
	+ mealtime management, specifically responding to coughing or choking incidents.
	+ when 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.
* Review to ensure that meals are being prepared to the correct texture as identified in meal plans.
* Records, including identification and ensure that meals are stored safely (in line with health and safety standards for food storage), can be easily identified, specific to individuals requiring such meals. Conversely, clear processes demonstrate that participants with mealtime management requirements are not given the wrong meal in error.
* Evidence of menu planning activities, including:
	+ proactive management of particular health risks (i.e. food allergies, diabetes etc)
	+ consideration of personal preferences, nutrition, and recommendations from health professionals.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * + Processes for mealtime management, including guidance on preparation of 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.
	+ Food safety audit records.

***Records:*** * Assessments on file from appropriately qualified health professionals. These assessments include:
	+ undertaking comprehensive assessments of participant’s nutrition and swallowing where indicated
	+ assessing participant’s seating and positioning requirements for eating and drinking where indicated
	+ providing mealtime management plans which outline participant’s mealtime management needs, including for swallowing, eating and drinking; and
	+ 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.
 |
| **Some Similarities** Some similarities | 2[3][d]4[3][f] | 2. Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:1. undertaking comprehensive assessments of their nutrition and swallowing; and
2. assessing their seating and positioning requirements for eating and drinking; and
3. providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
4. 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.
 |
| **Similar** Same | 8[3][a] | 3. With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans. |
| **Similar** Same | 2(3)[b]8(3)[d] | 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. |
| **Some Similarities** Some similarities | 2(3)8(3] | 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. |
| **Similar** Same | 2(3)[b] | 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. |
| **Similar** Same | 4(3)[f] | 7. Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:1. 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
2. if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.
 |
| **Similar** Same | 2(3)[b] | 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. |
| **Similar** Same | 5(3) | 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. |
| Management of wasteOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 3(3)[g]8(3)[d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ waste management – including storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements (includes PPE and sharps)
	+ incident management
	+ risk management.

***Records:**** Waste management plan.
* Waste removal / disposal records.
* Feedback from workers.
* Incident register.
* Incident reports and records.
* Internal audit / review of incident processes.
* Records of worker training on
	+ infectious / hazardous substances (including disposal, as applicable)
	+ PPE use and other requirements for handling such substances
	+ Sharps management and responses, i.e. to needle-stick incidents (including refreshers, as applicable).
* Records of organisational training plans.
* Training needs analysis.
* Training calendar.
* Evaluation records on effectiveness of training.

***Additional evidence to consider includes:******Records:*** * Emergency plan for clinical waste and hazardous substances management issues/accidents.
* Records of testing and evaluation of emergency plans.
* Records of revision to emergency management plans.
 |
| **Similar** Same | 8(3)[d] | 2. All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.  |
| **Some Similarities** Some similarities | 8(3)[d] | 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.  |
| **Similar** Same | 7(3)[c]8(3)[d] | 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. |
| High Intensity Daily Personal Activities |
| Complex Bowel CareOutcome: Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs. |
| **Comparison** | **Aged Care Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality** |
| **Similar** Same | 12(3)[d] & [e] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management and delivery of complex bowel care.

***Records:**** Complex bowel care plan, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing, where applicable.
* Links to participant individual risk assessment, where applicable.
* Records of participant involvement in assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** Work Instructions which reflect requirements of HIDPA Skills Descriptors for complex bowel care.***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities (HIDPA) Skills descriptors, relevant to bowel care.
* Evaluation records of training, and its effectiveness.
 |
| **Similar** Same | 7(3)[d] | 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. |
| **Similar** Same | 7(3)[c] & [d] | 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. |
| Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and ManagementOutcome: Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 12(3)[d] & [e] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** Clinical processes supporting the management of enteral feeding***.*** ***Records:**** Enteral feeding plan, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement in assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions which reflect requirements of HIDPA Skills Descriptors for enteral feeding and management.

***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to enteral feeding.
* Evaluation records of training, and its effectiveness.
 |
| **Similar** Same | 7(3)[d] | 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. |
| **Similar** Same | 7(3)[c] & [d] | 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. |
| Severe dysphagia managementOutcome: Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 2(3) | 1. Providers identify each participant requiring severe dysphagia management. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management and delivery of severe dysphagia management***.***

***Records:**** Individualised management plan for participants requiring Severe dysphagia management, which identifies:
	+ how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing
	+ participant individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment).
* Links to participant individual risk assessment.
* Records of participant involvement of assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions, which reflect requirements of HIDPA Skills Descriptors for severe dysphagia management.

***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to severe dysphagia management.
* Evaluation Records of training, and its effectiveness.
 |
| **Some Similarities** Some similarities | 2(3) | 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. |
| **Some Similarities** Some similarities | 2(3) | 3. Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:1. their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and
2. 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.
 |
| **Similar** Same | 8(3)[e] | 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. |
| **Similar** Same | 7(3)[c] to [e],8(3) [iv] | 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. |
| Tracheostomy managementOutcome: Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management of tracheostomies***.***

***Records:**** Tracheostomy management plan for any participants with a tracheostomy, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement of assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions, which reflect requirements of HIDPA Skills Descriptors for tracheostomy management.

***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to tracheostomy management.
* Evaluation Records of training, and its effectiveness.
 |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management of urinary catheter care***.***

***Records:**** Urinary catheter management plan, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement in assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions, which reflect requirements of HIDPA Skills Descriptor for urinary catheter management.

***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to urinary catheter management.
* Evaluation Records of training, and its effectiveness.
 |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| Ventilator ManagementOutcome: Each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management of ventilator management***.***

***Records:**** Ventilator management plan, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement of assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions which reflect requirements of HIDPA Skills Descriptors for ventilator management.

***Records:*** * Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to ventilator management.
* Evaluation Records of training, and its effectiveness.
 |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| **Similar** Same | 12(3)[d] & [e]7(3)[c] & [d] | 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. |
| Subcutaneous injectionsOutcome: Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | 2(3)[d]7[3][d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management and delivery of subcutaneous injections***.***

***Records:**** Subcutaneous injections plan, which identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement of assessment and development of the plan.
* Participant consent processes for regular and timely review.
* Medication management processes

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):**** Medication chart
* Work Instructions which reflect requirements of HIDPA Skills Descriptors for subcutaneous injections.

***Records:**** Training plan for workers.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to subcutaneous injections.
* Records of review of training, and its effectiveness.
 |
| **Some Similarities** Some similarities | 12(3)[d]7[3][d] | 2. There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection. |
| **Some Similarities** Some similarities | 12(3)[d]7[3][d] | 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. |
| **Some Similarities** Some similarities | 12(3)[d]7[3][d] | 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. |
| Complex wound managementOutcome: Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Similar** Same | 12(3)[d]7[3][d] | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical processes supporting the management and delivery of complex wound management***.***

***Records:**** Complex wound management plan, which identifies wound care requirements, and how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
* Links to participant individual risk assessment.
* Records of participant involvement in assessment and development of the plan.
* Participant consent processes for regular and timely review.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Work Instructions, which reflect requirements of HIDPA Skills Descriptors for complex wound management.

***Records:**** Training records for workers involved in complex wound dressings.
* Records of worker training (relevant to the delivery of support). Training is to be delivered by an appropriately qualified health care practitioner or individual meeting the competencies contained within the High Intensity Daily Personal Activities Skills descriptors, relevant to complex wound management.
* Evaluation Records of training, and its effectiveness.
 |
| **Similar** Same | 12(3)[d]7[3][d] | 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. |
| **Similar** Same | 12(3)[d]7[3][d] | 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. |
| Implementing Behaviour Support Plans |
| Behaviour Support in NDISOutcome: Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks. |
| **Comparison** | **Aged Care Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality** |
| **Different** Different |  | 1. Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Behaviour Support policies and procedures.

***Records:**** Aged care or NDIS Behaviour Support Plans.
* Participant and staff feedback.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ implementation of participant behaviour support plans. Processes should cover NDIS state and territory behaviour support legislation and policy frameworks
	+ approaches to reducing and eliminating restrictive practices.

***Records:**** Evidence of behaviour support plans based on evidence-informed practice and being appropriate to participant needs.
* Worker training, covering:
	+ evidence-informed practice approaches to behaviour support
	+ NDIS and state and territory behaviour support legislative and policy frameworks.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 2. Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 3. Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices. |
| Regulated Restrictive PracticesOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Different** Different |  | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the minimisation of restrictive practice use.

***Records:**** Aged Care or NDIS Behaviour Support Plans (assessment, strategies for use of restrictive practices).
* Participant and staff feedback.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ implementation of participant behaviour support plans. Processes for authorisation should cover NDIS state and territory behaviour support legislation and policy frameworks
	+ approaches to reducing and eliminating restrictive practices
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Evidence of behaviour support plans based on evidence-informed practice and being appropriate to participant needs.
* Evidence of authorisations on file in line with the relevant state legislation / policy.
* Evidence of communication with specialist behaviour support providers, about strategies aimed at reducing or eliminating restrictive practices.
* Worker training, covering:
	+ restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
	+ state or territory legislation and/or policy requirements and processes for obtaining authorisation for the use of any regulated restrictive practices included in a behaviour support plan
	+ safe use of restrictive practices in line with requirements.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Different** Different |  | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| Supporting the assessment and development of behaviour support plansOutcome: Each participant’s quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to their needs. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 1. The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the minimisation of restrictive practice use.

***Records:**** Aged Care or NDIS Behaviour Support Plans (assessment, strategies for use of restrictive practices).
* Aged care risk assessment.
* Informed consent from participant or from substitute decision maker.
* Consumer/Resident and staff feedback.
* Fie notes.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ The provider’s role in implementing behaviour support plans, including supporting the assessment and development of behaviour support plans by a specialist behaviour support provider.
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Information provided to specialist behaviour support providers for participant functional behavioural assessment and other relevant assessments.
* Evidence of communication with specialist behaviour support providers, to develop each participant’s behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.
* Worker training, covering behaviour support and safe use of restrictive practices.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 3. Relevant workers have the necessary skills to inform the development of the participant’s behaviour support plan. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 4. Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices. |
| Behaviour support plan implementationOutcome: Each participant’s behaviour support plan is implemented effectively to meet the participant’s behaviour support needs. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 1. Policies and procedures that support the implementation of behaviour support plans are developed and maintained. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures:
	+ to guide the minimisation of restrictive practice use
	+ Behaviour Support.

***Records:**** Aged care or NDIS Behaviour Support Plan (assessment, information gathering, strategies).
* Aged care risk assessment.
* Consumer/resident and staff feedback.
* File notes.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ The provider’s role in implementing behaviour support plans, including collaboration with the specialist behaviour support provider, training and performance management of workers
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Evidence of behaviour support plans based on positive behaviour support and evidence-informed practice and being appropriate to participant needs.
* Evidence of communication with specialist behaviour support providers, to implement each participant’s behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.
* Training records, including training sessions with specialist behaviour support providers.
* Worker training, covering:
	+ how to implement strategies in each participant’s behaviour support plan
	+ use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support
	+ safe use of restrictive practices.
* Review of effectiveness of training.
* Performance review of workers related to the implementation of behaviour support plans.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Different** Different |  | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 5. Workers receive training in the safe use of restrictive practices. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 6. Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant’s behaviour support plan. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 7. Performance management ensures that workers are implementing strategies in the participant’s behaviour support plan appropriately. |
| Monitoring and reporting the use of regulated restrictive practicesOutcome: Each participant only subject to a restrictive practice that is reported to the Commission. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Different** Different |  | 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*. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the minimisation of restrictive practice use, and Behaviour Support.

***Records:**** Consumer/resident and staff feedback.
* File notes.
* Aged care or NDIS Behaviour Support Plans.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** Policies and procedures covering: * + Implementation of participant behaviour support plans.
	+ Monitoring and reporting processes.
	+ Processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Monthly online reporting records, in line with the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
* Evidence of regular data review, the output showing actions that improve outcomes.
* Records of data providing 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.
* Evidence of behaviour support plans based on positive behaviour support and evidence-informed practice and being appropriate to participant needs.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 2. Data is monitored to identify actions for improving outcomes. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| Behaviour support plan reviewOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the minimisation of restrictive practice use, and Behaviour Support.

***Records:**** Evidence of monitoring of how the behaviour support plans is being implemented through a range of processes including:
	+ feedback from the participant
	+ feedback from staff (team meetings etc.)
	+ case conferencing
	+ records and data collection
	+ file notes
	+ changes to behaviour support plans

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ Assessment and reassessment
	+ implementation of participant behaviour support plans
	+ Recording information and collecting data as required by the specialist behaviour support provider
	+ processes around review, including the need for more frequent review
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Evidence into plan review processes (with a specialist behaviour support provider) showing:
	+ circumstances where a need for more frequent review of plans is required. This could be file notes, assessments etc.
	+ circumstances where progress or positive changes are made.
 |
| **Different** Different |  | 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.* |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| Reportable incidents involving the use of a restrictive practiceOutcome: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 1. The participant’s immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident. | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the provision of behaviour support and the minimisation of restrictive practices.
* Incident Management policy and procedure.

***Records:**** Incident Register.
* File notes.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ Reportable incidents involving the use of a restrictive practice in line with NDIS (Incident Management and Reportable Incidents) Rules 2018.
	+ State/Territory authorisation requirements.
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Records of referrals to medical practitioners after an incident (where applicable).
* Records to demonstrate (such as file notes, reports, assessments) that collaboration is undertaken with mainstream service providers, such as police and/or other emergency services and health clinicians, in responding to the unauthorised use of a restrictive practice.
* Records to verify that the NDIS Commissioner has been 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.*
* Records of any debriefing sessions with workers, including documented outcomes of meetings.
* Evidence of monitoring of participant behaviour support plans through a range of processes including incidents.
* Evidence of authorisation processes in line with relevant jurisdictional legislation or policy.
* Participant records confirming how support network or stakeholders are involved in the review of incidents (with participant consent).
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Different** Different |  | 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*. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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. |
| **Different** Different |  | 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.* |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 6. Authorisation processes (however described) are initiated as required by their jurisdiction. |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 7. The participant, and with the participant’s consent, their support network and other stakeholders as appropriate, are included in the review of incidents. |
| Interim behaviour support plansOutcome: 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. |
| **Comparison** | **Aged Care Quality Standard** | **NDIS Quality Indicator** | **Evidence Guide (remembering proportionality)** |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 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.
 | ***Evidence relevant to NDIS Practice Standards Aged Care Providers may have in place:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Clinical (care) Governance Framework.
* Policies and procedures to guide the provision of behaviour support and the minimisation of restrictive practice use, and Behaviour Support.

***Records:**** File notes.
* Behaviour support plans.

***Additional evidence to consider includes:******Documented system (includes policies, procedures, work instructions, participant / marketing materials):*** * Policies and procedures covering:
	+ implementation of participant behaviour support plans
	+ processes for interim behaviour support plans (and comprehensive behaviour support plans)
	+ processes that cover the requirements of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

***Records:**** Records to demonstrate (such as file notes, reports, assessments) that collaboration is undertaken with mainstream service providers, such as police and/or other emergency services or health clinicians, in contributing to an interim behaviour support plan.
* Records to demonstrate collaboration and work with the specialist behaviour support provider to support the development of the interim behaviour support plan.
* Records to verify worker training on the implementation of interim behaviour support plans.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 1. Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
 |
| **Some Similarities** Some similarities | Quality of Care Principles 2014,15E to 15HG | 1. Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.
 |