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## GOV - Quality Procedure

### Quality Procedure

Headway is committed to a culture of continuous improvement and has documented this procedure to guide staff in the quality systems at Headway.

Headway Gippsland is the trading name of Headway Gippsland Inc. Headway Gippsland is a registered Charity. The ABN of Headway Gippsland is 16523652920.

An organisation chart is maintained in the Quality Management System folder on the shared drive.

### Our Service Delivery Approach

Headway Gippsland provides services within a holistic person-centred approach. We operate within a philosophy of individual risk management based on supporting dignity of risk for each person accessing our services. We provide therapeutic services based on the best interest of each individual, their family and support network to build capacity and independence for people accessing our services.

We are committed to providing early intervention services and implement active engagement strategies to support access to our services.

We strive to provide a safe environment for all our stakeholders including staff, volunteers' and people using our services. We ensure premises are accessible and provide a flexible and responsive service which is able to respond to each individual's needs.

We identify barriers to service through our consultations with stakeholders, feedback processes and strategic planning and put systems in place to ensure these barriers are addressed.

We respect that we have a diverse community and strive to support people to access our services using a range of resources which are appropriate to each person's needs. This includes but is not exclusive to: culture, religion, Aboriginal and Torres Strait Islander background, disability, age or developmental stage.

### Our Mission

Headway Gippsland's mission is to support and empower people with disabilities to live independent, meaningful, and enriched lives.

### Our Values

- Respect
- Collaboration
- Innovation
- Diversity
- Integrity



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### Our Philosophy

1. We promote independence, choice, and inclusion for all individuals with disabilities, and empower them to achieve their goals.
2. We believe in collaborating with our clients, their families, and the community to provide high-quality services.
3. We foster a co-design approach where individuals with disabilities are at the centre of their own care.
4. We strive to inspire a society that respects and celebrates human diversity.
5. We endeavour to share our knowledge, seek learning opportunities, and grow together.

### Our Commitment to Child Safety

Headway Gippsland is a child safe organisation. We are committed to the safety and wellbeing of all children accessing our services, including the cultural safety of Aboriginal children, children from all CALD backgrounds and children with a disability. Headway Gippsland has zero tolerance for child abuse, and has specific policies and procedures in place to support and educate our staff and volunteers. All allegations and safety concerns are treated seriously and acted upon immediately.

### Strategic Intent

We have planning processes in place which include regular strategic planning by the Board of Directors.

[Strategic plan](#)

### Documentation & Records Control

Headway Gippsland Inc. has a systemic approach to the management of hard copy and electronic documents including policies, procedures, guidelines, work instructions, forms and records. Headway Gippsland Inc. acknowledges the importance of keeping abreast of external developments within the industry. It is necessary to be informed of external regulatory and legislative requirements and to take the necessary actions when required.

### Approval Of Documents

Documents necessary for business include policies, procedures, guidelines, work instructions, and forms and should be controlled.

Documents are approved by the Chief Executive Officer in consultation with either the Executive team and/or the Board of Directors (where required) for governance and operational related processes prior to issue.

Procedures and forms should be written using the approved template.

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
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The Chief Executive Officer and/or other designated personnel are responsible for the management of updating and ensuring version control of documents.

Once the Executive Team has approved a document, it is updated to a new version number and date and issued to all employees.

For Office staff, an email is sent as shown below

### Updated and Reviewed Documents

 Amy Comber  
To: All Office Team

 Reply  Reply All  Forward 

Thu 1/05/2025 4:29 PM

Good afternoon, all,

Please see listed below the list of all documents that were reviewed and or updated by the exec team this month, these can be found on the QMS or on the Headway Gippsland Portal, found on our website

For Life skills and Home Care employees, the notification is sent via Brevity in the feed section; when the employees view this the message is marked as read, given us accurate data on uptake.

Good afternoon, all,

Please see listed below the list of all documents that were reviewed and or updated by the exec team this month, these can be found on the QMS or on the Headway Gippsland Portal, found on our website

Or by contacting Lisa Patching and she can forward you copies.

### **Development of New Documents**

The Chief Executive Officer and/or other designated personnel may draft a new document in consultation with relevant staff/clients. Any staff/clients may request the development of a new document.

The draft document will have the visible word DRAFT in the file name.

### **Amendment and Update of Documents**

The Chief Executive Officer and/or other designated personnel are responsible for amending and updating documents. Any staff member/client may request an amendment or update.

Policies, procedures, documents and forms are approved as per the approval process.

When a document is substantially altered staff are notified of the effective date by the Chief Executive Officer and/or other designated personnel via email, memorandum, newsletter, or verbally

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### **Review of Documents**

Document review occurs as part of the internal audit process or may be prompted by changes in the business or external requirements.

### **External Documents**

When documents of an external origin e.g. legislation, regulations, guidelines etc., developed by an external source and relevant to the business, are received these documents are reviewed by the Chief Executive Officer and/or other designated personnel.

External documents required by the Chief Executive Officer on a regular basis for reference may be available in hard copy or electronically.

Monitoring for external compliance requirements occurs in the following ways:

- Chief Executive Officer reviews appropriate external websites. Contents are discussed with Board of Directors and Operational/program managers
- Chief Executive Officer reviews appropriate industry publications and contents are discussed with Board of Directors and Operational/program managers

### **Obsolete Documents**

Obsolete documents, developed internally, are electronically archived and are not available for general staff access.

Paper records will be archived and then shredded and discarded in confidential waste bins.

**Refer also IT Procedures and Style guide.**

### **Internal Audit**

Headway Gippsland conducts audits to ensure that key processes are appropriate and effective. Internal auditing allows for the continuous improvement of our systems and service and ensures individual and legislative requirements are monitored.

An external consultant is used to conduct internal audits annually or as required.

The internal audit consists of the following activities and information gathering:

- Interviewing staff.
- Reviewing appropriate documentation such as policy, objective, plans, procedures, standards, instructions, records, contracts and other documentation.
- Observation of activities and the surrounding work environment and conditions.
- Reviewing reports from other sources such as participant feedback and other relevant information from external parties.
- At the conclusion of the audit, an Internal Audit Report is provided.
- Review report.

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### **Continual Improvement**

Headway Gippsland accepts responsibility for the satisfaction of its customers and maintains a company culture that fosters continuous improvement.

It is the overall responsibility of the Chief Executive Officer to continually improve the effectiveness of the management system in accordance with this Continuous Improvement Procedure.

Every employee in the organisation is encouraged to suggest new ideas for improving services, processes, systems, productivity, and the work environment.

### **Sources For Improvement Opportunities**

Any staff member, participant, representative or stakeholder can suggest an improvement.

Improvement opportunities are identified from the following sources:

- Internal audits
- External audits of the quality system
- Staff ideas
- Incidents
- Hazard alerts
- Participant feedback

Improvements and suggestions are documented on a Continuous Improvement form (CIF) or added straight onto the CI register.

### **Continuous Improvement Register**

A Continuous Improvement Register (CIR) is maintained by the Chief Executive Officer and/or delegated person.

### **Participant Feedback**

Headway Gippsland has a range of ways to gain feedback from participants, including comments, and complaints and feedback. Improvement opportunities are transferred to a Continuous Improvement Form.

Headway Gippsland is committed to meeting and exceeding the expectations of our stakeholders. In order to ensure we understand what our participants want and to allow us to measure satisfaction with our services we ensure we gather feedback from a range of sources. We adopt a broad and systematic approach to assessing our operations and incorporating the feedback of relevant people and agencies into service.