H&H Care SA Pty Ltd	**Form18.** Quality Improvement Document Control and Service Review **Australian Government Support at Home Program**	
Doc No: Form18	**Version No: 01**	**Version Date: 24/10/2026**

Policy and procedure 18
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA checks service quality, learns from evidence and feedback, controls documents and verifies improvements. It links individual client reviews, workforce practice and the associated provider arrangement with The Fig Trees.

Document control	Details
Policy number	HH SAH QUALITY 018
Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director and designated Quality Coordinator
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, nurses, workers, administration and approved contractors contributing to service quality, document management or review

1 Purpose and scope

H&H Care will use client experience, worker feedback, actual care outcomes and reliable records to identify gaps and improve services. An action is not effective merely because a document was updated or training attended. Confirm that the change is used and reduces the problem without creating unnecessary restriction or new harm.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other approved registered providers. It supports their oversight and continuous improvement duties while maintaining H&H Care's own quality controls. It does not claim aged care registration, accreditation or full legal compliance solely because a policy manual exists.

2 Responsibilities

The Director approves the quality plan, priorities, resources, policies and closure of significant risks. The Quality Coordinator maintains registers, audit schedules, versions and action follow-up. The RN approves clinical content within expertise and reviews clinical outcomes, referring beyond scope when needed. Managers implement actions and communicate changes. Workers use current documents, report gaps and contribute to review.

Clients and chosen supporters are invited to give accessible feedback and take part in relevant reviews without pressure. Agree The Fig Trees' reporting, meeting, audit, document and approval arrangements in writing. Its registered-provider responsibilities remain with it; H&H Care must not assume a joint action has been accepted without confirmation.

3 Distinguish the records

A controlled policy states approved requirements; a procedure describes how to act; a blank form is a controlled template; a completed form is a record of what happened. Individual care plans and clinical instructions have their own approvals and version controls. Changing a template does not permit rewriting historical client records.

Quality evidence priorities and improvement cycle

4 Identify improvement opportunities

Use incidents and near misses, complaints and compliments, safeguarding concerns, client goals and reviews, worker consultation, missed visits, documentation audits, screening and competence gaps, equipment/IPC/WHS issues, invoice discrepancies, contract reviews and current legal or professional guidance. Encourage reporting rather than treating low report counts as proof of safety.

Check the reliability and context of data. Record counts together with relevant activity, period and definitions; for a small service, a single event can substantially change a percentage. Do not compare different services or periods as though exposure and client needs were identical. Protect privacy when sharing small numbers or detailed case information.

5 Improvement procedure

- Identify and register the issue, source, affected clients or workers, impact, current controls and relevant requirement. Link the incident or complaint rather than duplicating confidential details.
- Act immediately on danger or unmet essential care under the relevant policy; regulatory reporting must not wait for a quality meeting. Prioritise by actual and potential harm, urgency, recurrence and legal or contract deadlines.
- Understand contributing factors with affected clients, workers and relevant professionals. Consider systems, resources, communication and task design rather than assuming retraining or blame is the only answer.
- Set a specific intended outcome, starting point, action owner, resources, due date and how success will be measured. Obtain clinical and provider approvals where required.
- Implement a proportionate change, trial where appropriate and safe, and explain new instructions. Do not trial a clinical or restrictive practice outside lawful authority or competence.
- Check adoption and effectiveness using a defined sample, observation, feedback or outcome measure. Consider unintended effects and whether clients' independence and rights are preserved.
- Keep effective changes in approved documents and routine practice. If ineffective, revise the action, escalate residual risk and repeat review. Close only with evidence and accountable sign-off.

6 Risk and overdue actions

Use the organisation's risk method to determine priority. Assign a named owner and realistic deadline; record interim controls. Urgent risks require direct management attention, not only an entry in a spreadsheet. If an action becomes overdue, reassess risk, escalate to the Director and record reasons, revised resources/date and additional controls. Do not simply move a due date to hide failure.

The Director reviews high-risk closure evidence and obtains independent or clinical assurance where needed. A pending agency response or provider referral needs a named follow-up owner. Formal handover must be acknowledged; sending an email alone does not close H&H Care's concern.

Audit programme and governance review

7 Plan and conduct audits

Maintain a risk-based annual audit programme with scope, criteria, sample, frequency, reviewer, reporting date and follow-up. Cover Policies 1 to 17 and actual contracted services over the cycle, with more frequent review of high-risk areas. Use a competent reviewer who is sufficiently independent where practical; disclose self-review limitations in a small team and use external expertise for serious or specialised issues.

Inspect records, speak with clients and workers with appropriate consent and observe practice respectfully. Compare written requirements with actual delivery. Identify the sample and limitations, findings, evidence, risk and required action. Do not manufacture retrospective evidence, coach false answers or suppress an unfavourable finding. Protect confidential client and workforce information.

Give managers factual findings and opportunity to correct errors, without removing justified concerns. Enter actions in the improvement register and schedule a recheck. Audit completion is not proof the service is compliant outside the sampled scope or period.

8 Internal review schedule

The following are H&H Care internal controls, not universal statutory intervals. Apply shorter clinical, contractual, regulatory or risk-based requirements where relevant.

Frequency	Review and evidence
Each operating period	Monitor urgent care/safety exceptions, notification deadlines and unresolved high-risk actions through the relevant operational policies.
Monthly	Director/manager quality review: incidents, complaints, missed care, clinical concerns, worker checks, IPC/WHS, finances, client feedback and improvement progress. Retain decisions and owners.
At least quarterly	Risk-based file and practice audits; review overdue actions, current documents and workforce acknowledgement; invite a provider performance review and record participation or follow-up.
At least annually	Evaluate quality programme, full policy review schedule, service scope, resources, continuity tests, client/worker participation and contract renewal needs.
On significant change	Review after serious events, legal or guidance changes, new tasks/equipment/systems, workforce changes or provider requirements before affected practice continues where safety demands.

9 Practical quality measures

Select measures relevant to service size and risks, for example whether essential visits occurred safely, plan and authorisation currency, timely escalation, open action age, valid workforce checks, demonstrated competence, goal progress and accessible complaint response. Define numerator/denominator where using rates. Set improvement targets honestly and record exceptions; do not call an internal target a government performance requirement.

Provide relevant summaries to The Fig Trees under agreed arrangements and lawful information sharing. Keep evidence of its feedback, decisions and joint actions. Reporting does not replace urgent notification or H&H Care oversight.

H&H Care SA Pty Ltd	**Form18.** Quality Improvement Document Control and Service Review **Australian Government Support at Home Program**	
Doc No: Form18	**Version No: 01**	**Version Date: 24/10/2026**

Document approval versioning and access

10 Create review and approve documents

The document owner checks current law, official guidance, professional requirements, client and worker feedback, actual service scope and contract arrangements. Consult affected people and obtain RN or other specialist review for clinical or technical content. Record sources, review date and key changes. Drafts must be clearly marked and kept separate from active instructions.

Before approval, check internal consistency, correct references, realistic role assignments, required forms, training needs, resources and any provider agreement. The Director or recorded delegate approves organisational documents; clinical content also requires relevant qualified review. A policy cannot change law, professional authority, participant consent or contractual terms. Obtain a signed contract variation separately where required.

11 Document control fields and register

Each controlled document needs a unique code, descriptive title, version, owner, approval authority/date, effective date, next review, status and change history. The master register identifies the authoritative storage location, linked forms, training requirements and superseded version. Use consistent references across the policy suite and verify links during review.

Suggested versioning is 1.0 for an initial approved release, 1.1 for a minor approved revision and 2.0 for a substantial change. Record what changed and why. Do not renumber a draft as approved or assign an effective date without approval and readiness. Internal codes are organisational controls, not government-issued identifiers.

12 Issue changes and retire old versions

- Publish the approved version in the single controlled location and notify affected workers and The Fig Trees where relevant. Ensure workers can access instructions at the point of care, including a safe downtime method.
- Explain material changes, provide training or practical reassessment and record acknowledgement before workers undertake affected tasks. Reading alone is insufficient where a practical skill has changed.
- Replace controlled hard copies and home-held instructions with consent and suitable privacy safeguards. Mark ordinary downloaded or printed copies as uncontrolled unless part of a tracked controlled issue.
- Archive superseded versions as read-only with dates and change history; remove from routine active access while preserving legal and clinical history. Do not retrospectively alter completed records.
- Track external documents, such as provider policies, clinical directions and manufacturer instructions, with source, version/date and review owner. Resolve conflicts promptly and pause unsafe affected work.

If urgent safety advice is needed before a full revision, issue an authorised temporary instruction with scope, date, owner, expiry/review and communication evidence. It cannot authorise unlawful or out-of-scope practice. Incorporate it into the controlled system or formally withdraw it; do not let permanent informal instructions accumulate.

Client service and associated provider review

13 Review each client's service

Use Policy 6 and the care plan to review needs, goals, preferences, consent, risks, actual delivery, clinical instructions, worker suitability and authorised hours. Involve the client directly, provide an interpreter or decision support as needed and obtain relevant professional input. Record what is working, unmet needs, changes requested and agreed actions.

The internal schedule is an early check after the first visit or within five business days, an initial review within four weeks and a coordinated full review at least annually, with more frequent reviews for risk, clinical needs or provider requirements. Review promptly after deterioration, incidents, hospital discharge, carer breakdown, complaints or client requests. These are internal minimum controls, not permission to delay an urgent review.

Refer funding and service variation decisions to the registered provider. Clinical recommendations, client consent, safe staffing and funding authorisation are separate requirements. Do not reduce documented needs to fit a budget or promise additional care without approval. Confirm interim essential care, update plans and roster instructions and verify workers have received changes.

14 Review the arrangement with The Fig Trees

Invite joint performance reviews at least quarterly and before renewal, scope expansion or significant change. Check the agreed responsibilities, authorised service list, referrals, care management interface, RN/EN oversight, incident/SIRS reporting, complaints, privacy, attendance, invoices, workforce evidence, insurance, equipment and continuity. Confirm contact and backup details and evidence of agreed actions.

Maintain a contract issues log. Do not treat a meeting minute as a valid contract variation where the agreement requires a signed written variation. Review unresolved liability, cancellation, screening or record instructions with appropriate advice. The supplied term ends 30 June 2027 unless validly extended or otherwise changed; verify the current agreement and changes when reviewing.

Assess participant and worker experience and the effect of changes on service safety, timeliness and sustainability. Where H&H Care cannot meet a service safely, escalate and arrange an authorised alternative rather than accepting unsupported work. Record disagreements and remaining risks honestly.

15 Governance decisions and assurance

The Director records decisions, resources, conflicts, due dates and verification. Track legal and guidance updates through assigned owners and reliable official sources; assess relevance before changing practice. Do not assume every publication or residential requirement applies to an associated home-care service.

The policy suite is a starting framework, not evidence that procedures, workforce competencies, equipment or systems are already implemented. Before marking policies approved, complete readiness checks, consult The Fig Trees on shared responsibilities and record actual training, controls and sign-offs. If a required supporting procedure is missing, establish it before the affected task is offered.

Continuous improvement and audit templates

Continuous improvement action record

QUALITY F01 | Register reference: _____ Date raised: _____
Source and linked incident/complaint/audit: _____
Issue affected service and evidence: _____
_____
Client/worker impact and input: _____
Risk rating and immediate controls: _____
Cause or contributing factors: _____
Intended outcome and baseline: _____
Action and resources/approvals required: _____
_____
Owner and due date: _____
Implementation evidence/date: _____
Effectiveness measure sample and review date: _____
Results and unintended effects: _____
Residual risk/overdue escalation: _____
Closure approver date and supporting evidence: _____
Document/training updates and communication: _____

Audit and review record

QUALITY F02 | Audit title/period: _____
Reviewer role and independence limitations: _____
Criteria and current document versions: _____
Scope sample and limitations: _____
Client/worker consultation or observation method: _____

Finding and evidence	Risk and action reference	Owner due date and recheck
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Summary and management response: _____
Provider notified where needed: _____
Follow-up evidence and verification date: _____

Document and service review templates

Master document register fields

QUALITY F03 | One entry per policy, procedure, form or external instruction. Maintain electronically where practical.

Code and title: _____
Owner and approving role: _____
Version and status: Draft / Approved / Superseded / Withdrawn
Approval date: _____ Effective date: _____ Review due: _____
Current authoritative location: _____
Linked documents/forms/external sources: _____
Change summary and reason: _____
Clinical/technical review and provider agreement if required: _____
Training or competency required before issue: _____
People notified and acknowledgement evidence: _____
Controlled hard copies and replacement record: _____
Superseded version archive and retention basis: _____
Temporary instruction expiry where relevant: _____

Client or provider service review record

QUALITY F04 | Review type: Client / Provider arrangement / Programme
Client/service and review date: _____
Participants roles consent and support: _____
Period plan/contract version and evidence reviewed: _____
Client goals preferences and feedback: _____
Worker feedback and safety: _____
Actual delivery outcomes and unmet needs: _____
Risks clinical concerns and incidents: _____
Authorisation resources and provider requirements: _____
_____

Agreed action and outcome	Owner and due date	Approval and verification
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Disagreements interim controls and escalations: _____
Updated plans/instructions and recipients: _____
Next review and earlier triggers: _____
Review lead authentication: _____

Use an appropriate review scope; this form does not replace the clinical care plan, client consent, funding authorisation or a signed contract variation.

H&H Care SA Pty Ltd	**Form18.** Quality Improvement Document Control and Service Review **Australian Government Support at Home Program**	
Doc No: Form18	**Version No: 01**	**Version Date: 24/10/2026**

Implementation retention and references

16 Implementation and records

Before approval, appoint the Quality Coordinator and document owners; establish the master document and improvement registers; approve the audit programme and review schedule; agree The Fig Trees' reporting and joint-review arrangements; and confirm worker/client participation and secure access. Review all draft policies for consistent codes, role appointments, forms and references before issuing them as the active manual.

Keep governance minutes, evidence, audit findings, action records, client reviews, approved/superseded documents and distribution/training records securely under Policy 8 and applicable retention requirements. Apply privacy controls and legal holds. Do not destroy old policies that may be relevant to a complaint, incident or period of care simply because a new version exists.

Service improvement data shared more widely should be de-identified where possible, considering that small numbers or detailed case stories may still identify someone. Client and worker consultation must be voluntary and safe; do not condition care, employment or remedies on positive feedback.

17 Annual programme checklist

- Confirm actual service scope, risks, client goals and provider expectations.
- Set priorities and audit coverage using evidence, not only calendar anniversaries.
- Check document owners, approved status, next reviews and legal/guidance update sources.
- Resource actions, training, practical competence and safe system changes.
- Seek accessible client and worker feedback and communicate outcomes.
- Verify effectiveness, overdue risk controls, leadership decisions and shared provider actions.
- Set the next programme and preserve the evidence and change history.

18 References and related policies

This policy coordinates Policies 1 to 17 and the service-specific clinical, workforce, finance, WHS and continuity procedures. Apply current Aged Care Act 2024 and Aged Care Rules 2025 requirements relevant to the registered provider's categories and contracted services, professional standards, privacy/WHS duties and the current brokerage agreement.

- Aged Care Quality and Safety Commission — Continuous improvement, including current guidance on continuous improvement plans and provider obligations. https://www.agedcarequality.gov.au/continuous-improvement
- Commission — Strengthened Quality Standards and organisational governance. https://www.agedcarequality.gov.au/strengthened-quality-standards/organisation
- Commission — Guidance for associated providers. https://www.agedcarequality.gov.au/providers/guidance-associated-providers
- Commission — Assessment and planning. https://www.agedcarequality.gov.au/strengthened-quality-standards/care-and-services/assessment-and-planning
- Department of Health, Disability and Ageing — Support at Home program manual, current version. https://www.health.gov.au/resources/publications/support-at-home-program-manual-a-guide-for-registered-providers

H&H Care SA Pty Ltd	**Form18.** Quality Improvement Document Control and Service Review **Australian Government Support at Home Program**	
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Official guidance checked 24 October 2026. H&H Care's internal improvement plan supports its associated provider arrangement; it does not replace any statutory continuous improvement plan, reporting or governing-body duty of the registered provider. Internal schedules do not override shorter requirements.

Director approval: _____ Effective date: _____
Next review: _____
Version 1.0 — Draft prepared 24 October 2026; approval and implementation pending.