Quality Evaluation Report
Version 1:0, April 2015

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Perth Home Care Services (recently re-branded as Avivo)
Service point name:	**South West, Jandakot Office Unit 1, 234 Berrigan Drive, Jandakot, WA 6164**
Outlet name(s):	**Outlet 1:** Individualised Services (Accommodation Support, Intensive Family Support (IFS), Alternatives to Employment (ATE), CLS, FLS) **Outlet 2:** Respite (O & A, Ageing Carers, Young People) **Outlet 3:** CATCH
Chief Executive Officer:	Rosie Lawn
Final report date:	tbc
Evaluation team:	Dorothy Lucks (Team Leader), Cheryl Cartlidge

*This report was prepared by a member of the Panel Contract of Team Leaders and Evaluators. The Panel Contract is managed by the Disability Services Commission.

Further information
Please contact the Quality and Evaluation team.

Contact details:
Quality and Evaluation
Disability Services Commission,
146 - 160 Colin Street, West Perth WA 6005
Phone: 9426 9200
quality@dsc.wa.gov.au

Contents

Acknowledgments

Part A: Executive summary

Introduction

This report describes the findings of the evaluator(s) who visited Perth Home Care Services on between November 2015 and January 2016 and completed an assessment of feedback from individuals with disability, their families and carers, staff and management; and the service's compliance against the National Standards for Disability Services.

A preliminary meeting was held on 3 November 2015 and the evaluator(s) visited the service on 9 December 2015 to 7 January 2016. An exit meeting was held on <date>.

The organisation uses the term 'customers' to refer to people with disability, family member/s of people with disability, family, and carers.

Note: Under the Carer's Recognition Act 2004, a carer refers to a person who provides care or assistance to another person who is frail, has a disability, a chronic illness or a mental illness, without payment apart from a pension, benefit or allowance.

Service profile	
Service description	Perth Home Care Services (PHCS) is a community benefit organisation with a vision of **"People living as valued citizens, making their own decisions, developing their abilities and growing in their relationships."**
The services provided	PHCS provides a range of services to customers across disability, aged care and mental health sectors. Types of services provided include agency managed, self-directed and shared management with customers and families who want greater control of their own supports and services. Within the disability sector a variety of services and supports are provided on an individual basis to customers with disabilities, their families, carers and advocates.
The resources	Individualised Support, Accommodation Support, Intensive Family Support (IFS), Alternatives to Employment (ATE), Community Living Support (CLS) and Family Living Support (FLS) $7,900,000

	Respite (O & A, Ageing Carers, Young People) $ 375,000

Children with Assisted Technology Cared for at Home (CATCH) $1,118,000

Combined Total of $ 9,393,000

Time worked on the programs being evaluated equates to 129,389 hrs or 66 Full Time Equivalent (FTE) staff members. Staff members are a mix of full-time, part-time and casual employment arrangements. Staff allocations depend on customer funding allocations, preferences for support and activities and availability of staff. |
| The people using services | PHCS supports customers with a wide range disabilities and support needs with levels and types of supports provided based on individual need and funding provided.

The Individualised Supports Program has 185 customers (111 female and 74 male) with a wide range of ages (17 persons aged 0-20; 99 persons aged 21-50; 69 persons aged 51+).

The respite program has 48 customers (28 female and 20 male) with three of those aged 0-20, 36 aged 21-50 and nine aged 51+.

The 'CATCH' program supports five people aged under 20 (one female and four males). |

Consultation	
Statistics	
Number of visits to group homes	0
Number of individuals with disability present in group homes during visits	0
Number of visits to private homes	0
Number of interviews with individuals with disability	8
Number of interviews with family members / friends / carers / advocates	3
Number of telephone interviews or emails with individuals with disability	9
Number of telephone interviews or emails with family members / friends / carers / advocates	21

Number of individual files / plans reviewed	16
Number of complaints reviewed	4
Number of staff meetings attended	1
Number of staff consulted	7
Number of external stakeholders consulted	4

Quality Evaluation assessment against the Standards	
The following scale has been used to measure performance against **each National Standard**	
Met	Feedback, observed and written evidence clearly demonstrates that the service provider meets the requirements
Not met	Feedback, observed and written evidence clearly demonstrates that the service provider does not meet the requirements

Based on the information provided by individuals, their families, friends, carers, advocates, staff and management; and through documentation and observations made by the Evaluation team, this organisation's performance has been assessed as:

Assessment against the Standards	
Standard	**Assessment**
Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)	
If/where noted during a Quality Evaluation, GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GP inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.	
Person-centred practice/s	• A determination to thoroughly understand the individuals and adjust service support to their needs.
Business practice/s	• 'Good to Great' process – a pilot at present. It measures the effectiveness of the "Customer Journey" at regular intervals. Quality teams will look at the findings, which will show as great / good / developing / underdeveloped; area teams will then develop their own action plan addressing any needs identified. Key questions are being asked that tie in with the Standards such as 'I was involved in the design of my plan'. The findings will compare feedback from staff and compare that with the customers' feedback. • The "Your Link" system that is currently in development will show if staff have followed procedures in support planning – and will allow easier tracking of progress towards individual goals.
Other good practices noted	• Some staff were identified taking interest in, and displaying sensitivity, in the well-being of customers above and beyond basic care e.g. on supporting customers through legal issues, assisting with financial management and in complex family situations.

Required Actions (RA)			
If/where noted during a Quality Evaluation, RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty of care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.			
No	Standard	RA statement	Compliance date
		None identified	
1.			

Service Improvements (SI)		
If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National Standards for Disability Services. While still a gap in meeting Standards, SIs are less major; and are required to be reported on in the annual self-assessment.		
No	**Standard**	**SI statement**
1.	1, 6	Intensify training, particularly for longer term staff, to bring the standard of care up to the required attitudes and approaches in relation to the new standards.
2.	1, 4	Improve rigor in communication with individuals, their families, friends, carers and advocates (including guardians), particularly if service is likely to be delayed or not provided as expected. Available processes for notes, feedback and queries need to be more clearly promoted to customers so that there is more confidence in communication processes. Improvements are required to documentation of feedback and queries and resultant actions.
3.	1, 6	Take more effort to have a smooth transition of service when timings or staff members are changed. Customers would prefer more consistency in staffing. The buddy system needs to be applied more consistently and hand-over between staff need to be improved.
4.	3	Ensure planning processes are improved in line with PHCS's stated policies and directions, including better inclusion explanation of the process and of customer views. Also improve recording of information about progress against specific goals.

Other matters (OM)		
If/where noted during a Quality Evaluation, OMs refer to identified matters that are not within the scope of a Required Action/s or Service Improvement/s – and therefore, do not have reporting requirements. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations. The following includes up to four (4) brief example/s of OMs noted.		
No	**Standard**	**OM statement**
1.	3, 6	As the evaluation was concluding PHCS announced a re-branding to the name "Avivo". The new name acknowledge the shift in organisational culture from basic home care to helping with individual and community outcomes. This is a very positive initiative for the organisation that will address some of the cultural shift issues, particularly for longer term staff, that have been identified in this evaluation. The name provides an organisation-wide identity that speaks more clearly to the type of support that PHCS management has been working towards and the orientation and training that newer recruits to the service have received. The name overcomes the slight tension that exists in the southwest services that are outside the metropolitan area (Peel region) that operates under a name that is linked to the Perth region. It will facilitate a more positive relationship with service providers and mitigate their expectation that PHCS is responsible only for home-based services.

Part B: The Standards

In this section, the Standards are assessed against compliance requirements and qualitative elements. A brief comment is provided regarding the Standard.

There are six National Standards that apply to disability service providers.

1. **Rights**: The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

2. **Participation and inclusion**: The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.

3. **Individual outcomes**: Services and supports are assessed, planned, delivered and reviewed to build on individual strengths that enable individuals to reach their goals.

4. **Feedback and complaints**: Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

5. **Service access**: The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.

6. **Service management**: The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Further information about the National Standards and the Commission's Quality System can be access on the website:
http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system

Standard 1: Rights

The intent of this Standard is to promote ethical, respectful and safe service delivery that meets legislative requirements and achieves positive outcomes for people with disability. This Standard has a focus on particular rights including: freedom of expression, decision-making and choice; freedom from restriction; freedom from abuse, neglect, harm, exploitation and discrimination; privacy and confidentiality.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• treating individuals with dignity and respect		X		
• promoting and supporting individuals' freedom of expression and decision-making and choice		X		
• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents		X		
• safeguarding individuals' rights		X		
• providing contemporary, evidence-based support strategies with minimal restrictions		X		
• maintaining individuals' privacy and confidentiality		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates
• The majority of respondents expressed satisfaction with PHCS's performance in relation to rights and respect.
• The majority of customers, families and carers mentioned that their (or their cared-for person's) freedom of expression, decision-making and choice were well supported. Comments included:
    o " I could not be more satisfied with the respite service, it makes a huge difference to me and my family";
    o "I have chosen the hours and times of services to suit my needs";
    o "I know what my rights are and PHCS listens to me and provides the services that I need".
    o "It's a new world with lots of options. So many options they sometimes confuse me but I am definitely getting a lot of choice."
• There were three customers who were less satisfied and reported circumstances when they felt that their rights had not been respected. These included:

- o one who said that one of their support worker usually chooses what to do and the customer has to follow because they cannot be left alone, but they did not feel that their choices were being adequately considered.
  - o Another said that in a meeting with a team leader and several support workers they felt ignored and the agreement that was reached was not their preference.
  - o A third said that a support worker had threatened them with reduction in hours if the customer did not comply with what the support worker said.
  - o All three understood that they did have rights in regard to service provision and choice of activity and felt that their confidence was undermined by the approach. In each circumstance, the staff member was a longer term employee of PHCS (see Service Improvement (SI) 1)
    Note: the service has been informed of this concern and has scheduled training for longer term staff.
- All respondents who received respite care were very positive about the services received.
- Family members and carers said the quality of care in respite was high and that the opportunity for respite was greatly appreciated.
- A common concern raised by both customers and family members was that communication on hand-over is not always good, resulting in discomfort or repetition of instructions that have previously been provided. (see SI 2)
- Most of the customers receiving in-home care only were largely satisfied with services but around one third said that consistency of staffing was an issue.
- Within the 30% indicating that turn-over is too high, for some, there had been some initial difficulties and high turn-over of staff but that they now have staff they are comfortable with. Some others however said that there was a high turn-over of staff and that this was unsettling. Several said that even though there were buddy shifts on hand-over on some occasions; on other occasions a new staff member did not start with a buddy shift. (see SI 3)
  Note: The service is currently upgrading its online systems and has changed the job descriptions of team leaders so that they spend more time in improving staff communications.

Staff and management knowledge
- In meetings with staff and in seeing staff interacting with customers, a good knowledge of Standard 1 was demonstrated.
- The staff (coordinators and team leaders) generally showed good knowledge of individual preferences and were seen to make efforts to support individuals to carry out their preferred activities/receive necessary support.
- Staff noted that it is difficult to recruit support workers with the necessary skills and attitudes but the more recently qualified staff have a higher understanding and capacity to support individualised needs that older staff who have not had the same level of training in the new standards (See SI 1).

Observations
- At meetings between staff and customers, evaluators observed a high degree of respect and support for individuals in the majority of circumstances.

- In one occasion, a staff member was seen to influence an individual to do an activity that they were not enthusiastic to do. When asked about this, the respondent says that they have to do what the support worker wants to do because the support work has the vehicle and controls where they go.
- Interviews with stakeholders supported that rights were upheld, with no breaches reported in any area.

Critical documents, systems and processes
- The PHCS Duty of Care and Dignity of Risk Policy covers supporting individuals' rights t dignity, safety, protection, and quality care without imposing restrictions on their rights and decision making. It also covers responsibilities of staff and instructions to report breaches.
- The PHCS Privacy and Confidentiality Policy is clear and includes definitions, and measures that will be taken to maintain privacy and confidentiality. Evaluators also viewed the staff confidentiality agreement form.
- PHCS Freedom From Abuse and Neglect demonstrates a clear focus on individuals' rights.
- The evaluators reviewed both hard copy files and also care notes on the YourLink system for customers.
- The care notes are designed to only be added to the system when there is a specific action or information point. However, in the record of complaints and feedback, communication is seen as a common gap in the service provision. More rigorous and regular reporting may help to close the communication gaps (See SI 2)
- It was observed that the quality of notes in general in Your Link is of a higher quality than in the hard copy files and that the response to complaints and queries is improving, particularly in tracking and analysis of responses.

Assessment against the Standard	
General statement	In general, the service makes strenuous efforts to acknowledge and respect to individuals rights. There were isolated examples of disrespect and ignoring of the rights of individuals. The service needs to take more effort to identify and address these incidents. (see SI 1). Communication with customers can be improved (see SI 2) and consistency of staff and hand-over processes need management attention (see SI 3).
Standard 1: Rights	**Met**

Standard 2: Participation and inclusion

The intent of this Standard is to promote the connection of people with disability with their family, friends and chosen communities. It requires services to work collaboratively with individuals to enable their genuine participation and inclusion, and that the individual's valued role needs to be one of their own choosing.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• promoting and supporting participation and inclusion		X		
• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection	X			

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates
• PHCS is an important factor in the life of most customers in terms of enabling them to access the community. The majority of customers met are supported to go out shopping to events, to meet family and to have respite experiences with others. This support is invaluable in their lives as evidenced by the following examples:
    o The support workers comes and helps me to do my shopping for the week. I cannot go by myself";
    o Since my mother died I am only able to get out because PHCS helps me";
    o When we are on respite we are taken to all sorts of places that I normally cannot go with my family. It is interesting for me and I meet people at respite and also meet others in the community. I come back feeling refreshed.
• This support is also very much appreciated by carers and family members. E.g.
    o "I am almost 90 now and cannot get out to see [the individual] any more unless PHCS arranges to bring them to see me. It is good to see them looking well";
    o "We have had the support worker for 5 weeks now and [the individual] has gone out with the SW for two sessions on their own now and will soon be looking into traffic crossings, etc."
    o "my child gets a much better life experience, particularly outside home where he is encouraged to do a lot more activities and physical stuff. Better quality

of life all round."

- o "I would not be able to cope without the PHCS support [individual] requires 24 hour care and I would not be able to keep them at home if I did not have the PHCS team."
- o {Individual} waits excitedly for the PHCS team member to arrive when they are due. It is the highlight of their day and from the moment they wake up they ask "is it time yet?".

- In accessing the community, PHCS assists most customers to go out of the home and interact in the community in a way that is most appropriate to their interests and needs.
- In some cases, PHCS organises activities that have helped customers to connect with others in the community through clubs, pubs, events and just being out and about walking, shopping, etc.
- Several customers mentioned that they have been able to develop friendships. This has mainly occurred between customers and in several cases has led to PHCS performing an additional role of supporting both customers in developing a meaningful relationship as they have progressed through the normal ups and downs of getting to know each other.
- Communication and timing in relation to activities was an area of concern for around one third of customers contacted during the evaluation. While the schedules mostly run smoothly, there are times when staff members are late and this causes anxiety. Several customers noted that they are not given a written schedule but it is done verbally so it is hard to remember and misunderstandings arise. There was a suggestion to issue every client with a written schedule that can go on to the fridge.
- Two customers provided examples of where services had been late and there had been no notification from PHCS. This caused difficulties as they were late for appointments and it caused undue anxiety and stress for the customer.
- One customer noted that a staff member did their own shopping during an activity for the customer and that led to the customer not being able to complete all the activities that they wanted within the time allocated.

Staff and management knowledge
- Staff observed during the evaluation demonstrated competence in their approach to customers and in taking care to engage in activities that are appropriate to the individual.
- There was some tension in the PHCS approach to several individuals who find it difficult to access the community due to the nature of their disability in terms of their confidence or behaviours that require support for community access. In each case, the family members/carers were risk averse, yet staff were able to see potential to develop capacity for accessing community.
- The perception of PHCS as a home-based care organisation did act as a barrier to more open discussions between staff and family members about what was possible and what support PHCS could provide to work towards more community access for the individuals.
- Feedback from other stakeholders during the evaluation indicated a gap in expectation of the services that PHCS services provide. One stakeholder

complained that the individual arrived at the activity under-prepared in terms of correct footwear and snacks. The stakeholder perceived that PHCS provided support to the customer within the home to prepare to access the community. However, on checking the records for the client, the service was to support the individual to travel to the activity and help them while they are at the activity and the responsibility for preparation lies with the customer. Another stakeholder indicated a similar lack of clarity of the wide range of services that are provided by PHCS. The other two services were very positive about the support of PHCS in the community indicating that the support was invaluable for the individuals who would be unable to participate in other services without personalised support.

Observations
- Customers were observed on several occasions on their way to and from community activities with staff. The customers were positive and confident about the activities.
- Customers were observed interacting with each other and demonstrating relationships beyond their own home.
- Staff demonstrated care and attention to individuals and good knowledge in terms of customer preferences for activities.

Critical documents, systems and processes
- Participation and inclusion of individuals and their families are included in PHCS vision and values, which states that the organisation will "work in a partnership with people and families, respecting the decisions they make about their lives and work together to do things better", and live as 'valued citizens' which includes community life, as well as love and relationships. .
- PHCS have appointed an "Involvement Advisor" whose role is to coordinate the involvement in the organisations of people with experience of using the organisation's supports. Areas of involvement currently include employment to deliver training, assistance in staff recruitment and interviewing, advice on marketing, and participation in customer surveys.
- The organisation has individuals with lived experience on the Board and is working towards having a customer represented on the Board. These steps demonstrate an active commitment to participation of customers in the organisation although could be continued and furthered.
- The organisation has included cultural awareness and understanding in staff training, encouraging customers to share their stories to promote awareness and understanding.
- A PHCS scholarship was awarded in 2015 to a staff member in order for them to participate in visits to indigenous communities and receive cultural training.
- PHCS has joined a patnerhsip with HACC called the Garrgatup Project which is a collaborative approach to increase HACC support to Aboriginal people. This includes cultural awareness training for staff and a range of other culturally appropriate initiatives. The engagement in the project is expected to lead to development of a specific policy and culturally appropriate procedures.

Assessment against the Standard	
General statement	The PHCS services are essential to customers to assist them in accessing community services and participating in community activities. In addition PHCS facilitates customers to build relationships with family, friends and in the community.
Standard 2: Participation and inclusion	**Met**

Standard 3: Individual outcomes

The intent of this Standard is to promote person-centred approaches to service delivery where individuals lead and direct their services and supports. Services and supports are expected to be tailored to an individual's strengths and needs, and deliver positive outcomes. This Standard recognises the role of families, friends, carers and/or advocates in service planning, delivery and review.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• person-centred individual service planning, delivery and review		X		
• respecting and responding to individual diversity		X		
• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection	X			

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates
 • Feedback from the majority of people indicated staff get to know their needs well.
 • Individuals commented:
     o "The team facilitator is good at picking up on the changes in my life (eg my deteriorating health) and my wants and needs";
     o "They are very flexible regarding hours and our needs";
     o "[individuals] have now left school, have increased their skills and [one individual] now works five days a week. They both get a lot of choice in what they want to do. Has lifted a huge burden off us. The staff are nice and friendly and encouraging (eg [individual] didn't used to like cooking but has been helped to start to enjoy it and now chooses to participate). They have good rapport with the staff who are young and well matched to them"
 .
 • Feedback indicated cultural needs were respected and promoted where possible
     o "They respect our culture and any request we have regarding that. They are very respectful and always ask permission for things".
 	
 • On the other hand, there was some lack of clarity about the individual planning processes. Most customers were not fully aware of whether they have a plan with

goals or not. Of those customers that were aware of the planning process, they did not find it very useful. They remembered participating in an annual session but few had seen the output of the planning session.

- Further, two individuals said that they felt the planning process was not productive – one felt ignored and "a victim" in the process. The other felt that the planning was "done to them" rather than them being able to given time to express their views. This person suggested than the planning process be more clearly explained and more time given to the individual to express their views.

Note: this process is changing now within PHCS and all plans will be signed off by the client.

- There was some difficulty between individuals and their carers/family members on different perceptions on ability to cope. PHCS has faced challenges where there are different options of risk/safety/preferences in terms of individual privacy and confidentiality but also duty of care and communication with guardians/family members. Staff have worked carefully to balance the customer wishes as well as keep the family reassured that safety is not being breached. Good communication on these boundaries is important for all concerned.

Staff and management knowledge
- PHCS are working hard on developing better support plans – they have done a recent survey of 15 plans and found 14 of them were the old style (see SI 4).
- The staff indicated that they have been working on the new format but that it takes time to upgrade the plans. The process can be challenging within the number of service hours available to the client and that the planning has to be fitted in around other activities. It is also difficult to include key people when the individual support has few hours of support.
- Receiving sign-off on the plan is also challenging given the workload; however, the staff did demonstrate commitment to working the logistical issues out.

Observations
- All support plans viewed demonstrated that staff go to great lengths from the start of services to obtain and maintain information about the person, their family and community and carer, and tailor services accordingly. This is recorded thoroughly However, documented monitoring of progress against stated goals was not as apparent; the majority of persons' records lacked information about how they were progressing towards their goals.
- Staff and management advised that this has already been recognised as a gap and is being addressed with the roll out of the YourLink system.
- The new orientation package and training on the "customer journey" is creating a shift in organisational culture. Staff have noted the changes in the organisation and are supportive.
- In one on one conversations with staff, there was different level of understanding of the shifts towards individualised planning and improving individual choice and control. The more recent staff were more aware and confident about the approaches, whilst older staff felt that they are not yet adequately informed and equipped for the changes in the sector and the organisation.

Critical documents, systems and processes

- Training material on the customer journey has an evident focus on a 'person centred approach' specifying that "getting it right" means a "person centred practice, supports a collaborative approach, planning and provision of services, satisfied customers, flexible service provider".
- PHCS vision and values statement includes "work in a partnership with people and families, respecting the decisions they make about their lives and work together to do things better"; and "Do what it takes to support people to lead their lives. We are optimistic and innovative as well as practical and persistent".

Individual plan assessment

This section relates to people with individualised funding (where plans are completed by organisations / Local Area Coordinators / My Way Coordinators)

Desktop assessment

- A total of 16 plans were reviewed in detail and 75% met basic qualitative and outcomes criteria.

Plans consider and document individual choices

- Plans indicate that supported people's preferences are generally well known to the staff and service is tailored accordingly. Note: two clients felt their choices were not adequately considered.

Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate

- Plans do focus on the support required by the individual. There has been increasing focus on determinination of safeguards with detailed forms for safety assessment for both customer and staff – as well as other household residents in some cases.

Plans include monitoring, reviewing and following up individual progress against goals and outcomes

- Plans reviewed did not include consistent information about progress against specific goals. There was no provision in the plans specifically for this and case notes were not used to demonstrate progress towards outcomes. (see SI 4) The work that is currently being developed on the "good to great" internal tracking process will greatly assist in this regard.

Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control

- Most plans were consistent with the interests and choices of the individuals but it was difficult to verify this with clients as most had not seen the plans once they had been completed. As noted earlier, two individuals felt that their choices has not been respected during the planning process. A further individual felt that their choices were not addressed in implementation of the plan and that the support worker was choosing the activities.

Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals

- As the review process was not comprehensive, it was difficult to assess the level of progress and satisfaction with levels of achievement; nevertheless in interviews with individuals, most could identify activities that had occurred in relation to their preferred choices.

Assessment against the Standard	
General statement	For the majority of customers, there is a strong focus on individual choice and control in terms of the type and delivery manner of the services. There are a few gaps in terms of quality of plans and the review process. There were isolated examples of poor performance in the planning process and review processes were lacking (see SI 4). Improvement to planning and review is currently a major focus of the organisation and is expected to improve substantially in the next six months.
Standard 3: Individual outcomes	**Met**

Standard 4: Feedback and complaints

The intent of this Standard is to ensure that positive and negative feedback, complaints and disputes are effectively handled and seen as opportunities for improvement. Services should provide a range of opportunities to seek feedback, recognising that people need to feel safe to provide feedback and have access to advocates and independent support.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable:** not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• encouraging and managing feedback, complaints and dispute resolution		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates   • The majority of people interviewed said they would feel comfortable to discuss with staff any issues that may arise.   • Some people cited recent examples of feedback being acted upon to improve services, including adjustment of hours, change in staff and services.   • However, it was apparent from interviews that not all knew that they could give feedback anonymously if they wished, or how to escalate a complaint to a higher level or access independent support (see SI 2).   • Two customers noted that they had made feedback/suggestions but had received no response from PHCS. They believed that their comments had not been recorded and passed on.   • There were a further three examples during the feedback from clients where they expressed a fear that if they provided feedback or complaints, there would be punitive action from their carers/the service. In one case, the customer said that the care worker had directly threatened them with reduction in hours if they complained. While the other two may be a lingering fear from previous experiences, it is important for PHCS to communicate strongly with staff to ensure that misunderstandings do not occur and with customers to reassure them that feedback is taken seriously. (See SI 2)

Staff and management knowledge

- Staff demonstrated an openness to hearing feedback and actively noting both verbal and non-verbal feedback from customers.
- The case notes demonstrated that feedback and complaints have been recorded and are highlighted in the system.
- Management tracks feedback and complaints and analyses the type of complaints and feedback and provides quarterly reports in line with HADSCO criteria.

Observations

- The evaluators tracked the incidence of recorded complaints, several older and several more recent to see that effective resolution had occurred. In all cases, the service has comprehensively documented the concerns and made good efforts to address customer concerns.
- Where customer demonstrated concern in relation to providing feedback and complaints, the barrier is at the level of the support worker and the difficulty that customers faced in providing feedback directly to the person who is caring for them. In each case, the customer did not have an advocate or family member who could escalate the concern. This requires special effort to communicate with the more vulnerable customers and find a way for them to provide feedback in a safe environment. The new "Good to Great" system that is being developed by PHCS has the capacity to address this concern (see SI 2).

Critical documents, systems and processes

- PHCS give people the opportunity to make comments in a number of ways, for example, verbally, by phone, in writing (letter or email), via the website and via the Listening and Learning feedback form.
- In recognition that it can be difficult for some people to make a complaint directly to staff particularly when they are relying on them for services, PHCS has appointed a Customer Liaison Officer (CLO) to be a point of contact for people and families who feel they need to speak to someone other than their Service Coordinator or Unit/Area Manager. The CLO is responsible for acknowledging all complaints received and executing and reporting on the complaints procedure.
- PHCS complaints policy, procedure, and customer brochure for compliments, suggestions and complaints were reviewed. These encourage feedback from all persons involved with PHCS.
- Complaints report from September 2015 was reviewed, which details the nature of complaints, but not their treatment or management. The detailed information on follow up of complaints is included in YourLink documentation and is being actively analysed. A key area of complaints are related to communication (SI 2) and staffing (SI 3)

Assessment against the Standard	
General statement	The service is making strenuous efforts to ensure a robust and transparent feedback and complaints system. Most customers are aware of and satisfied with the processes. However, there are a few customers who are vulnerable and need extra support to make their concerns known (See SI 2). Staff need to be made aware that customers may perceive that they are unable to make feedback due to fear of losing their services.
Standard 4: Feedback and complaints	**Met**

Standard 5: Service access

The intent of this Standard is to ensure that access to services and supports are fair and transparent and that individuals understand criteria and processes regarding access to, and use of, a service or support. This includes clear explanations when a service or support is not available and referral to alternative service options.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• promoting and supporting fair and transparent service access		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates • The majority of customers were satisfied with the process for access to services. • Five customers interviewed were particularly appreciative of how welcoming PHCS had been compared to other services they had used previously. • Two mentioned that they were surprised by the range of services available which they had thought initially would be home based but they were pleased that other support had been offered and support provided to access additional services that have been of benefit. • Three individuals/family members/carers described initial frustration with delays in starting services and getting support plans finalised. • Four noted that they feel that the service they receive is insufficient for their needs in relation to their plans i.e. a gap between the planned activities and the ability to adequately resource those plans. • Eight individuals said they had experienced difficulty with staff consistency due to high turn-over of staff and sometimes there was not service as planned. There were also some concerns with the effectiveness of staff hand-over (SI 3).
Staff and management knowledge • Staff demonstrated knowledge of access procedures and how to address the needs of customers.
Observations • Staff were observed to work in a sensitive and clear way with current and prospective customers to make sure that the services are provided in a responsive way.

Critical documents, systems and processes
- The PHCS Access, Entry and Exit Procedure states that entry and exit procedures should be transparent, involve working closely and communicating openly with individuals and their families, and be non-discriminatory.

Complete ONLY for Local Area Coordination / My Way

Level of coordinator knowledge and exploration of the choices and opportunities available for individuals in the community
-

Level of coordinator support for individuals to access services and supports identified in their plans
-

Assessment against the Standard	
General statement	The PHCS access processes are transparent and good efforts are made to connect in a positive way with customers, families and carers to make support options known. Improved processes for staff consistency and hand-over for continuity of access would be appreciated by customers (see SI 3).
Standard 5: Service access	**Met**

Standard 6: Service management

The intent of this Standard is to ensure that services are accountable and have sound governance that will enable services and supports to be delivered in a safe environment by appropriately qualified and supervised staff. It also requires services to promote a culture of continuous improvement as a basis for quality service delivery.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)		X		
• employment records that are current and maintained (ie Police Clearances and Working with Children Checks)		X		
• individuals' records that are current and maintained (ie individual plans, services received, demographics, etc)		X		
• work health and safety		X		
• maintaining a safe environment (ie fire and evacuation)		X		
• administration of medication		X		
• risk management		X		
• financial management		X		
• promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review		X		
• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
• dated		X		
• include a review date		X		
• where appropriate, developed in consultation with individuals, family, friends, carers, advocates		X		
• where relevant, available to potential and current individuals, family, friends, carers, advocates		X		
• made available in customised accessible formats, including languages other than English, as required		X		

Operating a safe service			
This section relates to the operational component of the Standards and indicates where practices are in place for the service point. • **(M) met**: practices demonstrate the requirements have been met • **(NM) not met**: practices demonstrate the requirements have not been met • **(NA) not applicable**: this practice is not relevant	M	NM	NA
The status of the following practices for the service point is assessed as:			
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	X		
• National Police checks are regularly updated for Board members, staff, volunteers and contractors.	X		
• The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.	X		
• Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.	X		
• The service has an emergency evacuation plan.	X		
• The service regularly practices its emergency evacuation plan.	X		
• The service keeps records of evacuation trials.	X		
• The administration of medication occurs as detailed in the policies and procedures instructions.	X		
• The buildings are maintained in a condition that does not pose a risk to staff and service users.	X		
• Regular work health safety audits are undertaken to identify and address potential safety hazards.	X		
• A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.	X		
• There is a current record of staff training in the implementation of policies, procedures and practices.	X		

Qualitative information

This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

feedback from individuals with disability, their families, friends, carers and advocates

- General feedback was that the organisation did well under the requirements of this standard that services were well organised and efforts were made to provide a good service.
- Some individuals felt the organisation could do more to increase the level of information given to them about the services, particularly when services (timings/staff) were changed; it was felt by some that there were some mis-communications between staff (see SI 2).
- Individuals felt staff were well trained to perform their roles, although a minority felt levels of proficiency and knowledge varied and staff could benefit from more specific training about different challenges the individuals faced (see SI 1, 4).
- Longer term customers said that generally they have noticed an improvement in service provision. They attribute this to a recent restructure where the supervision of support staff has improved.
- There were still concerns about communication and there were suggestions to improve communication systems (see SI 2).

Staff and management knowledge

- Staff and management displayed competence and good commitment to the standards through the policies and procedures.
- Senior staff noted that the recruitment and orientation processes have improved substantially. The newer staff re more aware of the Disability Standards and on good practice in relation to person-centred care.
- There was interest in more training, particularly in relation to planning and in safeguarding.
- There was interest from several staff members in an increase in professional supervision/training time to assist in upskilling workers in computer servies and more up to date practice, beyond basic care.

Observations

- At the management level, there is a strong commitment to continuous improvement that is resulting in a dynamic and positive approach to organisational development.

Critical documents, systems and processes

- The organisation has a comprehensive suite of policies and procedures. These are reviewed regularly and kept up to date.
- The policies are easily available on the website and where customers have requested information on policies, they have been provided with lear information
- A lack of recording of progress against individuals' plans and goals remains an impediment to fostering a culture of continuous improvement (see SI 4).
- The recent change of name will assist to have a clearer alignment between the actual services that are suopplied through PHCS – i.e. wider geographical scope and a more diverse range of services that are both within the home and more widely within the community.

Assessment against the Standard	
General statement	The service displays good levels of organisation and systematic operation. Staff are well trained and largely aware of policies. Customers appreciate the services and have noted improvement in service quality.
Standard 6: Service management	**Met**

Appendix 1: Definitions

Good Practices (GP)	Descriptors
GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.	• The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. • The organisation has managed and reported on financial and human resources activities well. • Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. • The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.	• There is a total breakdown of a system or procedure governed by applicable Standards. • There is a total absence of a requirement being addressed by the provider. • There is a failure to comply with the requirements of the Standards. • There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). • The major gap represents a high risk to individuals. • Experience and judgement indicate there is a likely failure to assure quality services. • A number of small or long-standing gaps in the Standards are related to the same requirement.
Service Improvement (SI)	
SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National	• A minor gap in meeting the Standards or related procedure is evident. • There is a weakness in the system, not the absence of a system. • Human error is evident.

Standards for Disability Services. While still a gap in meeting Standards, SIs are less major.	• The gap affects the service, but is not unsafe ('misdemeanour-like'). • There is minimal risk to individuals. • Experience and judgement indicate a reduction in the quality of services. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved.
Other matters (OM)	
OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations.	• Matters for consideration may not represent a gap in meeting the Standards, but may enhance the quality of services provided or result in better individual outcomes. • A lack of financial and/or human resources to enhance services and foster a positive attitude is evident. • There are opportunities to improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency. • There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.

- The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.

- The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluator(s) is correct under circumstances, where this issue cannot be determined with absolute certainty.

- The assessment will involve the evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.