

# Quality Evaluation Report

## Assessment against the National Standards for Disability Services

<b>Disability sector organisation:</b>	Perth Home Care Services Inc
Service point name:	Accommodation Support
Outlet name(s):	<ul style="list-style-type: none"><li>• Osborne Park Office - 30 Hasler Road, Osborne Park, WA 6017</li><li>• Jandakot Office - Unit 1, 234 Berrigan Drive, Jandakot, WA 6164</li><li>• Wheatbelt Office - 149, Fitzgerald Street, Northam, WA 6401</li><li>• Coral Coast Office - 3/114 Sanford Street, Geraldton, WA 6530</li><li>• Mandurah Office-2/98 Pinjarra Road, Mandurah, WA 6210</li></ul>
Chief Executive Officer:	Rosie Lawn
Final report date:	26 February 2015
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\*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

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## Acknowledgments

The Evaluators extend thanks to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

## Part A: Executive summary

### Introduction

This report describes the findings of the evaluators who visited Perth Home Care Services (PHCS) on 11 and 14 November 2014 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 11 November 2014 and the evaluators visited the Jandakot outlet on 11 November 2014 and the Wheatbelt outlet on 14 November. The Team Leader evaluator also visited the Osborne Park outlet in early October 2014 to meet the Quality and Outcomes Manager and collect some key documentation. It was agreed that an exit meeting would not be necessary for this quality evaluation.

The organisation uses the term 'supported person' 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	
The services provided	<p>PHCS has multiple funders and provides services to people across disability, aged care and mental health sectors. Types of services provided include agency-managed, self-directed and shared management with individuals and families who want greater control of their own supports and services.</p> <p>Within the disability sector, PHCS provides a variety of services and supports to people with disability and families. Levels and types of supports provided are based on individual needs and goals.</p>
The resources	<p>The service budget for the current financial year is \$13,429,846.</p> <p>The majority of direct support staff work part-time and across the programs. Time worked on the program being evaluated equates to 60 full-time equivalent staff. There are also 85 people who are engaged by PHCS as Alternate Family or Host Family carers and share their lives and homes with people with accommodation support funding.</p> <p>Non-direct staff work across a number of programs. Community Service operations are led by the Chief Operating Officer and</p>

	<p>three Executive Managers Community Services, who have overall responsibility for managing and developing the services and supports in a particular region. Fifteen Area/Unit Managers are hands-on managers responsible for the leadership and management of their area/unit team, the day to day operations and the delivery of support services.</p> <p>PHCS provides consultancy services including Nurse Consultancy and Behavioural Consultancy to people and families who have specialised needs. Nurse Consultants provide specialist training and supervision in specialised care tasks. The Behaviour Support Consultant provides services to people who have challenging behaviours by working with them, their families and support teams. A Planning and Design team assists and supports Area Teams to plan with people appropriate support and to improve and build on effective team work.</p> <p>The Executive Management structure consists of the Chief Executive Officer, the Chief Operating Officer, three Community Services Executive Managers, the Chief Financial Officer, the Executive Manager Information and Administration, the Executive Manager Human Resources and the Executive Manager Organisation Development. The Business infrastructure includes Finance, Human Resources, Administration and Information Services, Marketing and Public Relations, Practice Development (Planning and Design, Your Way, Shared Living, Behaviour Support), Quality and Outcomes, Consumer Advocacy and Involvement and Social Innovation.</p>
The people using services	There are 67 male and 76 female people using the accommodation support services. This is broken down into approximately six people under six years of age, 91 people 21 to 50 years, and 45 people 51 years and over.

<b>Consultation</b>	
<b>Statistics</b>	
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	4
Number of interviews with family members / friends / carers / advocates	5
Number of telephone interviews or emails with individuals with disability	8
Number of telephone interviews or emails with family members / friends / carers / advocates	14
Number of individual files / plans reviewed	22

Number of complaints reviewed	4
Number of staff meetings attended	0
Number of staff consulted	17
Number of external stakeholders consulted	3

### 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	<ul style="list-style-type: none"> <li>• Development of the Customer Journey - a specific, documented pathway which connects with the YourLink database to guide staff through the support process for each individual, heavily emphasising collaboration with people and families in the researching, planning, coordination and provision of support and services.</li> <li>• The supported person/family has the opportunity to be on the appointment panel to select their support worker.</li> </ul>
Business practice/s	<ul style="list-style-type: none"> <li>• Keeping abreast of and using new technology to enhance the supported person's experience, for example: developing 'apps' for people to select their own support staff; acknowledging the risks inherent in widespread use of electronic communications by creating a specific social media policy.</li> <li>• Board members become more informed about people's circumstances and experiences and more knowledgeable about the day to day operations of the organisation by taking part in an annual roster of pre-arranged visits to supported people and families. Board members also include people with lived experience of disability.</li> </ul>
Other good practices noted	<ul style="list-style-type: none"> <li>• Including supported people in staff development presentations as presenters and in focus groups to develop the organisation's planning and practice, for example: core policies, vision and values and the Customer Journey.</li> <li>• The Values in Action–Building Brilliant Teams approach, within which support workers explained they are encouraged to feel that their primary commitment is to the person (as opposed to the organisation), which aligns well with the Standard 3 requirement for a person-centred approach; it is complemented by training for staff in professional boundaries, and a robust staff succession-planning system.</li> </ul>

### 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	Page ref	RA statement	Compliance date
1.			No Required Actions were identified	

### Transitional Actions (TA)

If/where noted during a Quality Evaluation, TAs refer to time-limited (1 July–31 December 2014) actions for a provider to transition existing policies, procedures and work practices to the National Standards for Disability Services. TAs apply when the Standard is met but needs to align with the requirements of the National Standards.

No	Standard	Page ref	TA statement	Compliance date
1.	All	25	The organisation's current core policies and procedures address the six new National Standards for Disability Services. PHCS is currently further revising policies and procedures to ensure all are aligned.	30 April 2015

### Service Improvement (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	Page ref	SI statement
1.	3	16	Continue plans to roll out training to ensure staff consistently record information about progress against specific goals.
2.	4	19	Continue reviewing the way communication with, and queries from, individuals, their families, friends, carers and advocates (including guardians), is tracked to ensure timely response.

### 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	Page ref	OM statement
1.	2	13	PHCS could reconsider its arrangements for automatic door access to its offices to enable access for people with disability.
2.	4	19	In all feedback and complaint mechanisms consider mentioning the option of anonymity and how to access independent support/advocacy.
3.	2	13	Consider including an explanation in the job application form as to how PHCS may be willing to include and support job applicants with a disability, medical condition or injury.



## **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.

## 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting individuals' freedom of expression and decision-making and choice</li> </ul>		X		
<ul style="list-style-type: none"> <li>• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents</li> </ul>		X		
<ul style="list-style-type: none"> <li>• safeguarding individuals' rights</li> </ul>		X		
<ul style="list-style-type: none"> <li>• providing contemporary, evidence-based support strategies with minimal restrictions</li> </ul>		X		
<ul style="list-style-type: none"> <li>• maintaining individuals' privacy and confidentiality</li> </ul>		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 received from individuals expressed rights were upheld, with no breaches reported in any area.
- Respondents were satisfied with PHCS performance in relation to this Standard.
- A host family described the relationship between staff and the supported person as follows: "All involved know her well...she is a very interesting person and is allowed to express herself."

#### Staff and management knowledge

- All staff consulted were conscious of the importance of recognising and safeguarding the rights of individuals and encouraging freedom of expression and decision-making.
- Staff advised they receive regular training on the full spectrum of individuals' rights, and organisational documentation demonstrates that this is a priority.
- Staff comments included: "We ask: what do you want your life to look like? And if the person thinks the goal can't be achieved, we ask: what about a small part of

the goal?”

- Staff cited numerous instances where positive outcomes had been achieved. For example, in relation to a family’s concerns surrounding dignity versus risk for their family member who was starting to travel to work on their own, staff said: “We have seen their capacity and need to respect their wishes as a young adult; at the same time we have built safeguards in. The result is that they are now more in control...can meet friends independently and chair their own team meetings for example.” Safeguards included a support worker accompanying the young person on their journey with gradually decreasing participation until they were able to complete it on their own.

**Observations**

- Staff in the visited outlets interacted with supported persons and family according to the requirements of this Standard and according to PHCS stated purpose, vision and values, which align with the Standard.

**Critical documents, systems and processes**

- The supported persons’ Service Agreements explain their rights.
- Several policies are available on the PHCS website; supported people are also given a Community Service–Core Policies sheet that outlines the policies and invites them to request copies.
- The Procedure for the Management of Serious Incidents defines a clear pathway to deal with discovery or allegation of abuse/neglect/exploitation.
- Use of the Permission to Share/Obtain Information and Combined Consent forms demonstrates that choice is considered and informed consent is sought.
- Confidentiality agreements were sighted in all seven staff files viewed.
- The Charter of Rights and Responsibilities outlines PHCS’s as well as people’s and families’ rights.
- Staff work under the PHCS Code of Conduct, which requires ‘compliance with all laws, policies, procedures, rules and regulations’.
- An effective way of solving the problem of respecting confidentiality when support workers need a signature next to a name on a list is with the use of a specially devised cut-out template which can be moved down the page to reveal only the required name.

**Assessment against the Standard**

<b>General statement</b>	<b>This organisation works hard to ensure ethical, respectful, person-focused and safe service delivery.</b>
<b>Standard 1: Rights</b>	<b>Met</b>

## 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting participation and inclusion</li> </ul>		x		
<ul style="list-style-type: none"> <li>• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection</li> </ul>	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 were happy with the level of participation and inclusion fostered by the services provided by PHCS. They expressed satisfaction with the changes they had been able to make to their lives since receiving PHCS's services. Representative comments included: "I go wherever I want", "I am very independent and can make my own decisions", and from a person with complex needs and receiving a high amount of services: "My family are spread out but I am helped by PHCS to live independently and I can do things and go places wherever and whenever I want".

#### Staff and management knowledge

- All staff interviewed and observed on site demonstrated an awareness of the importance of promoting connection with the community and are trained in how to enable participation and inclusion. They are supported by accessible policies and procedures, which prioritise participation and inclusion, and reference documentation that is continuously reviewed.
- PHCS survey staff strengths and interests to match staff to supported people and families. The survey states to staff: 'over the past six months we have restructured community services so PHCS can provide people with more tailored, responsive and effective supports and services. Support workers are the people who make the greatest difference to the people we support and we want you to have more opportunities to work using your strengths and interests'.

- PHCS do not have specific policies for Aboriginal and Torres Strait Islander peoples but it was apparent from all evidence viewed that the organisation is committed to person-centred practice, considers people's cultural, linguistic and religious background and provides supports that are sensitive and respectful. Evaluators heard numerous examples of specific staff being recruited and support teams developed to meet individual preferences.

### **Observations**

- There were instances noted of proactive inclusion of people on the staff with disability, as well as culturally and linguistically diverse people, and this works positively to inform the organisation's planning and service delivery, for example an Assistant Coordinator uses a wheelchair and a supported person who is Italian is paired with an Italian-speaking support worker.
- Also there is training and active encouragement for staff to respect the cultural preferences of supported people. Staff described situations where this was demonstrated for the people they support, for example, for one Aboriginal person it was important that family was involved in consultation, particularly for a grandmother to advise on what was culturally important for life in Perth away from the person's family. In another instance, support workers ensured they always removed their shoes before entering a home where this was requested. Staff commented, "It's not about our judgment of their needs, it about what the supported person expresses".
- The organisation has been working over recent years, particularly in the Wheatbelt, to increase understanding and develop better ways of supporting Aboriginal people. Currently there is a Home and Community Care (HACC) funded project in Aboriginal communities around the Northam area to work out ways to support people who have disability, are aged and frail, or have mental health issues.
- Within the job application proformas currently on the website the question is asked: "Do you have any disability, medical condition or injury which may affect your ability to perform the role you have expressed interest in?" without any explanation of how PHCS may be willing to include and support the application. Provision of this information could make this process more positive and inclusive.
- Not all the outlets have easily accessible entry points such as automatic doors (such as the Jandakot and Mandurah outlets). Evaluators observed one wheelchair-user having difficulty gaining access at Jandakot. People who need help with access sometimes visit the offices and some people with disability already work for PHCS. The organisation has a policy that states 'our facilities and amenities are accessible and any barriers are addressed whenever possible'. It is suggested that PHCS take this potential improvement to physical access into consideration for future planning and to enhance inclusion.

### **Critical documents, systems and processes**

- The Staff Strengths and Interests Survey - see above.
- The Staff Confidentiality Agreement and Staff Information Booklet highlight the requirements under this Standard.
- Website (interactive Work With Us section) includes job application information and application forms - see above.
- Customer Journey Good Practice Guide and Customer Journey Work Booklet

detail the supported person's journey from choosing PHCS as their provider to moving on; and allow provision for documentation of the same.

#### **Assessment against the Standard**

<b>General statement</b>	<b>There is a firm commitment to work with all stakeholders to facilitate participation and inclusion, underpinned by robust policies and procedures and innovative thinking.</b>
<b>Standard 2: Participation and inclusion</b>	<b>Met</b>

### 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• person-centred individual service planning, delivery and review</li> </ul>		X		
<ul style="list-style-type: none"> <li>• respecting and responding to individual diversity</li> </ul>		X		
<ul style="list-style-type: none"> <li>• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection</li> </ul>		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 feedback was positive about this aspect of PHCS service provision. Supported people said they felt listened to and empowered to achieve their aspirations.
- A parent of a supported person stated: "Transition to PCHS was seamless...my (non-verbal) child's basic needs are understood well and staff have gotten to know him and built a relationship with him...for example he is used to asian food and the staff respect this whilst also getting him to try new things to help his development."
- Other comments included: "PHCS try to understand need and are prepared to change their approach to meet the need of the individual better", and "I get a say in who is my support worker."

##### **Staff and management knowledge**

- Support staff demonstrated a richness of knowledge of, and commitment to, the issues in the lives of the individuals they connect with, particularly where the relationship has been long term. However, some people needing complex care expressed that when staff turnover has been high they have found it difficult or exhausting to have to repeatedly explain their needs and preferences, despite comprehensive care plans. Therefore, any efforts that the service can make to retain and build on the stability and longevity of support workers with individuals

and families would be valuable.

### **Observations**

- All support plans viewed demonstrated 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 in sections headed, for example, Who Am I?, My Communication/Decisions, Things You Need to Know, What is Important to Me, What Does the Person Want to Work Towards or Achieve (Goals, Aspirations and Dreams)?
- Staff were uniformly enthusiastic and articulate about the general progress of supported people, recounting many positive examples. However, documented monitoring of progress against stated goals was not as apparent; the majority of supported 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 a planned rollout of training staff to articulate 'on paper' what is already held in their heads.
- Flexibility, comfort and minimal restrictive practice is promoted, for example, by staff giving supported people the choice of venues/methods to meet or liaise with their support worker. How interaction takes place is not restricted by PHCS; it can take place by phone or email, in the home or the office - even in a café or anywhere else in the community where the person feels happy to meet.

### **Critical documents, systems and processes**

- The organisation has defined 30 separate support strategies to respond in an individually targeted way to people's varied strengths and needs: from low care to high care; minimal intervention to maximal. These strategies also take into consideration the role of the family, friends, carers and/or advocates. Strategies offered are discussed with people as part of their assessment and planning so that they are aware of the distinctions in this spectrum and how they can best use their funding to achieve their desired outcomes.
- PHCS Vision and What we Do Statement: describes 'People living at home with dignity, connected with family and community; living as valued citizens making their own decisions developing their abilities and growing in their relationships. We work together with people and families to plan, coordinate and provide support and services as they choose to lead their lives.'
- PHCS Core Values and Promises: are agreed in partnership with supported people via focus groups.
- Staff Code of Conduct: expresses the commitment to 'See the person. Do it together. Do it right. Do it better.'
- The Reflection and Review Work Instruction: pinpoints the way the support team will continually reflect and improve the service arrangement with the person.

### **Individual plan assessment**

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

### **Desktop assessment**

- A total of 22 individual plans were reviewed and 100 per cent (%) met basic qualitative and outcomes criteria.

### **Plans consider and document individual choices**



- Plans indicate that supported people's preferences become very well known to the staff and service is tailored accordingly.

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

- Plans are comprehensive in this regard.

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

- The majority of plans reviewed did not include consistent information about progress against specific goals.

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

- Plans described this in detail, with examples recorded.

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

- Descriptions in plans indicated the level of satisfaction with supports provided, often accompanied by a survey sheet for feedback from the person.

**Assessment against the Standard**

<b>General statement</b>	<b>The organisation makes a consistent effort to plan and deliver services to achieve outcomes under this Standard.</b>
<b>Standard 3: Individual outcomes</b>	<b>Met</b>

## 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• encouraging and managing feedback, complaints and dispute resolution</li> </ul>		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 and generally knew that they could give feedback anonymously if they wished, as well as escalate a complaint to a higher level or access independent support.
- Some people cited recent examples of feedback being acted upon to improve services.

#### **Staff and management knowledge**

- Staff interviewed were aware of the complaints management procedure and the importance of seeking and documenting all types of feedback in order to strengthen the continuous improvement process.
- Staff reported that feedback is captured in YourLink and this includes compliments as well as complaints. A complaint is dealt with at source if possible, is passed on to the relevant team for action and gets followed through in a timely way.
- Staff noted that they have received anonymous complaints in the past and dealt with them as best they could but remarked that they are not as easy to deal with as, "You cannot go back to the source for closure", nevertheless they maintained they are still possible to deal with and still welcome.
- Staff also noted that the right to complain is in the supported person's agreement and that information about advocates is given in every review, stating, "This is very important in disability services."
- Staff stated, "Anyone can start the process if they hear a complaint and support

workers can use their Ipad to lodge a complaint on a person's behalf."

### **Observations**

- During the Team Leader evaluator's visit to the Northam site, a visiting supported person raised an issue about rostering. This was taken up by staff immediately after the interview and resolved to the person's satisfaction.
- Although the Listening and Learning form encourages feedback, it does not mention the person's right to contact an external advocate or independent body; if it did, this could be a further opportunity to make the complaints and feedback process more accessible.
- Avenues for anonymous feedback exist. However, further opportunities for feedback might be exploited if the Listening and Learning Complaints form currently on the website and the revamped How Are We Doing form were to make it clear anonymous feedback is possible and welcome.
- The majority of people interviewed expressed satisfaction with response times to requests and queries. However, a small proportion of people, families and advocates (including guardians) across the board reported that communication with the organisation could be sporadic, and response when requested was not always timely or forthcoming. However, PHCS acknowledges this in its Clarity, Customers and Communication (2014) training program, stating: "Poor communication is the thing most people we support and staff complain about." The organisation is holding itself accountable to improve this using a Communication Plan that includes developing resources and media to reinforce and assist communication, an annual staff conference to reinforce direction, redeveloping the intranet and participating in the Customer Journey process.

### **Critical documents, systems and processes**

- Complaints reports are a standing agenda item at risk management leadership group meetings and are issued to managers for action. The report detail does not name or give in-depth information so confidentiality can be protected. The high end detail is available on the complaints system for the managers.
- PHCS give people the opportunity to make comments in a number of ways, for example, verbally, in writing, 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 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.
- As part of the Health and Disability Services Complaints Office (HaDSCO) Collaborate and Learn pilot project, PHCS currently uses HaDSCO headings to record complaints against. It is a requirement for PHCS to record against these heading as an approved provider of the pilot phase. This relates to the Disability Services Commission services only but a decision was taken to use it across programs in the belief that it is robust enough to cover all areas.
- On an annual basis, the PHCS quality team randomly selects people to seek feedback on the handling of complaints to evaluate the procedure.
- The future intention for staff training is to have a complaints e-learning pack that will include quizzes to test knowledge.

### Assessment against the Standard

<b>General statement</b>	<b>Feedback and complaints are handled and monitored within a well-defined process and stakeholders are given a range of opportunities to comment.</b>
<b>Standard 4: Feedback and complaints</b>	<b>Met</b>

## 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting fair and transparent service access</li> </ul>		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 indicated that PCHS disseminate clear information in a variety of formats to facilitate fair, equal and transparent access.

#### Staff and management knowledge

- Interviews with staff indicated a good working knowledge of the organisation's procedure and its expectations of staff. They cited examples of how this addresses the concerns, queries and anxieties of supported people, particularly for those people who are vulnerable and highly reliant on their supports.

#### Observations

- The organisation works with specific target groups in addressing barriers to accessing services.

#### Critical documents, systems and processes

- The PHCS website is currently user-friendly, informative and interactive and further enhancements are planned to increase its usefulness.
- The PHCS intranet layout is also being redesigned to lessen a perceived 'overwhelming' feeling for staff.
- The Referral Assessment Registration form is a detailed document that captures comprehensive information about the person being supported and their carer, including cultural and linguistic background information and the need for an interpreter or other considerations where there are communication difficulties.
- There is a specific Transition Out Plan to facilitate the orderly transition of services with minimal disruption. This ensures that a working party of key stakeholders, including consumer and carer representatives, is established.

**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**

- NA

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

- NA

**Assessment against the Standard**

**General statement**

**PHCS have a well delineated process for service access and this is imparted to staff and supported people clearly, with referral undertaken when appropriate or requested.**

**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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• employment records that are current and maintained (ie Police Clearances and Working with Children Checks )</li> </ul>		X		
<ul style="list-style-type: none"> <li>• individual records that are current and maintained (ie individual plans, services received, demographics, etc)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• work health and safety</li> </ul>		X		
<ul style="list-style-type: none"> <li>• maintaining a safe environment (ie fire and evacuation)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• administration of medication</li> </ul>		X		
<ul style="list-style-type: none"> <li>• risk management</li> </ul>		X		
<ul style="list-style-type: none"> <li>• financial management</li> </ul>				
<ul style="list-style-type: none"> <li>• promoting the active involvement of people with disability, families, carers and advocates in service management decisions (ie planning, continuous improvement activities; reviewing policies and procedures; and on advisory/governance committees)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices</li> </ul>		X		
All policies and procedures for the service point are:				
<ul style="list-style-type: none"> <li>• dated</li> </ul>		X		
<ul style="list-style-type: none"> <li>• include a review date</li> </ul>		X		
<ul style="list-style-type: none"> <li>• developed in consultation with individuals, family, friends, carers, advocates</li> </ul>		X		
<ul style="list-style-type: none"> <li>• reviewed in consultation with individuals, family, friends, carers, advocates</li> </ul>		X		
<ul style="list-style-type: none"> <li>• available to potential and current individuals, family, friends, carers, advocates</li> </ul>		X		

<ul style="list-style-type: none"> <li>made available in customised accessible formats, including languages other than English, as required</li> </ul>	x			
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### Operating a safe service

<p>This section relates to the operational component of the Standards and indicates where practices are in place for the service point.</p> <ul style="list-style-type: none"> <li><b>(M) met:</b> practices demonstrate the requirements have been met</li> <li><b>(NM) not met:</b> practices demonstrate the requirements have not been met</li> <li><b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	M	NM	NA
The status of the following practices for the service point is assessed as:			
<ul style="list-style-type: none"> <li>The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.</li> </ul>	x		
<ul style="list-style-type: none"> <li>National Police checks are regularly updated for Board members, staff, volunteers and contractors.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.</li> </ul>	x		
<ul style="list-style-type: none"> <li>Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The service has an emergency evacuation plan.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The service regularly practices its emergency evacuation plan.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The service keeps records of evacuation trials.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The administration of medication occurs as detailed in the policies and procedures instructions.</li> </ul>	x		
<ul style="list-style-type: none"> <li>The buildings are maintained in a condition that does not pose a risk to staff and service users.</li> </ul>	x		
<ul style="list-style-type: none"> <li>Regular work health safety audits are undertaken to identify and address potential safety hazards.</li> </ul>	x		
<ul style="list-style-type: none"> <li>A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.</li> </ul>	x		
<ul style="list-style-type: none"> <li>There is a current record of staff training in the implementation of policies, procedures and practices.</li> </ul>	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 said they were frequently consulted and surveyed about how the organisation is performing for them, with opportunities to participate in a variety of focus groups.
- A number of people also stated that they had personally had input into organisational planning and decision-making.
- Some people and families who have been supported long term by PHCS commented positively on the recent staff and structural changes in the organisation and believed that it will continue to improve its services because it listens to feedback.

#### **Staff and management knowledge**

- Staff share ideas at their regular staff meetings and contribute to a documented process of continuous improvement.
- Staff commented positively about the frequent opportunities for relevant staff training, both mandatory and complementary, stating they felt comfortable and welcome to suggest ideas for group or individual training, from internal or external instructors.
- The Manager, Quality and Outcomes, advised that the service has conducted home visits to families and supported people to check how they preferred information to be presented in policies. The information obtained was used to develop the current core policies. Reference groups were also used to discuss policies and seek people's views.

#### **Observations**

- All policies and procedures are currently scheduled for review, with some already completed to align with the new National Standards.
- There are comprehensive risk management procedures in place to ensure safety for supported people, staff and the organisation itself, including financial risk.
- Sites visited had appropriate emergency contingency measures in place (for example visible information posters/instructions, evacuation diagrams, Material Safety Data Sheets in evidence), easy-to-access promotional literature, well placed signage and 'housekeeping' information.
- PHCS has a Vision Statement clearly displayed in its offices and communicated in various publicly-available documents, for example in its Annual Report, website, and promotional brochures.

#### **Critical documents, systems and processes**

- The Customer Pathway one-page chart summarises concisely the supported person's journey from choosing PHCS as their provider to moving on.
- The Employee Engagement Survey and completed examples of the Employee feedback form indicate a culture of listening to employees who have the freedom to voice their opinions.

## Assessment against the Standard

<b>General statement</b>	<b>Evidence gathered indicates this is an organisation that listens to its stakeholders and is prepared to act on what it hears in order to effect change and safely maximise outcomes for supported people.</b>
<b>Standard 6: Service management</b>	<b>Met</b>

### Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The organisation has managed and reported on financial and human resources activities well.</li> <li>• Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities.</li> <li>• The organisation demonstrates strong public accountability (websites, publications, public disclosure).</li> </ul>
Required Actions (RA)	
<p>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.</p>	<ul style="list-style-type: none"> <li>• There is a total breakdown of a system or procedure governed by applicable Standards.</li> <li>• There is a total absence of a requirement not being addressed by the provider.</li> <li>• There is a failure to comply with the requirements of the Standards.</li> <li>• There are serious implications for consumers ('felony-like').</li> <li>• The major gap represents a high risk to consumers.</li> <li>• Experience and judgement indicate there is a likely failure to assure quality services.</li> <li>• A number of small gaps in the Standards are related to the same requirement.</li> <li>• A long-standing minor gap has been left unaddressed.</li> </ul>
Transitional Actions (TA)	
<p>TAs refer to time-limited (1 July–31 December 2014) actions for a provider to transition existing policies, procedures and work practices to the National Standards for Disability Services. TAs</p>	<ul style="list-style-type: none"> <li>• Evidence of a system or procedure governed by applicable standards is in place and being changed to align with the requirements of the National Standards.</li> <li>• There is a change in the alignment of the system, not the absence of a system.</li> <li>• There is a change in the alignment of requirements, not the absence of</li> </ul>

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<p>apply when the Standard has been met but needs to align with the requirements of the National Standards.</p>	<p>requirements.</p> <ul style="list-style-type: none"> <li>• Action required does not affect consumers; or has implications for consumers, but they are not serious.</li> <li>• Action required poses no/minimal or short-term risk to consumers.</li> <li>• Experience and judgement indicate a short-term reduction in the quality of services.</li> <li>• There are no gaps, but a review or change is required</li> </ul>
<p><b>Service Improvement (SI)</b></p>	
<p>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</p>	<ul style="list-style-type: none"> <li>• A minor gap in meeting the Standards or related procedure is evident.</li> <li>• There is a weakness in the system, not the absence of a system.</li> <li>• Human error is evident.</li> <li>• The gap affects the service, but is not unsafe ('misdemeanour-like').</li> <li>• There is minimal risk to consumer(s).</li> <li>• Experience and judgement indicate a reduction in the quality of services.</li> <li>• A single observed lapse or isolated incident is evident, but does not impact the whole.</li> <li>• There is sound ongoing intent to address the issue, but it is not yet fully resolved.</li> </ul>
<p><b>Other matters (OM)</b></p>	
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A lack of financial and/or human resources to enhance services and foster a positive attitude is evident.</li> <li>• There are opportunities to improve communication mechanisms for: organisational change; contact with families; response timeframes; and/or alternative communication methods.</li> <li>• There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency.</li> <li>• There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.</li> </ul>

## **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.