

Quality Management Framework

Quality Evaluation

Perth Home Care Services (includes Regional Home Care Services)
Community Services - Family Support Services
Osborne Park, WA

Final Report
21 November 2012

This report was prepared by an Independent Evaluation team comprising members of the Panel Contract of Independent Evaluators. The Panel Contract is managed by the Disability Services Commission.

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1. The evaluation visit

This report describes the findings of the Independent Evaluation team who visited Perth Home Care Services, Family Support Services during September and October 2012 and completed an assessment of the service point's progress towards meeting Outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards.

The preliminary meeting was held on 3 September 2012 and the Independent Evaluators visited the service point/organisation on 12 September and 9 October 2012. A post evaluation meeting was held on 21 November 2012.

Independent Evaluation team members operate under the Guidelines for Independent Evaluation. The team comprised:

- Natalie Georgeff
- Penny Blackburne
- Viv Huntsman.

The organisation uses the term person, people or family to refer to people with disability, family member/s of people with disability, or unpaid carers of people with disability.

NB 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.

2. Acknowledgements

The Independent Evaluators would like to extend thanks to individuals, families and carers for the assistance they provided throughout the evaluation visit.

The Independent Evaluators acknowledge the commitment of the staff in providing services. Findings documented in this report have been selected to support the outcomes of this evaluation and highlight background evidence for good practices, required actions and key priorities for service improvement.

3. Service point profile

The profile provides a brief overview of the service point evaluated.

Disability sector organisation:	Perth Home Care Services
Service point name:	Community Services - Family Support Services
Outlet name(s):	Osborne Park, Hasler Road, Osborne Park Jandakot Office, Berrigan Drive, Jandakot Wheatbelt Office, 98 Stirling Terrace, Toodyay Geraldton Office (Midwest), Sanford Street, Geraldton.
Chief Executive Officer:	Ms Marita Walker

Brief description of the service point (including mission/vision statements and brief history)

The vision of Perth Home Care Services is: 'People living at home with dignity connected to family and community' with the following values:

- Valuing the uniqueness and worth of each person
- Promoting people's contribution and independence
- Promoting connections between people, family and community
- Talking responsibility and pride in services delivered
- Working cooperatively in partnership.

Community Services includes Accommodation Support, Alternatives to Employment and Family Support Services. Family Support Services provide support for families so that they can continue to care for their family member with a disability and aim to 'support people to be in control of their own lives and their own supports and services. Key aspects of the service include:

- A person centred and family focused approach
- Development and maintenance of the person's roles and relationships with family, friends and the community
- Development and maintenance of people's skills to live in the community
- Flexible service arrangements to meet individual and family needs
- Staff trained in the values and specific skills required to support the person
- Regular planning and review of the support arrangement to ensure goals and outcomes are being achieved.

Resources (eg building/s, staffing, IT systems, vehicle/s, budget)

During 2012, Community Services was restructured to include nine Area Teams for South and North Metro, two Area team in Regional Home Care Services and five special purpose units operated by Specialised Services. Each team has a Resource Coordinator and two-three Service Coordinators. The aims of these changes are to give people greater control and of their services, and create opportunities for staff to work and specialise according to their skills, interests and talents.

Staff in Community Services equates to approximately 45 FTE. This includes a Community Services Chief Operating Officer and four Community Services Executive Managers.

The Resources Coordinator is responsible for scheduling, coordinating and matching support staff for the region. Service Coordinators are responsible for working with families, Team Facilitators and Support Workers. Nurse Consultants work across the organisation providing specialist training and supervision to support workers and coordination staff in specialised care tasks.

The five Specialised Services Units include:

- Planning and Design, to assist with the planning and design of supports and service with people who want significant life changes. This team also have a specialised Behaviour Support Consultant.
- Your Way Unit and TOP that primarily support individuals and families who share management.
- Crisis Respite and Call-Coordination Team
- Shared Living Unit
- Individualised community living unit that supports people complex mental health and disability needs to establish themselves in the community.

Currently, there are three main types of Family Support Services at Perth Home Care Services as shown in the table below, with a brief profile of people using the services at the time of the evaluation.

Program	Current funding for 2012 -2013	Number of families supported	Target group
Intensive Family Support (IFS)	\$7, 819, 812	134	Families in all areas: Metro, Wheatbelt and Midwest.
Time Off & Planning (TOP)	\$1,324,064	180	Support for ageing carers. Priority groups are carers 65 + years & Aboriginal carers 45 + years living in the Metro & Wheatbelt.
Young Time Off & Planning (YTOP)	\$207,097	36	Carers of young adults aged 18 - 25 years living in North Metro only.

In addition:

- Two families currently access the 'Out and About' program in the Eastern Wheatbelt. Perth Home Care Services is currently reviewing this service with the Commission and the Evaluators did not contact these families.
- Four people receive support using the Community Living Initiative (\$97, 851) and one person via the Family Living Initiative (\$15, 008).

Consultations

During the evaluation assignment, the Independent Evaluators consulted with ten people with a disability, 39 family members and eight staff. Four individuals with disability and twenty family members attended the preliminary meeting and one family member individuals and nine staff attended the post-presentation meeting

4. Executive summary

A. Good practices

This section reports the Independent Evaluators' findings of the service point's strengths in relation to addressing Outcomes through good practice

The Independent Evaluators were particularly impressed by:

- Community Services continuing to be committed to thinking and working in a person centred way and in particular, the Lifestyle of Choice Outcome.
- The success of Your Way Unit working with people to choose and improve their ability to share manage their Intensive Family Support funding. It is commendable that the eight people interviewed using Shared Management to the full extent are enjoying the benefits of being in control of their support and being able to choose their own staff.
- The 'See You, See Me' workshops, and the 'Person-centred solutions to behavioural and emotional problems' training are excellent examples of staff training to enhance the Outcomes of Wellbeing and Positive Relationships.
- The innovative project and trial of "iplanit" to investigate if this tool will be useful for person centred planning and measuring all QMF Outcomes.
- The use of the Family Outcome Survey (FOS) to quantitatively measure the impact of Intensive Family Support Services.
- The positive impact that Intensive Family Support and Time Off and Planning and Young Time Off and Planning ("TOP") support is having on the Outcomes of Positive Relationships, Support Networks and Wellbeing.
- Communication between staff and the people receiving TOP services is reported as exemplary.
- New initiatives for Aboriginal people receiving Regional Home Care Services. Most notable, employing an Aboriginal Coordinator to set up an Aboriginal Service and develop an Aboriginal Service Plan.
- The organisation establishing Reference Networks with quarterly meetings to get people's feedback and become involved in developing supports in the future.

B. Required actions

Disability sector organisations are required to meet all contractual obligations of their Service Agreement with the Commission. Required Actions (RAs) focus on the minimum satisfactory level of service and must be implemented by the specified date. The rating scale used to assess the Disability Services Standards is met / not met.

Based on observations and corroborative evidence examined as part of this assessment, it is assessed that the service point meets Disability Services Standards 1, 2, 3, 4, 5, 6, 7, 8, 9. The Independent Evaluators did not identify any Required Actions during the evaluation visit.

C. Key priorities for service improvement

Key Priorities for Service Improvement (KPSIs) identify actions to enhance practices in addressing Outcomes for people with disability and meeting Disability Services Standards.

They need to be carefully considered by service management as part of contractual obligations and normal organisational planning processes, and then implemented. They are required to be reported upon in the next Self Assessment as evidence of continuous service improvement.

The Independent Evaluators identified the following Key Priorities for Service Improvement:

Key Priority for Service Improvement 1

Intensive Family Support Services

All Outcomes

- Improve practical and everyday communication between people receiving support and staff and between staff in support teams.
- In particular: letting people know when staff and /or arrangements change, the status of people's funding and correspondence sent to families.

Key Priority for Service Improvement 2

Intensive Family Support Services

Wellbeing

- Increase support of staff using regular strength based supervision and appraisals.
- Focus on ensuring staff are up-to-date with specialised care training, such as medication administration, PEG feeding and manual handling.

D. Matters for further exploration

This section reports the Independent Evaluators' summary of other matters arising from the evaluation of the service point.

- Continue to develop relationships with people using services to encourage them to give formal and informal feedback or complaints. This may be through improved communication between staff, the Listening and Learning procedure or the Reference Networks initiative.
- Your Link, the new Community Services Management System set to be rolled out in January 2013. It is recognised that Your Link will improve the management of people's information.
- The Evaluators acknowledge that people appreciate the informal communication with TOP staff. However, it would be valuable to look into documenting the outcomes of the support provided.
- Three people suggested being able to use TOP funding to compensate a family member, in particular, siblings, with the costs to look after their brother or sister with disability.

5. Meeting outcomes

This section reports the Independent Evaluators' findings of the service point's achievements in relation to addressing the Outcomes.

Meeting Outcomes - Family Support Services

Positive Relationships

Outcome: Individuals, families and carers have healthy, strong relationships and social connections within their families and broader communities.

Evidence noted (eg observations, feedback and documentation):

- Most people reported the positive impact that Intensive Family Support has on their family relationships, including with siblings and their extended family.
- People reported that the support allowed them to have private time together on a regular basis, maintain employment, get out into the community alone or as a family unit and manage as an ageing carer.
- Comments include:
 - “Me and my [spouse] would be in far worse shape without this support”
 - “Our relationships are stronger between all the family members”
 - “It has given me time to adjust to [having a child] with a disability”
 - “I can now enjoy little things such as having coffee with my sister”
 - “Caring for [our child] has become much more difficult as we’ve gotten older, so we need the help”.
- Most people report flexible and positive arrangements with Family Support Services and other service providers. For example, interagency collaboration with their Local Area Coordinator, health, disability and advocacy organisations, hospitals, schools and Department for Child Protection (DCP).
- Comments include:
 - “I felt as though DCP does not really know much about disability, so it was a good idea to get Perth Home Care involved”
 - “We have a lot of organisations in our life and they all work together to help us out”
 - “Perth Home Care really came to my rescue when [the other service provider] did not know what help I could get. Like getting support in our home and a taxi subsidy”.
- There are many examples of how families are using Time Off and Planning and Young Time Off and Planning (“TOP”) services to develop Positive Relationships.
- Most people interviewed use TOP to contribute to the cost of a holiday, in many combinations. For example: the husband and wife going away alone while their adult child is cared for by Family Support Services or other family members, husband and /or wife going with their adult child and / or siblings, primary carer staying home while the rest of the family goes away, visiting other family members overseas or interstate or attending family events, such as weddings, birthdays and funerals.
- People report that these holidays allow family members to have time to themselves, with their spouse, with other family members.

- Comments include:
 - “My husband and I went on a holiday together for the first time in 25 years. We were able to be alone, really talk and recharge”
 - “We can spend time away and have a break from our [adult child] and [they] can have a break from us. When we get back together, we all appreciate each other more”
 - “It gives us a break from each other and we [family members] can go and do other things. I get to see my other family and friends and [they] get to see other people as well”
 - “This support has given us our marriage back”
 - “Literally keeps us together”.
- Communication between staff and the people receiving TOP services is reported as exemplary. This is despite most of the support arrangements being made over the phone and via letters of correspondence.
- Comments include:
 - “I just want to say how personable and approachable [the TOP staff] are. They always do what they say they will and chase things up”
 - “Hassel free”
 - “Straightforward and easy to arrange”
 - “They have been marvellous to me”
 - “[The staff] are amazing”
 - “I just want to say how respectful, thorough, empathetic and understanding the [TOP] staff are”.
- People receiving TOP services reported that they prefer the individualised, flexible and convenient approach and were genuinely surprised that a small amount of interaction with a service provider could result in getting support, albeit once or twice a year.
- Comments include:
 - “You can pitch an idea to [the staff] and they will work with you, making it clear what you can do and what you can’t do”
 - “I was amazed by the paperwork and how easy it all was. You can try and make it so it fits what your family needs”
 - “It’s a real shift from being questioned when you are in crisis mode and you have to bear your soul to get anything”,
 - “I just want to make it clear the importance of being able to choose what you use the money for and talking to [staff] who trust and understand you”
 - “I don’t see anyone”.
- The Evaluators observed the efficient level of communication between people on review of TOP documentation and acknowledge that families appreciate this informal approach. However, it would be valuable to document the outcomes of the support provided.
- Information sessions about Perth Home Care Services’ restructure were held for all staff at the end of 2011, giving staff the opportunity to understand the new roles available.
- Surveys asking questions about the impact of the staff restructure were sent out to people receiving support and staff in September 2012. Due to the timing of the Quality Evaluation the final results of the survey were unavailable to the Evaluators.
- The Evaluators acknowledge that Community Services is in a period of transition during 2012 and that the new Area teams are still at a “forming and norming” stage.

- Some families were able to comment about the restructure:
 - “Why can’t they just sort out changes and stay that way. They are always changing to try to make things better, but the more changes they make, the more confusing for us. We get advised of these changes and then changes happen again”
 - “The constant change with staff in the office and this make it harder for continuity”
 - “There is definitely room for improvement with knowing who to contact for what”
 - “I’m hoping the changes will improve communication, we will have to wait and see”.
- On review of documentation, it was noted that letters sent to people about the new staff was difficult to read in terms of which person was doing what, what changes were taking place and who to contact.
- Some families reported even though they were notified about new staff they would be working with, this changed again in a short time frame.
- The Evaluators spoke to six staff about the restructure. They report that there have been new staff and changing roles and they hoped that things would improve “once everything settled down”.
- Comments from staff include:
 - “Staff and the people we support went through a very confusing time while [the restructure] happened. We have had a lot of people in the office come and go”
 - “The biggest problem we have had is supports not being covered, people we support not knowing who is coming to do services...these issues are all being addressed now”
 - “We have had more consistency in the office and there has been more communication”
 - “Overall I believe the restructure is a good thing, but we aren't finished yet, on paper it may say we have renamed zones and have new staff positions, but there is a big work load to work through”.

Lifestyle of Choice

Outcome: Individuals, families and carers have choice and control over the lifestyle they want to live.

Evidence noted (eg observations, feedback and documentation):
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- Community Services continues to be committed to thinking and working in a person centred way.
- Support Workers receive education about the following topics related to Lifestyle of Choice during their orientation and induction:
 - Person centred approach
 - Interpersonal and practical guidelines for supporting people
 - Service and support plans that include things staff really need to know about the person they work with, things the person wants to work towards and what is important to the person.

- Since March 2011, the ‘See You, See Me’ workshops have educated staff about how to get to know the people they work with by learning about them and telling their story in a respectful and purposeful way. This helps staff:
 - Build positive relationships
 - Know people’s story, the reason why they need support
 - Differentiate between their core responsibilities and what is not their responsibility, while allowing for judgement and creativity
 - Consider what’s important to the person to maximise the control the person has over their life
 - Find the person a place in their community.
- Staff acknowledge the effort and time that the organisation contributes to their development and training, including the efforts to retain staff.
- Comments include:
 - “They have put a lot of effort into training”
 - “Overall the [staff] have taken the training well and are willing to give it a go”
 - “See You See Me I found both very helpful in the way that I do my work. It helped me think about the people we support...to do what they want to do”
 - “I can [now] relate better to my team of support workers and find work for them that they enjoy and in that we should be able to retain more staff”.
- Communication between staff and the people receiving Intensive Family Support Services is highly varied and has an impact on how satisfied they were with their support.
- Although some people described excellent working relationship with staff, at least half of the people contacted were not satisfied with their ongoing level and nature of contact with staff. This influenced how connected they felt about their Intensive Family Support, if staff understood their issues and if they were informed of staff changing or leaving.
- Comments include:
 - “I do not feel in the loop...I have to chase them up”
 - “We would just like more information about what’s going on with staff coming and going”
 - “It would be nice to advised who we can contact and not find that [the person] has left”
 - “The communication is not bad, but there is room for improvement”.
- At least five families would like to get specific and clear information about the balance of the hours left in their funding plan.
- Comments include:
 - “We still have no idea where our funding is going to and are unsure what is left”
 - “Have had many issues over the way funding is used and getting a print out of what funds have been used and what is left”
 - “We’d like a user friendly spread sheet, so we can work out how best to use our hours”.
- Despite issues around ongoing communication, the organisation is committed to working out the best planning process for both staff and families.
- Some families agree that there is definitely “good planning” involved with Intensive Family Support and feel very much apart of the current planning process.

- Comments include:
 - “[Staff] come out and talk to you and find out what’s happening in your life and work on what you need for the future”
 - “We have planning sessions, they have goals and objectives, I can make goals, and I feel quite in control”.
- Community Services is in the middle of developing improved planning tools and documentation of support provided. Consultation on the tools is currently being undertaken and some samples include:
 - A one-page profile for everyone supported by Community Services that includes the person’s goals, what is important to the individual and the family and how they like to be supported
 - Support plans, developed for some people, including strategies and actions people have agreed on, including the individual, family and support team. There will be different formats of plans depending on who is being supported and what type of planning is required.
 - Support instructions, which guide staff in their day-to day work.
- The organisation’s current database system is 15 years old and Your Link, the new Community Services Management System set to be rolled out in January 2013. Features of this system will include improved:
 - Information for all staff on the people they are working with, including management of hours and rosters
 - Information about what services people are receiving, their documentation and plans.
- “iplanit” is currently being trialled with a group of about 20 people receiving services to investigate if this tool will be useful for person centred planning. iplanit is an Internet based system that allows people to upload, update and share their plan on a secure website. The main features are:
 - The system allows the person with disability, their support networks and staff working with them to access the plan online and message each other
 - The system is interactive, in simple English and has a wide range of different plans “My Plan”, from a “quick plan” to more detailed person-centred plans
 - The system has an Action Plan with the status of actions under ‘We did it’, ‘Doing it’ and ‘We didn’t do it’ with lists of who, when why to add.
- The organisation will make a decision late in 2012 if this system will be used by the organisation and to what extent.
- In October 2011, Regional Home Care Services employed an Aboriginal Coordinator to set up an Aboriginal Service for Aboriginal people in the region. Through an Aboriginal Service Plan, the service aims to increase services to Aboriginal people in the region by ensuring Aboriginal people are provided better opportunities to access services.
- There are four key areas of the Plan: engagement and communication, workforce and training, service development and coordination.
- Other initiatives in Aboriginal Services include a:
 - Service context, with legitimate cultural rights, values and expectations
 - Advisory group, to provide leadership and advice
 - Yarning group, to meet and discuss ways to have positive relationships
 - Cultural support program, to build cultural knowledge and connections
 - Links program, to provide culturally appropriate supports and resources
 - Healing model, through a cultural healing program.

Support Networks

Outcome: Individuals, families and carers have confidence in their support networks now and into the future.

Evidence noted (eg observations, feedback and documentation):

- More than any other factor reported, availability and reliability of staff, in particular support workers is crucial to families and their confidence in their support networks.
- Comments include:
 - “It has taken a few years, but now we [the parents] feel confident enough with our staff that we can go out at night. This is really huge for us”.
 - “We had trouble replacing [staff]...nobody showed up and nobody let me know ... there was nobody to fill in”
 - “We fear that we might lose some of our funding when we can’t use all of the support hours as staff are not always available”
 - “[We] feel downhearted when a great staff member leaves and we have to start again”.
- At least half of the people interviewed described their lack of support networks due to family interstate or being too busy with their own families. They explained how much they rely on Intensive Family Support services.
- Most families receiving TOP support for older carers reported how much of an impact the financial assistance had made as they are on a fixed income, being retired or unable to work due to carer responsibilities.
- Comments include:
 - “It’s a boon [blessing] to pensioners and carers who are not working”
 - “With the extra money, we can have a proper holiday”
 - “We can plan to take more breaks in future. Like a holiday every year, rather than every five years”
 - “It makes lot of sense to have more support when you are [an] older [carer]”.
- Parents report the benefits of TOP to their Support Networks (and Positive Relationships) with their other children, who do not have a disability.
- Comments include:
 - “Our [adult] child stayed with their siblings while we were away and this gave us confidence that they would be able to look after [them] when we are not here”
 - “We got to go away with our other children [without disability] and spend time with them. They sometimes feel left out”
 - “[TOP] allows my husband and I to have quality time together as a couple and allows us to take a breather. It allows us to see that other people can take care of our child”.
- Suggestions from three people included being able to use funding to compensate family members, in particular, siblings to look after their brother or sister with disability. For example: “We need to acknowledge and compensate siblings so they do not get resentful and feel appreciated for having to be a carer”
- The organisation is establishing Reference Networks with quarterly meetings to get people’s feedback and become involved in developing supports in the future. Initial discussions will be about the impact of the staff restructure, policy and procedures, opportunities in the community and new ways of working.

- The Reference Network intends to be a 'critical reflective friend' with meetings hosted by Area Managers and Service Coordinators.
- The Listening and Learning policy is to ensure that people who are supported have their complaints heard and resolved effectively. The organisation asks for feedback about the procedures in place for informal and formal complaints. The person / people receiving services are able to have an external review of the complaint with support or advice from an advocacy agency, and use an interpreter, if required.
- At least six families had chosen not to use the complaints procedure, when asked by the Evaluators if they had made a formal or informal complaint about their issues with communication with staff.
- The Your Way Unit was established in 2011 to support people who share management of their funding including those with Intensive Family Support funding.
- Information provided by the Unit includes answering frequently asked questions about how to use the funding and budget, how to pay staff and at what rate, worker's compensation insurance, explaining Perth Home Care's program management fee and support from the Service Coordinator. Information charts have been devised to explain the processes for the funding plan, registration, acquittal, statements, planning and review.
- The Your Way Unit hosts occasional get togethers for people who manage their own funds, so that they can celebrate their work, connect and share their experiences with other people and improve the level of assistance in the future.
- It is commendable that the eight people interviewed using Shared Management to the full extent are enjoying the benefits of the being in control of their support and being able to choose their own staff.
- Comments include:
 - "I have the skills, but it's a lot of work"
 - "We treat it like a business"
 - "Shared Management is the best system for everyone. I do everything, interview and employ the staff, worker's compensation and tax. I have never had any problems. All of the accounting has checked out"
 - "We now have better experiences [with Intensive Family Support], we get our own staff, and they have given us advice on how to employ staff"
 - "We prefer it this way and can now keep good staff"
 - "It works well for our family".
- There is evidence from review of documentation that the Your Way Unit is working with people to improve their ability to do Shared Management and to think "outside the box" For example, applying for out of policy requests under the Intensive Family Support guidelines.

Wellbeing

Outcome: Individuals, families and carers maintain or improve their sense of wellbeing.

Evidence noted (eg observations, feedback and documentation):

- All families described support and assistance received from Family Support Services as adding to their feelings of Wellbeing.
- Comments include:
 - “It makes all the difference in the world”
 - “I was at burn out stage, [the support] turned our life around”
 - “Our family is looking to the future positively and optimistically”
 - “This keeps us sane”
 - “We can go out without thinking about the time”
 - “Helps manage my stress levels”.
- Most families report that they use TOP as a “break away from the caring role”.
- Comments include:
 - “It’s very relaxing and good for me to have the break”
 - “It’s like a relief because I’m exhausted and this forces me to have a real break”
 - ”It makes us go away and we choose to do it as a family”
 - “It takes the pressure off, helps me cope”
 - “When we get back [from a holiday], I feel refreshed and can cope with what’s next”,
 - “I come back energised”.
- Some older carers have never used any Family Support Services before and reported that having TOP makes them take a break, which they wouldn’t have otherwise.
- Comments include:
 - “The money [funding] is there, waiting, so it kind of forces us to take a break”
 - “You are encouraged to take a holiday, how good is that?”
 - “I feel like they are advocating for me to look after myself”.
- The Draft Positive Behaviour Support Policy outlines the purpose to eliminate reactive responses and restrictive practice where possible when developing positive behaviour support practices. The aims of the service and the principle of least restrictive alternative practice, supported decision-making and informed consent are explained.
- Since December 2011 Community Services have had a Positive Behaviour Consultant that provides specialist intervention, training and resources to improve the skills of people involved with people with concerning behaviours.
- In 2011 ‘Person-centred solutions to behavioural and emotional problems’ training was delivered to key staff so that are able to:
 - Understand the causes of behavioural and emotional problems
 - Improve communication
 - Implement Behavioural Support Plans
 - Coach others in following the Plan
 - Maintain positive changes.

- Four people reported that they lack confidence in the level of expertise that some staff have with administration of medication, PEG feeding and / or manual handling. These families are aware that staff receive training in these areas, but think that staff need a review of their skills and competency.
- The organisation provides mandatory education and training about manual handling and medication administration, including the current policies and procedures at orientation and training. There are annual refreshers for manual handling and staff need to be signed off with a medication competency with refreshers done on an as needs basis.
- PEG (gastrostomy feeding) training is given to support workers on an as needs basis if they are working with a person who has a gastrostomy. Theory and practical training is also given to supervisory staff at their annual training days arranged by with refreshers given on an “as needs basis”.
- Strength Based Supervision workshops commenced in June 2012 for all staff and will continue until the end of the year.
- Although professional development and supervision is a priority for the organisation, making the time to actually do supervision is challenging, as this comment from a staff member indicates:
 - “Some of [the] support workers) haven't done three-month appraisal, or their twelve- month appraisal. These are things that need to be followed up and made sure that they are done”.
- In 2011, an Intensive Family Support Survey asked feedback from people receiving services. 105 surveys were mailed to families.
- This survey is the same as the Family Outcome Survey (FOS) developed by Scope in Victoria (2007). It asks families to rate on a five-point scale the impact of the service on their family and in the following areas:
 - Personal and family wellbeing
 - Social life
 - Political life
 - Cultural life
 - Recreational and leisure life
 - Economic life
 - Educational life
 - Spiritual life.

6. Compliance check

Standard 8 - Service management - *Running the service well*

Supporting Standards 8.1 and 8.2 - The service provider conducts police clearances and provides a safe physical environment for its consumers - *Operating a safe service*

Observation	Yes	No	N/A	Info source
The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	Yes.			2, 3, 5
National Police checks are regularly updated for Board members, staff, volunteers and contractors.	Yes.			2, 5
The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff, volunteer or contractor.	Yes			5
The service has an emergency evacuation plan.	Yes.			1, 5
The service regularly practises its emergency evacuation plan.	Yes.			2, 5
The service keeps records of evacuation trials.	Yes.			2, 5
The service has policies and procedures on the administration of medication.	Yes.			2, 4, 5
The administration of medication occurs as detailed in the policies and procedures instructions.	Yes*			4, 5
The buildings are maintained in a condition that does not pose a risk to service users.	Yes.			1

- *Although medication is administered as detailed in the policy and procedure instructions, some families suggest that staff should have their skills reviewed more often.

Standard 9 - Protection of Human Rights and Freedom from Abuse and Neglect - *Being protected from harm*

Observation	Yes	No	N/A	Info source
Supporting Standard 9.6: The service provider has procedures in place to respond within seven days to allegations of abuse and neglect, including reporting mechanisms and strategies for protecting people with disabilities from abuse.	Yes.			2, 5

Information source legend: 1 direct observation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with consumer/s; 5 documentation; 6 self assessment; 7 Commission staff; 8 not determined.

7. Appendix

A. How the quality of your service is measured

Quality Evaluation

- Independent Evaluators contracted to the Disability Services Commission collect evidence from multiple sources to verify the quality of services and supports provided.
- People with disability, their families and carers are invited to comment through the evaluation process on the services and supports they use and how well they are being enabled to live a good life.
- Management and staff and other interested stakeholders are invited to comment on the services and supports provided and outcomes being achieved.
- Evidence is collected by evaluators and assessed in relation to both Quality Management Framework Outcomes and compliance with the Disability Services Standards¹. The evaluation also provides opportunities for suggested improvements to be made.

Outcomes

- Outcomes refer to the impacts, benefits or changes that people with disability, their families and carers experience as a result of using a service or support.
- Outcomes also identify what people with disability, their families and carers can expect from a service or support.
- The outcomes and performance indicators have been developed for each service type: accommodation support, advocacy, alternatives to employment, disability professional services, family support, local area coordination and recreation. Examples include wellbeing; independence; relationships and social connection; lifestyle of choice; and community inclusion and participation.

Performance Indicators

- Performance indicators describe what is looked at to decide how well the service is doing in supporting people with disability, their families and carers to achieve good outcomes.
- Satisfaction is defined, in the context of Quality Evaluation, as a comparison between what a person feels/expects service standards “should be” and their experiences of the “actual service”.
- The best disability sector organisations are those that progressively improve services and supports to enable people with disability, their families and carers to achieve beneficial outcomes. The Quality Evaluation supports this to happen.

¹ Quality Management Framework Outcomes and Disability Services Standards are under review for updating and consolidation.

Disability Services Standards

Standard 1 Service Access - *Getting disability services*

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

Standard 2 Individual Needs - *Getting the right help*

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard 3 Decision Making and Choice - *Having choices and making decisions*

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard 4 Privacy, Dignity and Confidentiality - *Keeping things private*

Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard 5 Participation and Integration - *Being part of the community*

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

Standard 6 Valued Status - *Valuing each person*

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard 7 Complaints and Disputes - *Sorting out problems*

Each consumer is free to raise and have resolved any complaints or disputes he or she may have regarding the service provider or the service.

Standard 8 Service Management - *Running the service well*

Each service provider adopts sound management practices which maximise outcomes for consumers.

Standard 9 Protection of Human Rights and Freedom from Abuse and Neglect - *Being protected from harm*

The service provider acts to prevent abuse and neglect, and to uphold the legal and human rights of consumers.

C. Disclaimer

The evaluation assessment is necessarily limited by the following:

The methodology used for the evaluation has been designed to allow a reasonable degree of assessment in all the circumstances, particularly cost effectiveness of the evaluation process.

The standards against which assessment is made involve subjective terms and this entails an exercise of subjective judgement.

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.

Where outcomes for individuals are of a high standard, and observation and other evidence indicates no apparent gaps in meeting the Disability Services Standards, the Standards are deemed to have been met.

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

The assessment will involve the Evaluation Team raising issues with a sample of individuals with a disability, their family members and carers. On some occasions information gathered from a sample will not reflect the circumstances applying over the whole group.

For these reasons the Evaluation Team cannot and do not accept responsibility for the veracity of any information on which they have based their reports and for a subsequent incorrect assessment that may have occurred based upon that information.