

Quality Policy and Procedure Audit Report

Version 1.0, April 2015

Assessment against the
National Standards for Disability Services

Disability sector organisation:	
Service point name:	Perth Home Care Services (PHCS) and Regional Home Care Services (RHCS)
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Final report date:	24 July 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.

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Acknowledgments

The Team Leader Evaluator extends thanks to management and staff for the assistance they provided throughout the audit visit.

Part A: Executive summary

Introduction

This report describes the findings of the Team Leader Evaluator who visited Perth Home Care Services (PHCS), and completed a desktop audit of Perth Home Care Services (PHCS) and Regional Home Care Services (RHCS) policies and procedures to assess compliance against the National Standards for Disability Services.

A preliminary meeting was held on 4 June 2015 and the Team Leader Evaluator visited the organisation on 12 June 2015. The exit meeting was held by telephone (and email), ending on 24 July 2015.

The organisation uses the terms people, people with disabilities or customer, and families 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	PHCS (including RHCS) is a community benefit organisation established in 1970 that is committed to supporting people in a person centred way to live at home and be part of their community. Working across the disability, aged care and mental health sectors, the service options include agency managed, self-directed and shared management with individuals and families who want greater control of their own supports and services. PHCS operates across metropolitan Perth, the Wheatbelt, and the Coral Coast.
The resources	The Disability Services Commission (the Commission) funding for disability services for 2014/2015 is \$29,263,874 for individualised services, and \$1,604,493 plus indexation for block funded services. Direct support is provided by approximately 200 mostly part-time staff supported by three Executive Managers, 15 Area/Unit Managers, and by specialist behavioural support and nurse consultants. Infrastructure support includes executive, financial, human resources, quality, marketing, public relations, practice development, and consumer advocacy.
The people using services	Individualised packages are provided to 383 individuals, and 260 families benefit from the Family Support program.

Consultation

Statistics

Number of management and staff consulted	31
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Quality Audit 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 documentation and information provided by staff and management; 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

Evaluator note:

The comprehensive review of all policies and procedures underway as well as the implementation of a new person centred process for supports called 'The Customer Journey' is good practice, and will address any policy updates and gaps. For this reason any actions and recommendations are identified as Service Improvements.

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)

If/where noted during a Quality Audit, 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"> • The PHCS vision of 'people living as valued citizens, making their own decisions, developing their abilities and growing in their relationships'; and the values of 'working in partnership with people so they are in control of their lives and the supports and services they use' are reflected in the policies and procedures. • The person centred policy and practice reflected in 'The Customer Journey - Developing the Support Plan Guide', and the 'Reviewing Supports, Services, Goals and Outcomes Guide'.
Business practice/s	<ul style="list-style-type: none"> • The comprehensive review of policies and procedures underway, and the feedback about PHCS' commitment to meaningful relevant policies and procedures as a way to create good practice around 'The Customer Journey'. • The Duty of Care and Dignity of Risk policy that supports rights and decision making; and the importance of significant others such as family, friends and advocates that recognise legal obligations, while aiming for reasonableness and least restrictive options.
Other good practices noted	<ul style="list-style-type: none"> • The Whistleblowing policy to encourage disclosure where there is genuine belief that someone has contravened the code of conduct, policies, or the law. • The range of strategies employed to try to ensure that all staff are informed of updates to policies and procedures.

Required Actions (RA)

If/where noted during a Quality Audit, RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty of care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.

No	Standard	RA statement	Compliance date
1.		No Required Actions were identified	

Service Improvement (SI)

If/where noted during a Quality Audit, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National Standards for Disability Services. While still a gap in meeting Standards, SIs are less major; and are required to be reported on in the annual self-assessment.

No	Standard	SI statement
1.	1	To review the Shared Management agreement to include annual plans and review.
2.	1	To ensure completion of the Positive Behaviour Support Plan and process underway that includes audit of restrictive practices, and the establishment of a Panel of Review in line with the Code of Practice for the Elimination of Restrictive Practices.
3.	2 (and 3)	To strengthen policy and process in terms of cultural responsiveness, including addressing the gap in relation to Aboriginal and Torres Strait Islander culture and connections.
4.	6	To ensure significant forms, templates and documents that relate to the policies and procedures are easily identifiable and accessible, as in that proposed for the new 'ConnectUs' intranet (with lists and relevant forms at each stage of the Customer Journey).
5.	6	To ensure customers (individuals, families and carers) have access to policies and procedures.

Other matters (OM)

If/where noted during a Quality Audit, OMs refer to identified matters that are not within the scope of a Required Action/s or Service Improvement/s – and therefore, do not have reporting requirements. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations. The following includes up to four (4) brief example/s of OMs noted.

No	Standard	OM statement
1.		Many policies and procedures do not mention volunteers (eg the employment clearance procedures). However, PHCS does not currently have volunteers so this is not an issue. Policies would need to be reviewed should the organisation start to have any volunteers.

Part B: The Standards

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

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

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths that enable individuals to reach their goals.
4. **Feedback and complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Further information about the National Standards and the Commission's Quality System can be accessed on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

Standard 1: Rights

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the organisation.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The organisation has the following policies and/or procedures for:				
• treating individuals with dignity and respect			Y	
• promoting and supporting individuals' freedom of expression and decision-making and choice			Y	
• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents			Y	
• safeguarding individuals' rights			Y	
• providing contemporary, evidence-based support strategies with minimal restrictions			Y	
• maintaining individuals' privacy and confidentiality		Y		

Qualitative information

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

Staff and management knowledge

- Management and Coordinators were familiar with the Vision, Purpose and Values, and with the National Standards for Disability Services. An individual who is retained as an expert adviser described them as very empowering.
- A manager was familiar with restrictive practices.
- A team facilitator and a support worker reported being familiar with the Duty of Care and Dignity of Risk policy.
- A support worker was familiar with the Privacy and Confidentiality policy.

Critical documents, systems and processes

- Rights and ethical safe service delivery start with PHCS, the Vision, Purpose and Values that are about 'people living as valued citizens, making their own decisions, developing their abilities, and growing in their relationships'.
- The Vision, Purpose and Values are based on contemporary frameworks in community and social services, including person centred practice, self-direction, recovery, wellness and strengths approaches. The frameworks are documented.
- These values are reflected in the policies and procedures and related

documentation, including the organisation's brochures.

- The language is person centred, values-based, and about freedom and choice; and the 'support and services your way', including in the management of funds with options of self manage, share manage and PHCS manage.
- The Community Services Intranet home page by-line is, 'life is all about choices'.
- The Customer Journey is the new framework by which PHCS aims to translate this into action. 'The Customer Journey – Developing the Support Plan Guide' states that it is about working in partnership with people and families to plan and provide the supports they choose to lead their lives.
- It has seven stages: Meet – Plan (ways that make a difference); Set Up (organise it your way); Get Started (getting it right together); Live Life (we are there when you need us); Review (what needs change); and Move on (finishing things).
- It was developed in consultation with individuals, families and staff. The new templates are being implemented as training is completed.
- An Individual Plan documents choices and supports (see Standard 3).
- A Support and Management Options guide documents the support options available dependent on eligibility, programs funded, and the geographical area.
- The Family Support program guidelines are for PHCS to assist families/primary carers to develop plans and identify strategies to meet their family needs, build capacity and gain resilience in their caring role.
- A Managing Your Own Supports Handbook is available and downloadable from the website.
- A Shared Management Confidentiality Guide and Agreement details options and relevant responsibilities including legal and financial.
- The Disability Services Commission Service Agreement template covers dignity and respect, privacy and confidentiality, secure information, access to personal information, and the requirement for consent to release information, as well as the right to complain and to involve an advocate.
- The Privacy & Confidentiality policies and procedures are particularly relevant to this standard, and address personal and health information, and sensitive information regarding beliefs, opinions and associations.
- Related forms include:
 - The Confidentiality Agreement signed by all staff.
 - The Permission to Share/Obtain information form, signed by individual or primary carer, regarding consent to share with other agencies or obtain information from other agencies. The agencies have to be named and the form dated and signed. There is no time limit and no apparent review.
 - The Combined Consent form for individual and/or primary carer with consent to PHCS employees performing tasks (medication, pharmacy details, home security, emergency procedures, transport, and absence of supervision).
- A related procedure is 'Supporting People and their Financial Affairs and Access to their Homes', which is designed to protect the privacy, decision making, dignity of risk and safety of people in the areas of personal finance and access to the home. The way a person likes to be supported and any specific actions required by staff to assist with financial affairs are to be documented in the person's profile and/or support plan.
- Access to the home is to ensure safe and secure methods for access are

negotiated and communicated to all staff where a person cannot open the door to staff, or if a person does not open the door on a scheduled visit and cannot be raised.

- The Charter of Rights and Responsibilities, consistent with the Carers Recognition Act, refers to people being experts in their lives, in control of their supports and services, and encourages feedback.
- The Duty of Care and Dignity of Risk policies and procedures are to ensure PHCS support the rights to dignity, safety and protection; and quality standards of care without making restrictions on their rights to make meaningful informed choices. It references PHCS legal obligations, to strive for reasonableness and the least restrictive options. The procedure covers the aims, challenges and assessing risk.
- It does not refer to any related documents, and in particular any policies and procedures in relation to restrictive practices.
- The Advocacy Policy supports the need for advocacy at an individual and systemic level to support people to understand and ensure rights, and to help feel safe and raise concerns and to foster collaboration with other organisations in upholding rights.
- The Freedom from Abuse and Neglect Policy is to ensure that people whom PHCS support are protected from abuse and neglect. It covers awareness of people's rights, reporting suspected abuse and neglect, recruitment procedures (including police clearances and reference checks), and collaborative work.
- It includes definitions of abuse and neglect and the requirement to report any suspected infringements of rights, or abuse and neglect, within 24 hours. It references the Duty of Care, Dignity of Risk, and the Complaints policies and procedures, and Serious Incidents with a hyperlink to the relevant form.
- A Procedure for Management of Serious Incidents with related forms: Working Safely; Incident and Hazard Report Form H2; Risk Assessment Form; DSC Serious Incident Form; PHCS Serious Incident Form.
- A central Serious Incidents Register.
- A Safeguarding and Risk policy is in development.
- A Positive Behaviour Support Plan and Process underway has an 18-month timeframe (from January 2015) including training, creation of a team of Positive Behaviour Support Champions, and of a Panel of Review around restrictive practices in line with the Code of Practice for the Elimination of Restrictive Practices.
- It supersedes the Positive Behaviour Support Policy and Working Guidelines that provided for a consultative committee, education workshops, an audit of practices and an auditing tool, but was never fully implemented.
- The organisation needs to ensure that the current plan and process is fully implemented.
- The process of how to access support from the Support and Development Advisory is being reviewed along with the referral form. Staff may be asked to complete assessment forms (STAR chart and/or Motivational Assessment Scale).
- The panel of review is due to be created by the end of 2015 and a restrictive practices audit to be undertaken in the first quarter of 2016.
- A Safeguarding and Service Responses draft plan (Behaviour Support plan)

viewed contained who it has been developed in partnership with, the context, the area of challenge, the agreed safeguard, the risk matrix score, and the agreed service response. Restrictive practices (if any) are documented.

- There are Health forms for monitoring all health matters such as blood pressure, epilepsy, gastronomy and fluid, blood glucose, and what to do if a person falls.

Assessment against the Standard

General statement	The policies and procedures reflect the organisation's strong commitment to rights. The organisation needs to ensure completion of the process underway in relation to restrictive practices.
Standard 1: Rights	Met

Standard 2: Participation and inclusion

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the organisation.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The organisation has the following policies and/or procedures for:				
• promoting and supporting participation and inclusion			Y	
• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection	Y			

Qualitative information

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

Staff and management knowledge

- Staff consulted did not reference any specific policy but spoke of participation and inclusion in terms of the core values of the organisation, and the way they work with people in planning supports with particular reference to community.

Critical documents, systems and processes

- The PHCS vision, purpose and values strongly relates to this standard. It states that living as valued citizens means having a life of meaning, including learning and growing, being involved in and giving something back to our community; and meeting, working and joining in with other people to form and build friendships, relationships, find lovers, and make a family.
- The Customer Journey is the process whereby participation and inclusion is explored and goals set. The Customer Journey materials and tools are available to all staff on the intranet.
- The Family Support program guidelines state that the service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
- There are no policies and procedures currently in relation to respecting Aboriginal and Torres Strait Islander culture and promoting cultural and community connection. There are guidelines in place in the Wheatbelt for a Home and Community Care (HACC) funded program that include mandatory cultural awareness training and a cultural reference group.
- Management reported that consideration is being given to how best to address

this policy gap (eg in the Vision, purpose and values and/or The Customer Journey).

Assessment against the Standard

General statement	The values and guidelines support participation and inclusion. The policy review must ensure it addresses the policy gap in relation to Aboriginal and Torres Strait Islander culture and connections.
Standard 2: Participation and inclusion	Met

Standard 3: Individual outcomes

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

Compliance

<p>This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the organisation.</p> <ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The organisation has the following policies and/or procedures for:				
• person-centred individual service planning, delivery and review		Y		
• respecting and responding to individual diversity		Y		
• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection	Y			

Qualitative information

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

Staff and management knowledge

- The Quality team reported that all Area Managers and Service Coordinators have now been trained in the Customer Journey and that training has commenced with team facilitators and support workers. It will be completed by the end of the year.
- Ongoing training will include champions in each area team.
- Two staff consulted were familiar with the Customer Journey and another had training scheduled.
- A coordinator and support worker described the forms used and told of talking, recording in the service plan, and reviewing.
- They noted that form filling is time consuming and so updates are often verbal rather than being recorded as much as they possibly should be.

Critical documents, systems and processes

- The 'Our Outcomes: Outcomes of Citizenship' identifies what PHCS' vision looks like. That is: Freedom (control of your own life and supports); Purpose (life of meaning); Money (having the means to be financially independent); Home (a place you can call home); Help (having the ability to give and receive help); Community Life (being involved in and giving something for your community); Love and Relationships (meeting, socialising and having relationships); and Safe and Well (having good health and being free from violence or threat).
- The Strategic Plan has six goals, one of which is 'Focus on Outcomes and

Innovation' with 'customers and employees work together to measure outcomes and develop better ways of doing things'.

- A 'Recording and Reporting on Outcomes' instruction identifies why it is important to record and report on outcomes. That is, to know if PHCS is moving towards its vision and making a difference, to maintain a focus on goals and what is most important to the person, to meet funder requirements, and also for continuous improvement in terms of opportunities for learning and growth.
- The 'Customer Journey – Developing the Support Plan Guide' informs the development of an Individual Support Plan.
- The Individual Support Plan template has sections for: who is the person; understanding life today; communication; decision making; what is important to the person; what the person wants to achieve (goals and strategies); choice in terms of back-up; right matching of staff, and if the person wants to be involved in the recruitment of staff.
- It also has sections for a risk/safeguard plan and emergency evacuation plan.
- There is an Individual Support Plan checklist to see how well the person felt their views were listened to, respected in terms of choices, if they are happy with staff and confident they are trained, and if they have any concerns.
- A Reflection and Review Work Instruction applies to Individual Support Plans and Carer Support Plans for review after three months, and then at least annually. This instruction will be superceded (once training is completed in the Customer Journey by the end of the year).
- The Customer Journey - Reviewing Supports, Services, Goals and Outcomes Guide is the new instruction that informs the review of the Individual Support Plan.
- The Individual Support Plan review section asks what is working well and what is assisting the person; what is not working well and what is preventing the person from achieving what they want; what goals they have achieved; what outcomes; what needs to stay the same and what needs to change.
- Responding to individual diversity is implicit in the Vision, Purpose and Values and in The Customer Journey.
- The Access, Entry and Exit procedure states that 'we respect people's cultural and religious backgrounds and develop supports and services that are appropriate to their values and beliefs'.
- There is however no mention in The Customer Journey about respecting culturally and linguistically diverse cultures and promoting cultural and community connections.

Assessment against the Standard

General statement	This standard is assessed as met due to the frameworks, policies and procedures, guidelines and forms in place in relation to outcomes and to individual diversity. They need to be strengthened to ensure outcomes in terms of respecting and promoting cultural connections.
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints

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

Compliance

<p>This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the organisation.</p> <ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
<p>The organisation has the following policies and/or procedures for:</p> <ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		Y		

Qualitative information

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

Staff and management knowledge

- Two staff reported recent training in the recently reviewed complaints policy.
- Managers consulted noted receiving the updated policy for discussion with staff.
- The Quality team advised that PHCS is participating in the Health and Disability Services Complaints Office (HaDSCO) pilot.

Critical documents, systems and processes

- The Complaints policies and procedures were reviewed and revised in February 2015. It references PHCS' vision of people living as valued citizens and commits to hear, respond to, and address concerns made by people about PHCS. 'We welcome and encourage people to raise concerns and make complaints and assure them that they can do so without fear from retribution'.
- Related documents are noted as being the Serious Incident Forms and Duty of Care, and Dignity of Risk policy.
- The procedure allows concerns to be raised in a variety of ways, has response timelines, the right to advocates and external review, and has clear staff responsibilities and recording requirements. It includes details of external agencies, and a selection of random follow up to check satisfaction with complaints management.
- Complaints that meet the definition of serious must also follow the Procedure for Management of Serious Incidents.
- The Consumer Liaison Officer is responsible for complaints management and has a Consumer Liaison Officer (CLO) Complaints Process instruction.
- The Access, Entry and Exit Procedure guiding principles includes that PHCS

welcomes feedback and complaints about the quality of their services, and actively works to ensure people can make complaints without fear of loss of services or retribution.

- The 'How are we doing? Compliments, suggestions and complaints' ask customers to 'tell us what you think', 'here's how you can contact us' need support to make a complaint', and 'how would you like us to contact you?' There is a feedback section for details.
- The feedback form is on the website and can be downloaded, as can relevant policies and procedures (ie Advocacy Policy, Privacy and Confidentiality Policy, and Complaints Policy).
- 'How good is our complaints procedure' form seeks feedback from customers (individuals and families and carers) about how satisfied they are with the handing of their complaint and where PHCS could do better.
- The Continuous Improvement Procedure Sept 2014 includes 'our work practices and processes for continuous improvement including the following:
 - Ongoing consultation and feedback with stakeholders via surveys, workshops, meetings, complaints processes and reviews.
 - Analysing and using feedback obtained to undertake necessary corrective action when improvements have been identified.

Assessment against the Standard

General statement	The organisation has strong feedback and complaints management policies and processes.
Standard 4: Feedback and complaints	Met

Standard 5: Service access

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the organisation.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The organisation has the following policies and/or procedures for:				
<ul style="list-style-type: none"> • promoting and supporting fair and transparent service access 		Y		

Qualitative information

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

- A coordinator consulted told of meeting with people to discuss what support they would like, and if/how it could be provided.

Critical documents, systems and processes

- The purpose of the access, entry and exit procedure is to ensure people can access, enter and exit services fairly, and be free from discrimination.
- The procedure has a strong commitment to person-centered practice, supporting people to be in control of their lives, and the supports and services they use. It acknowledges people's rights to choose their service provider, and to seek an alternative provider when they choose, as well as PHCS' right to decline to provide services to a person if they do not have the capacity.
- The guiding principles include: Transparent decision making; accessible information and facilities; working in partnership with individuals and families to plan and provide supports in a timely manner; supports that are respectful of and appropriate to cultural and religious backgrounds, values and beliefs; relationships based on mutual respect, responsibility and honesty; and encouraging feedback and addressing issues and concerns.
- PHCS has clear procedures for contact and engagement such as access, entry, transition, exit, support mechanisms, and feedback.
- There are a series of brochures for information and guidance such as People Living at Home with Dignity Connected with Family, and a Welcome to PHCS letter with 'Who we are', 'What we do', and 'How we work'.
- The support and management options guide details all options, with a definition of what the support entails. Once the person has explored and decided on the support strategies, the service explores the management options that would

provide them with the level of control and choice they want to lead their lives in the way they choose.

- The Community Services section in the new ConnectUs intranet has links to the Commission website and to the National Standards for Disability Services as well as information about disability-funded programs provided by PHCS.
- The outcome of assessment and review form template informs the relevant people of the outcome of an assessment or review for someone they have referred to PHCS (by email, fax or post).
- The permission to share/obtain information form consents to the sharing of information with other agencies/organisations in relation to service delivery.

Assessment against the Standard

General statement	There is a clear procedure for fair and transparent access, entry and exit with strong person centred principles responsive to individual diversity.
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 organisation.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The organisation has the following policies and/or procedures for:				
• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)		Y		
• employment records that are current and maintained (ie Police Clearances; and Working with Children Checks as appropriate)		Y		
• individuals' records that are current and maintained (ie individual plans, services received, demographics, etc)		Y		
• work health and safety		Y		
• maintaining a safe environment (ie building maintenance, emergency evacuation planning, health safety audits)		Y		
• administration of medication		Y		
• risk management (including a risk register which monitors risk associated with workplace, travel, and individuals' home environment, as applicable)		Y		
• financial management		Y		
• promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review		Y		
• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices		Y		
All policies and procedures relating to the National Standards 1-6 for the organisation are:				
• dated		Y		
• include a review date		Y		
• where appropriate, developed in consultation with individuals, family, friends, carers, advocates		Y		
• where relevant, available to potential and current individuals, family, friends, carers, advocates		Y		

<ul style="list-style-type: none"> made available in customised accessible formats, including languages other than English, as required 		Y		
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Qualitative information

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

Staff and management knowledge

- Managers spoke of involvement in the leadership groups responsible for the comprehensive review of policies and procedures that is underway, and of the very real commitment to meaningful policies and procedures consistent with the PHCS vision and values.
- The review process was described as not being as good in the past.
- A customer/expert adviser spoke of the importance of customers having access to policies and procedures so that they know what support workers can and cannot do.
- Staff familiarity with the policies and procedures varied, but all levels said they knew where to find policies and procedures if they needed them, and/or who to go to for access or clarification.
- Overall staff considered they were familiar with what they needed to know for their role. For example, a number referred to the green form for accidents and incidents, and support workers showed a greater awareness of the vehicle policy, while coordinators spoke of customer and administrative tasks.
- Mostly staff said they look them up when necessary. Office based staff showed that they know where to look on the intranet, but said that it can be difficult to find the policies and procedures.
- Support workers do not have access to the intranet. Those consulted spoke of policies and procedures being discussed at staff meetings, of being told when there are changes, and of being able to request copies. One support worker told of asking their coordinator for, and receiving, several policies and procedures recently.
- All employees (except one) said they had had training related to the policies and procedures, at orientation initially, and/or through discussion at team meetings.
- Managers spoke of receiving new and updated policies and procedures, of it being their responsibility to disseminate to their staff, of discussing core policies with staff at team meetings (which are minuted), and of posting hard copies when necessary.
- Examples were given of recent targeted training in policies and procedures in their areas (eg Complaints, and in Managing Bullying and Harassment that included the recently reviewed Fair Treatment Procedure and the new Whistleblowing Policy).
- A number of staff though said that its one thing to tell staff about updates, but there is nothing to show that staff have read them, and there should be a record of evidence. Management reported that this is being addressed.
- The Quality team said that policies and procedures is an acknowledged area for improvement. An Employee Journey to match the Customer Journey is to be part of the new SharePoint intranet, and the aim as part of this is to standardise processes, and to consider populating the employee journey with relevant policies

and procedures.

Critical documents, systems and processes

- PHCS state that all of their work, their strategic and business plans, their policies, systems and processes, seek to uphold their vision, purpose and values; and this was evident in this evaluation.
- The policies and procedures are framed within the vision, purpose and values and their relation to a particular policy or procedure.
- A full review of PHCS policies and procedures was underway at the time of this evaluation. This was noted in the organisation's self-assessment and includes:
 - The updating of all core policies and bringing them into a consistent template with the responsible executive manager, the author, the date approved, the review date, the review history, and any other related documents.
 - Ensuring they comply with the National Standards for Disability Services.
 - The archiving of many surplus/redundant policies and procedures.
- Leadership groups are responsible for the review. The Governance Officer emails status reports with timelines weekly, and is responsible for ensuring the currency of the template prior to uploading to the intranet. The new Quality Team now has overall responsibility for the policies and procedures.
- PHCS policy (in the Board Policy document) is for annual review of the policies and procedures. Many of the policies and procedures viewed were not yet in the new format and were not clear about whether (and when) they had been reviewed. The review will address this.
- Policies and procedures have related documents noted, but not their related forms/templates. It was difficult to ascertain exactly what forms exist, and which policies and procedures they relate to.
- Management reported that this will be addressed with the new ConnectUs intranet. It will identify the relevant forms at each stage of the Customer Journey and list the forms along with policies and procedures.
- The policies and procedures are already on the ConnectUs intranet with core ones noted for each department. An announcements section details (and has hyperlinks to) updated documents including policies and procedures and forms.
- Training is at induction initially with ongoing training/information through monthly updates, which advise of new/reviewed policies through discussion at area/team (cluster) meetings; and through targeted training and through posting hard copies on occasion to support workers.
- Strong governance policies and processes include:
 - A Board Policy Document with code of conduct, governance principles, Board and CEO roles, executive limitations, financial matters, risk management, monitoring reports, and a Board induction template.
 - A conflict of interest and related party policy, and a conflict of interest and related party declaration of interest form. It is required to be updated annually.
 - A register of interests maintained by the governance officer.
- Involvement policies reflect the importance to PHCS and include:
 - An 'Involvement Advisor Position Description' to support the involvement (eg in training, consultation groups, as expert advisers) of people with personal experience of using supports and services in PHCS.
 - A 'Customer Engagement Request' form for staff/departments to request

customer input and a 'Customer Engagement Profile' form for customers to identify areas of expertise, the areas they would like to be involved in, and their availability.

- An Involvement Framework is in development.
- A Peer Support Framework is to be developed.
- Consultation on organisational change policy and procedure to ensure that staff are consulted on changes that may affect them, their safety, or work environment.
- Human Resources (HR) policies include:
 - An Executive Management Structure document with clear lines of responsibility, to support the area teams to provide excellent customer services at a local level.
 - A recruitment policy, a probationary procedure with six months for new employees, a competency framework for support workers, a code of conduct policy, and confidentiality agreement for all employees. The latter is to ensure the privacy and confidentiality of all information regarding customers, employees and others who provide unpaid support, and the need for authority and consent where it is essential to discuss or share information.
 - An employment clearance procedure with requirements for new and existing employees and Board members. National police clearance must be conducted prior to any offer of employment. There are clear procedures for decision making should there be a criminal record.
 - A letter template when National Police Clearance is expiring. Failure to provide a new clearance results in suspension until it is received.
 - A Welcome Program Workbook, which is a learning journey booklet for all new staff and includes the PHCS vision, their role, how the team works, core training, a learning agreement, progress discussion, and mid-probation discussion.
 - A sign-off on policies and procedures, which has been introduced to ensure specific reference to relevant policies and procedures for the role, and where to access policies and procedures on the intranet. Policies and procedures questions and answers are being included as part of probation. Consideration is being given to inclusion of policies and procedures at supervision and/or appraisal.
 - A supervision policy, which has the PHCS approach to supervision, and the confidentiality and the expectations (monthly for most employees). A supervision agreement is negotiated and documented.
 - A training and development policy, with training and development needs captured at commencement, at supervision, appraisal and through consultation with customers.
 - Training opportunities for customers to enhance their capacity to exercise control of supports and services.
 - A training program outline, which is an orientation workshop for all employees within the first month of employment to meet staff, learn about the organisation's values, safe work practices, code of conduct and other key themes.
 - A fair treatment procedure regarding the right to a workplace free from discrimination, bullying or harassment, and the procedure to be followed.

- A whistleblowing policy to encourage employees to make a disclosure without fear of reprisal if they genuinely believe someone has contravened the code of conduct, policies or the law.
- Work health and safety is well covered with:
 - A health and safety policy in accordance with the Occupational Safety and Health (OSH) Act 1984 and Regulations 1996, which includes a report of accidents, incidents and hazards procedure; an incident and accident investigation form; a working safely incident accident or hazard report and OSH Action plan with area (region) action number, issues raised, responsibility, deadline, action completed and status.
 - An OSH consultation committee members list covering all regional offices with involvement from management, coordinators, facilitator, support workers, nurse consultant and office coordinator.
 - A working safely key responsibilities, which includes emergency evacuation and communication, accident/incidents/hazards, transporting people, injury management procedure and workplace inspection.
 - An office safety policy that details requirements, an office inspection checklist with a schedule for annual office inspections, and a list of contact officers.
 - A medication policy and procedure for the management and administration of medication together with a medication chart, a management of medication incident procedure to be followed when a medication incident has occurred, and Clinical incident report.
- Organisation, financial and risk management is comprehensive with:
 - A mission discernment framework, which is a strategic decision making document.
 - A schedule of financial delegations, a registered provider list, and an accounts advice form.
 - A risk management policy with a risk treatment action plan and risk register. The PHCS approach to risk management is detailed with responsibilities set, and it is a standing item at executive managers meetings. There is a hierarchy of risk control/assessment control measures and a risk register, and risks are considered for each new project.
 - An internal audit procedure, which is a component of the risk management framework, and defines the responsibilities and requirements for planning and conducting audits, establishing records, and reporting results to identify areas for improvement.
 - A disaster and emergency planning procedure (which is under review) to assist in the safe evacuation of customers in the event of a natural disaster and emergency.
 - An information and records management policy, which includes a retention and disposal schedule. The filing and archiving procedures ensure PHCS has appropriate information, records management and retention practices.
 - An information technology and communications policy, which includes an email policy, a mobile phone and mobile data device policy, and a social media policy, all of which encourage the use of information technology within the bounds of employment, legal and ethical conduct requirements.
- Quality management is comprehensive with:
 - A PHCS quality management framework and quality management system

procedure, and a review process to ensure the development and maintenance of systems and related processes.

- A continuous improvement procedure including undertaking ongoing monitoring, evaluation and review of service delivery in conjunction with the business plan, a risk management plan, key performance indications, anticipated outcomes, executive meetings, staff meeting and meetings with relevant stakeholders, as well as ensuring that policies and procedures are up to date.

Assessment against the Standard

General statement

The organisation has comprehensive service management policies, procedures and related forms. The current review will address those with inconsistent formats and review dates. It would benefit from reviewing all forms along with the policies and procedures and noting related forms and templates on the policies and procedures.

Standard 6: Service management

Met

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"> • The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. • The organisation has managed and reported on financial and human resources activities well. • Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. • The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
<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"> • There is a total breakdown of a system or procedure governed by applicable Standards. • There is a total absence of a requirement being addressed by the provider. • There is a failure to comply with the requirements of the Standards. • There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). • The major gap represents a high risk to individuals. • Experience and judgement indicate there is a likely failure to assure quality services. • A number of small or long-standing gaps in the Standards are related to the same requirement.
Service Improvement (SI)	
<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"> • A minor gap in meeting the Standards or related procedure is evident. • There is a weakness in the system, not the absence of a system. • Human error is evident. • The gap affects the service, but is not unsafe ('misdemeanour-like').

	<ul style="list-style-type: none"> • There is minimal risk to individuals. • Experience and judgement indicate a reduction in the quality of services. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved.
<p>Other matters (OM)</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"> • Matters for consideration may not represent a gap in meeting the Standards, but may enhance the quality of services provided or result in better individual outcomes. • A lack of financial and/or human resources to enhance services and foster a positive attitude is evident. • There are opportunities to improve communication mechanisms for: organisational change; contact with families; response timeframes; and/or alternative communication methods. • There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency. • There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.

Disclaimer

The quality audit assessment is necessarily limited by the following:

- The methodology used for the audit has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on feedback and written records as sources of evidence. 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 Team Leader Evaluator raising issues with a sample of relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.