Government of **Western Australia**
Department of **Communities**
Disability Services

Quality Evaluation Report
Version 2.4

Evaluation details	
Organisation	Avivo: Live Life
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Rosie Lawn
Assignment name:	Comprehensive Evaluation
Geographic area/s:	Metropolitan, Regional – Wheatbelt (Northam) Peel Coast (Mandurah) Coral Coast (Geraldton)
National Standards for Disability Services assessed:	Standards 1-6
Evaluation team*:	Barbara Gatter (TL), Maxina Martellotta, Bettina Philp
Final report date:	30 January 2019
Report Endorsement	
Endorsed by:	Mary McHugh Quality and Safeguarding Manager

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

Executive summary

Introduction

This report describes the findings of the evaluators who visited Avivo offices and made observations; reviewed feedback from individuals with disability, their families and carers, staff and management; and assessed written evidence for compliance with the National Standards for Disability Services (Standards).

An opening meeting was held on 6 November 2018. Avivo preferred to advise customers, families and staff of the outcomes of the Quality Evaluation via its existing communication channels, rather than hold a closing meeting. This will include advice that the Report can be viewed on Avivo's website.

Assessment of compliance with the Standards	
The rating scale used to assess the Standards is **met/not met.**	
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

Exceptional practices
Where noted, exceptional practices refer to initiatives towards excellence in service delivery
"Working Locally" is a comprehensive, integrated organisational change project, being implemented by Avivo over two years, from June 2017 to June 2019. It has created multiple metropolitan and regional service hubs and is designed to transition the organisation from largely centralised structures and decision making, to decentralised, with local, self-managing, autonomous teams having responsibility for their work decisions and outcomes. The rationale underpinning the change is that local, empowered staff will have stronger connections, a stronger sense of local belonging and a capacity to contribute to the communities in which they work, and that this will contribute to more consistent, responsive and reliable local services for customers. The implementation project itself demonstrates excellent practices in change management, in the context of both staff and customers, and is an exemplar of how organisational values can drive positive structural change.

Required Actions (RA)

Where noted, RAs refer to a major gap in meeting **Standards (NSDS)** and identified **Indicators of Practice (IoPs)**. They identify action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of individuals with disability; or may relate to legal requirements and duty of care issues. RAs are required to be addressed by the compliance date.

No.	NSDS	IoP(s)	RA statement	Compliance date
			No RAs were identified in the Evaluation	

Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**.
Progress on SIs is reported in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1	1	1.1	It is suggested that Avivo continue to improve its practices, with a focus on simplifying the way the information is presented, ensuring agency managed customers know that they can request regular reports, and ensuring that the timing and frequency of the information supports customers' capacity to make informed decisions about underutilised funds.
2	1	1.3	Avivo to actively monitor communication around late shift changes, to identify and address communication gaps in the current process; and information in the staff induction Welcome Pack be strengthened, so that staff understand the importance of presenting their photo ID to unfamiliar customers, before they enter their homes.
3	4	4.2	It is suggested that the organisation implement further strategies to regularly remind customers and families of their formal complaints options, for example, in every newsletter, on the Facebook homepage and on the home page of the website.
4	5	5.2 5.5	Customer information is comprehensive via print and electronic media but might not be accessible to all people with disabilities. It is suggested that the Enabling Technology initiative could provide a framework within which the website could be enhanced, for example, to meet WC3 specifications for website access for people with disabilities.

Self-assessment (SA): Standards 1-6	
The Self-assessment is completed by the organisation each year in April, for verification of evidence during the audit.	
SA completed by:	Sandra McLatchie
Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the organisation's knowledge of the Standards and their indicators of practice?	Yes.

Code of Conduct	
The Code of Conduct is prepared by the service provider as part of Registration; and is made available to the evaluator for their review during the assessment.	
Does the service provider's Code of Conduct articulate values built around the service and the people for whom services are/to be provided?	Yes. The expected behaviours of staff are comprehensive and well set out in its Code of Conduct. They are directly linked to the organisation's values. The starting point for the Code is respect for customers, valuing their strengths, supporting their choices and working with them in partnerships.

Service profile

Service profile	
Service description (in brief)	
The services provided	Avivo is a large service provider and supports customers with wide range of physical neurological and intellectual disabilities and support needs across the following clusters: 1: Accommodation 2: Daily Living 4: Wellbeing 5: Having a break 6A: Support Planning Episodic 6B: Support Planning ongoing or intermittent 7A: Behaviour/safeguarding support 7B: Specialist Care

The resources	Disability Services funding for the current financial year is $24,977,025 Department of Communities, Disability Services $13,317,064 WA NDIS $1,720,264 NDIS
	The majority of staff work part-time and across Avivo's Disability Service programs, and total 223 FTE, with 434,469 Support Worker hours annually.
	Avivo's Leadership structure was reorganised over a three-month period shortly before the Evaluation commenced and some transitional arrangements were still in place. The new structure is leaner, and team rather than individually based, to better support the organisation's values and strategic and operational objectives and achieve the Working Locally vision. The structure now includes the following management teams to support local area operations:
	• Executive Teams x 3
	• Community Services Mentoring team
	• Working Locally team
	• Sector Support team
	• The other business support teams include;
	• Learning and Development team
	• Comms and Engagement team
	• Human Resources team
	• Finance team
	• Information Services & Offices team
	Area teams coordinate services and support worker teams in a particular geographical area. Unit teams are resourced to provide specialised services e.g. Shared Living, Shared Management, Family Support & Individualised Community Living. Other resources to support Area Teams to deliver quality customer services are Behavioural Support and Nurse Consultants, a Safeguarding and Service Response planning capacity and a Restrictive Practice Committee, to support the teams to plan with customers who are very vulnerable, might exhibit challenging behaviours or for whom more detailed planning is required for other reasons.

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

Ages and Gender of customers is as follows:

Age Range	Female	Male	Combined Total
0-20 years	69	142	211
21-51 years	196	202	398
51-100 years	154	130	284
			Total 893

In addition to the above, 523 customers have been supported through Family Support this financial year.

Consultation	
Statistics	
Number of visits to group homes	0
Number of individuals with disability observed during visits	0
Number of visits to private homes	0
Number of met/interviewed individuals with disability	12
Number of met/interviewed family/carers/friends/advocates/guardians	8
Number of telephone interviews or emails with individuals with disability	12
Number of telephone interviews or emails with family members/carers/ friends/advocates/guardians	18
Number of individual files/plans reviewed	24
Number of complaints reviewed	33
Number of serious incident reports reviewed	3
Number of staff meetings attended	3
Number of staff consulted	30
Number of external stakeholders consulted	0

Summary of findings

Assessment of compliance with the Standards
Policies and Procedures (P&P) and Indicators of Practice (IoP)
The findings described below reference information provided to demonstrate the organisation's compliance with the policy and procedure component and Indicators of Practice (IoP) for each Standard. • For every Standard, the *Assessment summary* provides an overarching statement of the organisation's compliance; highlights good practice; and notes where there is opportunity for service improvement or a matter for the service provider's consideration. • For every Standard, the *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP. • **Yes:** the IoP describes and affirms the organisation's positive focus and evidence of appropriate practice. • **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and practice and identifies where a Standard is not met resulting in a Required Action **(RA)**; or a Service Improvement **(SI)**; or an Other Matter **(OM)** for the organisation's consideration. • The *Legend for evidence information source* refers to: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians. • The Legend identifies the sources of evidence that the evaluator has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence. • Findings against Indicators of Practice may be used by the organisation to develop its Action Plan to meet minimum Standards, or revise its Continuous Improvement Plan, to show how improvements will be made to enhance compliance with Standards and outcomes for individuals.

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

Assessment summary against Standard 1: Rights
Standard 1 is met

Avivo is a strongly values driven organisation and reinforces its commitment to rights based actions and services through a range of strategies, in hard copy brochures and documents, and in electronic formats, through its website and its Facebook presence. Relevant documents include the organisation's Purpose, Vision and Values, its Charter of Rights and Responsibilities, its Working with Vulnerable People Policy, its Duty of Care Policy, its Staff Induction Program and more. The Wellbeing and Safety Planning Guidance document provides excellent guidance for staff working with vulnerable customers who have complex support needs, and who might at times exhibit behaviours that are challenging.

A strong commitment to promoting citizenship is evident in documentation and practice, with an overall Vision to contribute to a society in which people are valued citizens, making their own decisions, developing their abilities and growing in their relationships. Discussions with staff and management confirmed that they understand Standard 1 requirements, and practice in a manner which places a high value on treating customers respectfully, in ways that promote their personal safety and that they are mindful of their human rights and dignity. A very significant majority of customers reported positive, supportive relationships with the staff who work with them.

The other matter was that some customers and families were less than satisfied with Avivo's communication, regarding information provided to them around late shift changes. Concerns included feeling unsafe at having an unknown worker, who did not always provide photo ID, enter their home, not having a say in who would provide relief, not being advised of the shift change before the relief worker arrived at the door, the relief worker not being familiar with/trained to meet some of the customer's needs, embarrassment at having to accept personal care from a stranger, and no relief worker being provided at all.

Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key elements of Standard 1 (stated in 'Standard for Service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 1		
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect. **Reason for Finding:** Some families were less than satisfied with Avivo's communication, and the information provided to them regarding expenditure of funds/utilisation of budgeted hours. Concerns included that when information was received it was too hard to understand, that information was not timely, and when hours were underutilised, they did not have the time to make informed decisions around how the hours could be used to contribute to goal achievement. They were concerned about funds being reduced on review, if hours remained unused. It is noted that Avivo has heard earlier customer concerns around this issue and has worked to address it. However, the feedback received suggests there is scope for further improvement. **(ref SI 1)**	No	1,2,3,5,7,8
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,3
1:3 The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities. **Reason for Finding:** Several customers expressed concerns about communication around late shift changes and service cancellations. They described experiencing a range of negative personal impacts when they were not informed of the change in a timely manner.	No	1,2,3,5,8

• It is noted that the same issue was identified in previous Quality Evaluations in April 2015 and February 2016. **(ref SI 2)**		
1:4 The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	Yes	1,2,3,5,8
1:5 The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Yes	1,2,3,5,8
1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,3,5,8
1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,3
1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1,2,3,5
1:9 The organisation keeps personal information confidential and private.	Yes	1,2,3,5

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment
6 other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 2: Participation and inclusion

Standard 2 is met

Avivo's strong commitment to Participation and Inclusion is embedded in its Vision Purpose and Values statement, which begins with the heading "Living as Valued Citizens" and goes on to identify eight features of life that contribute to achieving valued citizenship. These are recurrent themes across a range of documents. Discussions with management staff confirmed strong leadership around the promotion of citizenship and community engagement. Discussions with customers, families and staff, and reading of Support Plans, provided many examples of how customers and staff work creatively together to achieve their goals around participation and inclusion, in some cases, to an extent that a few years earlier, they would not have thought possible. Staff were able to describe their engagement in partnerships with a range of other organisations in local communities, and how they worked with them to help their customers to achieve their goals.

Avivo has comprehensive staff induction training, through its Welcome Program, which addresses participation and inclusion. Its mentoring arrangements and its ongoing program of staff training and development ensure skills remain current and relevant to the support needs of each customer and focus on the importance of promoting customers' opportunities to exercise citizenship in their community activities. Consultations with staff and customers indicated a similar view, that staff are well trained and supported in undertaking their work responsibilities in ways that are consistent with the requirements of the National Standards. There was a small minority of customers who did not share this view, including some who had made complaints. Almost all of these were satisfied with Avivo's responsiveness, and changes made as a result of their complaint.

Avivo is also strongly committed to the participation and inclusion of customers in developing the organisation, with an observation that skills developed in the process often build confidence and positively impact other participatory activities. Regular feedback about engagement with the organisation is gained through a variety of consultation strategies, and customers are involved in reflection and planning events on a regular basis.

Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key elements of Standard 2 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 2		
2:1 The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1,2,3,5
2:2 The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1,2,3,5,8
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	2,3,5
2:4 Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1,2,3,5,8
2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1,2,3,5,8
2:6 The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1,2,3,5

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff **4** discussion with external stakeholder; **5** annual self-assessment
6 other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 3: Individual outcomes

Standard 3 is met.

Outcomes focussed approaches were evidenced both in documentation and in consultations with customers, management and support staff.   In a number of cases, evidence that Support Plans were regularly reviewed was not immediately apparent in those reviewed in the Support Plan Module. However, evidence could be tracked through other documents on each customer's suite of electronic files. Due to limitations with the current platform (YourLink) staff are unable to track specific goal progress within the "Support Plan" Module. The goals are therefore recorded on the Support Plans as part of the general guidance for support staff but are also recorded in more detail in the Forms Module, which, while still having limited functions, has better capacity to enable staff to track the progress of individual goals over time. Goal information is also included in the Customer Journey Booklet.

- As part of the current Working Locally change process, Avivo is developing a new platform that will result in better capacity to electronically document planning and review arrangements, with: real time updating of customer plans and goals, which can be done by the staff that are working directly with the customer (i.e. they will be able to access the data base via mobile applications), rather than relying on a chain of information transfer from field staff or customer to the office via phone, email or hardcopy, and then database entry); and

- streamlined recording and tracking, by having plans and goals recorded and reviewed in one place, rather than the current practice of double entry.

The involvement of customers and families was evidenced in Support Plans reviewed, and in consultations. A majority of customers/families consulted were able to speak about annually engaging with Avivo to develop a plan which identified goals and strategies to move towards those goals. They were able to confirm annual reviews of Support Plans. Team Facilitators and Coordinators were able to speak about this process and the involvement of family/other supports as agreed. They also noted that there were sometimes challenges for them and customers, around the quality of the Individual Plans produced by NDIS.

Customers/families spoke about the ability to exercise control and choice over the planning and provision of services. This was reinforced by discussion with staff who also were able to speak about the importance of choice and control to work practice.

Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key elements of Standard 3 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 3		
3:1 The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Yes	1,2,3,5,8
3:2 Organisation planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	Yes	1,2,3,5,8
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,5,8
3:4 Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Yes	1,2,3,5,8
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,3,5

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment
6 other **7** direct observations **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 4: Feedback and complaints
Standard 4 is met

Avivo demonstrates a strong commitment to respectfully receiving complaints, which is affirmed in its Complaints Policy and Procedures documents, and to encouraging compliments to confirm good practice. Information is available in a Feedback, Complaints and Compliments information sheet, and on the website. Feedback is sought in the Plan review process. A number of staff advised that they seek feedback informally every time they are with the customer. They regard it as part of their daily work.

In addition to the above, there are formal structures in place through which customer input and feedback is proactively sought. These include, for example, six monthly satisfaction surveys (with sharing of the results), contributing to working groups for the Working Locally initiative, contributing to organisational planning, participating in the Experts by Experience Group, involvement in the development and design of surveys and in staff selection processes. Feedback, complaints and compliments can be received in a variety of ways, including verbally, in writing via letter or feedback form, or electronically via email or the website. Complaint registration practices are consistent with HaDSCO Annual Data Collection requirements.

Review of complaints to date for 2018-19, indicated that most were quickly resolved with decisive action, and all but one that were not resolved, were actively being addressed. There are processes in place for the review of complaints to identify any systemic issues. Avivo has a Customer Liaison Officer, whose role in supporting a customer who might feel uncomfortable about raising a concern directly with staff involved in their support, is clearly outlined in customer targeted feedback and complaints documents. Compliments data is recorded in the Yourlink system and reported on monthly. Teams are encouraged to share and celebrate the compliments they receive.

Statement of qualitative evidence		
Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**

The organisation has policies and/or procedures that support the key elements of Standard 4 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 4		
4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Yes	1,2,3,5,8
4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates. **Reason for Finding:** • Although robust strategies are in place, some customers/families consulted were not able to describe formal processes for making a complaint and indicated that they would just speak to a staff member they knew should the need arise. A small number were less confident to do that, in case of repercussions for their service. Using personal contacts can be an effective way to have a complaint addressed. However, it could be problematic if the matter of concern involved the same staff member/s that the customer relied on to make a complaint, or if the complaint remained unresolved at that informal level. **(Ref SI 3)**	No	1,2,3,5,8
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1,2,5,8
4:4 The organisation seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.	Yes	1,2,5
4:5 The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.	Yes	1,2,5
4:6 The organisation effectively manages disputes.	Yes	1,2,5

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment
6 other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 5: Service access

Standard 5 is met

Avivo has a comprehensive and transparent Access, Entry and Exit Procedure, that is linked to the organisation's values, and sets out principles that guide decisions around entry to the service, and service transition and exit. Entry principles include that there will be no discrimination to access on the grounds of ethnicity, disability, age or level of support needs, making all facilities accessible, addressing any barriers to a potential customer's access, and providing information in ways that are accessible, in formats that assist people to understand and make informed decisions. Transition and exit arrangements include consultation and planning with the customer, and as appropriate, family. The procedures make clear that Avivo welcomes feedback about any access barriers customers have experienced and will work to address these whenever possible.

The Board endorsed a Diversity Policy in 2016, which recognises that to provide quality accessible services to a diverse customer group, it is important to have a diverse workforce at all levels of the organisation. The Policy provides principles to guide decision making in matters related to diversity. A consultative Diversity Working group, made up of a cross section of employees, has developed objectives for each year and reports to the Board annually about progress. Its focus over the past year has been to continue to raise awareness and understanding about workplace diversity, and to develop and implement a workforce diversity improvement plan.

Aboriginal customers participate as partners in the development of Avivo's Reconciliation Action Plans (RAPs), which promote understanding, partnership and improvements in services provided to Aboriginal people and communities. Aboriginal staff ensure the design and development of supports are culturally sound and responsive. The first RAP, which focussed on developing cultural awareness across Avivo, was developed and endorsed by the Board in 2017. In 2018, Avivo delivered Cultural Awareness Training to Board Members and employees and worked to develop competence in acknowledging and working in partnership with Aboriginal people as customers and employees. Work on the next RAP has commenced.

Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key elements of Standard 5 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 5		
5:1 The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Yes	1,2,3 5,8
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available. **Reason for Finding:** Customer information is comprehensive, via multiple strategies, but relies on "traditional" print and electronic media formats, which could be difficult for some customers to access. The Enabling Technology initiative provides a sound framework within which to enhance accessibility. **(ref SI 4)**	No	1,2,3 5,8
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1,2,5
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1,2,5
5:5 The organisation monitors and addresses potential barriers to access.	Yes	1,2,5
5:6 The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Yes	1,2,5
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1,2,3,5

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment
6 other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 6: Service management
Standard 6 is met.

The strong and strategic leadership of the Board and Senior Managers at Avivo, and the organisational commitment to continuous improvement, is demonstrated in the vision shown by the Board and senior managers, in developing major structural change processes, to be implemented over a two-year time frame - the Working Locally project and the related Enabling Technology project. These projects strongly affirm that Avivo is a strategically focussed organisation, able to translate values into action and embed them into structures and operational activities in ways that will benefit customers, their communities and the staff who work with them. Avivo's contemporary person centred, outcomes focussed, citizen-based approach to working in collaboration with its customers, is strongly reflected in both projects.

All policies and procedures reviewed in the Evaluation were of good quality, no gaps were identified and accountability and governance responsibilities are clearly articulated. Sound risk management practices are in place, consistent with the Risk Management Policy and Procedures. The evaluation did not identify any practices that were non-compliant with legislative, regulatory and contractual requirements.

There is a strong organisational focus on continuous improvement. Information is obtained from a range of sources including feedback from customers and staff, through a six-monthly survey, and analysis of data such as complaints and compliments, occupational safety and health and serious incidents. The information is provided to area teams, senior managers and the Board on a regular basis.

As noted in relation to other Standards, Avivo's commitment to person centred practices is embedded in policies, procedures, staff learning and development and other organisational structures and practices and has been a key driver in the implementation of the Working Locally project. This project and the associated Enabling Through Technology Project are strong indicators of the organisation's commitment to continuous improvement.

Statement of qualitative evidence		
Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.		
Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**

The organisation has policies and/or procedures that support the key elements of Standard 6 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 6		
6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1,2,3,5,8
6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1,2,5
6:3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Yes	1,2,5
6:4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1,2,5
6:5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Yes	1,2,5
6:6 The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Yes	1,2,5
6:7 The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.	Yes	1,2,3,5,8

Legend for evidence information source: **1** documentation **2** discussion with management staff
3 discussion with direct care staff; **4** discussion with external stakeholders **5** annual self-assessment
6 other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

Acknowledgments

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Further information

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:
http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system
For further information about this report, please contact the Quality and Evaluation team: quality@dsc.wa.gov.au

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

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

- The assessment involves a reliance on observation, feedback, and written records provided by the organisation as sources of evidence. The accuracy of written records cannot always be completely verified.

- The assessment will involve the Team Leader Evaluator sourcing evidence and seeking feedback from relevant stakeholders. On some occasions, information gathered may not reflect the circumstances applying over the whole group.

- Some issues or required improvements within the organisation may not have been identified due to the time available during the assessment.

Confidentiality statement

The Team Leader Evaluator shall keep all information collected during this assessment, relating to the organisation, confidential; and shall not disclose any such information to any third party, except that as required by legislation or by Disability Services.

All Team Leader Evaluators have signed a confidentiality agreement and will only request and use confidential information provided by the organisation as per the requirements of the Standards being assessed.