



# Quality Evaluation Report

Version 1.9, Oct 2017

Evaluation details	
Organisation	Avivo: Live Life Inc
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Rosie Lawn
Assignment name:	North Metro 2
Geographic area/s:	Coral Coast, Western & Northern Beaches
National Standards for Disability Services assessed:	Abridged: Standards 1, 3 & 4
Evaluation team*:	Natalie Georgeff
Final report date:	24 November 2017
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 evaluator who visited Avivo: Live Life Inc (Avivo) 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 23 October 2017 and the evaluator conducted visits on 19 September, 20 October and 2 November 2017. A closing meeting was not held.

### Assessment for compliance with the Standards

The rating scale used to assess the Standards is **met**.

Standard 1: Rights	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met

### Exceptional practices

Where noted, exceptional practices refer to initiatives towards excellence in service delivery

- The organisation has a strong culture of continuous improvement. There is a high level of congruency of the information collected through reporting, planning and feedback mechanisms and continuous improvement plans and activities. For example, the current innovative projects of Working Locally, Getting It Right and Enabling Through Technology.
- The Diversity Group is a new initiative that addresses the depth and challenges when responding to individual diversity and the rights and preferences of customers and staff.

### 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
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No Required Actions were identified during this quality 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
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No Service Improvements were identified during this quality evaluation.

### 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, Manager Quality & Outcomes
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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.
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### Service profile

#### Service profile

##### Service description (in brief)

The services provided	<ul style="list-style-type: none"> <li>• Avivo provides supports for clusters: Daily living; Wellbeing; Having a break; and Behaviour support &amp; specialist care.</li> <li>• The North Metro #2 area includes the coral coast, western and northern beaches.</li> </ul>
The resources	<ul style="list-style-type: none"> <li>• Total funding for this region is \$12,257,122 for the current financial year.</li> <li>• Staffing related to this area equates to 37 FTE or 72,434 hours.</li> </ul>
The people using services	<p>The organisation uses the term 'customers' to refer to individuals with disability, family member/s of individuals with disability and carers.</p> <ul style="list-style-type: none"> <li>• 162 individuals receive daily living and/or wellbeing support, 433 individuals use respite/family support and three individuals receive specialist care support.</li> <li>• Approximately 43 per cent of customers are males and 57 per cent female, of all ages but mostly in the 21-50 year age group.</li> </ul>



<b>Consultation</b>	
<b>Statistics</b>	
Number of visits to private homes	1
Number of interviews with individuals with disability	0
Number of interviews with family/carers/friends/advocates/guardians	3
Number of telephone interviews or emails with individuals with disability	4
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	14
Number of individual files/plans reviewed	8
Number of complaints reviewed	3
Number of serious incident reports reviewed	1
Number of staff meetings attended	2
Number of staff consulted	16
Number of external stakeholders consulted	1



## Summary of findings

### Assessment for 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 *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP.
- Where the rating is '**Yes**', the IoP describes and affirms the organisation's focus.
- Where the rating is '**No**', a *Reason for finding* will provide the context for any gaps in evidence and identify where a Standard is not met (Required Action); or a Service Improvement (SI) noted; or there is a matter for the organisation's consideration.
- The *Legend for evidence information source* is detailed below each table, as follows:
  - 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**

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

**Assessment against Standard 1: Rights**

**Standard 1 is met.**

Avivo has a high quality of services and systems to protect the rights of customers, with further developments in safeguarding practices. For example, linking their practices of incident reporting, occupational safety and health, wellbeing and safety, feedback and complaints with quality and outcomes. There is overwhelming positive feedback from customers, family and staff that Avivo is an organisation true to their values.

**Statement of qualitative evidence.**

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 1:	Yes	1,2,3,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 1		
<b>1:1</b> The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	1,2,3,5
<b>1:2</b> The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,3,5,8
<b>1:3</b> 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.	Yes	1,2,5,8
<b>1:4</b> 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
<b>1:5</b> 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
<b>1:6</b> The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,3,5



<b>1:7</b> The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,5,8
<b>1:8</b> The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1,2,5,8
<b>1:9</b> 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 3: Individual outcomes**

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

**Assessment against Standard 3: Individual outcomes**

**Standard 3 is met**

Avivo has solid underpinnings of person-centred practices to support customers reach their goals. Service improvements and projects are underway to be NDIS ready, responsive to individual diversity and further improve and streamline planning documentation. For example, the Enabling Through Technology project.

**Statement of qualitative evidence**

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 3:	Yes	1,2,3,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 3		
<b>3:1</b> 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	1,2,3,8
<b>3:2</b> 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	1,2,3,8
<b>3:3</b> The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,3,8
<b>3:4</b> 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	1,2,3,8
<b>3:5</b> The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,5,8

*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*



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

**Assessment against Standard 4: Feedback and complaints**

**Standard 4 is met.**

Exemplary practices are demonstrated with regular feedback sought from customers, family members and staff, using a wide range of sources and mechanisms. Information and results are used strategically and transparently to inform projects and continuous improvement activities. For example, the Getting It Right Framework and the Working Locally project.

**Statement of qualitative evidence**

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 4:	Yes	1,2,3,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 4		
<b>4:1</b> 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	1,2,3,8
<b>4:2</b> Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Yes	1,2,7,8
<b>4:3</b> Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1,2,3,8
<b>4:4</b> 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	1,2,3,5
<b>4:5</b> 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	1,2,3,5
<b>4:6</b> The organisation effectively manages disputes.	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.*



## **Acknowledgments**

Thanks are extended to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

## **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](mailto: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.