Quality Policy and Procedure Audit Report

Audit for service provider compliance with the National Standards for Disability Services (Standards) 1-6

Audit details	
Organisation	Avivo: Live Life Inc.
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Ms Rosie Lawn
Assignment name:	Policy and Procedure Audit
National Standards for Disability Services assessed:	Standards 1-6
Evaluation team*:	Penny Blackburne
Final report date:	23 July 2018
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 Team Leader Evaluator who visited Avivo during May and June 2018. A desktop audit of policies and procedures was completed, and feedback from management and staff was sought, to assess compliance with the National Standards for Disability Services 1-6.

An opening meeting was held on 28 May 2018 and a closing meeting was held on 4 July 2018.

Assessment against 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

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 gaps in meeting the National Standards for Disability Services have been identified.				

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 (every April).			
No	NSDS	IoP(s)	SI statement
No Service Improvements have been identified.			

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Disability Services

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:	Ms 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

Service profile

Service profile	
Service description (in brief)	
The services provided	• The support services provided are tailored to meet the needs of each person. • A wide range of services are provided including: assistance with daily living activities and development of life skills in home, shared living, host family or other accommodation settings; assistance with daily personal activities such as personal care, travel and transport; help to access the community for recreation, education, social and civic activities; access to equipment and technology; behaviour, nursing and health consultation; having a break strategies for carer support and out of home breaks. • There are a range of services available for customers to access funding: Building your Support plan, Support coordination and Plan manager (funding brokerage) services.
The resources	Funding from the Department of Communities, Disability Services is approximately $35,073,000 (all programs combined) for the current financial year. • There are approximately 139FTE direct care staff, most staff work part time. • Services are provided in eight Areas from five offices in Geraldton, Northam, Mandurah, Jandakot and Osborne Park.
The people using services	The organisation uses the term customer to refer to individuals with disability, family member/s of people

	with disability and carers (consumers). • There are 635 customers receiving individualised support. • Customers have a wide range of disability and support needs.

Consultation	
Statistics	
Number of management and staff consulted	13

Summary of findings

Assessment for compliance with the Standards
Policies and Procedures (P&P)

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.

- **Yes:** the IoP describes and affirms the organisation's focus.

- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence 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* 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

- 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 against Standard 1: Rights

Standard 1 is met.

The customer's rights are paramount and central to services provided by Avivo. Many documents for customers and staff include reference to the organisation's underpinning values and objectives. These serve to ensure a highly contemporary approach to service provision by a dynamic, innovative and responsive team.

Safeguarding customers from abuse, harm, neglect and violence forms an integral part of service provision. All staff have regular police checks and customers and their families are empowered to participate in support worker recruitment and to provide feedback on services received.

Recently a new workshop, 'Responding to complex situations', has been devised and is being provided across the organisation. This workshop has been developed to ensure all staff have an increased understanding of, and alertness to, customers' behaviours and their meaning, to be proactive and minimise incidents and accidents. A 'Wellbeing and Safety Plan' is completed for all vulnerable customers.

Statement of qualitative evidence
Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 1 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	1, 2, 3
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.	Yes	1, 2, 3
1:4 The organisation provides support strategies that are based on the minimal restrictive options and are contemporary,	Yes	1, 2, 3

evidence-based, transparent and capable of review.		
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
1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1, 2, 3
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
1:9 The organisation keeps personal information confidential and private.	Yes	1, 2, 3

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.

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Disability Services

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 against Standard 2: Participation and inclusion
Standard 2 is met.
Participation and inclusion in the community play an essential part in Avivo's service provision - these principles are referred to in many documents, policies and procedures. Involvement in the community as citizens with rights to be included is in the underpinning philosophy of the organisation. Staff repeatedly stated that services are person specific, have been discussed and agreed with each customer individually and are unique and tailored depending upon the interests, needs and goals expressed by the customer. For example, one customer wanted to be involved in wheelchair soccer; and the support worker assisted the person to prepare and distribute flyers to gather a group of people together to play wheelchair soccer.

Avivo has a working group raising awareness throughout the organisation of Aboriginal and Torres Strait Islander people and culture. The working group developed the organisation's Reconciliation Action Plan (RAP) which is currently being revised and updated. This has resulted in some changes within the organisation such as recognition of Aboriginal and Torres Strait Islander culture at the commencement of all significant meetings, such as Welcome to Country. Gradually staff are becoming more aware of the importance and relevance of respecting Aboriginal and Torres Strait Islander culture. |

Statement of qualitative evidence
Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 2 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5
2:1 The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1, 2, 3
2:2 The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1, 2, 3
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1, 2, 3
2:4 Where appropriate, the organisation works with an	Yes	1, 2, 3

individual's family, friends, carer or advocate to promote community connection, inclusion and participation.		
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
2:6 The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1, 2, 3

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.

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 against Standard 3: Individual outcomes
Standard 3 is met.
Individual service provision is at the heart of all services provided by Avivo staff. Comprehensive documents are used by staff to assist customers to identify (and later review) their strengths and set goals. These include a Customer Journey Guidance Booklet (including Developing a Support Plan Guide), Reflection and Review Procedures and Support Plan Review form. Recognising diversity amongst customers is a basic value expressed by the organisation and referred to in some policies and procedures. Promotional material includes people with varied cultural and racial backgrounds. A Diversity Reference Group was established in 2015 and meets from time to time. At this point customers are not included in the considerations of this Group; however, it is expected that they will be engaged in some way in the future.

Statement of qualitative evidence
Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 3 (stated in 'Standard for service' above):	Yes	1, 2, 5
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
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
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1, 2, 3
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
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to	Yes	1, 2, 3

respond to diverse needs.		

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.

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 against Standard 4: Feedback and complaints

Standard 4 is met.

Avivo actively involves customers, seeking their feedback on both individual service provision and organisation systems and management. Brochures are provided to customers when they commence with Avivo that welcome feedback and provide information about how to raise a complaint. One brochure is entitled 'Avivo Feedback We listen to you – It helps us to do better'.

There is no concern from staff and management when customers raise issues; and the focus is clearly on continuous service and organisation improvement. Staff and management demonstrated a positive approach to feedback and complaints and this is supported by documentation. Complaints, concerns, feedback, incidents and accidents are recorded, collated and analysed. Key lessons are extracted from all complaints lodged and these feed into continuous improvement for all customers and staff.

Support workers are encouraged to be aware of issues and concerns and to raise these with their line managers. Recently the number of issues, incidents and accidents raised by staff has dropped off as a consequence of a training package - 'Responding to Complex Situations'. This training reminds support workers of the importance of raising incidents and accidents, as it has been found that unresolved incidents can lead to customer complaints.

Statement of qualitative evidence
Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 4 (stated in 'Standard for service' above):	Yes	1, 2, 5
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
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.	Yes	1, 2, 3

4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1, 2, 3
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, 3
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, 3
4:6 The organisation effectively manages disputes.	Yes	1, 2, 3

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.

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

Assessment against Standard 5: Service access
Standard 5 is met.
Access to the service (and exit from the service) is managed by Senior Area and Team staff and first interviews take place in locations that are accessible and familiar to the customer and their family/advocate. Avivo's brochures emphasise that the customer is in charge of services received and they state, "People using our services enjoy being in control of the services they receive…". The Access, Entry and Exit Procedure is available on the web site. Leaving the service is referred to in the Service Agreement and there is a document 'Transition out Plan Guidelines' that provides procedures for staff to follow if a customer chooses to exit the service.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 5 (stated in 'Standard for service' above):	Yes	1, 2, 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. **Reason for finding:** - Feedback from customers, families and carers is invited at various times, for example in the Avivo Customer Survey and Stop and Learn workshops. - The 'Reflection and Review Procedure' states that a follow-up contact will be made to new customers after three months service provision but this is not routinely done. - Customer follow up does not include gathering feedback on service access. **(Other Matter)**	No	1, 2, 3
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1, 2, 3
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service	No	1, 2, 3

processes. **Reason for finding:** • The Access, entry and exit procedure is available on Avivo's web site. • Leaving the service is not detailed in the Charter of Rights and Customer Journey Guidance Booklet. • The right to exit and the procedure involved for customers could be clearly stated in order to ensure they are aware of their rights. **(Other Matter)**		
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1, 2, 3
5:5 The organisation monitors and addresses potential barriers to access.	Yes	1, 2, 3
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, 3
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1, 2, 3

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.

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

Assessment against Standard 6: Service management

Standard 6 is met.

Strong and progressive leadership is demonstrated by senior staff and management, this supports and facilitates the organisation's contemporary, person centred approach to service delivery.

There is currently internal restructuring taking place to increase localisation and improve direct care and service provision; and customers, family members, staff and management are involved in planning and implementing the changes. A 'Roadmap' has been developed to meet the Working Locally goals; and four key areas have been identified – Planning, People, Communication and Technology. Progress is being made in all areas, for example, policies and procedures have been stream-lined to facilitate accessibility by all who use them. Service coordinators and team facilitators reported policies and procedures are easy to locate and utilise.

Management is focused on continuous service improvement and information is obtained from many varied sources, for example, feedback from customers and staff; and objective analysis of accident and incident data is provided to service delivery teams in their areas and to senior management. The Quality and Outcomes Team Combined Report and Evaluation and Learning Plan 2017-18 are exemplary.

Policy and procedure reviews are automatically brought forward to the document 'owner' at agreed time intervals, or as required, and most have recently been reviewed. This process is still underway and it was noted that some documents use outdated references when referring to Department of Communities, Disability Services. This is being addressed.

Staff recruitment, induction and ongoing training to meet customer needs appears to be very thorough. Induction training is general to the organisation and service provision, and includes information about Avivo's values and principles; and specific training is provided (when needed) that is targeted to the needs of individual customers.

The use of information technology is being reviewed and updated to facilitate access by staff. There is a database for customer information 'Your Link' and another database 'Connect Us', that stores policies and procedures. Currently support workers do not have access to these databases but it is hoped they will do so in the future.

Statement of qualitative evidence
Team Leader inserts ratings for P&P and each Indicator of Practice (IoP).
Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key intent of Standard 6 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5
6.1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported. **Reason for finding:** • There is no specific information provided at induction about the National Standards for Disability Services. • Some areas include this in their staff training. • Including this in the staff Welcome package would inform all new staff of the Standards. **(Other Matter)**	No	1, 2, 3
6.2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1, 2, 3
6.3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	Yes	1, 2, 3
6.4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1, 2, 3
6.5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice.	Yes	1, 2, 3
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, 3
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

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.

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

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 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.