Quality Evaluation Report
Version 1:3, February 2016

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Avivo
Service point name:	Avivo East
Outlet name(s):	CATCH (Children Assisted by Technology who are Cared for at Home) Family Support Services Individually Funded Services
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Final report date:	25 July 2016
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*This report was prepared by members 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 Evaluators extend thanks to customers, families, carers, management and staff for the assistance they provided throughout the evaluation visits.

Part A: Executive summary

Introduction

This report describes the findings of the evaluators who visited Avivo East in May and June 2016 and completed an assessment of feedback from individuals with disability, their families and carers, staff and management; and the service's compliance against the National Standards for Disability Services.

A preliminary meeting was held on 16 May 2016 and the evaluators visited the service point again on 7, 8 and 17 June 2016. An exit meeting was not held.

The organisation uses the term 'customer' to refer to people with disability, family member/s of people with disability, family, and carers. Throughout the report, the term 'customers' is used to refer collectively to people with a disability and family members, unless specified otherwise.

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	Avivo is a large provider of services to multiple customer groups. The service point being evaluated is Commission-funded services to people with disabilities in the eastern Perth region, coral coast communities, and the Wheatbelt. It provides services in three broad areas as listed above. CATCH (Children Assisted by Technology who are Cared for at Home) is for families who care for children who are dependent on medical technology for their airways. Specifically trained support workers, deemed competent by Avivo's Nurse Consultant, provide specialised support to children dependent on medical technology to live at home. Family Support (FS) provides a range of options to enable families to have respite from their caring duties, while also enabling the family member with a disability to engage in meaningful activities. Individually Funded Service (IFS) comprises a diverse range of planning and support options depending on the interests and needs of each customer. It encompasses areas formally funded separately, such as

	Accommodation Support and Alternatives to Employment. All planning and service provision is underpinned by individualised and socially inclusive approaches.
The resources	Each outlet has its own budget that provides for a combined staffing of 181 full time equivalent staff. The combined total budget for the three outlets as provided in all locations is approximately $9.5million. There are no fees for service.
The people using services	These services are utilised by a combined total of 147 people, comprising a great deal of diversity in age, level of supports needed, and location.

Consultation	
Statistics	
Number of visits to group homes	0
Number of individuals with disability present in group homes during visits	0
Number of visits to private homes	0
Number of interviews with individuals with disability	1
Number of interviews with family members / friends / carers / advocates	0
Number of telephone interviews or emails with individuals with disability	10
Number of telephone interviews or emails with family members / friends / carers / advocates	23
Number of individual files / plans reviewed	16
Number of complaints reviewed	3
Number of staff meetings attended	0
Number of staff consulted	25
Number of external stakeholders consulted	0

Quality Evaluation 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 information provided by individuals, their families, friends, carers, advocates, staff and management; and through documentation and observations

made by the Evaluation team, 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

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)	
If/where noted during a Quality Evaluation, 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. The following includes up to two (2) brief example/s of GPs implemented.	
Person-centred practice/s	• The way the Support Plans describe very specific detail on exactly how the customer wants to be supported; not just broad strategies.
Business practice/s	• The monthly complaints report document and process provides an excellent example of the collation, analysis and use of formal complaints information.

Required Actions (RA)

If/where noted during a Quality Evaluation, 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.

No	Standard	RA statement	Compliance date
1.		There were no required actions identified.	

Service Improvements (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.

No	Standard	SI statement
1.	3	That management review and address the points of customers' dissatisfaction as summarised at Standard 3.

Other Matters (OM)

If/where noted during a Quality Evaluation, 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. The following includes up to four (4) brief

example/s of OMs noted.		
No	**Standard**	**OM statement**
1.		There were no other matters arising.

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 access 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 service point. • **(P) proposed**: not existing and 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 service point has the following policies and / or procedures for:				
• treating individuals with dignity and respect		X		
• promoting and supporting individuals' freedom of expression and decision-making and choice		X		
• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents		X		
• safeguarding individuals' rights		X		
• providing contemporary, evidence-based support strategies with minimal restrictions		X		
• maintaining individuals' privacy and confidentiality		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates   • All customers reported that they felt respected by staff.   • Customers reported being given information about the service, how it works and what their options are.   • Customers said they felt safe in the service.   • Customers said they expressed what they wanted from the service and on the whole the service was responsive.
Staff and management knowledge   • Reports from all staff demonstrated a respect for customer rights to drive and choose the supports they need.   • Staff reports demonstrated that their focus was on customers' well-being and safety, but also freedom to pursue activities of their choice. For example, staff members spoke about what a person wanted to do; but also mentioned strategies to ensure their health was maintained such as exercise, healthy eating, ensuring medication had been taken or checking blood sugar levels.

- Staff said they knew to report any incidents, harm or abuse to their immediate supervisor, (Team Facilitator or Coordinator), though some were not sure of the organisation's full processes for resolving significant incidents.
- Staff demonstrated respect for customers' privacy. They only gave information relevant to the evaluation and did not use customers' names unless relevant.

Observations

- Interactions of management and staff with customers were observed to be welcoming, respectful and friendly.

Critical documents, systems and processes

- Customers' plans reflected their preferences and choices for lifestyle, supports, and what and who are important in their lives.
- Some customers live alone and staff reported daily supports being a main safeguard for their wellbeing.
- Avivo's extensive range of staff training includes coverage of themes relevant to this Standard, through events such as 'customer choice', 'positive behaviour support' and 'whose life is it anyway'.
- Commitment to positive behaviour support was further evident in Avivo having a 'Restrictive Practices Board', having designated internal personnel with expertise in the development and implementation of behaviour support plans; and the engagement of external expertise in this area (including the Commission's Positive Behaviour Support Team).

Assessment against the Standard	
General statement	**High standards have been achieved in this area.**
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 service point. • **(P) proposed**: not existing and 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 service point has the following policies and / or procedures for:				
• actively promoting a valued role for individuals, related to their interests and preferences		X		
• promoting and supporting participation and inclusion and community connection		X		
• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates • Depending on the type of services being used, some customers' supports were focused on daily living, such as personal care and household help; others were more focussed on extending the range and quality of community participation opportunities. • Some families using respite funding and services reported that breaks for the family were the main focus; while the support for the person with a disability was also valued in terms of opportunities for learning, fun, getting out and about and so on. As one family member stated: "The children [with disabilities] need an outlet and they get that through their activities, plus we need the breaks". • Examples of community participation from among the many provided were: support to visit family; further education such as literacy, numeracy and cooking; art, craft and music courses and groups; fishing; gym membership; going to pubs and clubs; pursuing voluntary work and paid employment; among a great many other favoured and necessary activities in customers' lives.
Staff and management knowledge • Management and staff demonstrated high level awareness and commitment to social inclusion for individual customers.

- Staff reported that customers are supported to do community activities of their choice.
- Staff spoke of customers' family connections, outings they preferred such as going out for coffee or getting their shopping done, or being supported to pursue their interests or aims for education and development (such as finding a music group where a person could participate rather than just listen).
- A Coordinator reported that if customers just want to stay home all the time their choices are respected, but their wellbeing is monitored and staff encourage them to choose stimulating activities and to engage with the community and the outdoors at least occasionally.
- Some members of management and staff have excellent knowledge, experience and networks relevant to Aboriginal customers.

Observations
- N/A.

Critical documents, systems and processes
- Customers' Support Plans detailed their family and friend connections and their involvement in activities.
- Part of the Team Facilitator and Support Worker role is to research opportunities in a person's local community that they may wish to link into, such as educational institutions or clubs.
- Avivo's range of excellent brochures and publications includes one titled 'Strong Support, Strong People: Services for Aboriginal and Torres Strait Islander Peoples'.

Assessment against the Standard	
General statement	**High standards have been achieved in this area.**
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				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: not existing and 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 service point has the following policies and / or procedures for:				
• person-centred individual service planning, delivery and review		X		
• respecting and responding to individual diversity		X		
• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates • Most customers reported meeting with Coordinators and making a plan for their services at least annually. • The large majority of customers said the services were moulded around their needs and preferences, and in general were highly satisfied with the supports provided. • Comments expressing this satisfaction with planning, and service provision in general, included: "I get the help I need when I need it", "The staff are wonderful", "The staff are awesome", "[Team Facilitator name] comes out and we go through the plan together", "We're rapt, everything's been very open and working out well", "They're happy to discuss things any time, and they work in with our family well", "They're brilliant", "I'm super happy with everything", "They're very good to work with, and quick to respond when we need support", and "Avivo has given me the hope and confidence to mingle and converse…provided me with a great support network, and hold heartfelt understanding of my difficulties". • Reported outcomes facilitated by the service included: greater community involvement; improved health and well-being; success in returning to regular school attendance; increased skills in many areas; increased confidence; increased independence in home and community contexts; increased capacity to

locate and utilise a wide range of service provider, government and generic services; securing of voluntary and paid work roles; and extended social networks.

- Two family members told how the service had worked to find Support Workers that were a good match and were happy with this, despite the time it took.
- Families using respite services described very positive outcomes for themselves, in terms of having breaks to rest and relax, having time to engage in their own interests, and having more quality time with other family members.
- There were no clear themes of dissatisfaction among customers' feedback. There were however several isolated points expressing dissatisfaction in specific areas. These are listed here for management's consideration and service improvement efforts (Service Improvement 1 refers):
  - Communication from staff and management could be improved in situations when Support Workers are unavailable at short notice.
  - While difficulties in staff recruitment were acknowledged, a few commented that they need access to a larger pool of reliable staff.
  - Lack of follow up on commitments made during the entry process.
  - Lengthy delays in follow up from staff following planning and review meetings.

Staff and management knowledge

- Staff interviews showed that Support Workers, Team Facilitators and Coordinators knew their customers well, including their needs, vulnerabilities and preferences; and they demonstrated excellent commitment and flexibility in how they work in response to these.
- Senior management too demonstrated detailed awareness of issues in customers' lives, and of local service provision issues.
- Staff reported that customer plans are updated whenever needs change or they express the desire to work towards a new goal, such as to learn a new skill.
- Staff reported that communication of customer support needs is effective via access to customer Support Plans and team meetings with the Team Facilitator.
- Staff and management at all levels described planning and supports in all aspects of life, including home, schooling, further education and training, voluntary and paid work, relationships and community participation.
- The achievement of many outcomes in these areas was described, reflecting customers' feedback as noted above.
- To facilitate this, an emphasis was described of locating Support Workers with a suitable profile, including their interests, skills, and location.
- Management described the introduction of the WA National Disability Insurance Scheme (NDIS) as providing a challenging, though generally positive, environment in which to maintain thorough, personalised approaches to individual planning.

Observations

- N/A.

Critical documents, systems and processes

- Individual plans (the central document titled 'Support Plan', among related other documentation in the well organised 'Customer Files) contain very specific information reflecting exactly how customers have expressed what they want and need to be supported, such as in detailed information on personal care needs.
- Customer 'notes' online record significant occurrences such as an achievement towards a goal; staff changes; change in support needs and liaison with other

services.

Individual plan assessment

This section relates to people with individualised funding (where plans are completed by organisations / Local Area Coordinators / My Way Coordinators).

Desktop assessment

- A total of 16 plans were reviewed and 100 per cent met basic qualitative and outcomes criteria.

Plans consider and document individual choices

- Plans have a section 'Understanding the Person's Life Today' which details their chosen lifestyle and people and activities that are important to them. It also contains areas on 'decision making', 'what the person wants to achieve', who the customer's preferred Support Workers are, and whether or not the customer wants to be involved in recruitment.
- Where appropriate, planning documents are written in the first person, providing a personalised tone to the contents.

Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate

- Plans include a section for whether or not a 'Safeguards and Service Response Plan' is required; who needs to be informed of plan/service changes; any specific training that staff need; emergency contact details; among other safeguarding information.
- Information on funding and hours of support varies depending on the type of funding and services utilised, with relevant information set out in various areas of customers' files.

Plans include monitoring, reviewing and following up individual progress against goals and outcomes

- Progress is currently monitored through means including review meetings, staff meetings (such as local team meetings), Support Workers' online notes and Team Facilitators' review of these. At the time of the evaluation, a new Your Link online system was in development as a central means of recording progress against goals.

Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control

- All plans contained ample information demonstrating a high level of tailoring to each customer.

Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals

- Customers expressed generally high levels of satisfaction with their supports.

Assessment against the Standard	
General statement	High standards have been achieved in this area.
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				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: not existing and 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 service point has the following policies and / or procedures for:				
• encouraging and managing feedback, complaints and dispute resolution		X		
• developing a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates   • All customers said they could raise concerns or give feedback and felt listened to.   • All said that they could resolve issues with the service and knew who to speak with in doing do. This seemed embedded in service culture, as people were not aware of formal processes; but none said they had needed to take it that far as issues had been resolved at the most immediate level.   • Some gave examples of complaints they had made and how they had been resolved to their satisfaction.
Staff and management knowledge   • Staff said people seemed confident to raise issues and that the service culture was one of listening to and resolving issues in a supportive way.   • Staff demonstrated an awareness of the processes available to customers.   • Some staff reported how they had informed customers how they could raise concerns or make a complaint.   • Staff and management demonstrated their recognition of customer rights to give feedback and make complaints as a way to help the service improve.
Observations   • N/A.

Critical documents, systems and processes
- Information on providing feedback, including making complaints, is set out on the Avivo website, and in its brochure 'Feedback: We Listen to You'.
- A customer complaint within that person's file showed the chronology of documentation leading to resolution of the issue. A further two complaints were reviewed at the Osborne Park office, these too demonstrating thorough process towards resolution.
- Management also provided the 'Complaints Report, May 2016', which demonstrated an excellent approach to the collation, analysis and use of complaints information.

Assessment against the Standard	
General statement	**High standards have been achieved in this area.**
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 service point. • **(P) proposed**: not existing and 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 service point has the following policies and / or procedures for:				
• promoting and supporting fair and transparent service access		X		
• maintaining up-to-date information on alternative service options and referral support		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates   • All people interviewed knew how the service worked and what options they had for supports and Support Workers.   • The majority said Coordinators gave them information about service options.   • Customers said they felt that information given was clear and trustworthy.   • Two family members said obtaining an accurate financial statement for service received had been difficult over past years, but one had been told that a new software system should be able to provide current statements.
Staff and management knowledge   • Management described a very thorough and personalised approach to entry and exit procedures.   • They have developed a 'Customer Journey' document that sets out entry, planning and service provision expectations and milestones, and exit processes.   • A Customer Liaison position provides a central point of contact for prospective new customers, and provides initial information and guidance.   • Most staff said they felt the service provided customers with information about the service and their options.   • Coordinators reported that production of financial statements on service funds expended is being streamlined in accordance with the National Disability Insurance Scheme (NDIS) and the WA NDIS.   • Staff described other services that customers are accessing to complement what

they receive from Avivo.

Observations
• N/A.

Critical documents, systems and processes
• The service has Resource Coordinators whose role it is to ensure that services are provided cost effectively, such as by minimising travel, and matching Support Workers to customers in similar areas. • An excellent Welcome package is provided to all prospective customers. It is very attractive and informative, containing brochures and leaflets on the organisation, its services and options.

Assessment against the Standard	
General statement	**High standards have been achieved in this area.**
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 service point. • **(P) proposed**: not existing and 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 service point 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)		X		
• employment records that are current and maintained (ie Police Clearances and Working with Children Checks)		X		
• individuals' records that are current and maintained (ie individual plans, services received, demographics, etc)		X		
• work health and safety		X		
• maintaining a safe environment (ie fire and evacuation)		X		
• administration of medication		X		
• risk management		X		
• financial management		X		
• promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review		X		
• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
• current and dated		X		
• include a review date		X		
• where appropriate, developed in consultation with individuals, family, friends, carers, advocates		X		
• where relevant, available to potential and current individuals, family, friends, carers, advocates		X		
• made available in customised accessible formats, including languages other than English, as required		X		

Operating a safe service			
This section relates to the operational component of the Standards and indicates where practices are in place for the service point. • **(M) met**: practices demonstrate the requirements have been met • **(NM) not met**: practices demonstrate the requirements have not been met • **(NA) not applicable**: this practice is not relevant	M	NM	NA
The status of the following practices for the service point is assessed as:			
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	X		
• National Police checks are regularly updated for Board members, staff, volunteers and contractors.	X		
• The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.	X		
• Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.	X		
• The service has an emergency evacuation plan.	X		
• The service regularly practices its emergency evacuation plan.	X		
• The service keeps records of evacuation trials.	X		
• The administration of medication occurs as detailed in the policies and procedures instructions.	X		
• The buildings are maintained in a condition that does not pose a risk to staff and service users.	X		
• Regular work health safety audits are undertaken to identify and address potential safety hazards.	X		
• A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.	X		
• There is a current record of staff training in the implementation of policies, procedures and practices.	X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.

Feedback from individuals with disability, their families, friends, carers and advocates

- As noted at Standard 3, the large majority of feedback regarding service provison, and staff at all levels, was very positive.
- This extended to the general management of the organisation and its services, one quote on this being "Everything is managed in a way that's professional, and personal as well".
- One family member described difficulties with communication with key staff and management, and shortages and turnover of staff, until about a year ago. Since then, these issues had been thoroughly addressed, and "They're much better organised".
- All said they felt staff were well trained, including with regard to safety and manual handling.
- A large majority said their services are well organised and the rostering of Support Workers worked well.

Staff and management knowledge

- Management described a flexible approach to structuring resources in order to maximise efficiencies and effectiveness.
- At the time of the evaluation, they were implementing a new localised team structure as a means of enhancing focus, flexibility and responsiveness. The benefits of this were clearly evident to the evaluator upon visiting the Northam office, and enquiring about planning and service provision throughout the Wheatbelt region.
- They also described extensive means by which communication, training, supervision and general support for staff at all levels is maintained.
- All staff said they had a good level of training and they gave examples of professional development that they had attended on subjects such as autism, epilepsy and acquired brain injury.
- Staff reported following guidelines regarding medication administration and monitoring.
- Staff said they could have buddy shifts when working with a new person until they felt confident to work independently; but the only time they worked with someone they did not know was when they were filling in for an absent staff member at short notice.
- Support Workers said they felt well supported in their work and there was always someone to call if they felt unsure or had an incident, and they have procedures to follow in case of emergencies.
- Staff reported how beneficial the process of having team meetings is, so they can ensure they are using best practice with customers, support each other, and sort out issues.
- Some staff described experiencing big improvements in the organisation in the past couple of years, in areas including communication from management, staff training and general support, and enhanced engagement in planning and service provision. Two Support Workers said they would like more communication about

service issues**.**
- Personnel in Human Resources and in Occupational Safety and Health provided excellent demonstrations of a thorough array of systems and processes in their respective areas.
- A key Finance staff member gave a similarly impressive demonstration, which included a thorough, up to date system for the tracking of funding and hours of support for all Commission-funded customers. This is available any time to all customers depending on their need or interest in such information.
- Management described extensive involvement of customers in key areas of service provision, including membership of advisory groups, staff interview panels, presenting at new staff induction training; and in the role of 'Talent Spotters' which is designed to utilise customers' networks in staff recruitment.

Observations
- The evaluators were most impressed with the personal and professional qualities of all staff and management engaged with at this service point.
- Visits to the Osborne Park and Northam offices were experienced as being very welcoming and helpful in all regards.
- The Northam office is relatively new, and provides a central and very attractive location for personnel and visiting customers.

Critical documents, systems and processes
- The Compliance sections of this report are completed based on the findings of the Avivo Policy and Procedure Audit report (July 2015), plus supplementary collection of information during the current evaluation.
- The 'Internal Improvement Plan 2015 and 2016' is a detailed action plan developed by management in response to issues raised in the Policy and Procedure audit.
- In addition to general policies and procedures, customer files contain information relevant to customer safety, and safety audits and hazard identification in their own homes.
- At the time of the evaluation, management were finalising a new online resource 'Connect Us', to provide enhanced communication of information with and among all stakeholders.
- Board members and senior management have an 'annual schedule of visits' to ensure they remain personally available to and connected with customers and staff.

Assessment against the Standard	
General statement	**Avivo East is managed and provided at a high standard.**
Standard 6: Service management	**Met**

Appendix 1: Definitions

Good Practices (GP)	Descriptors
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.	• 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)	
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.	• 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 long-standing gaps in the Standards are related to the same requirement.
Service Improvements (SI)	
SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National	• There is a weakness in the system, not the absence of a system. • Human error is evident. • The weakness affects the service, but is not unsafe ('misdemeanour-like').

Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.	- There is minimal risk to individuals. - Experience and judgement indicate an improvement will enhance the quality of the service. - 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. - SIs may include, but are not limited to opportunities to: - improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. - improve systems, processes and databases (eg data not current) to improve work efficiency. - present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.
Other Matters (OM)	
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.	- Matters for consideration do not represent a gap or weakness in meeting the Standards. - A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.

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 multiple sources of evidence, including observations, feedback and some written records. 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 evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.