

Quality Management Framework

Quality Evaluation

Perth Home Care Services
Accommodation Support

Final Report
02 July 2012

This report was prepared by an Independent Evaluation team comprising members of the Panel Contract of Independent Evaluators. The Panel Contract is managed by the Disability Services Commission.

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1. The evaluation visit

This report describes the findings of the Independent Evaluation team who visited *Perth Home Care Services & Regional Home Care Services Accommodation Support* outlets and completed an assessment of the service point's progress towards meeting Outcomes under the Quality Management Framework (QMF) and compliance with the Disability Services Standards. The preliminary meeting was held on 11 August 2011 and the Independent Evaluators visited the service point/organisation on 27 June 2011, 02 September 2011, 07 April 2012, 11 April 2012 and 08 June 2012. A post evaluation meeting was held on 25 June 2012.

Independent Evaluation team members operate under the Guidelines for Independent Evaluation. The team comprised:

- Gudrun Benjamin
- Kerry Allan-Zinner

The organisation uses the term *people with disabilities* to refer to people with disability, family member/s of people with disability, or unpaid carers of people with disability.

NB 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.

2. Acknowledgements

The Independent Evaluators would like to extend thanks to individuals, families and carers for the assistance they provided throughout the evaluation visit.

The Independent Evaluators acknowledge the commitment of the staff in providing services. This was evident from the evaluators' observations and discussions with individuals, families and carers; observations of staff interactions and discussions with staff; and from the positive comments about staff, evaluators received from individuals, families and carers.

Findings documented in this report have been selected to support the outcomes of this evaluation and highlight background evidence for good practices, required actions and key priorities for service improvement.

3. Service point profile

The profile provides a brief overview of the service point evaluated.

Disability sector organisation:	Perth Home Care Services
Service point name:	Perth Home Care Services (including Regional Home Care Services) Accommodation Support
Outlet name(s):	<ul style="list-style-type: none">• North Metro• South Metro• Wheatbelt• Midwest
Chief Executive Officer:	Marita Walker

Brief description of the service point (including mission/vision statements and brief history)

Perth Home Care Services is a community benefit organisation with a vision of ‘people living at home with dignity, connected to family and community’ and was established in 1970. The service is committed to working and thinking in a person centred way to support people to live at home and be part of their community. At present the service is undertaking development work on its structure, system, policies and operations to improve their person centred practice.

As part of this work, they are developing and using a range of tools for service planning, design and support plans. These plans provide opportunities for individuals and families that the service assists with Accommodation Support. The service is committed to supporting people to have greater control of their own funding, supports and services. Perth Home Care Services have multiple funders to provide services to people across disability, aged care and mental health sectors. Within the disability sector they provide a variety of services and supports on an individual basis to people with disabilities and families, such as Accommodation Support, Intensive Family Support, Alternatives to Employment Support and Post School Options. This quality evaluation is focused on their Accommodation Support Services.

Resources (eg building/s, staffing, IT systems, vehicle/s, budget)

The majority of the staff works part-time and at present the service has over 664 support workers who work across the different programs. The time worked on Accommodation Support however equates to approximately 44 full-time positions. The service also engages over 40 people as ‘Alternate Family Carers’ and ‘Host Family Carers’ who provide a home, support and care for a person with disability. These generally receive a care reimbursement and are not defined as employees.

The non-direct support staff work across a number of programs and consist of the following:

- A general manager of community services and four community services managers. These staff members have an overall responsibility for managing and developing the services in their designated area.
- Eleven area managers (responsible for teams across Perth, the Midwest and the Wheatbelt) and two unit managers (responsible for Shared Living and Your Way – Self Directed Services).

- Four nurse consultants who provide training and supervision to support workers in specialist care tasks.
- A behaviour support specialist who provides training and support to staff working with people with challenging behaviour.

In addition to the above, the infrastructure includes the CEO, management administration, facilities, IT, human resources, finance, business development and marketing, systems and knowledge. The allocation for the provision of Commission funded accommodation support services is \$8,584,683 this financial year.

Brief description of people using services

Perth Home Care Services support people who have a variety of needs, including but not limited to:

- intellectual disability
- physical disability
- autism
- acquired brain injury

Consultations

During the evaluation assignment, the Independent Evaluators consulted with 24 people with disability and carers, two coordinators and three administrators/managers. Approximately 20 individuals and family members attended the preliminary meeting, including a video link with Geraldton (the attendance sheet could not be retrieved from a previously assigned evaluator). The post-presentation meeting was attended by 16 staff and one carer.

Please note that the evaluation was put on hold for six months. During the interim period Perth Home Care Services implemented a restructure of the whole of its services including the accommodation support services. The evaluators found it difficult to encourage participation for this evaluation after it was recommenced. This may be due to a high level of consultation by Perth Home Care Services that occurred during the same period of time to monitor the impact of the changes being implemented.

Evaluators encouraged participation via a number of media: phone calls to 36 individuals (most being contacted two or three times), e-mailed invitations to participate were sent to 24 people receiving support and invitations to a focus group to all service recipients in the Peel area. The focus group invitation elicited one expression of interest and two individuals responded to the e-mailed questionnaire.

4. Executive summary

A. Good practices

This section reports the Independent Evaluators' findings of the service point's strengths in relation to addressing Outcomes.

The Independent Evaluators were particularly impressed by:

- Level of consultation with consumers: Perth Home Care Services demonstrated a high level of consumer participation in the establishment and monitoring of its new service management structure.
- Change within support options: Several examples provided identified that it was easy for individuals to change between self-managed, shared and organisation managed options.
- Systematic feedback strategy: The six-monthly review of support plans has a substantial element of service feedback and outcome measurements built-in. It is the first time that the team leader has come across this initiative in this format.
- Commitment to professional development for staff: Support workers have access and are encouraged to participate in training across a number of areas such as mental health, community inclusion, person centred practice and occupational health and safety. Management confirmed that staff are encouraged to identify and share their training needs and that the organisation facilitates opportunities to meet those as a high priority. Most individuals spoken with mentioned that they had confidence in the skills of their support workers. Individuals also noted that in recent times coordinators and support staff have increasingly been able to provide timely and relevant ideas and information to improve service outcomes.
- Implementation of the new accommodation support structure: It was apparent that the changes made were focussed on better outcomes for those receiving support. Perth Home Care Services did this by:
 - Continuous consultations with consumers.
 - Changing roles of staff and coordinators but minimising staff changes for individuals receiving support.
 - Adapting practices to reflect person centred approaches.Some indicators of the success of recent changes are:
 - The majority of people consulted with are happy with the support they currently receive.
 - More than half of the people consulted with have noted a significant improvement in communication with the service provider.
 - Changes in the planning and review of support strategies make individuals and their carers feel like they are being listened to and 'in control' of what support they receive and how.
- Respect for cultural diversity: The Evaluators came across three examples where Perth Home Care Services and its staff demonstrated a commitment to cultural diversity and adapted support services according to an individual's cultural background and experiences. In two of these examples it was demonstrated that the organisation took great care in building in cultural traditions and ways of living when planning and providing support.

B. Required Actions

Disability sector organisations are required to meet all contractual obligations of their Service Agreement with the Commission. Required Actions focus on the minimum satisfactory level of service and must be implemented by the specified date. The rating scale used to assess the Disability Services Standards is met.

Based on observations and corroborative evidence examined as part of this assessment, it is assessed that the service point meets Disability Services Standards 1 to 9.

The Independent Evaluators did not identify any Required Action during the evaluation visit.

C. Key Priorities for Service Improvement

Key Priorities for Service Improvement identify actions to enhance practices in addressing Outcomes for people with disability and meeting Disability Services Standards.

They need to be carefully considered by service management as part of contractual obligations and normal organisational planning processes, and then implemented. They are required to be reported upon in the next Self Assessment as evidence of continuous service improvement.

The Independent Evaluators identified the following Key Priorities for Service Improvement:

Key Priority for Service Improvement 1

Program and Outcome – Lifestyle of choice

- Review policies, procedures and practices to increase the ability of individuals fulfilling their natural roles in their family and community.

Key Priority for Service Improvement 2

Program and Outcome – All

- Develop additional strategies to minimise disruption of support due to support workers changing or not being able to fulfil their commitments and/or rostered shifts and increase their ability to respond to unplanned needs.

D. Matters for further exploration

This section reports the Independent Evaluators' summary of other issues arising from the evaluation of the service point.

- Additional Information Key Priority for Service Improvement 1:
 - Quality of support workers: Some examples were given indicating that the level of competence of support workers varies, impacting on the quality of outcomes achieved. Most commonly cited were examples of support workers not being people centred or not being skilled in facilitating community access.
 - Matching of support worker's skills and attitude with service objectives: It was noted during consultations that some tasks that are required to meet service objectives for individuals are not seen as 'desirable' tasks by highly trained or experienced support workers.
 - Strengthening goals based support services: While the documentation of service plans was generally of a good level it was poor in the area of goals.
 - For further consideration by both the service provider and the Commission: The need for flexibility in how support is provided and the importance for individuals to have the ability to lead a lifestyle of their choice and how this could be facilitated further appeared to be a recurrent theme during the evaluation. An example of this were tasks completed as part of the support only relating directly to the individual with a disability and not taking into consideration their natural role and associated responsibilities as a family member (eg household chores usually falling to the role of the family member who in this case has a disability).
- Additional Information Key Priority for Service Improvement 2:
 - Responding to unplanned needs: Some individuals perceived responses to unplanned occurrences of support needs as restricted and inflexible.
- Contact with coordinators: A number of individuals commented that they would appreciate more regular and pro-active contact with their coordinator.
- Consumer grievances: Consumers appeared to know the grievance process, but indications were that rather than proactively address issues, concerns were only raised with the organisation when a situation was perceived as 'unmanageable'.
- Information on funding policies: On several occasions individuals expressed frustration with the use of funding. Exploration and clarification of Commission funding policies during the planning process might reduce frustration experienced by individuals and increase informed decision-making in relation to support strategies.
- Consistency in information provision with actual support provision: In three incidences individuals consulted expressed that services 'promised' and those provided did not match up. Examples provided indicated that some areas of flexibility in the way support can be provided (and that individuals expected when entering the service) was not available once requested.
- Usefulness of content of hard copy files: Some of the hardcopy files include out-dated and irrelevant information. Management informed that the content of hardcopy files will be reviewed in the near future.

5. Meeting Outcomes

This section reports the Independent Evaluators' findings of the service point's achievements in relation to addressing Outcomes.

Meeting Outcomes - Accommodation Support

Wellbeing

Outcome: Maintenance and/or improvement of the social, mental, physical, emotional, spiritual, sexual and cultural aspects of the individual.

Evidence noted (eg observations, feedback and documentation):

- All individuals consulted agree that Perth Home Care Services is aiming to maintain and/or improve personal wellbeing.
- Perth Home Care Services provides a high level of professional development to enable its support workers to maintain and enhance the physical, emotional and mental wellbeing of those being supported.
- Self-managed and directed options demonstrated the highest level of maintained/ increased wellbeing.
- Responses by Perth Home Care Services to unplanned support needs were perceived by a number of individuals as restricted with one example given that the individual was being encouraged to contact Crisis Care.
- Three examples demonstrated the organisation's endeavour to respect and support culturally diverse ways of doing and being.

Relationships and Social Connection

Outcome: Relationships are diverse and contribute to the individual's life and social connections.

Evidence noted (eg observations, feedback and documentation):

- Several examples from individuals consulted and viewed in files demonstrated that individuals have a say in the choice of support workers.
- The flexibility in support options allows individuals to have a mix of supports enabling them to link into natural support networks (some restrictions exist due to Commission funding policies).
- The opportunity to establish new and/or maintain existing relationships while being supported by the organisation is often dependent on the skills of support workers. Examples were provided (in equal numbers) of this being achieved well and not being achieved.
- Two examples were given in which individuals achieved a high level of satisfaction with their social relationships while being supported by Perth Home Care Services. In both examples the individual was leading the planning and implementation of support strategies while Perth Home Care Services took a facilitative role in finding some of the support workers and administering human resources services.

Lifestyle

Outcome: Participation in a lifestyle of the individual's choice.

Evidence noted (eg observations, feedback and documentation):
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- Numerous examples were provided in which Perth Home Care Services facilitated opportunities for individuals to make informed choices.
- Of the consumer feedback gathered there were a range of supports and goals mentioned that support individual and family lifestyle. They included working toward independent living, maintaining independence, learning social skills, community connection, domestic assistance, personal care and shopping support and family support/respice.
- Several individuals identified that supports are highly valued as part of their independent living strategies or plan. Comments included “My carers know what I need to do, it’s written down and they help me”, “Mum is happy that I can manage on my own and with Perth Home Care Services”, “I let the support worker know what to help with or do when they arrive”, “I live the way I want to and Perth Home Care helps me”.
- One person consulted indicated that they felt that choice of lifestyle and input in service planning had reduced since the implementation of the new structure. The person indicated that this may be due to the new coordinator’s approach and skill level rather than the new strategies rolled out across the service.
- It was evident that the service endeavours to tailor support strategies to the needs and competencies of individuals and that people with disabilities feel empowered to be as self-determining as possible (within funding and organisational restrictions) “It’s my life and they are in it to help me”.
- Some individuals indicated that Perth Home Care and its services are part of their daily living safeguard strategies.
- Examples were also provided in which it was demonstrated that the organisation consistently tries to improve its ability to support this outcome.
- Documentation indicated that goal setting is not a strength in the service planning and implementation.

Home

Outcome: The place where a person lives is safe, secure and comfortable, and where they can be themselves.

Evidence noted (eg observations, feedback and documentation):

- All people with disability supported live in their own home or family home.
- Even so a sense of intrusion by support services provided was felt by some, most of those consulted had a clear sense of home and being 'in charge'.
- Three examples were given in which support workers made judgemental comments on how individuals chose to keep their home.
- Most of the individuals consulted felt that the support through Perth Home Care Services increased their sense of safety and security.
- A number of examples outlined the impact of support workers not being replaced when they were sick or unable to fulfil their shift commitments for various reasons (eg participating in professional development). Individuals interviewed felt that neither support workers nor the organisation were aware of the impact on their life, for example their comfort (when not having support to have a shower) or being themselves (when the food that had been planned to be serviced for dinner had not been purchased on that day).

6. Compliance check

Standard 8 - Service Management - *Running the service well*

Supporting Standards 8.1 and 8.2 - The service provider conducts police clearances and provides a safe physical environment for its consumers - *Operating a safe service*

Observation	Yes	No	N/A	Info source
The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	x			2,4,5
National Police checks are regularly updated for Board members, staff, volunteers and contractors.	x			2,4,5
The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff, volunteer or contractor.	x			2,5
The service has an emergency evacuation plan.*	x			2,4,5,6
The service regularly practises its emergency evacuation plan.*	x			2,4,5,6
The service keeps records of evacuation trials. *	x			2,4,5,6
The service has policies and procedures on the administration of medication.	x			2,4,5,6
The administration of medication occurs as detailed in the policies and procedures instructions.	x			2,4,5,6
The buildings are maintained in a condition that does not pose a risk to service users.	x			1,2

Information source legend: 1 direct observation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with consumer/s; 5 documentation; 6 self assessment; 7 Commission staff; 8 not determined.

- * Emergency evacuation plans are part of the initial assessment and service reviews. The focus of reviews is more towards occupational health and safety requirements and could be increased in relation to emergency evacuations. Practices of emergency evacuations should be conducted in the individual's home where feasible.

**Standard 9 - Protection of Human Rights and Freedom from Abuse and Neglect -
Being protected from harm**

Observation	Yes	No	N/A	Info source
Supporting Standard 9.6: The service provider has procedures in place to respond within seven days to allegations of abuse and neglect, including reporting mechanisms and strategies for protecting people with disabilities from abuse.	x			2, 5,6

Information source legend: 1 direct observation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with consumer/s; 5 documentation; 6 self assessment; 7 Commission staff; 8 not determined.

7. Appendix

A. How the quality of your service is measured

Quality Evaluation

- Independent Evaluators contracted to the Disability Services Commission collect evidence from multiple sources to verify the quality of services and supports provided.
- People with disability, their families and carers are invited to comment through the evaluation process on the services and supports they use and how well they are being enabled to live a good life.
- Management and staff and other interested stakeholders are invited to comment on the services and supports provided and outcomes being achieved.
- Evidence is collected by evaluators and assessed in relation to both Quality Management Framework Outcomes and compliance with the Disability Services Standards¹. The evaluation also provides opportunities for suggested improvements to be made.

Outcomes

- Outcomes refer to the impacts, benefits or changes that people with disability, their families and carers experience as a result of using a service or support.
- Outcomes also identify what people with disability, their families and carers can expect from a service or support.
- The outcomes and performance indicators have been developed for each service type: accommodation support, advocacy, alternatives to employment, disability professional services, family support, local area coordination and recreation. Examples include wellbeing; independence; relationships and social connection; lifestyle of choice; and community inclusion and participation.

Performance Indicators

- Performance indicators describe what is looked at to decide how well the service is doing in supporting people with disability, their families and carers to achieve good outcomes.
- Satisfaction is defined, in the context of Quality Evaluation, as a comparison between what a person feels/expects service standards “should be” and their experiences of the “actual service”.
- The best disability sector organisations are those that progressively improve services and supports to enable people with disability, their families and carers to achieve beneficial outcomes. The Quality Evaluation supports this to happen.

¹ Quality Management Framework Outcomes and Disability Services Standards are under review for updating and consolidation.

Disability Services Standards

Standard 1 Service Access - *Getting disability services*

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

Standard 2 Individual Needs - *Getting the right help*

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard 3 Decision Making and Choice - *Having choices and making decisions*

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard 4 Privacy, Dignity and Confidentiality - *Keeping things private*

Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard 5 Participation and Integration - *Being part of the community*

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

Standard 6 Valued Status - *Valuing each person*

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard 7 Complaints and Disputes - *Sorting out problems*

Each consumer is free to raise and have resolved any complaints or disputes he or she may have regarding the service provider or the service.

Standard 8 Service Management - *Running the service well*

Each service provider adopts sound management practices which maximise outcomes for consumers.

Standard 9 Protection of Human Rights and Freedom from Abuse and Neglect - *Being protected from harm*

The service provider acts to prevent abuse and neglect, and to uphold the legal and human rights of consumers.

C. Disclaimer

The evaluation assessment is necessarily limited by the following:

The methodology used for the evaluation has been designed to allow a reasonable degree of assessment in all the circumstances, particularly cost effectiveness of the evaluation process.

The standards against which assessment is made involve subjective terms and this entails an exercise of subjective judgement.

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.

Where outcomes for individuals are of a high standard, and observation and other evidence indicates no apparent gaps in meeting the Disability Services Standards, the Standards are deemed to have been met.

The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluation team is correct under circumstances where this issue cannot be determined with absolute certainty.

The assessment will involve the Evaluation Team raising issues with a sample of individuals with a disability, their family members and carers. On some occasions information gathered from a sample will not reflect the circumstances applying over the whole group.

For these reasons the Evaluation Team cannot and do not accept responsibility for the veracity of any information on which they have based their reports and for a subsequent incorrect assessment that may have occurred based upon that information.