

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Avivo
Service point name:	South-East
Outlet name(s):	Individualised Services (formerly ATE, ASF, IFS, CLS and FLS) Respite; TOPS – now Family Support funding CATCH
Chief Executive Officer:	Rosie Lawn
Final report date:	DRAFT 5 December 2016
Evaluation team:	Beth Marchbank and Bettina Philp

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

Further information

Please contact the Quality and Evaluation team.

Contact details:

Quality and Evaluation
Disability Services Commission,
146 - 160 Colin Street, West Perth WA 6005
Phone: 9426 9200
quality@dsc.wa.gov.au

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Acknowledgments

The Evaluators extend thanks to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

Part A: Executive summary

Introduction

This report describes the findings of the evaluators who visited Avivo South East 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 26 October, 2016 and the evaluators visited the service on 1, 16 and 23 November, 2016. Fifteen people attended the preliminary meeting, including three customers, two family/carers and ten coordinators/managers. A post evaluation meeting was held on <date>.

The organisation uses the term "customer" to refer to people with disability they support.

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 provides customised supports for daily living and community participation with flexible, individualised arrangements to suit customers. Supports range from 24/7 arrangements in host families to a few hours per week, or infrequent services to provide supports for family/carers to help sustain their caring role through grant funding.
The resources	<p>The Disability Services Commission (The Commission) funding for the year was Individually Funded Services - \$3,635,821 TOPS (Family Support)- \$304,669 and CATCH - \$687,944; a combined total of \$4,628,434.</p> <p>Services in the regions are provided by 123 part-time Support Workers, and 16 Team Facilitators, supervised by 5 Service Coordinators and one Regional Lead. A Resource Coordinator and Assistant Coordinator, do staff rostering, and Nurse consultants and a Support & Development Advisor is also available. Two Coordinators oversee the funding and supports for families accessing the family supports (respite) grants. Safeguarding and Service Response planning is available for customers who require it.</p> <p>The service infrastructure includes Marketing and Public</p>

	<p>Relations, People & Culture, Your Way, Shared Living, Positive Behaviour Support, Quality and Outcomes, Consumer Advocacy and Involvement, Social Innovation, Information and Administration, the Finance Department and Human Resources.</p> <p>The service operates from offices in Jandakot and there are three pool cars available. Support Workers use their own cars to transport customers.</p>
The people using services	<p>There are 107 customers aged 0-65 using the family support services and 40 using the more intensive individualised supports. There are three children who require assistive technology as part of their supports (CATCH customers).</p> <p>Customers have a wide range of support needs including personal care, daily living, recreation, community participation and home maintenance supports, relating to physical, intellectual, communication, social, emotional and behavioural needs. Some customers have high and complex needs involving multiple support needs.</p>

Consultation

Statistics

Number of visits to group homes	NA
Number of individuals with disability present in group homes during visits	NA
Number of visits to private homes	NA
Number of interviews with individuals with disability	2
Number of interviews with family members / friends / carers / advocates	2
Number of telephone interviews or emails with individuals with disability	5
Number of telephone interviews or emails with family members / friends / carers / advocates	30
Number of individual files / plans reviewed	16
Number of complaints reviewed	8
Number of staff meetings attended	2
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	<ul style="list-style-type: none"> • The service works to match Support Workers with similar interests and relative skills to support individual customers and most customers were extremely happy with their regular Support Workers. • Support Plans describe very specific detail on exactly how the customer wants to be supported; not just broad strategies. • The service has developed a process called "The Customer Journey" which guides customers and staff through all aspects of services.
Business practice/s	<ul style="list-style-type: none"> • Staff reported they have a high degree of support and being valued in their work, across teams and management levels.
Other good practices noted	<ul style="list-style-type: none"> • The service has excellent procedures for the recording, tracking, analysis and improvement implementation following complaints and incidents.

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.		No Required Actions were identified as a result of this evaluation.	

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.	3,6	That the service explore and then implement strategies for more effective communication between managers and staff and between staff and customers and families/carers.
2.	3,6	That the service investigate ways of ensuring suitable relief staff are available when Support Workers are absent.

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
3.	5	Some customers/family/carers said they don't receive statements about the expenditure of their funding; or that unused hours did not seem to be left in credit to them. Increasing regularity of funds expenditure statements to customers/families/carers would increase their perceptions of transparency by the service.
4.	1,6	Some staff were not familiar with the National Standards for Disability Services, and procedures relating to minimising restrictive practices and responding to allegations of abuse/neglect. Further training/staff discussion of these would be beneficial.

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

The service point has the following policies and / or procedures for:

- | | P | E | R | NA |
|---|---|---|---|----|
| • 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 and family/carers interviewed stated the service treats them with dignity and respect and felt their privacy and confidentiality were maintained at all times.
- Customers and family/carers reported that staff were aware of safety issues and protected their well-being. One said "(customer) wants to do swimming, they got a physio to make sure it's safe for her."
- A number of customers reported they choose to self-manage their own funding and send through monthly acquittals, and the service supports them in this, whilst others had chosen not to self-manage.
- Customers reported being asked if they would like to be involved in choosing their Support Workers. Most reported they didn't, but would provide feedback where required. This is documented in each customer's Support Plan.
- Two family /carers said Support Workers need more understanding of the carer perspective and respect when entering someone's home; that customers are

having to tolerate all these strangers in their house.

Staff and management knowledge

- Reports from staff demonstrated their respect for customer rights to well-being, safety, and making choices about their own lives, and staff said these values are instilled at induction.
- Staff reported supporting customers to express their preferences about services and supports to pursue their chosen lifestyles, including giving information about other services including advocacy services.
- Staff reported they would record and report (service incident form) any incidents or concerns of abuse/neglect to the Service Coordinator in line with the service policy and procedures.
- Where applicable the Service Coordinator reports incidents to the Critical Incident Team for further investigation and a report is completed.
- Some Support Workers said that dealing with suspected abuse or neglect had been discussed at team meetings, but had not had specific training in this nor about least restrictive practices and positive behaviour supports. (Refer OM 2)

Observations

- Customers were made welcome into the office area and seemed to know their freedom to visit staff in offices.
- The National Standards for Disability Services were displayed in the reception area.
- Copies of Incident Reports were viewed in customer files and these were also noted in the Incident Records.

Critical documents, systems and processes

- The service has a “Managing Funds to Employ Support for (customer name)” document that lists agreed areas of customer and service responsibilities.
- “A Responsibility Guide – sharing the management” document is issued to customers outlining theirs and the service’s roles and responsibilities.
- Individual customer support plans have a section on safeguards and safety.
- Applicable customers are offered varied funding management options.
- Policies and procedures relating to customer rights were issued / reviewed in February to March 2016.
- The service has a ‘Restrictive Practices Committee’, with designated internal personnel with expertise in the development and implementation of behaviour support plans. It also uses external expertise including the Commission’s Positive Behaviour Support Team.
- Other systems in place which support the rights of customers include the Shared Management Agreement, and Individualised Funding Agreement.

Assessment against the Standard

General statement	The service has sound practices in the area of customer rights.
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.				
<ul style="list-style-type: none"> • (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:				
<ul style="list-style-type: none"> • actively promoting a valued role for individuals, related to their interests and preferences 		X		
<ul style="list-style-type: none"> • promoting and supporting participation and inclusion and community connection 		X		
<ul style="list-style-type: none"> • 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

- Customers and family/carers reported that the service supports them to be able to pursue their interests and engage in community activities of their choice, and many reported how happy they are with this.
- Customers and family/carers reported a large range of community activities which they are supported to participate in, including going shopping, to health appointments, life skills training, the gym, cinemas, concerts, sporting games, karate lessons, swimming, and playing tennis or visiting friends and family.
- With some customers their community access activities are decided on the day, based on their needs and interests.
- Some customers have established connections with local service providers as they go about their regular community activities.
- Customers and family/carers reported that activities were in line with their chosen goals, such as keeping fit; being able to do their weekly shopping for healthy food item, being able to attend health appointments to maintain well-being, and developing and maintaining social connections.
- Several customers attend a work placement or community access program with one provider for a few days per week and the other days with Avivo.

Staff and management knowledge

- Staff reported that a large part of their work is in supporting people to participate in community activities of their choice.
- Coordinators reported that the service is “very big on community supports”, noting asking customers about their interests and then following up with supports to engage in relevant activities.
- Staff reported that where they know customers have similar interests; they connect these people with their consents.
- Staff reported that they use incidental learning opportunities and support customers to access and participate in their communities, form connections with community members and where applicable family and friends as well.
- Staff reported that the service has had recent focus on training about Aboriginal and Torres Strait Islander culture and awareness.

Observations

- NA

Critical documents, systems and processes

- The service works with community services such as Befriend, churches, recreation facilities, and other service providers in facilitating opportunities for community connections and participation.
- The service has a Reconciliation Action Plan to enhance staff awareness and service practices with Aboriginal and Torres Strait Islander people to 2018. It states “Avivo will be enriched as we add value to our organisation by creating a foundation which encourages and supports Aboriginal and Torres Strait Islander peoples and for our staff to build their knowledge and cultural awareness of the first Australians”.

Assessment against the Standard

General statement	Facilitation of community participation is a major focus of the service according to customers’ choices.
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.				
<ul style="list-style-type: none"> • (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:				
<ul style="list-style-type: none"> • person-centred individual service planning, delivery and review 		X		
<ul style="list-style-type: none"> • respecting and responding to individual diversity 		X		
<ul style="list-style-type: none"> • 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

- The majority of individually funded customers were happy with their services, and especially their Support Workers. Examples of statements included "they (Avivo staff) are absolutely brilliant", and "they understand (customer) well, we discussed in depth her communication needs".
- Customers reported meeting with the Service Coordinator and developing a plan that reflected their identified needs, interests and aspirations and receiving a copy of the plan. Some said review plans were sent to them for revision and signing.
- Customers spoke of review discussions with the Service Coordinators and changes to their plans; eg one said "I asked for a later time, and they changed it".
- Customers gave examples on how their plan was being implemented. Some said supports were provided flexibly to respond to their changing daily needs. One said "they give me a roster of the staff who will be coming".
- Most customers and family/carers said they had been involved in developing a plan for supports.
- All families/carers accessing the family support funds (for respite) highly valued this service and said that it meant the difference between coping and not in their caring role.

- Customers and family carers reported being offered ideas about how they could use supports to meet their needs.
- The most frequent report from customers and family/carers about when services did not meet their needs was when Support Workers did not turn up or came late; which potentially upset customers' planned activities for the day.
- Reports included "the Support Workers don't come, or are very late and they don't call me" "there are too many staff changes – so we have to get to know and re-instruct staff repeatedly"; "they haven't read the file and they don't listen, they say 'We'll look into it and call you back' and they never call back." (Refer SI 1)
- Several customers/family carers said the service didn't seem to have a large enough staff relief pool and three said Avivo had been unable to fill absentee shifts. (Refer SI 2)

Staff and management knowledge

- Staff reported the person-centred focus of the service as one of its main strengths.
- Staff reported that the importance of taking time to get to know customers and their needs and preferences.
- Staff reported that their planning conversations with customers had improved, and that Support Workers can have input if the customer wants them involved.
- Support workers said customers are encouraged to talk about their goals and desires for their life; to "see the possibilities" and design creative strategies to meet needs.
- Support Workers advised they receive a copy of the customer's Support Plan, which they follow unless the customer requests a variation which is approved by the Service Coordinator, to provide flexible and responsive services.
- Support Workers reported concerns about the 15 km radius in which they are supposed to keep community outings, and how this restricts options for customers who then need to pay for travel any further. They said relevant activities are not always available in their local communities.
- Staff reported that the service works conscientiously to match suitable Support Workers with customers, requiring them to have similar interests, available times and suitable support skills to suit each customer individually.

Observations

- Interactions observed showed that staff seemed to know customers well.

Critical documents, systems and processes

- Person centred approaches to service provision are documented throughout policies and procedures, and this was confirmed from feedback from customers and staff.
- Coordinators call customers to see how they went with new Support Workers. The service works to find a more suitable Support Worker match if the customer wishes.
- Customer plans are documented by the Service Coordinator initially and where appropriate, further developed by Team Facilitators at reviews.
- Support Workers submit monthly reports to Service Coordinators or Team Facilitators on progress towards achieving customer goals and any issues affecting progress.
- Recruitment days are organised for interviews with potential Support Workers for individual customers who can be part of this if they wish.

- The preferred relief Support team is listed on the customer's plan.
- Referral forms to nurse consulting or behaviour support teams are used according to customer needs.

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% met basic qualitative and outcomes criteria

Plans consider and document individual choices

- Recorded goals were based on the customer's identified needs and aspirations.
- All plans recorded the individual customer's preferences for supports and activities in line with their goals.

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

- Avivo plans have a section for recording safeguards and any risks which need attended to. Funding plans were also included.

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

- Support Workers record customers' progress towards goals in their monthly reports which are submitted to the Service Coordinator for recording in the file notes.
- Recording of progress against goals and outcomes occurs through the completion of a form on the data base.

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

- Customer's goals are reviewed with the Service Coordinator regularly. This ensures the goals are current and still apply to each customer's situation. The outcome of the review meetings is documented in the Support Plan review form.
- Recorded notes in customer database files stated actions and supports in line with goals and customer preferences.
- Some notes stated customer/family/carer requests or requests to sustain or change supports in line with their choices, such as ensuring supports were at times to suit their needs.

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

- All plans were signed by the relevant customer and sometimes the family/carers showing they were satisfied with the intended planned supports.

Assessment against the Standard

General statement

Positive outcomes were reported by many customers and family/carers. Implementing a system of regular reporting of progress against customers' chosen goals will further support tracking of outcomes.

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.				
<ul style="list-style-type: none"> • (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:				
<ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		X		
<ul style="list-style-type: none"> • 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

- Most customers and family/carers reported the staff were very approachable and they could raise any issues and have them resolved.
- Many customers advised they are encouraged to provide feedback or make a complaint where a situation occurs either via their Support Workers or their Service Coordinator and they knew who to contact and how.
- Customers made statements like “I will let them know if I am not happy” and “I talk to the Service Coordinator about my concerns”.
- Some customers described complaints they had raised and how they had been resolved.
- One customer reported their Support Worker was on their mobile phone a lot and when they advised the Service Coordinator it was sorted out immediately.
- Three people said they had not had issues resolved satisfactorily.

Staff and management knowledge

- Staff reported that they liked the way the service had a “no blame” approach to feedback and complaints from customers and family/carers; but that the focus was always on solutions.
- Staff reported they felt that most customers seemed to feel very comfortable to raise issues with staff and expected that they would be addressed.

- Staff reported that any form of dissatisfaction with the service is recorded as a complaint; so the service can follow-up with improvement strategies.
- Coordinators reported the complaints/feedback process is explained to customers/family/carers on entry into the service and revisited again during planning reviews or where a need arises.
- Where staff need to be aware of an issue this is recorded under “Alerts” in their file, eg customer prefers a female Support Worker when dealing with personal care needs.
- Support Workers reported that if a customer had a concern/feedback they would report this to the Service Coordinator who would follow up with the customer, or they would advise the customer to contact the Service Coordinator themselves, depending on their preferences.
- Staff reported that customers and family/carers are advised of advocacy services they can use.
- One Support Worker said in relation to customer feedback “I tell the Service Coordinator, she put changes in place, they listen, they encourage us to give feedback, it’s a team thing”.

Observations

- Complaints records coincided with some that customers or family/carers had mentioned at interview; and showed that the procedure or resolution and endeavours for service improvements had been followed.

Critical documents, systems and processes

- The service has a ‘Reflection and Review’ procedure whereby the Service Coordinator meets with the customer and family/carers to review what’s working well in the service and any areas for improvement.
- Information on providing feedback, including making complaints, is set out on the Avivo website, and in its ‘We Listen to You, - it helps us improve’ brochure
- Complaints are assigned a rating of seriousness, (less serious, serious, formal) by the Service Coordinator, who records them in the electronic database and tracked for themes and actions for service improvements.
- Copies of complaints are also logged in customer files.
- The complaints resolution procedures are in line with the HaDSCO (Health and Disability Service Complaints Office) guidelines.
- Quarterly reports of complaints data are gathered and analysed and reported to the Area Managers and Executive Teams.

Assessment against the Standard

General statement	The service works to a high standard 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.				
<ul style="list-style-type: none"> • (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:				
<ul style="list-style-type: none"> • promoting and supporting fair and transparent service access 		X		
<ul style="list-style-type: none"> • 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

- Most customers and family/carers reported that staff explained the services, what was on offer, other services available, and how the funding and services worked.
- Many customers/family/carers said they knew what their funds status was with the service, and could access information about this on request, or received regular statements.
- Five customers/family/carers said they were not aware of how their funded hours worked, and felt it would be useful to receive itemised statements in a more transparent approach to their funded hours. (Refer OM 1)
- Many customers/family/carers interviewed receive services from varied providers and some who were accessing family supports and using funds through Avivo to access other supports, were confused about the different providers.
- Customers did not report any barriers or concerns about registration or accessing Avivo services.
- Family/carers who had family support funding highly valued it; saying it facilitated them to be able to keep caring for their customer family member at home, and some had several children with disabilities. These families were very concerned about the cessation of this funding in 2017; and some wondered how they would cope in the future.
- Some customers/family carers liked the way the service had suggested creative and flexible ways to use their funding to the best effect, and facilitated them to plan

for the future.

- A few family/carers were concerned that funds for hours of service not used due to Support Worker absences had not been credited to them for use later.(Refer OM1)

Staff and management knowledge

- When a customer is referred to Avivo the Service Coordinator meets with the customer and their family/carers if relevant, and completes a Referral Assessment Registration Form to identify their needs, interests and aspirations.
- Team Facilitators also attend the initial meeting sometimes, enabling the customer to meet their Team Facilitator who can then be aware from the start, the customer's needs, interests and situation.
- Support Workers said it was difficult to inform customers of the travel limitation of 30 kms round trip before a surcharge is added to their service.
- The service refers customers to other services where suitable and available.

Observations

- A family had their funding and supports explained to them at a meeting with the Area Manager during one evaluation visit.

Critical documents, systems and processes

- Funding plans were present in files, as well as communications to customers/family/carers about their funding and supports.
- The Resource Coordinator's role is to ensure that services are provided cost effectively, such as by minimising travel, matching Support Workers to customers in similar areas and filling in staff absences with relief staff.
- A 'Welcome package' is provided to all prospective customers, which contains brochures and leaflets on the organisation, its services and options.
- The service provides customers with information on other services if requested and where available eg referral to advocacy services.

Assessment against the Standard

General statement	The service works well to this standard.
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.				
<ul style="list-style-type: none"> • (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:				
<ul style="list-style-type: none"> • human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management) 		X		
<ul style="list-style-type: none"> • employment records that are current and maintained (ie Police Clearances and Working with Children Checks) 		X		
<ul style="list-style-type: none"> • individuals' records that are current and maintained (ie individual plans, services received, demographics, etc) 		X		
<ul style="list-style-type: none"> • work health and safety 		X		
<ul style="list-style-type: none"> • maintaining a safe environment (ie fire and evacuation) 		X		
<ul style="list-style-type: none"> • administration of medication 		X		
<ul style="list-style-type: none"> • risk management 		X		
<ul style="list-style-type: none"> • financial management 		X		
<ul style="list-style-type: none"> • promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review 		X		
<ul style="list-style-type: none"> • 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:				
<ul style="list-style-type: none"> • current and dated 		X		
<ul style="list-style-type: none"> • include a review date 		X		
<ul style="list-style-type: none"> • where appropriate, developed in consultation with individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • where relevant, available to potential and current individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • made available in customised accessible formats, including languages other than English, as required 		X		

Operating a safe service			
<p>This section relates to the operational component of the Standards and indicates where practices are in place for the service point.</p> <ul style="list-style-type: none"> • (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

- On the whole, feedback about the services and staff was very positive.
- Most customers and family/carers said that staff seemed skilled in their work and they felt safe in the service.
- Several customers spoke of having the same team of Support Workers for many years and how they valued this.
- About 15% of customers and family carers interviewed said that whilst the Support Workers were excellent, relief staff were not so proficient, and communication and service effectiveness at management level was not satisfactory. (Refer SI 1 and 2)
- Several customers and family/carers said that the management and organisation of the service had been frustrating due to Support Workers not turning up, being very late, or being changed with no notice from the service. They said they'd had difficulty in speaking with Team Facilitators and Coordinators, especially lately. (Refer SI 1)

Staff and management knowledge

- Staff said they felt well supported in their roles and valued by management as their opinions were listened to.
- The long term service of many staff interviewed showed evidence of strategies the service has to retain staff as they are happy and valued in their work.
- Avivo Induction program includes their vision and values and the importance of staff upholding these principles when working with customers and the sector.
- Support Workers advised they felt safe in their roles, and could ring for guidance at any time, including after hours.
- Some Support Workers said it would be good if Team Facilitators and Coordinators were more consistent in the way they supervised them, as it sometimes caused confusion about their duties in supporting customers.
- Support Workers reported how important it was to have effective communication from Team Facilitators and Coordinators as good support is essential when out working with customers in the community, as they could feel isolated otherwise.
- Support Workers reported that communication had improved now that they all have Avivo email addresses.
- Staff reported that they have good training and opportunities for further training; and training records showed the wide range of training attended. Topics included writing support plans, manual handling, medication administration, Aboriginal cultural awareness, peg feeds, Autism, Acquired Brain Injury, and Mental Health.
- If a serious incident occurs staff and customers can access counselling thorough Avivo contracted employee assistance provider.
- Some staff were unfamiliar with policies and procedures relating to the National Standards including serious incident and least restrictive procedures. (Refer OM 2)
- Coordinators said they plan to discuss policies and procedures at monthly supervision meetings to enhance staff knowledge and understanding. (Refer OM2)
- The Manager, Quality and Outcomes reported that the service had had two days of critical incident management training following an identified risk of gap in staff

knowledge.

Observations

- The service has comprehensive systems for recording and tracking incidents, risks, complaints, and service operations.

Critical documents, systems and processes

- Service Coordinators have skill sets that categorised into three levels. Complex one – Aged Care, complex 2 – Disability, and complex 3 – dual diagnosis and are assigned to service teams that match their skill level.
- The Service Coordinators are assigned up to 65 customers.
- Service Coordinators supervise up to four Team Facilitators who support and guide the Support Workers for each customer.
- New Support Workers undertake the Avivo Welcome Program which is an introduction to the organisation and its values and vision, followed by five separate training occasions related to specific skills sets.
- The Support Worker then undertakes two to three buddy shifts, depending on their needs, with the customer, and this may include specific training by the Nurse if required.
- When working in customers' homes the Support Coordinator completes a "Working Safely Assessment Report" that looks at equipment, hazard identification with the internal and external environment, emergency exits and fire safety etc.
- Where a current or potential home safety risk is identified, it's raised with the customer. If the risk does not require addressing it's recorded in the customers Support Plan to alert the Support Workers of potential risks eg dogs on the premises.
- The service has regular meetings to ensure staff are informed about service issues and effective services for customers. These include monthly team meetings about customer services (which customers can attend), six-weekly team supervision, individual Support Worker supervision quarterly cluster meetings for all staff, monthly Coordinator team meetings and bi-monthly Coordinator group supervision by the Regional Lead.
- Area Managers collate the reported training needs form the staff meetings.
- There service has risk management systems including the Risk Management Committee which meets bi-monthly, Risk Assessment Matrix, Risk Management Framework, and Risk Treatment Action Plans which are devised for identified risks to customers and the service.
- Fire Evacuation trials are conducted annually and the report of the latest one on 7 January 2016 was viewed. Fire Equipment is due for its annual check by WA Emergency Management, (last checked in November, 2015)

Assessment against the Standard

General statement

The service has sound practices in this area, but customers/family/carers reported lack of communication about service changes as an area needing improvement.

Standard 6: Service management

Met

Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>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.</p>	<ul style="list-style-type: none"> • 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)	
<p>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.</p>	<ul style="list-style-type: none"> • 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)	
<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National</p>	<ul style="list-style-type: none"> • 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').

Disability Services Commission: Quality System Quality Evaluation Report

<p>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.</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.
<p>Other Matters (OM)</p>	
<p>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.</p>	<ul style="list-style-type: none"> • 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.