

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the National Standards for Disability Services

Disability sector organisation:	Enable South West Inc.
Service point name:	Lower South West: Busselton, Bridgetown, Manjimup, Margaret River
Outlet name(s):	<ol style="list-style-type: none">1. Accommodation Support2. Community Based Support3. National Disability Insurance Scheme (NDIS) My Way Lower South West (LSW)
Chief Executive Officer:	Rob Holmes
Final report date:	11 October 2016
Evaluation team:	Dorothy Lucks and Tania Saggars-Clarke

*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

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Acknowledgments

The Evaluator(s) 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 evaluator(s) who visited Enable South West Inc. during July and August 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 11 July 2016 and the evaluators contacted the service and clients during 11 July to 17 August 2016.

The organisation uses the term 'clients' to refer to people with disability, family member/s of people with disability, family, and carers.

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	<p>Enable Southwest provides individualised support services to clients with disability. Additional services supports and projects provided include:</p> <ul style="list-style-type: none"> • Sexual Health and Relationships Support Services • 'Art Partners' community arts program • 'ProjectAble' education for school leavers on employment opportunities in disability and mental health sectors • 'Sail into Life' sailing program • 'Keys for Life' driving course • 'Thriving and Surviving' workshops for families and carers • 'Bunbury Soup' seed funding program • 'My Own Business' Initiative, and • Cross-sectoral workshops and training.
The resources	<p>Total Income for 2015-2016 was \$14,095,791. Total budgeted expenses for 2015-2016 were \$12,430,749. This resulted in a projected operating surplus of \$1,655,042. Enable Southwest employs 138.6 full time equivalent (FTE) direct support staff 138.6 consisting of:</p> <ul style="list-style-type: none"> • Coordinators - 22.9 FTE • Support workers - 113.65 FTE • Project Officers - 2.05 FTE • Indirect support staff - 15.8 FTE

The people using services	<p>In the Lower Southwest service point, there are a total of 146 clients:</p> <ul style="list-style-type: none"> • 59 females • 87 males • Ages range from five to 84 years. <p>Enable Southwest supports clients with a range of intellectual, neurological, psychiatric and physical disabilities.</p>
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Consultation

Statistics	
Number of visits to group homes	Nil
Number of individuals with disability present in group homes during visits	Nil
Number of visits to private homes	3
Number of interviews with individuals with disability	3
Number of interviews with family members / friends / carers / advocates	8
Number of telephone interviews or emails with individuals with disability	16
Number of telephone interviews or emails with family members / friends / carers / advocates	9
Number of individual files / plans reviewed	8
Number of complaints reviewed	Nil
Number of staff meetings attended	2
Number of staff consulted	8
Number of external stakeholders consulted	3

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)	
<p>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.</p>	
Person-centred practice/s	<ul style="list-style-type: none"> The investment that the organisation makes in 'matching' clients and support workers is highly appreciated by clients and was mentioned by almost every respondent during the evaluation as an important and valuable aspect of the service.
Business practice/s	<ul style="list-style-type: none"> The organisation throughout its structure displays a high degree of transparency and accountability in value for money and what can and cannot be achieved with the level of resources available. This contributes to clients who are aware of and appreciate the level of servicing that they receive.
Other good practices noted	<ul style="list-style-type: none"> The organisation works closely with the Local Coordinators and invests substantial effort to find the most beneficial solutions for each individual's needs.

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.	

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	Stronger consideration could be given for safety factors, specifically to fire and evacuation for those living in their own home alone, and for the associated costs to be considered into their plan for budgeting and approval by the WA NDIS Coordinators.
2.	3	The review process for individual plans could be improved by ensuring that review dates are clear and that progress towards goals is explicitly recorded.
3.	6	More effort could be taken to ensure high quality case notes that capture most important communications, particularly during transition periods.

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.	2	Several parents/carers as well as Enable staff mentioned a range of challenges of coordination. Enable does try to work with the schools and other services but they are only one service provider in the team supporting the young person. This aspect could be reviewed in any consideration of person-centred, local coordination activities.
2.	6	Enable clients would appreciate the re-introduction or increase of

		buddy shifts during transition periods to ease their stress during periods of change. The service reports that it is no longer able to finance this due to increased funding restrictions for hourly service rates.
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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 clients, family members and carers reported their appreciation of the support they received and confirmed that they were treated with dignity and respect.
- A key feature of the feedback was that clients, family members and carers explained that they had very good relationships with the support staff, coordinators and management.
- Individuals receiving services said that they had been informed of their rights and all efforts were made to respect their rights. Examples include, "The staff explained to me that I had the right to choose the support worker who comes into my home. There were several who came to see me at the beginning and although I was not unhappy with them I did not feel they were the best match. When my current worker arrived we hit it off immediately and it has been wonderful since then."
- Clients stated that they had full choice about the services they wanted.
- One client said "Although I do not receive many services from Enable it has been

such a difference from my previous service provider who had so many rules that I had to follow. The Enable coordinator sat down with me to listen to what was important to me and that has been followed all the way through.”

- Another comment was that “We have been going through some difficult times as a family and throughout the process our support worker and the coordinator have listened to and respected our wishes and responded as far as possible.”
- No concerns were raised regarding privacy and confidentiality.
- All clients and family confirmed their awareness of the policies and procedures in place. They received clear information on available services and feel that they can ask any questions they have.

Staff and management knowledge

- Staff understand the policy and procedures, and also note their duty of care to ensure the safety and wellbeing of the person.
- Staff and management confirmed that all staff receive appropriate training in identifying, understanding and reporting abuse and neglect, and are also aware of confidentiality.
- Refresher course and ongoing training is also conducted on a regular and ongoing basis.
- Staff displayed knowledge about safeguarding and least restrictive practices, and aim to limit any constraints on the freedom of the person as is practicable in their environment.
- Management advised that restrictive practices are used as a last resort and only if the client presents a clear risk to themselves or others. The service also seeks medical practitioner advice, full consent and considers use of the least restrictive alternatives.
- Staff also engage with and respect all others who share the lives of individuals such as family, carers and advocates.
- Staff interviewed demonstrated a genuine respect for individual rights.
- One staff member said that “Our focus is always open and honest conversation. It’s important to get to know the person so that we can help them in the best possible way.”

Observations

- Staff demonstrated a consistent level of respect for individual rights and seeking solutions that are most appropriate to their needs.
- Staff were observed to discuss within teams in a very sensitive way the rights and privacy of individuals around important issues such as personal hygiene, sexuality and family relationships, ensuring that the conversation remains focused on the best outcomes for the client.
- Client’s family members displayed respect for the manner in which Enable staff balance the needs of both the client and the carers. Two examples were from a parent who said: “As a carer, there is a balance between what my child wants to do and what I as a parent need to do to make sure that she/he is safe and educated. The regular review meetings with the support team have been helpful to balance these points of view and make sure that both sides are respected as much as possible.”
- Another carer demonstrated relief at the way the service has been flexible to support the client at times when the primary carer has appointments that they

need to attend.

Critical documents, systems and processes

- The Human rights and Freedom from Abuse and Neglect policy and procedures set out Enable’s commitment to their clients and families. The policy reflects conventional understanding of the rights of individuals and is in accordance with the United Nations Convention on the Rights of Persons with Disabilities.
- The importance of ensuring the human rights of individuals is acknowledged throughout a number of operational policies and procedures. For example, in the Enable Consent by Clients policy, Positive Behaviours policy, Valued Status policy and Human Right and Freedom from Abuse and Neglect policy.
- The Human Rights and Freedom from Abuse and Neglect policy includes a requirement to give all clients a copy of the National Standards.
- Clients are informed of their rights under the National Standards and this is included in the client information pack.
- The Consent by Clients policy includes clear definitions and examples of different types of consent and the information and actions required for each.
- The Decision Making and Choice policy covers support for individuals’ rights and involvement in determining the support that they receive.
- Client privacy and confidentiality are covered in the Privacy, Dignity, Confidentiality and Data Protection policy.
- The organisation has a Zero Tolerance policy that prohibits people with disability from being subjected to cruel, inhumane or degrading treatment or punishment.
- The Positive Behaviour Support policy and Restrictive Practices policy cover harm minimisation and avoidance of restrictive practices wherever possible.
- The policy on Restrictive Practices is in place to ensure safeguards are in place in exceptional circumstances where it is necessary to use least restrictive practices.
- The Positive Behaviour Support policy and procedure is an evidence based approach with a primary goal of increasing a person’s quality of life and a secondary goal of decreasing the frequency and severity of their behaviours of concern.
- The process requires periodic checks that will be conducted by supervisors to ensure that abuse and neglect is not happening.
- Incident reports were reviewed and were found to be complete, signed with clear action taken including management response and action. One incident was found to be filed in the wrong personnel file but this was an isolated occurrence.

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • Most of the clients confirmed that staff go out of their way to support them in their activities and interests. • They also enjoyed new community groups that staff had researched on their behalf and had supported them to attend such as local youth and swimming groups. • Feedback from all of the families confirmed the above and also shared other fantastic examples of their relative having wonderful and fun experiences, as well as great results in health and wellbeing (particularly with weight loss). Family members were very happy with the services, and spoke very highly of the staff. • Comments from clients included, "My support worker is an angel, he/she comes and stays in with me when I want to stay in and goes out with me when I want to go out." • Another comment was that, "Our support workers have come with us to stay in Perth when we have needed them to so that we can have time with family. They do this in a very flexible way that is unobtrusive and gives us maximum benefit of participating in wider family life." • "Since starting with our most recent support worker my child has been out in the

community more than ever in their life before. Having someone closer to their own age means that she/he sees them more as a friend rather than a paid employee. This has made a huge change in their ability to operate in the wider community environment.”

- “Every week, the support worker comes and takes our family member out to regular activities. That gives me a break and our family member always comes back content from their time out and with new stories to tell.”

Staff and management knowledge

- Staff reported that they develop strategies to make the greatest possible use of community facilities and services. They also collaborate with other community groups and their members to facilitate the inclusion of clients.
- Management confirmed their commitment to clients and had established partnerships in the community with an emphasis to build their relationships for the betterment of clients and the community.
- In line with the individual plans, clients are supported to access and participate in the community as far as possible.
- There were examples of staff going to substantial lengths to address the specific needs of an Aboriginal family and an example of where staff carefully considered the personal and cultural needs of a child in a vulnerable situation.
- From a human resource perspective, managers noted that the recruitment process includes consideration of any cultural interests or preferences in relation to matching clients to support workers. Care is given during the matching process to consider the most appropriate match in terms of communication, whether it be linguistic, age appropriate in relation to language and interests.
- With younger clients, Enable aims to work closely with schools and other services on individual support plans for the young person. Enable and the parents report that activity and behaviour support works better when there is an integrated approach. Several parents/carers as well as staff mentioned a range of challenges of coordination. Enable does try to work with the schools and other services but they are only one service provider in the team supporting the young person. They do not have a mandated role for coordination so it is sometimes difficult for them to coordinate activities effectively. This aspect could be considered in review of person-centred, local coordination activities. (See OM 1)

Observations

- A number of clients are supported to access employment opportunities in their local communities and both clients and families and carers expressed how clients value and are valued through this interaction in the community.

Critical documents, systems and processes

- The Participation and Inclusion policy and procedure is to ensure that clients will have access to the same places as the rest of the community, services provided in community settings alongside members of the community and the opportunity to socialise and build relationships with the wider community.
- The Cultural and Diversity policy and procedure acknowledges and respects Aboriginal and Torres Strait Islander people and culture and is committed to incorporating a holistic concept of health and wellbeing and recognised the family systems of care, control and responsibility.
- The organisation acknowledges the complexity of the factors contributing to

problem faced by Aboriginal and Torres Strait Islander peoples and will seek to work in partnership and collaboration with local elders, agencies and individuals when engaged in support.

- The policy and procedures also acknowledges other culturally and linguistically diverse backgrounds, and will consider issues of culture and diversity in the planning and delivery of client services.
- Promotion of participation and inclusion in community settings and relationships is detailed in the Participation and Inclusion policy, as well as the Valued Status policy.
- Enable's Cultural Diversity policy covers some aspects of working with Aboriginal and Torres Strait Islander clients, however does not specifically include promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection.

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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

- Feedback from clients and families confirmed their active participation of this Standard as all were familiar with the individual planning process and appreciated being involved in designing their own plans.
- Culture was important for four of the families interviewed, and maintaining this connection was a significant part of their lives. They confirmed that the support from Enable assisted the clients to remain connected with their culture.
- A concern flagged by eight of the clients and families interviewed was the increasing age of the client supported and how they were not in a position to be as active and out and about in the community. Two said that they were happier now, knowing there was supports and services in place for their family member, and they wanted to say "thank you to the staff."
- Three clients that live alone were increasingly concerned about how they would be able to stay in their own home and appreciated the support that allowed them to remain independent for longer.
- There were two examples noted where clients personal situation, particularly those clients living alone, meant that they face safety risks. The clients were happy with their service but did note that there had not been detailed risk management plans

put in place as part of the annual planning. They were unaware of some of the potential safety risks and during discussions noted that it would have been good for the plans to include consideration of safety factors and emergency plans. (See SI 1)

- In discussing the outcomes from the services provided, over half said that there was real value in being able to maintain their health and wellbeing. This was applicable to clients with long term and degenerative disease and those that require assistance with medication.
- There were some examples of achievement of major outcomes through the support that Enable provides:
 - For some, the improvements and outcomes achieved through the service have been quite dramatic. One parent said, “that their child had shown substantial improvement through the assistance of support workers, and was achieving better outcomes in all aspects of life including schooling, communication, and relationships.”
 - Four clients mentioned the importance of being able to leave the house for activities that allow them to maintain a connection with friends, family and community.
 - Five mentioned that the assistance within the home and garden made their home environment better and reduced their worries about being unable to maintain the standards that they were previously accustomed to maintaining themselves.
 - Four mentioned how the assistance to engage in activities such as walking and going to the gym contributes to their fitness and overall health.
- Specific feedback on the difference that the service makes for clients was:
 - One client said that they did not see any great benefit at the moment but they saw advantage in being connected in to a service because if they need more support in future the relationships are already there. At the moment they just receive a little help around the house but know their health will decline in future and value that the service will be available then.
 - One carer said that they always know when the Enable support workers are in the house because they can hear laughter ringing through the house. The contribution in both physical and mental aspects is a positive contribution to their family member’s health.
 - One client said that they receive support services for their house and garden and the benefits that the service brings has been far beyond their expectations. Because it is flexible they can ask their support worker to help them with whatever they need most at the time. This has made a big difference to their level of comfort and their peace of mind by getting things done like changing lightbulbs, picking vegetables, and fixing curtains when they needed to be done.
 - One client said, “My support worker motivates me to do a lot more than I would do on my own. I now do more exercise and I’m finding exercise more fun than ever before. I have lost weight and I’m feeling fitter.”
- One family member of a client said “Since moving to Enable, we have noticed a big difference in our family member. We are having less behaviour issues and they are starting to do more for themselves within the home which has made it much easier for all of us.”
- One client said that they could not manage to live independently without the

support of Enable. They were in a hostel and are now living independently. The support provided morning and evening helps them to survive independent living and then during the day they now have the freedom to go about their day in a way that they couldn't have believed possible before.

Staff and management knowledge

- Staff reported that they pay attention to the planning process to identify how to support the individual towards their goals in the best way possible.
- The team meetings were seen as important to discuss options and ideas with the client including family and carers where appropriate and to strive to achieve better outcomes even beyond the formal plan.
- The management staff placed emphasis on the importance of taking time and effort to match the most appropriate support worker to the individual in line with their goals. They said that they commit time, resources and energy to the process of matching as their reviews indicate that it is the most important factor in achieving client satisfaction.

Observations

- Staff were observed in several different situations providing specific support to individuals in line with their particular interests and goals towards specific outcomes and responding in a flexible way.
- The evaluation found that staff are trained and informed with a good knowledge of the organisations services and other local services, and that planning is focussed around the goals of people of similar age and service requirements.

Critical documents, systems and processes

- The Individual Needs policy and procedure is clearly implemented throughout the organisation. It is designed to foster client and family empowerment and individual choice by involvement in decisions on their priority of needs and personal goals within the scope of the services provided.
- The policies and procedures and how they are implemented throughout the organisation highlights the organisations commitment to the client's individual needs. The organisation recognises that goals are multi-dimensional and looks at the whole person in the context of their community and the range of formal and informal supports required to maintain and promote their overall quality of life.
- The organisation also has a Person Centred Recovery Planning policy and procedure in place that provides supports for the use of recovery orientated person centred planning principles that focus on the positive outcomes for people with a disability. These outcomes include the extent to which people feel satisfied with their lives in areas such as choice and decision making, personal competence and self-reliance, community participation, friendships and the feeling of being part of a secure, interdependent and supportive community.
- Person-centred individual service planning, delivery and review are also covered in the Decision Making and Choice policy. This policy is comprehensive and includes the need for training of staff to be able to implement the policy effectively.
- A Non Responsive Service User policy is in place and outlines that all individual clients should have a tailored plan of action in place to occur if they do not respond to a scheduled service visit, which allows responses to be tailored to individual needs and characteristics.
- A Cultural Diversity policy has recently been developed and was adopted in June

2016. The policy covers considerations for working with culturally and linguistically diverse clients, Aboriginal and Torres Strait Islander peoples, as well as Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI) persons.

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 eight plans were reviewed and 100 per cent met basic qualitative and outcomes criteria.

Plans consider and document individual choices

- The plans reviewed reflected individual choices and this was confirmed by clients and their families.

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

- The plans clearly record decisions, funding arrangements and safeguard as appropriate.
- This was validated by clients and their families.

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

- Progress notes linked to goals and outcomes for each of the clients.
- It was noted that staff use the plans to discuss how they can best improve services to the clients that they support.
- Enable does conduct individual review processes. The review process has an agenda and relevant people are included in the meeting which is recorded through a set of minutes. However, the review process tends to cover the progress with activities rather than being focused on progress towards the goals. The process includes next meeting date but does not record this as the next review date. (See SI 2)
- It is noted that the organisation is currently investing in a new client management system and that there are already discussions occurring on how to improve the planning and review processes.

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

- Clients and families confirmed their participation in the planning and review of their chosen services and supports.

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

- There were numerous examples from clients during the evaluation that validated positive feedback from the clients and family members.

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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

- The majority of clients interviewed reported their willingness to provide feedback when requested by support staff and were not afraid to share their views and feelings.
- Several mentioned that they had taken a while to build trust with the organisation and that it had been difficult at first to match their needs. But these also said that over time a relationship of trust had developed as their issues had been addressed rapidly and solved.
- Overwhelmingly, clients said they liked their support staff and had a good friendship with them.
- A common feature raised across interviews was that staff and clients both had a good sense of humour and that this was an important part of the service because it brightened their days. Family members interviewed confirmed this and said it was very refreshing to see their relative and staff smiling and laughing.
- All families said they would feel comfortable to flag any issue with any of the staff and that it would be resolved. From experience, two families said they would be too afraid to raise anything with previous service providers that provided services to them, as they felt scared for their relative. This was not the case with Enable.

Staff and management knowledge

- Staff were familiar with the feedback and complaints policy and procedure and where to access literature for clients and families.
- Staff said they always ask clients and families for feedback as this helps the organisation to improve its services.
- One client said that, “Major complaints never happen because the coordinator is responsible to know what’s going on and deal with issues as soon as they arise.”
- Management reported their commitment to continuous improvement and that all feedback is appreciated, and the organisation will always ensure a client and their family feel safe and comfortable in providing feedback or placing a complaint.
- Staff also stated, if they had an issue they would not hesitate to raise it directly with their reporting Supervisor or Manager, and this was due to the relationships they had with all of the staff in the organisation.

Observations

- Several examples were observed where a client made a comment/suggestion and it was immediately taken seriously by staff and immediate action was taken to address the point that had been raised.
- Evaluators noted that care was taken in a situation where there was different feedback from a client compared with the feedback from a family member. The concerns of both were taken seriously but with greater emphasis given to the direct concerns of the client and strategies proposed for how the family member’s concerns could be addressed without impinging on the preference of the client.

Critical documents, systems and processes

- The Complaints policy and procedure provides clients and their family with the opportunity to provide both positive and negative feedback about the services, supports it receives from Enable.
- A Complaints Flowchart outlines the complaints process and has associated timeframes to each part of the process. This is readily available throughout the organisation.
- All complaints, resolved and unresolved are logged in a confidential complaints log book and a non-identifying summary of any complaints are tabled at the next Board of Directors meeting to inform future service improvement efforts.
- The complaint is also reported to the Health and Disability Services Complaints Office (HaDSCO) via the on-line reporting system and where indicated, a summary is also provided to the Service Purchasing Disability Services Commission in accordance with the organisations Purchasing Agreement.
- A client survey is conducted annually and the results are utilised across the organisation for continuous and business improvements.

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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

- All clients and families said they were aware of what services that organisation provides. They also knew about other services and providers in the area.
- Almost all of the clients interviewed confirmed the information was easy to read and understand and they understood the eligibility criteria.
- However, several clients and families found the documentation very daunting and struggled to understand all of the information. They did appreciate being able to ask any queries they had with the staff and the Local Coordinators.
- Several clients reported that the entry process often took time because the organisation takes an effort to match them with the most appropriate people. However, there was recognition that it was better to be slow to start and get the match correct rather than have a support team that was not suitable.
- Two examples were provided of where a support worker had started but it had not been a good fit and that this had been identified very quickly by Enable and a new, more suitable support worker found.

Staff and management knowledge

- Staff and management advised that all key staff have established and maintained very good working relationships with the Local Coordinators, and that key staff also attend planning meetings with the coordinators, clients and families.

- All staff are highly motivated in researching and building relationships with other agencies and service providers in their respective areas, and staff believe this is hugely beneficial for everyone involved.

Observations

- Management were observed to carefully consider the specific needs of clients to ensure good matching on entry to the organisation.

Critical documents, systems and processes

- The Service Access policy and procedures is in place and sets out the circumstances and conditions under which people can be accepted for services with the organisation. The policy has been framed around eligibility criteria outlined in the Disability Services Act (1993), the National Disability Service Standards and the National Mental Health Services Standards. This policy is also congruent with the Department of Child Protection and Family Services 'Better Care, Better Services' Standards and is applicable to all of the organisations programs and activities. All evidence through the organisation was that the policy and procedures are followed.
- Information brochures are available in appropriate formats on the range of services available and this is distributed through Local Coordinators and major health, welfare, local Government and education outlets in the area.
- The website contains a wide range of information and information packs can be compiled on request.

Complete ONLY for Local Area Coordination / My Way

Level of coordinator knowledge and exploration of the choices and opportunities available for individuals in the community

Level of coordinator support for individuals to access services and supports identified in their plans

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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
<p>The status of the following practices for the service point is assessed as:</p>			
<ul style="list-style-type: none"> • The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement. 	M		
<ul style="list-style-type: none"> • National Police checks are regularly updated for Board members, staff, volunteers and contractors. 	M		
<ul style="list-style-type: none"> • The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor. 	M		
<ul style="list-style-type: none"> • Board members, staff, volunteers and contractors have Working with Children clearances as appropriate. 	M		
<ul style="list-style-type: none"> • The service has an emergency evacuation plan. 	M		
<ul style="list-style-type: none"> • The service regularly practices its emergency evacuation plan. 	M		
<ul style="list-style-type: none"> • The service keeps records of evacuation trials. 	M		
<ul style="list-style-type: none"> • The administration of medication occurs as detailed in the policies and procedures instructions. 	M		
<ul style="list-style-type: none"> • The buildings are maintained in a condition that does not pose a risk to staff and service users. 	M		
<ul style="list-style-type: none"> • Regular work health safety audits are undertaken to identify and address potential safety hazards. 	M		
<ul style="list-style-type: none"> • A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable. 	M		
<ul style="list-style-type: none"> • There is a current record of staff training in the implementation of policies, procedures and practices. 	M		

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 clients and families strongly believed that the organisation is set up professionally and has a Board to provide governance and there were many policies and processes in place. This gave them comfort and confidence, and was why they chose the organisation for their services and supports.
- All families were aware they could provide feedback about the organisations policies and procedures if they chose to. They said this made them feel like they were part of the organisation and they felt valued.
- There were two clients that mentioned occasions where there had been concerns with either a support worker or a coordinator. They said that those issues were addressed satisfactorily by management.
- Most clients said that communication between themselves and the service was very open and that they believe that if they had issues they could easily contact the management or an appropriate person and receive a response within a short timeframe. This was much appreciated and stated as one of the strengths of the organisation, particularly by those who had previously been with other services.
- Most of the clients had had the same support worker for several years and had a stable relationship with them. Where turnover had occurred it was either due to promotion within the organisation or because the staff member was leaving the location.
- One concern that was raised by seven respondents was that they had found the service had been less effective when they were going through a period of transition.
 - Three clients mentioned that they had experienced difficulties when a staff member left and new staff members had been introduced. This was a period of uncertainty and they felt that buddy shifts, if they occurred at all should have continued for longer.
 - Four clients talked about periods when they were undergoing transition in their own lives either due to a personal or family situation. They said that while the service had been smooth before, it was difficult when there is a team of support workers because the client or family members have to brief and update people. It was suggested that the organisation could improve hand-over notes to make the process smoother (See SI 3)

Staff and management knowledge

- Staff knew where to find and access all of the policies and procedures for the organisation, and confirmed they all attended and completed the recruitment process, induction and performance management.
- They also said that they felt very well supported by their colleagues and particular by management in all facets of their roles.
- Those from other sites, said they connected regularly by telephone and email and they all attended a weekly buzz meeting on Wednesdays. They found this to be a very open forum where they could table ideas, felt listened to and enjoyed the group conversation.

- All staff said that the senior management group were all very approachable and all feedback was treated in a positive way.
- Staff orientation covers duty of care including incident reporting, safety, and emergency procedures. Staff meetings are used as times to refresh this information.
- The organisation said that they use quite a number of students as support workers who only stay for a couple of years but achieve a high quality of work in that time.
- Coordinators play an important role in providing backup to the support workers from the point of logistics and supervision as well as technical support and backstopping. This structure allows the whole team to be close to the individual. One coordinator covers around 20-30 support workers and are in contact with them each day to support them well in the community.
- The organisation has an annual turnover rate of staff for the year 2015-16 of only 2.27 per cent.
- However, the organisation has experienced rapid growth and has recruited new staff. From the perspective of clients who have been with the organisation for longer, orientation and hand-over buddy periods for new staff members have become shorter and less effective but the organisation feels that it does not have the resources allocated to support longer buddy periods.

Observations

- Human resources (HR) processes appear very organised. Coordinators do not deal with performance management, these are escalated and processes are in place to address any HR issues that arise.

Critical documents, systems and processes

- Enable has suite of policies and procedures and these are separated into the four categories: Finance, Governance, Human Resources and Operational.
- Policies and procedures are clearly written, include relevant definitions and are current and dated.
- The Finance suite has policies, procedures and other supporting forms and templates for: Employees use of Motor Vehicles, Insurances and Indemnity, Petty Cash, Salary Packaging and Travel and Meal Allowances.
- The Governance suite has policies, procedures and other supporting forms and templates for: Board of Directors, Community Use, Employees and Volunteers Code of Conduct, Expenditure Delegations, Freedom of Information, Risk Management, Serious Incident Reporting and Serious Incident Reporting – Mental Health.
- The Human Resources suite has a wide range of documentation that includes: Code of Conduct, Leave, Smoke Free Workplace, Working from Home, Complaints and Grievances, Employee Induction, Training and Development, and Supervision, Injury Management, Performance Management and Counselling, Recruitment, Staff Clearances, Termination of Employment and the Use of Volunteers. These appear to be followed throughout the organisation.
- Whilst there are policies and procedures in place for Risk Management, Accident Incident Reporting, there was a shortfall of Occupational Health and Safety.
- The organisation has a range of handbooks for new staff, coordinators and clients and their families. Six individual records were observed and found to be complete and to a good standard, up to date, well organised.

- The current client management system is Microsoft Outlook based and is cumbersome. The organisation is looking to develop a new system that will be more seamless and give greater capacity for good progress notes. The current system of progress notes in outlook relies on the capacity of the individual to decide when to record a significant point, which can lead to gaps in communication. (See SI 3)
- Human resources policies and procedures and the Enable Employee Handbook are comprehensive and include Employees and Volunteers Code of Conduct, recruitment and clearances, performance management, induction, training and development, supervision, termination, performance management, employee complaints and grievances etc.
- Occupational Health and Safety (OHS) procedures including responsibilities of management and employees are detailed in the Duty of Care Policy. This specifies compliance with the Occupational Health and Safety Act 1984.
- Additional specific health and safety related policies and procedures are in place relating to Employees Use of Motor Vehicles Policy, Smoke-Free Workplace, Manual Tasks and Infection Control.
- Accident And Incident Management and Reporting Policy, and Risk Management policy also cover some aspects of OHS.
- The Serious Incident Policy references the Disability Services Act 1993 and reporting requirements to the Commission.
- Enable has a robust and detailed policy and procedure for staff handling client's personal funds.
- Decision Making and Choice Policy covers the involvement of clients', and their families and advocates in service planning as well as Enable strategic planning activities where possible.
- The Medication Support and Administration Policy is supported by a suite of documents and forms including training and competency checklist, consent form, care plan, medication checklist, and training guidelines. The policy states that staff members who have not received the medication training will not administer medication.
- The service previously ensured that there were buddy shifts until both staff member and client felt comfortable. Now these have reduced because the service reports that it no longer has funding for the same level of buddy shifts. (See OM 2)

Assessment against the Standard

General statement	The service complies with all aspects of this Standard to a high level of quality.
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').

<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.