Government of **Western Australia**
Department of **Communities**
Disability Services

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Enable WA Inc
Service point name:	**Upper SouthWest/Peel (Mandurah, Bunbury)**
Outlet name(s):	Accommodation Support Program Community Based Support WA NDIS
Chief Executive Officer:	Rob Holmes
Final report date:	14 August 2017
Evaluation team:	Dorothy Lucks and Christina Kadmos

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

Further information
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Part A: Executive summary

Introduction

This report describes the findings of the evaluator(s) who visited Enable WA 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 Wednesday 3 May 2017 and the evaluators contacted the service and clients during May and June 2017.

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	Enable WA provides individualised support services to individuals with disability. Individualised services funded through Disability Services provide community based support including personal care, daily living support, skills development, respite, mentoring, nursing, community connection and personal wellbeing support. Alternative accommodation support options include host family and co-residency arrangements. Family funded supports provide small brokerage packages for individuals and families to self-manage. Other activities provided for people with disability include: • Keys for Life Driver Training • Sexual Health and Relationships Education • Sail into Life • Art Partners
The resources	As at the January 2017 Budget Review, the total income for Enable WA (includes Lower Southwest and Upper Southwest/Peel) in 2016-2017 was $13,724,696, and total budgeted expenses were $13,310,904. This results in a projected operating surplus of $413,792. Enable WA employs 149.12 full time equivalent (FTE) direct support staff (across the Lower Southwest and Upper Southwest/Peel).

	Direct support staff in the Upper Southwest and Peel include: • Coordinators Bunbury- 11.9 FTE • Coordinators Mandurah – 2.0 FTE • Support workers Bunbury – 70.6 FTE • Support workers Mandurah – 5.3 FTE • Project Officers (Sail Into Life/Art Partners) – 1.22 FTE There are currently 15.4 FTE non-direct support staff for Enable WA (across the Lower Southwest and Upper Southwest/Peel).
The people using services	In the South West service point, there are a total of 303 clients: • 93 females • 210 males • ages range from zero to 79 years • 155 Bunbury clients • 18 Mandurah clients • 130 brokerage clients. Enable WA supports clients with a range of intellectual, neurological, psychiatric and physical disabilities.

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	9
Number of interviews with family members / friends / carers / advocates	3
Number of telephone interviews or emails with individuals with disability	17
Number of telephone interviews or emails with family members / friends / carers / advocates	13
Number of individual files / plans reviewed	16
Number of complaints reviewed	6
Number of staff meetings attended	2
Number of staff consulted	8
Number of external stakeholders consulted	5

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 Disability Services's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.	
Person-centred practice/s	• Enable is proactive and innovative in matching clients and support workers. This also plays a role in sector development as it brings new workers into the industry, engages them in professional development and brings terrific outcomes for clients.
Business practice/s	• Enable endeavours to provide best value for the level of resources available. This is acknowledged and appreciated by clients.
Other good practices noted	• The training, orientation and on-going support for staff members is structured, up-to-date and responsive to staff queries and requirements.

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	Review processes and formats for individual plans are uneven across clients and a more rigorous approach is required.
2.	4	For clients with complex needs, consider appropriate triggers and a more responsive escalation procedure when either clients or staff perceive difficulties.

3.	6	Improve communication protocols and processes in relation to contact links between clients and support staff to avoid instances where messages via support managers do not reach support staff or vice versa.

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.	1,6	Parents/carers as well as Enable staff mentioned that the current allocation for fuel does not always cover the activities identified in the client plans, particularly for rural clients. While Enable adheres to the approved allowances and makes it clear that staff are not expected to use their own fuel, a number of staff members often use their own fuel and mileage due to their commitment to address client requirements.

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 Disability Services' Quality System can be access on the website:
http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system

Standard 1: Rights

The intent of this Standard is to promote ethical, respectful and safe service delivery that meets legislative requirements and achieves positive outcomes for people with disability. This Standard has a focus on particular rights including: freedom of expression, decision-making and choice; freedom from restriction; freedom from abuse, neglect, harm, exploitation and discrimination; privacy and confidentiality.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point. • **(P) proposed**: not existing and yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• treating individuals with dignity and respect		X		
• promoting and supporting individuals' freedom of expression and decision-making and choice		X		
• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents		X		
• safeguarding individuals' rights		X		
• providing contemporary, evidence-based support strategies with minimal restrictions		X		
• maintaining individuals' privacy and confidentiality		X		

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

Feedback from individuals with disability, their families, friends, carers and advocates
- All people interviewed reported that they are treated with respect and dignity by Enable staff. Staff were described as being friendly, approachable and trustworthy.
- Clients stated that they had full choice about the services they wanted.
- Comments such as "the Enable coordinator sat down with me to listen to what was important to me and that has been followed all the way through", demonstrates the feedback from clients in how carefully Enable engage with and respond to individual choice and control and self-determination.
- Clients spoke confidently about their support, how they are in control of the program, and can adjust activities in accordance with their wishes.
- Several families that have participated in development of behaviour support plans mentioned how sensitively the Enable staff were in working with both the client and the family members, to find the most appropriate solutions for the benefit of the client, primarily in terms of their long term wellbeing and how well the discussions were handled.

- No concerns were raised regarding privacy and confidentiality.

Staff and management knowledge
- Staff and management confirmed that all staff receive appropriate training in identifying, understanding and reporting abuse and neglect, and are aware of confidentiality.
- Refresher courses and ongoing training are conducted on a regular and ongoing basis.
- 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 understand the policy and procedures, and note their duty of care to ensure the safety and wellbeing of the person.
- 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.
- Staff interviewed demonstrated a genuine respect for individual rights, as well as for family, carers and advocates.

Observations
- Staff were observed to work with clients in a very sensitive way and were focused on the best outcomes for the individual.
- Staff demonstrated a consistent level of respect for individual rights and seeking solutions that are most appropriate to their needs.
- The service demonstrates flexibility to support the client at times when the primary carer has appointments that they need to attend.

Critical documents, systems and processes
- Policies in relation to human rights, individual needs, person centred recovery planning, and decision-making and choice, have been reviewed and updated within the last 18 months.
- The policies reflect contemporary understanding of the rights of individuals and are in accordance with the National Standards and the United Nations Convention on the Rights of Persons with Disabilities.
- The positive behaviour support policy 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.
- Enable has a zero tolerance policy that prohibits people with disability from being subjected to cruel, inhumane or degrading treatment or punishment. The policy requires periodic checks by supervisors to ensure that abuse and neglect is not happening. An incident report viewed evidenced where the service had noted a potential incident of neglect, which was quickly, and appropriately addressed.
- 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 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.

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. • **(P) proposed**: not existing and yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• actively promoting a valued role for individuals, related to their interests and preferences		X		
• promoting and supporting participation and inclusion and community connection		X		
• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection		X		

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

Feedback from individuals with disability, their families, friends, carers and advocates
 • Most clients confirmed that Enable staff go out of their way to support them in their activities and interests.
 • Most of those interviewed gave examples of how Enable's assistance (including brokerage assistance) provides opportunities for individuals to participate in community activities, such as swimming, attending groups, accessing services, going to the movies and sports. Specific comments include:
    o Since accessing Enable, "the world has opened up for me."
    o "Enable staff always does something active with my family member, getting them out and about - there is always an activity."
    o "They love going to their host family, I can tell."
 • One individual said that with a recent reduction in support hours, there has been less time to do things in the community that she enjoys, such as shop for clothes. "We always seem to be in a rush once we get ready and go to the appointments I need to go to; there is less time for other activities, like going out for lunch."

- Eight clients indicated that since joining Enable they had enjoyed new community activities that staff had researched on their behalf and had supported them to attend, such as local youth and community groups.
- Comments from clients included:
  - "My support worker is an angel, she/he comes and stays in with me when I want to stay in and goes out with me when I want to go out."
  - "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 home excited. When they came back too excited, we asked the support worker to find an activity on the way home that would calm them down and they did that too."
- Three parents felt that the focus on one-to-one support to include people in community-integrated activities has been at the exclusion of peer-to-peer group based activities, which also have benefits, such as social groups for young people with Autism, or bowling nights. One client confirmed this when they said, "I like meeting my Enable friends best, but we don't do that as much now."

Staff and management knowledge
- Staff demonstrate a proactive approach to considering use of community facilities and services.
- Staff provided examples of where they collaborate with other community groups and their members to support inclusion of clients, eg by taking them to the local gym and working with gym staff on developing relevant programs.
- Management confirmed their commitment to clients establishing partnerships in the community and building relationships for the betterment of clients and the community.
- In line with their individual plans, clients are supported to access and participate in the community as far as possible.
- Care is given during the matching process to consider the most appropriate match in terms of communication (eg whether it be linguistic), and age appropriate in relation to language and interests.
- Most staff contacted demonstrated that they go beyond requirements in supporting the participation needs of their clients. In particular, staff mentioned that they often exceed the allowance for time and fuel to make sure that clients can effectively participate in an activity that is beyond the time/distance limit. **(See OM 1)**

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

Critical documents, systems and processes
- A Cultural Diversity policy was adopted in August 2016 and covers legal responsibilities, as well as emphasising the importance of embracing cultural,

sexual and gender diversity, and has specific mention of Aboriginal and Torres Strait Islander cultural considerations.

- 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. It also acknowledges other culturally and linguistically diverse backgrounds, and considers issues of culture and diversity in the planning and delivery of client services.
- However it does not specifically include promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection.
- Promotion of participation and inclusion in community settings and relationships is detailed in both the Participation and Inclusion policy, and Valued Status policy.

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. • **(P) proposed**: not existing and yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• person-centred individual service planning, delivery and review		X		
• respecting and responding to individual diversity		X		
• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection		X		

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
Feedback from individuals with disability, their families, friends, carers and advocates • The majority of those interviewed said that they felt they were receiving services based on their own, individual needs. • A number of examples were given of Enable's flexibility to respond to individual needs, such as: ○ visiting a client who was confused about the role of different service providers in her plan and explaining how the services will work together ○ contacting a parent whose request for a specific item was not funded, to discuss alternative options for services ○ providing flexibility in the timing of brokerage funding to allow attendance at an interstate conference ○ changing the times that carers attend to better suit the client's preferences for personal care services**.** • Many Enable clients spoke about feeling heard and responded to as part of the planning process, examples include: ○ "When I joined Enable I had been with a different service, I started with the same activities as I had previously but they asked me what I really wanted, not just what I had been doing before, and then listened and worked with me. That led to changes in my program that I am so much happier with."

- o "They made an effort to do different things so that [family member] does not get bored."
- Not all clients were aware of the planning process because it is called different names by different staff; some talked about goal setting, others about the "what works" process. Nor did they understand about the review process. This is positive in that they do acknowledge that Enable regularly talks to them about their preferences, but there were some gaps in understanding of the process.
- Some brokerage clients organise their own carers and plan services through their Local Coordinator, but feel generally supported by Enable. Six of those families said that they felt they could approach Enable for assistance on a range of issues; and two families provided examples of Enable assisting on matters outside brokerage funding eg guardianship.
- Some people felt that they did not have the number of support hours they required to fully meet their needs; or noted gaps in services that prevented Enable's services from reaching their full value but acknowledged that this was an issue outside Enable's control.
- In terms of outcomes from the services provided, most mentioned extremely positive outcomes; for example, being able to be mobile and access the community as well as increased confidence, enjoyment, ability to maintain connected to family amongst others. For example:
  - o "[Client's] reading ability has come on faster than we expected with the extra help."
  - o "I suffer from anxiety. Now I am much more confident going out and have learned new skills on how to manage my anxiety."
- Most people said that Enable services assist them to maintain their health and wellbeing.
- For family members there are substantial benefits in respite and in Enable stepping in when they are unable to cope. One family member said, "The service has made a massive difference in our family life. After school support stopped, we had been tied to the house. Now [family member] is either out or well cared for at home, and we are able to get on with other aspects of our lives (and particularly give time to our other children) knowing that they are happy."

Critical documents, systems and processes

- The policies and procedures and how they are implemented throughout the organisation highlights the organisation's 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 Individual Needs Policy includes recognising and acknowledging families and significant others and their participation and contribution in the process of identifying needs, personal goals, planning of services and regular review. The Individual Needs policy and procedure is clearly implemented throughout the organisation.
- Enable 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 is 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. There were examples in personal files where this procedure had been followed.
- A Cultural Diversity Policy has recently been developed and was adopted in 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.

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

Desktop assessment
- A total of 16 plans were reviewed and 100 per cent (%) met basic qualitative and outcomes criteria

Plans consider and document individual choices
- The plans reviewed reflected individual choices and clients and their families confirmed this.

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 safeguards as appropriate.
- Clients and their families validated this.

Plans include monitoring, reviewing and following up individual progress against goals and outcomes
- Progress notes linked to activities/goals and outcomes for each of the clients. Many plans were sub-plans of a wider Local Coordinator Plan so did not cover the objectives, rather the service plan activities.
- The "What works, what does not work" and "Outcomes I smashed" are sometimes used to identify how the client and Enable can best improve services to the clients that they support.
- Enable's individual review processes appear to vary in approach. Some review processes have a detailed agenda and relevant people are included in the meeting, which is recorded through a set of minutes. The "What works, what does not work" process tends to cover the progress with activities rather than being focused on progress towards goals. Some files include next review date but others do not. **(See SI 1)**
- 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 this standard to a satisfactory 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. • **(P) proposed**: not existing and yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable:** not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• encouraging and managing feedback, complaints and dispute resolution		X		
• developing a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services		X		

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

Feedback from individuals with disability, their families, friends, carers and advocates
- Most of those interviewed said that they had received information from Enable on how to make complaints and provide feedback and said that they felt confident to make a complaint if they wanted to.
- The majority of clients interviewed reported their willingness to provide feedback to support staff and were not afraid to share their views and feelings.
- Most of those interviewed said that they could not think of any way in which Enable services could be improved, but felt confident and encouraged to make suggestions if they had any.
- 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 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.
- Several mentioned that they had taken a while to build trust with the organisation and it had been difficult at first to match their needs. However, they also said that over time, a relationship of trust had developed, as their issues had been addressed and solved.

- Similarly, several clients mentioned that they have recently joined Enable and were tentative about the services and contacts with Enable, with comments like, "so far so good" and "it is early days, but so far it is working well." It is positive to note that even clients that were tentative, were informed of how to provide feedback and complaints and said they feel comfortable making comments.
- Two clients mentioned that they had concerns with Enable and felt their concerns had not been adequately or, swiftly addressed; both were with clients with complex situations and needs. The feedback in both cases related to the difficulty that care staff had in dealing with complex situations and that Enable had provided staff with insufficient experience. Review of the files indicated that Enable had considered the complexities and endeavoured to make a suitable match, but in both situations this had not worked in the early stages, and had led to some concerns as well as gaps in expectations and resolving issues in a timely manner. **(SI 2)**
- A local agency said that Enable responded openly and promptly to a request to discuss and clarify roles in relation to shared clients, with an MOU being the outcome.
- Other services said that they had never received a complaint about Enable's services and appreciated the ability to work collaboratively.

Staff and management knowledge
- Staff said they always ask clients and families for feedback as this helps the organisation to improve its services.
- Staff were familiar with the feedback and complaints policy and procedure and where to access literature for clients and families.
- 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 or during staff meetings.

Observations
- Staff were observed making comment/suggestions to management and these points being taken seriously by management, with respective action being proposed.
- At a staff meeting, staff were encouraged to speak openly to clients and family and seek their active feedback on arrangements and progress towards outcomes.

Critical documents, systems and processes
- The Complaints policy and procedure provides clients and their families with the opportunity to provide both positive and negative feedback about the services and supports they receive 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.
- The "How to address Complaints" leaflet provides clear guidance to clients and the organisation on how complaints should be addressed and it includes pertinent information on how to escalate complaints if required.
- The CEO or the Chairperson are the nominated persons within the organisation who are responsible for coordinating complaints.

- All complaints, resolved and unresolved, are logged in a confidential complaints logbook; and a non-identifying summary of any complaints are tabled at the next Board of Directors meeting to inform future service improvement efforts.
- A client survey is conducted annually and the results are utilised across the organisation for service 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. • **(P) proposed**: not existing and yet to be developed • **(E) existing**: currently in place • **(R) under review**: in place and scheduled for review • **(NA) not applicable**: not relevant	P	E	R	NA
The service point has the following policies and / or procedures for:				
• promoting and supporting fair and transparent service access		X		
• maintaining up-to-date information on alternative service options and referral support		X		

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

Feedback from individuals with disability, their families, friends, carers and advocates
- All clients interviewed were positive about the quality of services provided by Enable.
- All brokerage clients were happy with Enable's support and administration of funds.
- Some people said that the paperwork to access services can be daunting but that Enable was always willing to assist.
- All clients and family members interviewed said they received information on available services with Enable and feel that they can ask any questions they have.
- 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 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.
- All clients and families said they were aware of what services Enable provides. Most also knew about other services and providers in the area.
- A common theme was the willingness of staff to assist people to understand disability services in general and link people with other agencies, ie "Enable is always the place to call if you need to know where to go." Seven people spoke of assistance Enable had provided to better understand and access other services. A number of people said that their experience with Enable has been the first time

that they have successfully accessed services stating, "In the past, I have always hit brick walls." One parent provided an example where requested assistance was not available, but Enable staff contacted them to discuss alternatives.

- 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.
- Several examples occurred where a support worker had started but it had not been a good fit. In most cases, a more suitable support worker was found, but in several cases where there were complex needs, this process had not been smooth and the family members and clients did not feel that the services provided had fully met their needs to date.
- Several clients noted that the new premises had made accessing Enable much easier.

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.
- New staff acknowledged that it can take time to get to know clients and to provide the best service possible. At a time when the service is growing rapidly, particularly in the Mandurah area, this is a consideration and leads to staff being less familiar with services and processes than with longer term staff.
- 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.
- One individual with disability described a case where a requested service from a third party was withdrawn due to the agency closing, and that their Enable coordinator had promptly problem solved an alternative option before the individual even knew the original service had been withdrawn.

Observations

- Management were observed to carefully consider the specific needs of clients to ensure good matching on entry to the organisation.
- Where behaviour support plans were deemed required the process for developing them seems to be considered carefully.

Critical documents, systems and processes

- The Service Access policy and procedure 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 Standards for Disability Services and the National Mental Health Services Standards.
- This policy is also congruent with the Department of Communities (Child Protection) 'Better Care, Better Services' Standards and is applicable to all of the organisation's 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.

- Brochures are widely available 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.

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	P	E	R	NA
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:				
• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)		X		
• employment records that are current and maintained (ie Police Clearances and Working with Children Checks)		X		
• individuals' records that are current and maintained (ie individual plans, services received, demographics, etc)		X		
• work health and safety		X		
• maintaining a safe environment (ie fire and evacuation)		X		
• administration of medication		X		
• risk management		X		
• financial management		X		
• promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review		X		
• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
• current and dated		X		
• include a review date		X		
• where appropriate, developed in consultation with individuals, family, friends, carers, advocates		X		
• where relevant, available to potential and current individuals, family, friends, carers, advocates		X		
• made available in customised accessible formats, including languages other than English, as required		X		

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

Qualitative information

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

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

- Overall, those interviewed expressed high satisfaction with the quality of Enable services and the warm professionalism of staff.
- Many of those interviewed noted that staff were particularly good at following up on matters promptly and "going that extra mile."
- All of those interviewed said that communications with Enable was clear and, in most cases, decision-making explained.
- Some of those interviewed, particularly brokerage clients, spoke specifically of the friendliness and professionalism of reception staff.
- 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 input to policies and procedures if they chose to. They said this made them feel like they were part of the organisation and they felt valued.
- Brokerage clients said that they had very little contact with Enable apart from paperwork, but two noted that they appreciated receiving information about the organisation eg newsletters.
- Four individuals interviewed expressed frustration with the need to communicate with carers through the Enable office. Both clients and staff mentioned that the indirect communication link through care coordinators/managers sometimes led to gaps where messages were not passed on to support staff. This resulted in clients not being serviced, or support staff turning up for a shift that had been cancelled, and concerns that the client was still being charged their call-out fee. **(See SI 3)**
    > *Note*: Management confirmed that no call out charge is made unless a shift is cancelled by a client less than 24 hours before scheduled. This is now changing to be 48 hours.
- Comments/concerns raised by clients, families and carers concerning staffing or funding were addressed satisfactorily.
- All of the external agencies interviewed said that Enable was highly regarded in the community and had a reputation of being a quality service provider. They noted that Enable was always open to collaboration and resource sharing. The organisation has a good reputation for sound governance and strong management and was considered a local leader in the delivery of disability services.

Staff and management knowledge

- Staff demonstrated knowledge of the policies and procedures for the organisation.
- Staff confirmed they all attended and completed the recruitment process, induction and performance management.
- Staff said that they felt well supported by colleagues and management in all facets of their roles.
- All staff said that the senior management group were very approachable and all feedback treated in a positive way.

- Staff training and orientation covers duty of care including incident reporting, safety, and emergency procedures. Staff meetings are used as times to refresh this information.

Observations

- Staff orientation and training is well organised, participatory and considers contemporary topics.
- Staff are encouraged to provide input and feedback and their input is valued. Good practices are acknowledged and commended.
- There are many new and young staff but the orientation appears effective in terms of staff understanding and knowledge of processes.

Critical documents, systems and processes

- Enable has suite of policies and procedures separated into the four categories: Finance, Governance, Human Resources and Operational.
- Policies and procedures are clear, include relevant definitions and are current and dated.
- The Governance suite has policies, procedures and other supporting forms and templates for oversight and practice in relation to the National Standards.
- The Human Resources suite provides clear guidance for staff and the policies and procedures are actively promoted and followed.
- The Occupational Health and Safety Policy was updated in 2017 and there was evidence that forms are being actively used. (Note: suggest not to use highlighters on incident forms that are scanned because the information does not copy and the forms look incomplete).
- The organisation has a range of handbooks for new staff, coordinators and clients and their families.
- The current client management system is Microsoft Outlook based with client forms also in electronic form. This process is not ideal and in some cases duplicates or leaves gaps in data. The current system of progress notes in outlook relies on the individual to decide when to record a significant point, and the format for recording varies eg sometimes in detail, others with very scanty notes that are difficult to interpret which can lead to gaps in communication. The organisation is looking to develop a new system that will be more seamless and give greater capacity for good communication and progress notes. **(See SI 3)**
- 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 and sufficiently covers reporting requirements to Disability Services.
- 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.

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
GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the DS's Board and enhance sector development.	- The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. - The organisation has managed and reported on financial and human resources activities well. - Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. - The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.	- There is a total breakdown of a system or procedure governed by applicable Standards. - There is a total absence of a requirement being addressed by the provider. - There is a failure to comply with the requirements of the Standards. - There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). - The major gap represents a high risk to individuals. - Experience and judgement indicate there is a likely failure to assure quality services. - A number of long-standing gaps in the Standards are related to the same requirement.
Service Improvements (SI)	
SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National	- There is a weakness in the system, not the absence of a system. - Human error is evident. - The weakness affects the service, but is not unsafe ('misdemeanour-like').

Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.	• There is minimal risk to individuals.
	• Experience and judgement indicate an improvement will enhance the quality of the service.
	• A single observed lapse or isolated incident is evident, but does not impact the whole.
	• There is sound ongoing intent to address the issue, but it is not yet fully resolved.
	• SIs may include, but are not limited to opportunities to:
	  • improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods.
	  • improve systems, processes and databases (eg data not current) to improve work efficiency.
	  • present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.

Other Matters (OM)	
OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements.	• Matters for consideration do not represent a gap or weakness in meeting the Standards. • A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.

- The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.

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

- The assessment will involve the evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.