



# Quality Policy and Procedure Audit Report

**Version 3.3**

Audit of service provider compliance with the National Standards for Disability Services (Standards) 1-6

<b>Audit details</b>	
<b>Organisation</b>	Enable WA Inc.
<b>Organisation trading name (if applicable):</b>	
Chief Executive Officer/Director:	Mr Robert Holmes
Assignment name:	Policy and Procedure Audit
National Standards for Disability Services assessed:	Comprehensive: Standards 1-6
Evaluation team*:	Puru Chettri
Final report date:	12 December 2019
<b>Report Endorsement</b>	
Endorsed by:	Mary McHugh Quality and Safeguarding Manager

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



## Executive summary

### Introduction

This report describes the findings of the Team Leader Evaluator who visited Enable WA Inc on 18 November 2019. A desktop audit of policies and procedures was completed, and feedback from management and staff was sought, to assess compliance with the National Standards for Disability Services 1-6.

An opening meeting was held on 18 November 2019 and a closing meeting via email was conducted on 11 December 2019.

Assessment of compliance with the Standards	
The rating scale used to assess the Standards is <b>met/not met</b> .	
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

Required Actions (RA)				
Where noted, RAs refer to a major gap in meeting <b>Standards (NSDS)</b> and identified <b>Indicators of Practice (IoPs)</b> . They identify action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of individuals with disability; or may relate to legal requirements and duty of care issues. RAs are required to be addressed by the compliance date.				
No.	NSDS	IoP(s)	RA statement	Compliance date
1.			No RA's identified for this evaluation	

Service Improvements (SI)			
Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with <b>Standards (NSDS)</b> and their relevant <b>Indicators of Practice (IoPs)</b> . Progress on SIs is reported in the annual Self-assessment (every April).			
No	NSDS	IoP(s)	SI statement
1.			No SI's identified for this evaluation

Self-assessment (SA): Standards 1-6	
The Self-assessment is completed by the organisation each year in April, for verification of evidence during the audit.	
SA completed by:	Ms Rhea Divall



<p>Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the organisation’s knowledge of the Standards and their indicators of practice?</p>	<p>Yes.          The Self-assessment was verified, and the organisation was able to respond to questions regarding Learning and Development Opportunities and Service Improvements.</p>
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**Code of Conduct**

The Code of Conduct is prepared by the service provider as part of Registration; and is made available to the evaluator for their review during the assessment.

<p>Does the service provider’s Code of Conduct articulate values built around the service and the people for whom services are/to be provided?</p>	<p>Yes.          The Code of Conduct clearly articulates the value that all people have the right to live in welcoming and supportive communities.</p>
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**Service profile**

**Service profile**

**Service description (in brief)**

<p>The services provided</p>	<ul style="list-style-type: none"> <li>• Individually Funded Services</li> <li>• Family Funded Services</li> <li>• Individualised Accommodation Support</li> <li>• Community Access</li> <li>• Daily Living</li> <li>• Skill Development</li> <li>• Capacity Building</li> <li>• Support Coordination</li> </ul>
<p>The resources</p>	<ul style="list-style-type: none"> <li>• Support Workers 441 = 185 FTE</li> <li>• Coordinators 34 = 33.8 FTE</li> <li>• Managers 3 x FTE</li> <li>• Finance Officers 3 = 2.8 FTE</li> <li>• Human Resource Coordinator 1 x FTE</li> <li>• Human Resource Officers 3 x FTE</li> <li>• Receptionists 2 x FTE</li> <li>• Chief Financial Officer 1 x FTE</li> <li>• Chief Operating Officer 1 x FTE</li> <li>• Chief Executive Officer 1 x FTE</li> <li>• The organisation has a total budget of \$6,572,754 of which \$5,260,000 is from Individually Funded</li> </ul>



	Services. Enable is aware that this amount could change due to NDIS Transitions.
The people using services	<p>The organisation uses the term <b>client</b> or <b>individual</b> to refer to individuals with disability, family member/s of people with disability and carers (consumers).</p> <ul style="list-style-type: none"><li>• Currently 111 individuals (64% Male and 36% Female) aged between five (5) and 81 years with the following types of disability are supported:<ul style="list-style-type: none"><li>• 47% Intellectual Disability</li><li>• 26% Autism Spectrum Disorder</li><li>• 13% Physical Disability</li><li>• 5% Psychosocial Disability</li><li>• 3% Neurological Disability</li><li>• 2% Acquired Brain Injury</li><li>• 2% Visual Impairment</li><li>• 2% Developmental Delay</li></ul></li></ul>

### Consultation

#### Statistics

Number of management and staff consulted

10



## Summary of findings

### Assessment of compliance with the Standards

#### Policies and Procedures (P&P)

The findings described below reference information provided to demonstrate the organisation's compliance with the policy and procedure component and Indicators of Practice (IoP) for each Standard.

- For every Standard, the *Assessment summary* provides an overarching statement of the organisation's compliance; highlights good practice; and notes where there is opportunity for service improvement or a matter for the service provider's consideration.
- For every Standard, the *Statement of qualitative evidence* records ratings of Yes (Y), No (N) or N/A against Policies and Procedures and each IoP.
- **Yes:** the IoP describes and affirms the organisation's positive focus.
- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and identifies where a Standard is not met resulting in a Required Action (RA); or a Service Improvement (SI); or an Other Matter (OM) for the organisation's consideration.
- The *Legend for evidence information source* refers to:  
1 documentation 2 discussion with management staff 3 discussion with direct care staff 4 discussion with external stakeholders 5 annual self-assessment 6 other
- The Legend identifies the sources of evidence that the evaluator has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence.
- Findings against Indicators of Practice may be used by the organisation to develop its Action Plan to meet minimum Standards, or revise its Continuous Improvement Plan, to show how improvements will be made to enhance compliance with Standards and outcomes for individuals.



**Standard 1: Rights**

Standard for service: **The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm neglect and violence.**

**Assessment summary against Standard 1: Rights**

**Standard 1 is met.**

Enable has a Privacy, Dignity, Confidentiality and Data Protection Policy to ensure that clients' privacy is protected. This policy includes protecting and respecting the rights of the clients in all facets of life such as expressing their sexuality and having intimate relationships. There is also a Client Consent form for the release of information to be shared among different organisations to help plan and access appropriate services. There is also a Multimedia Consent form if clients agree to give permission for their photographs to be used by Enable.

There is a Cultural and Sexual Diversity Policy which recognises, respects and values the cultural diversity of Enable's staff, clients and the community in which it operates. The Service Agreement clearly states the roles and responsibilities of the organisation as well as those of its clients. It also includes the fee schedule and transport costs as well as outlining the conditions under which the service can be ended.

There is also a Policy on Human Rights and Freedom from Abuse and Neglect which is in accordance with the United Nations Convention on the Rights of Persons with Disabilities.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 1 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5 & 6
<b>1:1</b> The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	1, 2, 3, 5 & 6
<b>1:2</b> The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1, 2, 3, 5 & 6
<b>1:3</b> The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.	Yes	1, 2, 3, 5 & 6



<b>1:4</b> The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	Yes	1, 2, 3, 5 & 6
<b>1:5</b> The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Yes	1, 2, 3, 5 & 6
<b>1:6</b> The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1, 2, 3, 5 & 6
<b>1:7</b> The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1, 2, 3, 5 & 6
<b>1:8</b> The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1, 2, 3, 5 & 6
<b>1:9</b> The organisation keeps personal information confidential and private.	Yes	1, 2, 3, 5 & 6

*Legend for evidence information source:* **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other



**Standard 2: Participation and inclusion**

Standard for service: **The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.**

**Assessment summary against Standard 2: Participation and inclusion**

**Standard 2 is met.**

Enable has a Policy on Participation and Inclusion and Clients to ensure that services and programs incorporate opportunities for clients to use, develop and maintain their skills. The policy also focuses on ensuring that services are provided in a community setting where clients can socialise and build relationships with members of the wider community.

The Service Agreement is based upon the principle of choice and control, thereby empowering the client to choose by whom and how they want their services delivered. This document clearly states that Enable will work with the client and/or any other stakeholders to ensure that the supports meet the needs of the client.

The Cultural and Sexual Diversity Policy ensures that the values of Aboriginal and Torres Strait Islander peoples and people from Culturally and Linguistically Diverse Backgrounds are considered in the planning and delivery of services.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 2 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5 & 6
<b>2:1</b> The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1, 2, 3, 5 & 6
<b>2:2</b> The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1, 2, 3, 5 & 6
<b>2:3</b> Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1, 2, 3, 5 & 6
<b>2:4</b> Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1, 2, 3, 5 & 6
<b>2:5</b> The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1, 2, 3, 5 & 6



<b>2:6</b> The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1, 2, 3, 5 & 6
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other



**Standard 3: Individual outcomes**

Standard for service: **Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.**

**Assessment summary against Standard 3: Individual outcomes**

**Standard 3 is met.**

The Decision Making and the Client Policy document clearly states that the clients and their families are involved in making decisions regarding meeting their needs and fulfilling their personal goals.

This policy also clearly states the procedures by which Enable, together with the client and relevant stakeholder(s), identifies individual needs and goals. Based on this, a support plan is developed for each client which is then reviewed according to the individual circumstances of that client.

The Cultural and Sexual Diversity Policy states that Enable respects and values cultural diversity and supports the belief that sexuality is a normal part of growth and development. According to Enable, this policy, which is based upon equality and freedom from discrimination, provides guidance when plans and support services are organised for clients.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 3 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5 & 6
<b>3:1</b> The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Yes	1, 2, 3, 5 & 6
<b>3:2</b> Organisation planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	Yes	1, 2, 3, 5 & 6
<b>3:3</b> The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1, 2, 3, 5 & 6
<b>3:4</b> Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Yes	1, 2, 3, 5 & 6



<b>3:5</b> The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1, 2, 3, 5 & 6
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff  
**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other



**Standard 4: Feedback and complaints**

Standard for service: **Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.**

**Assessment summary against Standard 4: Feedback and complaints**

**Standard 4 is met.**

There is a Complaint and Incident Reporting Policy to ensure Enable correctly responds to and investigates all complaints made. This policy reflects the current Western Australian Department of Communities, Disability Services complaints and incidents reporting structure but states that changes will be made to reflect the National Disability Insurance Scheme reporting processes.

There is a clear and detailed Complaints brochure which focuses on the ‘no blame principle’ as it states, ‘tackle the problem, not the person’. This brochure gives clear timelines and also provides further contact details should the client not be satisfied with Enable’s response. This information is included in the Service Agreement as well.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 4 (stated in ‘Standard for service’ above):	Yes	1, 2, 3, 5 & 6
<b>4:1</b> Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Yes	1, 2, 3, 5 & 6
<b>4:2</b> Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Yes	1, 2, 3, 5 & 6
<b>4:3</b> Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1, 2, 3, 5 & 6
<b>4:4</b> The organisation seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.	Yes	1, 2, 3, 5 & 6
<b>4:5</b> The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.	Yes	1, 2, 3, 5 & 6



<b>4:6</b> The organisation effectively manages disputes.	Yes	1, 2, 3, 5 & 6
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff  
**3** discussion with direct care staff; **4** discussion with external stakeholders **5** annual self-  
assessment **6** other



**Standard 5: Service access**

Standard for service: **The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.**

**Assessment summary against Standard 5: Service access**

**Standard 5 is met.**

There is a Service Access Policy to ensure that a fair and equitable process is followed to access all services provided by Enable. This policy states that services will be accessed by people based upon their individual needs, goals and circumstances. It also states that access to service is dependent on Enable’s resources and, if services cannot be provided, the organisation will refer the client to another service.

There is a Service Agreement which clearly details supports provided by Enable. This agreement also states that a Policy on Client Cancelling or Failing to Show for Service will be given to all clients. This policy gives a clear definition of cancellation as well as outlining the procedure to be followed should a cancellation or “No Show” occur. This is to ensure that clients are aware of the circumstances under which they will be charged for the support that would have been delivered.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 5 (stated in ‘Standard for service’ above):	Yes	1, 2, 3, 5 & 6
<b>5:1</b> The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Yes	1, 2, 3, 5 & 6
<b>5:2</b> The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1, 2, 3, 5 & 6
<b>5:3</b> The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1, 2, 3, 5 & 6
<b>5:4</b> The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1, 2, 3, 5 & 6
<b>5:5</b> The organisation monitors and addresses potential barriers to access.	Yes	1, 2, 3, 5 & 6
<b>5:6</b> The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Yes	1, 2, 3, 5 & 6



<b>5:7</b> The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1, 2, 3, 5 & 6
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff  
**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-  
assessment **6** other



**Standard 6: Service management**

Standard for service: **The service has effective and accountable service management and leadership to maximise outcomes for individuals.**

**Assessment summary against Standard 6: Service management**

**Standard 6 is met.**

There is a clear Employee and Volunteer Code of Conduct policy which is based upon the United Nations Convention on the Rights of Persons with Disability. The recruitment process is accountable and ethical for the recruitment and selection of staff and there is an Employee Induction, Training and Development Procedure to ensure the orientation, induction, training and development of employees is of a high standard. Furthermore, a detailed Employee Handbook has been developed to ensure staff are aware of their employment conditions and the policies and procedures relating to their employment.

Enable has clear guidelines on Positive Behaviour Support and Restrictive Practice which comply with legislative, regulatory and contractual requirements. Medication is administered according to the Medication Support and Administration Policy and support workers are trained accordingly.

Feedback and complaints are documented, monitored and managed to support continuous improvement.

The Vision, Mission and Values statements are all clear and they all articulate person-centred values.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key intent of Standard 6 (stated in 'Standard for service' above):	Yes	1, 2, 3, 5 & 6
<b>6.1</b> Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1, 2, 3, 5 & 6
<b>6.2</b> Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1, 2, 3, 5 & 6
<b>6.3</b> The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	Yes	1, 2, 3, 5 & 6
<b>6.4</b> The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1, 2, 3, 5 & 6



<b>6.5</b> The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice.	Yes	1, 2, 3, 5 & 6
<b>6.6</b> The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Yes	1, 2, 3, 5 & 6
<b>6.7</b> The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.	Yes	1, 2, 3, 5 & 6

*Legend for evidence information source:* **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other



## **Acknowledgments**

Thanks are extended to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

## **Further information**

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

For further information about this report, please contact the Quality and Evaluation team: [quality@dsc.wa.gov.au](mailto:quality@dsc.wa.gov.au)

## **Disclaimer**

The quality audit assessment is necessarily limited by the following:

- The methodology used for the audit has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on feedback and written records provided by the organisation as sources of evidence. The accuracy of written records cannot always be completely verified.
- The assessment will involve the Team Leader Evaluator sourcing evidence and seeking feedback from relevant stakeholders. On some occasions, information gathered may not reflect the circumstances applying over the whole group.
- Some issues or required improvements within the organisation may not have been identified due to the time available during the assessment.

## **Confidentiality statement**

The Team Leader Evaluator shall keep all information collected during this assessment, relating to the organisation, confidential; and shall not disclose any such information to any third party, except that as required by legislation or by Disability Services.

All Team Leader Evaluators have signed a confidentiality agreement and will only request and use confidential information provided by the organisation as per the requirements of the Standards being assessed.