



Quality Evaluation Report

Version 1.9, Oct. 2017

Evaluation details	
Organisation	Inclusion WA Inc
Organisation trading name (if applicable):	n/a
Chief Executive Officer:	Paul Fleay
Assignment name:	Whole of Organisation (Disability Services only)
Geographic area/s:	Perth Metropolitan area
National Standards for Disability Services assessed:	Comprehensive: Standards 1 - 6
Evaluation team*:	Barbara Gatter (Team Leader) Maxina Martellotta (Evaluator)
Final report date:	12 March 2018
Report Endorsement	
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 evaluators who visited Inclusion WA and made observations; reviewed feedback from individuals with disability, their families and carers, staff and management; and assessed written evidence for compliance with the National Standards for Disability Services (Standards).

An opening meeting was held on 23 November 2017 and the evaluators conducted visits on 12 December 2017, and 18, 22 and 24 January 2018. A closing meeting was held on 28 February 2018.

Assessment for compliance with the Standards

The rating scale used to assess the Standards is **met/not met**.

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

Exceptional practices

Where noted, exceptional practices refer to initiatives towards excellence in service delivery

- The 'Vital Dimensions of Inclusion Statement' is a single page, powerful description of the five areas which contribute to a citizen's experience of feeling included in their community of choice. It is embedded in the organisation's systems and practices, for example in staff induction, in team meetings and in Inclusion WA's "Continuing Conversation" process. In the evaluation it was regularly referenced in discussion with staff.
- The organisation uses a creative triangulation process involving mentors, coordinators and the client to promote good practice in working with clients, through facilitating more autonomy in decision making, for example in rostering arrangements, enhancing collaboration in goal achievement and ensuring safeguarding.



Required Actions (RA)

Where noted, RAs refer to a major gap in meeting **Standards (NSDS)** and identified **Indicators of Practice (IoPs)**. 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 Required Actions were identified	

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 **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**.

Progress on SIs is reported in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1	3	3.2	Consistency in planning and review practices would be improved through introducing achievable minimum planning and review documentation requirements, to be met across all current systems until a single Client Information Management system is implemented.
2.	4	4.3	A review and update of the information provided when an issue is formally logged as a complaint, would assist clients and families to better understand the process and likely timelines, as it relates to their particular matter.
3	6	6.6	A procedure to be followed when mentor unavailability is known in advance, would help to reduce the concern of clients and families who experience stress when staff changes are made at short notice.

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:	Richard Orr, General Manager
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?	Yes



Service profile

Service profile	
Service description (in brief)	
The services provided	Individualised services that promote clients' inclusion in the community of their choice
The resources	Inclusion WA has an annual budget of \$4M. Direct client support has 50 FTE, comprised of 85 Mentors, Community Facilitators and Coordinators. Non-direct support staff has 12 FTE, including a General Manager, CEO, HR Manager, Finance Manager, Book keeper and administration support.
The people using services	<p>The organisation uses the term 'client' to refer to individuals with disability, family member/s of individuals with disability and carers.</p> <p>Clients are in the age range of 10 to 70 years. All live with disability and/or mental health issues. They receive a broad range of customised supports (other than accommodation and therapy services) according to their individual goals and funding. All clients receiving support through Inclusion WA receive individualised funding.</p>

Consultation	
Statistics	
Number of visits to group homes	-
Number of individuals with disability present in group homes during visits	-
Number of visits to private homes	-
Number of interviews with individuals with disability	5
Number of interviews with family/carers/friends/advocates/guardians	3
Number of telephone interviews or emails with individuals with disability	3
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	17
Number of individual files/plans reviewed	16
Number of complaints reviewed	2
Number of serious incident reports reviewed	-
Number of staff meetings attended	3
Number of staff consulted	15
Number of external stakeholders consulted	



Summary of findings

Assessment for compliance with the Standards

Policies and Procedures (P&P) and Indicators of Practice (IoP)

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 *Statement of qualitative evidence* records ratings of Yes (Y), No (N) or N/A against Policies and Procedures and each IoP.
- Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.
- Where the rating is 'No', a *Reason for finding* will provide the context for any gaps in evidence and identify where a Standard is not met (Required Action); or a Service Improvement noted; or there is a matter for the organisation's consideration.
- The *Legend for evidence information source* is detailed below each table, as follows:
 - 1 documentation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with external stakeholders; 5 annual self-assessment; 6 other; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.
- 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

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

Assessment against Standard 1: Rights

Standard 1 is met.

Working to help their clients to exercise their rights, to make their own choices and decisions and to feel safe in their communities of choice, is fundamental to Inclusion WA's Vision and Mission. It was evidenced in several policies and in core processes such as its Strategic Plan, staff recruitment and induction, ongoing staff development, the Vital Dimensions document and organisational brochures, as well as in staff, client and family consultations.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 1	Yes	1,2,3,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 1		
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	1,2,3,5, 7,8
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,3,5 8
1:3 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, 8
1:4 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, 8
1:5 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



1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,3,5
1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,3,5
1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1,2,3,8
1:9 The organisation keeps personal information confidential and private.	Yes	1,2,3,5,8

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; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.



Standard 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.

Assessment against Standard 2: Participation and inclusion

Standard 2 is met.

Participation and inclusion are the core values upon which the organisation is built. This is evidenced in its Vision and Mission, and the diversity of its clients and staff. It is embedded in key internal processes, its engagement and collaboration with other organisations in the disability sector and with those operating in the broader community sector.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 2	Yes	1,2,3,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 2		
2:1 The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1,2,3,5,8
2:2 The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1,2,3,5,8
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1,2,3,5,8
2:4 Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1,2,3,8
2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1,2,3,8
2:6 The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1,2,3,5



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; **7** direct observation; **8** discussion with individuals, family, carers, friends, advocates or guardians.



Standard 3: Individual outcomes

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

Assessment against Standard 3: Individual outcomes

Standard 3 is met.

Inclusion WA works within an inclusive, strengths based framework. All staff interviewed demonstrated passion and commitment to practices supporting individual and structural community inclusion outcomes for people with disability. File reviews identified some inconsistencies in how goals, strategies, and progress are linked and recorded. These have arisen because the organisation operates with three Client Information Management Systems, reflecting the current three different funding pathways accessed by clients in the sector. SI 1 refers. Investment in a new integrated system is planned, but has been deferred pending clarity about requirements for service providers as NDIS is rolled out across the State.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 3	Yes	1,2,3,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 3		
3:1 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, 8
3:2 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. Reason for finding: The difficulties of achieving consistency of practice in the documentation of client goals, strategies and reviews across three different systems is acknowledged. However, consistency in planning and review practices would be improved through introducing achievable minimum planning and review documentation requirements, to be met across all current	No	1,2,3,8



systems until a single Client Information Management system is implemented. SI 1 refers		
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,3,8
3:4 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	1,2,3,5,8
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,3,8

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; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.



Standard 4: Feedback and complaints
Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

Assessment against Standard 4: Feedback and complaints

Standard 4 is met.

The organisation has multiple pathways and information strategies through which clients and families can provide feedback or make a complaint, including in 2017, a comprehensive face-to-face survey conducted by senior staff. It has recently introduced a formal complaints analysis process through the Board’s Practice and Innovation Subcommittee. A majority of clients and families interviewed were positive about the organisation’s responsiveness to feedback and complaints. A small number said that they did not understand the process and the time it took, and/or were not happy with the handling of a particular complaint that they had made. SI 2 refers.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.
 Where the rating is ‘Yes’, the IoP describes and affirms the organisation’s focus.
 Where the rating is ‘No’, a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 4	Yes	1,2,3,8
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 4		
4:1 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 ,8
4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Yes	1,2,3,8
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner. Reason for finding: Most clients expressed satisfaction with current practices, however a small number were not satisfied. A review and update of the information provided when an issue is formally	No	1,2,3,8



logged as a complaint, would assist clients and families to better understand the process and likely timelines, as it relates to their particular matter. SI 2 refers		
4:4 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, 8
4:5 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	1,2,3,8
4:6 The organisation effectively manages disputes.	Yes	1,2,3,8

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; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.



Standard 5: Service access

The service manages access, commencement and cessation in a transparent, fair and equal and responsive way.

Assessment against Standard 5: Service access

Standard 5 is met.

The organisation has increased the number of part time and casual staff to achieve more workforce flexibility and to make services accessible to more potential clients. Clients and mentors are matched in personality, interests, networks and cultural and other preferences. The client is usually engaged in the selection of their mentor. There is a small, actively managed wait list.

The organisation has strong networks, within and outside of the sector, to call upon should alternative support be necessary. Service cessation is a desired positive outcome when the client has developed the skills and networks that allow them to manage their own community engagement without the help of a mentor. A closure meeting is held with all clients who leave the service.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 5	Yes	1,2,3
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 5		
5:1 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
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1,2,3
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1,2,3
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1,2,3



5:5 The organisation monitors and addresses potential barriers to access.	Yes	1,2,3
5:6 The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Yes	1,2,3
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1,2,3

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; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.



Standard 6: Service management

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

Assessment against Standard 6: Service management

Standard 6 is met.

The organisation has strong leadership. Its Vision, Mission, Values and Strategic Directions are translated into accountable good practice in working with clients and families, and other organisations. There is evidence of a commitment to continuous improvement in service management and delivery, including through training and development practice, team meeting arrangements, the Continuing Conversations strategy and the Board's subcommittee structures. There are multiple avenues through which clients and families can contribute to service management. A small number of clients and families would like to see enhanced and more timely management practices when a mentor resigns or is moved for other reasons. SI 3 refers.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

Policies and Procedures (P&P)	Yes/No or N/A	Info Source
The organisation has policies and/or procedures that support the key elements of Standard 6	Yes	1,2,3
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 6		
6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1,2,3,5
6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1,2,3
6:3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Yes	1,2,3
6:4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1,2,3
6:5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Yes	1,2,3



<p>6:6 The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.</p> <p>Reason for finding:</p> <p>It is recognised that particularly in a workforce that includes casual staff, advance notice of mentor changes is not always within the organisation’s control. However, a procedure to be followed when mentor unavailability is known in advance, would help to reduce the concern of clients and families, who experience stress when staff changes are made at short notice.</p> <p>SI 3 refers</p>	No	1,2,3
<p>6:7 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.</p>	Yes	1,2,3,8

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; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.



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

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 observation, 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.