

# Quality Evaluation Report

## DRAFT – 20.3.15

Assessment against the  
National Standards for Disability Services

Disability sector organisation: Inclusion WA	
Service point name:	Whole of Organisation
Outlet names:	Individualised Services Recreation Advice Service Recreation Access Program Youth Connect South East Corridor Programs (includes the Meeting Place Social Club) The Subi Club (Respite funded) Holiday Support Program Inclusive Rec & Holiday Program
Chief Executive Officer:	Mr. Paul Fleay
Final report date:	
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\*This report was prepared by a member of the Panel Contract of Team Leaders and Evaluators. The Panel Contract is managed by the Disability Services Commission.

### Further information

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## Acknowledgments

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

## Part A: Executive summary

### Introduction

This report describes the findings of the evaluators who visited Inclusion WA in November 2014 to January 2015 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 28 November and the evaluators visited the service again on 5, 12 and 17 December, 13 January and 5 February. An exit meeting was held on [TBA].

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

**Note:** Under the Carer's Recognition Act 2004, a carer refers to a person who provides care or assistance to another person who is frail, has a disability, a chronic illness or a mental illness, without payment apart from a pension, benefit or allowance.

Service profile	
Service description	
The services provided	<p>Inclusion WA has been operating for over twenty years and provides a range of programs and strategies aimed at enhancing the opportunities for participation and inclusion in the broader community for people with disabilities. It does this by providing a range of direct supports to individuals with a disability (ranging from advice to one-to-one personal support); and indirect services by working with community groups and government bodies in order to enhance their capacities to include people with disabilities. It provides these services for people of all ages and disabilities.</p> <p>These services are provided through the following programs: Recreation Access Program, Youth Connect, Individualised Services, Subi Club, Meeting Place, Recreation Advice Service, and Regional &amp; Metro School Holiday Program.</p>
The resources	<p>Direct service provision is provided by 35 people (13.4FTE) in a range of direct support roles; and there are 17 people (12.1FTE) in management, coordination and administrative roles. The organisation's 2014/15 budget is approximately \$2,000,000. Individuals pay their own activity-related expenses, however there are no fees for service.</p>
The people using services	<p>People of very diverse age, disabilities and support</p>

	needs, and locations use the organisation's services. The numbers of people using each program are:
	Recreation Access Program 136
	Youth Connect 45
	Individualised Services 53
	Subi Club 20
	Meeting Place 40
	Recreation Advice Service 193
	Regional & Metro School Holiday Program 8500

### 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	3
Number of interviews with family members / friends / carers / advocates	2
Number of telephone interviews or emails with individuals with disability	18
Number of telephone interviews or emails with family members / friends / carers / advocates	23
Number of individual files / plans reviewed	28
Number of complaints reviewed	
Number of staff meetings attended	
Number of staff consulted	11
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 clients, 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
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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 GP inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.

Person-centred practice/s	<ul style="list-style-type: none"> <li>Very high levels of flexibility in service provision has been achieved by means including staff commencing and ending their shifts at clients' homes, and through staff being able to complete administration duties in their own homes.</li> </ul>
Other good practices noted	<ul style="list-style-type: none"> <li>The organisation's methods of building capacity, both at the levels of clients and families, and within government and community organisations, then fading out formal supports. While not a new strategy, it is a powerful means of facilitating community inclusion, and carried out by Inclusion WA with exemplary levels of expertise and effectiveness.</li> </ul>

### 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 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	Page ref	RA statement	Compliance date
1.			There were no RAs identified.	

### Service Improvement (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National Standards for Disability Services. While still a gap in meeting Standards, SIs are less major; and are required to be reported on in the annual self-assessment.

No	Standard	Page ref	SI statement
1.	1	9,10	That the points of client, family and external stakeholder negative feedback summarised at pages 9 and 10 be addressed in the course of the organisation's normal planning processes.

2.	All standards	Throu ghout	That the process of aligning existing policies and procedures with the National Standards, partially completed at the time of the evaluation, be fully completed.
3.	All standards	21	That the development and review of policies and procedures incorporate measures to include the participation of clients and families.

### 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. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations. The following includes up to four (4) brief example/s of OMs noted.

No	Standard	Page ref	OM statement
1.			There were no other matters to report on.

## 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.

## 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.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting individuals' freedom of expression and decision-making and choice</li> </ul>		X		
<ul style="list-style-type: none"> <li>• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents</li> </ul>		X		
<ul style="list-style-type: none"> <li>• safeguarding individuals' rights</li> </ul>		X		
<ul style="list-style-type: none"> <li>• providing contemporary, evidence-based support strategies with minimal restrictions</li> </ul>			X	
<ul style="list-style-type: none"> <li>• maintaining individuals' privacy and confidentiality</li> </ul>		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

- Clients and families described high levels of satisfaction that their choices and decisions were sought and respected, and that these formed a central element of informal and structured planning processes.
- There was strong feedback that they feel in control of their service direction and goals. They feel comfortable speaking their mind, asking for things, making requests and contacting their co-ordinator at any time if they feel the need to.
- The majority of people described feeling very well treated, respected and heard. Many commented that the enthusiasm of the staff is infectious, motivating and that the staff often go beyond the job, exceed expectations and have a genuine willingness to 'do what it takes' for individuals to have choices and succeed.
- A small number of people, including external stakeholders, however did comment that this could be further enhance if some staff heighten their sensitivity about the type of language used when visiting, and when involved in planning meetings and reviews, and generally how they 'do their job'. Although there are many positives

when staff exude passion and enthusiasm, it can also feel intimidating, intrusive and overpowering. There was also a small amount of feedback concerning unreliability of staff following through on agreed goals or courses of action. Service Improvement 1 refers.

- Although office spaces are open plan for staff there are separate private rooms and areas for meeting with clients and family members to respect privacy and confidentiality.

### **Staff and management knowledge**

- All Management and staff conveyed a very high level of knowledge, and strong commitment, to the principle of all people with disabilities having the inherent right to participation in all aspects of the broader community. This extended to a strong stance against actively facilitating congregated and segregated arrangements.
- Coordinators are extremely aware of the Rights angle and gave examples of working with families to support their loved ones to take risks that are appropriate for a person's age, gender, sexuality, cultural background.
- One Coordinator described how Facilitators understand that their role is to eventually be removed and people to have the right to have friends that are not paid or that goes beyond family.
- Some Coordinators, particularly those supporting 'block-funded' clients, are being proactive in assisting their clients to prepare for possible new or additional funding and support options that may become available through the NDIS.

### **Observations**

- Observations of staff and management interactions with clients conveyed a highly respectful tone; and a friendly, informal rapport.
- There is a lot of interesting information around the offices, featuring displays such as photos and media stories related to clients and their achievements.

### **Critical documents, systems and processes**

- Individual planning-related documents clearly conveyed clients' and families' expressed interests and goals as conveyed in their discussions with the evaluators.

### **Assessment against the Standard**

<b>General statement</b>	<b>The organisation maintains high standards in this area.</b>
<b>Standard 1: Rights</b>	<b>Met</b>

## Standard 2: Participation and inclusion

The intent of this Standard is to promote the connection of people with disability with their family, friends and chosen communities. It requires services to work collaboratively with individuals to enable their genuine participation and inclusion, and that the individual's valued role needs to be one of their own choosing.

### Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting participation and inclusion</li> </ul>		X		
<ul style="list-style-type: none"> <li>• respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection</li> </ul>	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

- Individuals and families gave a great many examples of new community participation opportunities that have been facilitated. Inclusion WA "gets results" and is making a big difference in people's lives. Some examples include:
  - Helping to secure volunteer work.
  - An 'incidental goal' resulting from one-off conversations and a real ability to drill down to the person's interests. This led to a modelling shoot and media story, which raised the value and self-esteem and confidence of the client.
  - One person "having a life" and being able to be supported where other services have not been able to 'engage' the client or family. This changed the client's life by inclusion into a community sporting club, making friends, and securing part-time work.
  - Others commented that they valued assistance with "helping to build confidence in the local community", "using public transport" "making purchases", "money management", "having my own bank account" and "learning independent living skills".
  - Another person now attends the gym with a friend and can socialise with her friend without needing parent involvement.
  - Other examples of successful inclusion outcomes included joining community classes that build skills as well as friendships, such as at a

cooking class, a knitting group, and a computer class.

- Some people commented that although Inclusion WA doesn't have an 'employment focus' they have done more to assist in this area than any of the actual employment agencies tried. These people said this is invaluable and suggested that Inclusion WA could be very successful having this as an additional service.
- Numerous clients have been assisted to utilise various forms of transportation (such as buses, trains, cycling and walking) as alternatives to reliance on the organisation's vehicles. This provides them both with greater flexibility in utilising their funding and support time, and enhances their independence in participating in community life in general.
- An external stakeholder described how Inclusion WA learned about an individual's culture and 'bent over backwards' to accommodate cultural needs and practices
- Feedback from a small number of people indicated that they would like Inclusion WA to be a little more flexible on its strict 1-1 approach. They said that there are times that "having a friend with a disability" to share an experience is a positive event.

### **Staff and management knowledge**

- As noted earlier, management and key staff demonstrated high level knowledge and expertise in the area of community participation and social inclusion.
- Several members of management are active in various sporting and recreational groups, some at elite level, and their networks and understanding of the workings of such groups is a real asset in their work.
- The strategy of supporting not only the individual, but all relevant stakeholders such that Inclusion WA staff can fade out over time is a long-established but widely under-utilised one in the broader disability field. Inclusion WA has developed and implements this routinely, providing a best practice example.
- The organisation also engages in very wide-ranging community development initiatives, such as training, informing, and otherwise building capacity in bodies as diverse as local councils and shires, sporting clubs, social and recreational groups, generic service providers, and disability service providers. This approach leads to a great many inclusion outcomes for people with disabilities in which Inclusion WA was instrumental but not directly involved in.
- Numerous such bodies were consulted by the evaluators, representatives from each one speaking very highly of the impact of Inclusion WA in building their capacity to include people with disabilities.
- A large proportion of the organisation's services are provided for discreet amounts and durations of time, which it has used as a positive influence in shaping very specific, goals, strategies and planned outcomes.
- Two Coordinators shared how the whole team collect and share resources in different local areas and help to expand knowledge throughout the team about "what's available out there" and maybe of interest. A new Coordinator said that this is especially helpful.
- Exceptions to fully inclusive, individualised programs are provided in the form of 'The Meeting Place' and 'The Subi Club', which predate the current management and the organisation's now fully-inclusive approach. However, management provided a well-balanced account of their approach to these programs, which are

long-standing and have meaning to their members, who have come to know each other well over the years and value their weekly outings together. The organisation's approach is now one of providing progressively reduced direct support while increasing club members' levels of ownership and independence in the running of the clubs.

**Observations**

- Office spaces are welcoming and make extensive use of decorations and displays that illustrate inclusion outcomes for clients.

**Critical documents, systems and processes**

- In a broad sense, all aspects of the organisation conveyed a clear commitment to real inclusion of people with disabilities in their communities, such as through orientation and training, policies and procedures, the nature of support provided and the outcomes being achieved for clients.

**Assessment against the Standard**

<b>General statement</b>	<b>The organisation maintains exemplary standards in this area.</b>
<b>Standard 2: Participation and inclusion</b>	<b>Met</b>

### Standard 3: Individual outcomes

The intent of this Standard is to promote person-centred approaches to service delivery where individuals lead and direct their services and supports. Services and supports are expected to be tailored to an individual's strengths and needs, and deliver positive outcomes. This Standard recognises the role of families, friends, carers and/or advocates in service planning, delivery and review.

#### Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• person-centred individual service planning, delivery and review</li> </ul>		X		
<ul style="list-style-type: none"> <li>• respecting and responding to individual diversity</li> </ul>		X		
<ul style="list-style-type: none"> <li>• respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection</li> </ul>		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**

- Clients and families gave positive accounts of their involvement in the planning process leading to documented goals and strategies, and appreciation of ongoing informal planning discussions.
- The majority of people said that goals and plans are centred around their interests and needs and that they "feel in control", "can change my mind", "can make my own choices" and "that staff also make some good suggestions".
- Families, clients and external stakeholders said that Inclusion WA is helping people "get results", achieve their goals and build skills, such as through TAFE classes, support to obtain a driver's licence, volunteering, among many other examples as provided earlier.

##### **Staff and management knowledge**

- Management and staff conveyed a sound understanding of the importance of the balance of formal and informal planning approaches.
- At the time of the evaluation, management were exploring means of further developing their individual planning system, with a view to balancing person centred planning principles, administrative streamlining, and accountability requirements.

- Various personnel spoke of having very active roles in the development and carrying out of clients' individual plans.

**Observations**

- N/A

**Critical documents, systems and processes**

- The individual planning system was undergoing redevelopment at the time of the evaluation, with management giving considerable thought to incorporating the range of expectations of the system. These include useability for clients, families, Support Workers and those at the various levels of management; and use by management in their reporting to the Commission, including through the Quality Evaluation process. The current system generally meets the standards as required in this evaluation, with room for improvement in areas including recording of achievements, recording the various stakeholders involved and their roles, and its useability in the organisation's computer system. No recommendations are made in light of management's extensive current work in this area, which included seeking opportunities for discussion with the evaluators.

**Individual plan assessment**

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

**Desktop assessment**

- A total of 23 plans were reviewed and 100% met basic qualitative and outcomes criteria.

**Plans consider and document individual choices**

- Consultations with clients and families yielded information about their individual choices and interests, which were clearly reflected in individual plans and in the detailed case notes that support these.

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

- Funding and support details were set out either in individual plans, or elsewhere in client files, such as in Service Agreements, for those clients with individual (as opposed to block) funding allocations.
- Quarterly funding statements are sent to clients, families, carers or advocates as applicable.
- Some evidence of safeguarding information was found as relevant to individual clients, including medication information, behavioural information, and key points of contact.

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

- Plans reviewed met most of this criteria, with the exception in some cases of lack of clarity regarding progress towards achievements, or when achievements have been fully made, as noted above.

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

- This criterion was fully reflected in the plans reviewed, with the exceptions as reflected in the points of negative feedback expressed by a small number of clients and families as set out earlier.

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

- As set out earlier, the majority of client and family feedback was very complementary regarding the quality of supports received.

**Assessment against the Standard**

<b>General statement</b>	<b>The organisation maintains generally good standards in this area.</b>
<b>Standard 3: Individual outcomes</b>	<b>Met</b>

## Standard 4: Feedback and complaints

The intent of this Standard is to ensure that positive and negative feedback, complaints and disputes are effectively handled and seen as opportunities for improvement. Services should provide a range of opportunities to seek feedback, recognising that people need to feel safe to provide feedback and have access to advocates and independent support.

### Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• encouraging and managing feedback, complaints and dispute resolution</li> </ul>		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

- Clients and families described very open lines of communication with staff and management, and ease of raising any ideas or issues of concern.
- A large majority expressed a high level of trust and communication with staff at Inclusion WA.
- Some commented that when they visit the head office the managers make a point of saying hello and having a chat – making them feel welcome.

#### Staff and management knowledge

- Management and staff provided clear accounts of the means by which ideas, concerns and complaints are handled, providing a number of examples in so doing. Some personnel were unclear about external avenues available to clients and families who may wish to use these to make a complaint.
- All conveyed a commendable level of openness to seeking and using all feedback from clients and families.

#### Observations

- N/A

#### Critical documents, systems and processes

- The organisation's Feedback and Complaints Policy and Procedure is comprehensive (and includes details of several external organisations that clients and families may be referred to), with supporting documentation including a Complaints Record Form used as need be. These resources are provided to and

discussed at the induction program that all staff undergo.

- Extensive use of surveys are used as a formal means of seeking client and family feedback; as well as publicising information on raising issues and making complaints such as through the organisation's newsletter.

## Assessment against the Standard

<b>General statement</b>	<b>The organisation maintains high standards in this area.</b>
<b>Standard 4: Feedback and complaints</b>	<b>Met</b>

## Standard 5: Service access

The intent of this Standard is to ensure that access to services and supports are fair and transparent and that individuals understand criteria and processes regarding access to, and use of, a service or support. This includes clear explanations when a service or support is not available and referral to alternative service options.

### Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• promoting and supporting fair and transparent service access</li> </ul>			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

- Everyone commented that it was easy to gain access to the service, that Inclusion WA “stands out from the rest” and that if they call or need information the staff are quick to get back to them, quick to follow up and find out info for them and quick to take positive and proactive action and advocacy on their behalf (with a small number of exceptions as outlined earlier).
- Clients and families described having been provided with ample information about the organisation and its services upon entry.

#### Staff and management knowledge

- Management provided a detailed account of comprehensive and personalised entry and exit processes, which includes collaboration with all relevant stakeholders.
- They also described how involved clients and families are in the recruitment of their Facilitators. Perhaps as a result of this, most clients and families said that there is a very good compatibility between them and their Facilitator.

#### Observations

- N/A

#### Critical documents, systems and processes

- An impressive, colourful, inviting, engaging Information Pack is given out.
- Part of the entry process is to explain Inclusion WA services and actively encourage people to see other providers before choosing, so that they are making an informed choice.

**Complete ONLY for Local Area Coordination / My Way**

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

- 

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

- 

**Assessment against the Standard**

<b>General statement</b>	<b>The organisation maintains high standards in this area.</b>
<b>Standard 5: Service access</b>	<b>Met</b>

## Standard 6: Service management

The intent of this Standard is to ensure that services are accountable and have sound governance that will enable services and supports to be delivered in a safe environment by appropriately qualified and supervised staff. It also requires services to promote a culture of continuous improvement as a basis for quality service delivery.

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> <li>• <b>(P) proposed:</b> practices that are yet to be developed</li> <li>• <b>(E) existing:</b> practices that are currently in place</li> <li>• <b>(R) review:</b> practices that are in place and scheduled for review within the period</li> <li>• <b>(NA) not applicable:</b> this practice is not relevant</li> </ul>	P	E	R	NA
The service point has the following policies and procedures for:				
<ul style="list-style-type: none"> <li>• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• employment records that are current and maintained (ie Police Clearances and Working with Children Checks )</li> </ul>		X		
<ul style="list-style-type: none"> <li>• client records that are current and maintained (ie individual plans, services received, demographics, etc)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• work health and safety</li> </ul>		X		
<ul style="list-style-type: none"> <li>• maintaining a safe environment (ie fire and evacuation)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• administration of medication</li> </ul>		X		
<ul style="list-style-type: none"> <li>• risk management</li> </ul>		X		
<ul style="list-style-type: none"> <li>• financial management</li> </ul>		X		
<ul style="list-style-type: none"> <li>• promoting the active involvement of people with disability, families, carers and advocates in service management decisions (ie planning, continuous improvement activities; reviewing policies and procedures; and on advisory/governance committees)</li> </ul>		X		
<ul style="list-style-type: none"> <li>• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices</li> </ul>		X		
All policies and procedures for the service point are:				
<ul style="list-style-type: none"> <li>• dated</li> </ul>		X		
<ul style="list-style-type: none"> <li>• include a review date</li> </ul>		X		
<ul style="list-style-type: none"> <li>• developed in consultation with individuals, family, friends, carers, advocates</li> </ul>	X			
<ul style="list-style-type: none"> <li>• reviewed in consultation with individuals, family, friends, carers, advocates</li> </ul>	X			
<ul style="list-style-type: none"> <li>• available to potential and current individuals, family, friends, carers, advocates</li> </ul>		X		

<ul style="list-style-type: none"> <li>made available in customised accessible formats, including languages other than English, as required</li> </ul>		X		
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### Operating a safe service

<p>This section relates to the operational component of the Standards and indicates where practices are in place for the service point.</p> <ul style="list-style-type: none"> <li><b>(M) met:</b> practices demonstrate the requirements have been met</li> <li><b>(NM) not met:</b> practices demonstrate the requirements have not been met</li> <li><b>(NA) not applicable:</b> this practice is not relevant</li> </ul>				
The status of the following practices for the service point is assessed as:				
<ul style="list-style-type: none"> <li>The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.</li> </ul>	X			
<ul style="list-style-type: none"> <li>National Police checks are regularly updated for Board members, staff, volunteers and contractors.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.</li> </ul>	X			
<ul style="list-style-type: none"> <li>Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The service has an emergency evacuation plan.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The service regularly practices its emergency evacuation plan.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The service keeps records of evacuation trials.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The administration of medication occurs as detailed in the policies and procedures instructions.</li> </ul>	X			
<ul style="list-style-type: none"> <li>The buildings are maintained in a condition that does not pose a risk to staff and service users.</li> </ul>	X			
<ul style="list-style-type: none"> <li>Regular work health safety audits are undertaken to identify and address potential safety hazards.</li> </ul>	X			
<ul style="list-style-type: none"> <li>A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.</li> </ul>	X			
<ul style="list-style-type: none"> <li>There is a current record of staff training in the implementation of policies, procedures and practices.</li> </ul>	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**

- Inclusion WA management and staff were described very positively by a large majority, examples of descriptions being professional, well managed, good communicators, good listeners, and creative.

#### **Staff and management knowledge**

- The evaluators were most impressed with the knowledge, expertise and commitment conveyed by management and staff at all levels. Inclusion WA is managed and operated with high level expertise regarding the social inclusion of people with disabilities.
- Many staff and various levels were full of praise for the organisation, and appeared to be thriving in their roles. Among their comments were “great company to work for...it allows us autonomy”, “we feel included in the planning process...we are well supported by higher managers as well”, and “having an Operations Manager has led to substantial changes, such as more flexible delivery hours, including after-hours/weekends, facilitators having direct responsibilities to have input to goal identification and generation of individual plans with families and individuals....”.
- Staff commented on the collaborative approach and high level of collegiate support.
- A Coordinator praised the Induction process that is ‘spread over a few months’ to help new staff absorb in small ‘chunks’.
- Coordinators said that there are regular informal meetings with Service Facilitators that helps everyone know what is going on and keeps them “on the same page”. Families also commented that ‘having everyone on the same page’ ade comment is happening, and important.

#### **Observations**

- The evaluators’ overall observations were of passionate personnel at all levels, with enthusiasm for their roles, the people they support and making a difference in people’s lives. There is a pride in the workplace and a strong sense of team work.

#### **Critical documents, systems and processes**

- Most people commented positively that Inclusion WA are “good at follow up and follow through.”
- Some family members and external providers however said that being cc’d into e-mails would help “keep them in the loop.” A specific recommendation is not made on this point, however the evaluators encourage management to double-check the use of email communications in this regard.
- Staff are able to start and finish at a clients’ homes and complete administration work from their own home, reducing dependency on organisational resources. Being able to use their own car also adds flexibility.

### Assessment against the Standard

**General statement**

**Very high standards of management knowledge, expertise and processes were**

	evident.
<b>Standard 6: Service management</b>	<b>Met</b>

### Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The organisation has managed and reported on financial and human resources activities well.</li> <li>• Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities.</li> <li>• The organisation demonstrates strong public accountability (websites, publications, public disclosure).</li> </ul>
Required Actions (RA)	
<p>RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.</p>	<ul style="list-style-type: none"> <li>• There is a total breakdown of a system or procedure governed by applicable Standards.</li> <li>• There is a total absence of a requirement not being addressed by the provider.</li> <li>• There is a failure to comply with the requirements of the Standards.</li> <li>• There are serious implications for consumers ('felony-like').</li> <li>• The major gap represents a high risk to consumers.</li> <li>• Experience and judgement indicate there is a likely failure to assure quality services.</li> <li>• A number of small gaps in the Standards are related to the same requirement.</li> <li>• A long-standing minor gap has been left unaddressed.</li> </ul>
Transitional Actions (TA)	
<p>TAs refer to time-limited (1 July–31 December 2014) actions for a provider to transition existing policies, procedures and work practices to the National Standards for Disability Services. TAs</p>	<ul style="list-style-type: none"> <li>• Evidence of a system or procedure governed by applicable standards is in place and being changed to align with the requirements of the National Standards.</li> <li>• There is a change in the alignment of the system, not the absence of a system.</li> <li>• There is a change in the alignment of requirements, not the absence of</li> </ul>

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<p>apply when the Standard has been met but needs to align with the requirements of the National Standards.</p>	<p>requirements.</p> <ul style="list-style-type: none"> <li>• Action required does not affect consumers; or has implications for consumers, but they are not serious.</li> <li>• Action required poses no/minimal or short-term risk to consumers.</li> <li>• Experience and judgement indicate a short-term reduction in the quality of services.</li> <li>• There are no gaps, but a review or change is required</li> </ul>
<p><b>Service Improvement (SI)</b></p>	
<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National Standards for Disability Services. While still a gap in meeting Standards, SIs are less major</p>	<ul style="list-style-type: none"> <li>• A minor gap in meeting the Standards or related procedure is evident.</li> <li>• There is a weakness in the system, not the absence of a system.</li> <li>• Human error is evident.</li> <li>• The gap affects the service, but is not unsafe ('misdemeanour-like').</li> <li>• There is minimal risk to consumer(s).</li> <li>• Experience and judgement indicate a reduction in the quality of services.</li> <li>• A single observed lapse or isolated incident is evident, but does not impact the whole.</li> <li>• There is sound ongoing intent to address the issue, but it is not yet fully resolved.</li> </ul>
<p><b>Other matters (OM)</b></p>	
<p>OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations.</p>	<ul style="list-style-type: none"> <li>• Matters for consideration may not represent a gap in meeting the Standards, but may enhance the quality of services provided or result in better individual outcomes.</li> <li>• A lack of financial and/or human resources to enhance services and foster a positive attitude is evident.</li> <li>• There are opportunities to improve communication mechanisms for: organisational change; contact with families; response timeframes; and/or alternative communication methods.</li> <li>• There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency.</li> <li>• There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.</li> </ul>

## **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.