

Quality Evaluation Report

Version 1:0, April 2015

Assessment against the
National Standards for Disability Services

Disability sector organisation: My Place	
Service point name:	Vocational and Community Services.
Outlet names:	As above.
Chief Executive Officer:	Mr Darren Ginnelly.
Final report date:	3 August 2015
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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.

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Contents

Part A: Executive summary	3
Introduction	3
Summary of findings	5
Part B: The Standards	7
Standard 1: Rights	8
Standard 2: Participation and inclusion	10
Standard 3: Individual outcomes	12
Standard 4: Feedback and complaints	15
Standard 5: Service access	17
Standard 6: Service management	19
Appendix 1: Definitions	23
Disclaimer	25

Acknowledgments

The evaluators extend thanks to consumers, families, carers, management and staff for the assistance they provided throughout the evaluation visits.

Part A: Executive summary

Introduction

This report describes the findings of the evaluators who visited My Place in April to June 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 21 April and the evaluators visited the service again on 25 and 26 May and 19 June. An exit meeting was held on 27 July 2015.

The organisation uses the term 'consumer' 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	My Place has been providing vocational and community services (previously known as alternatives to employment) since 2000. This area entails assisting consumers to plan for and pursue goals in the areas of personal development and community inclusion. All support is provided on an individualised basis, and all in natural community settings and activities. Management of services is provided through either full organisation management, or various levels of shared management in collaboration with consumers and families.
The resources	Direct support is provided by 30 (equivalent to seven fulltime positions) Support Workers (also referred to as Personal Assistants), who are supervised by Coordinators who report to a Team Leader. Senior management, human resource and administrative personnel work across all service areas of My Place. The budget for this service point is \$847,804. There are no fees for service, though transport costs are paid by some consumers through their mobility allowance.
The people using services	Thirty men and woman of widely varying ages use this service point. They live in the metropolitan and various regional areas; and have a range of support needs, the majority having relatively high support needs.

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	1
Number of interviews with family members / friends / carers / advocates	2
Number of telephone interviews or emails with individuals with disability	6
Number of telephone interviews or emails with family members / friends / carers / advocates	15
Number of individual files / plans reviewed	16
Number of complaints reviewed	-
Number of staff meetings attended	-
Number of staff consulted	20
Number of external stakeholders consulted	-

Quality Evaluation assessment against the Standards

The following scale has been used to measure performance against **each National Standard**

Met	Feedback, observed and written evidence clearly demonstrates that the service provider meets the requirements
Not met	Feedback, observed and written evidence clearly demonstrates that the service provider does not meet the requirements

Based on the information provided by individuals, their families, friends, carers, advocates, staff and management; and through documentation and observations made by the Evaluation team, this organisation's performance has been assessed as:

Assessment against the Standards

Standard	Assessment
Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)

If/where noted during a Quality Evaluation, GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of 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"> Management and staff described a strong commitment to person-centred practices, with a number of examples provided that demonstrated supports and services focused on the needs and goals of the consumer by including the consumer, families and carers in all aspects of the planning and reassessment process. An example that staff referred to is the 'scaffold' approach, where goals are achieved in many small steps to build on consumers' confidence. The employment of Support Workers for varying hours per week for specific consumer/s, and Coordinators having relatively small caseloads, both staffing practices helping to ensure a consumer and family centred approach.
Other good practices noted	<ul style="list-style-type: none"> The 'Ask Me Register'. This initiative entails each Coordinator having one or more designated 'portfolios'. These are subjects on which they acquire specific knowledge and skills, which collectively provide a staff training and development resource for all personnel to utilise.

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	RA statement	Compliance date
1.		There were no required actions 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	SI statement
1.	3	That the My Plan templates be completed with more thorough attention to detail.

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	OM statement
1.		There were no other matters to report.

Part B: The Standards

In this section, the Standards are assessed against compliance requirements and qualitative elements. A brief comment is provided regarding the Standard.

There are six National Standards that apply to disability service providers.

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
3. **Individual outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths that enable individuals to reach their goals.
4. **Feedback and complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Further information about the National Standards and the Commission's Quality System can be access on the website:

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

Standard 1: Rights

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
• treating individuals with dignity and respect		X		
• promoting and supporting individuals' freedom of expression and decision-making and choice		X		
• recognising, preventing, responding to and reporting abuse, neglect, exploitation and other serious incidents		X		
• safeguarding individuals' rights		X		
• providing contemporary, evidence-based support strategies with minimal restrictions		X		
• maintaining individuals' privacy and confidentiality		X		

Qualitative information

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

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

- Consumers, families and carers consistently confirmed that they make their own decisions and choices about what supports and services they receive, and that they are well supported.
- They added that they were comfortable that their privacy and confidentiality was respected as they had very good relationships with trusted staff.
- Feedback was positive about restrictions and limitations as there were none that consumers, families or carers could think of.
- Personnel were described as being proactive with providing suggestions and alternatives for possible other services and resources to use, and worked alongside them in doing so.
- Several families in shared management arrangements were very pleased with the extent of control that they and their relative with a disability are able to exert over their funding and supports, with My Place providing various levels of assistance as needed.

Staff and management knowledge

- Staff outlined relevant policies and procedures that guide the organisation's practices regarding the rights of consumers and families, and provided a number of examples confirming this. For example, the requirement to sign a confidentiality statement before employment to protect stakeholders' privacy and confidentiality.
- Staff confirmed that consumer information is not shared without the consumer's permission, and is restricted between staff and their Coordinator and with families, carers and advocates as required.
- An electronic system manages the My Plans and related documentation for individual consumers, with staff having various levels of access, and hard copy files are kept in locked cabinets.
- Staff and management conveyed a very high level of understanding of and commitment to the rights of consumers and families in all aspects of their service arrangements and life in general.

Observations

- From the limited observations made of staff and management interactions with consumers and families, a strong rapport and high levels of respect were evident.

Critical documents, systems and processes

- My Place has developed an excellent set of brochures that contain an emphasis on themes including rights, control and choice.

Assessment against the Standard

General statement	The service has achieved high standards in this area.
Standard 1: Rights	Met

Standard 2: Participation and inclusion

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

Compliance

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

Qualitative information

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

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

- Consumers and families expressed their satisfaction with the level of support they received in making connections within the community and with friends. This provided an opportunity for social connection and development of a small safe network for them to be involved in.
- A consumer was grateful for the support that enables their participation in a religious group that meant a great deal.
- Many other stories were shared that illustrated successful community participation in various forms of voluntary work, further education and training, sporting and leisure groups, and utilising a vast array of generic community resources and settings such as libraries, shops and cafes.

Staff and management knowledge

- Staff and management were aware of and very committed to promoting and supporting participation and inclusion. They provided a number of examples that included various religious and Culturally and Linguistically Diverse (CALD) groups, and how they supported and encouraged consumers.
- Staff at all levels conveyed high levels of knowledge and expertise in searching for relevant inclusion opportunities, then doing the 'groundwork' needed to maximise consumers' prospects for acceptance.
- A particular strategy evident in many stories of inclusion is the practice of providing

relatively high levels of direct support and guidance upon entry to a new social group or venue, then fading support out over time while maintaining contact and stepping back in as needed.

- Several Support Workers described their efforts to respect consumers' choices for non-inclusive activities (especially where these were long-standing and had real meaning to the consumers), while at the same time introducing higher levels of social inclusion wherever possible.

Observations

- Staff were observed supporting a non-verbal consumer, who they introduced and gave an overview of interests, likes and dislikes. The interactions between consumer and staff were warm and calming.

Critical documents, systems and processes

- The organisation's policies, procedures, brochures and staff training all convey a very strong commitment to full social inclusion for all people with a disability.

Assessment against the Standard

General statement	The service has achieved very high standards in this area.
Standard 2: Participation and inclusion	Met

Standard 3: Individual outcomes

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

Compliance

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

Qualitative information

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

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

- Consumers said they decided what activities they wanted to do and had no issues in voicing what other interests they had.
- They were consulted and involved in My Plan development and reviews that supported the achievement of their needs and goals.
- Three families spoke of personal experiences they had with other organisations, where they were not consulted and highlighted My Place as a "life changer", as one family member put it.
- Most families described involvement in the My Plan process as being a useful exercise. They were even more satisfied with the informal planning that occurs in the course of ongoing communication with Support Workers, Coordinators and Team Leaders.
- One family member expressed dissatisfaction that a My Plan had been developed without their (or the consumer's) involvement. As an isolated case, a recommendation for improvement is not made; however, as an example that is well below the high standards found elsewhere in this area, the situation is presented here for management's consideration.
- Consumers and families (as well as personnel) described a great many positive

outcomes having been achieved. These included increased skills in many areas (such as using public transport, utilising resources such as banks and shops, and mastery of voluntary work and further education challenges), acceptance into and participation in many inclusive groups and venues, increased confidence, enhanced social skills, decreased challenging behaviours, broadened social networks, increased initiative and volition, among many others.

Staff and management knowledge

- Staff and management confirmed that consumers, their families and carers, and relevant other stakeholders are integral to all planning and review processes.
- Consideration of staff skills, experience and interests are assessed and aligned with the needs, goals and strengths of each consumer, as fully as possible. This approach has proved positive with consumers choosing their Support Workers who have things in common.
- Staff also said that if they believed a consumer would benefit more from a change in staff, they would flag this with management for discussion and consideration; an example was if a male consumer would benefit from having a male Support Worker, and similarly with a female consumer.
- Coordinators, Team Leaders and senior management conveyed a very high level of understanding of, and commitment to, person centred planning principles. Key features of this were emphasising the importance of trusting relationships as a foundation for good planning; and placing emphasis on ongoing/informal planning in addition to the development and review of the My Plans.
- Personnel at all levels place a strong emphasis on paid employment and other forms of work as a key outcome relevant to its consumer group. There is a consciousness of the risk of day time supports that lack purpose, such as general and repetitive 'outings'; and an orientation towards learning, skills development, and ultimately valued work roles where relevant and feasible. The evaluators commend the service on this stance.
- For some consumers, paid employment is pursued through collaborations with employment service providers, while for others self-employment through the establishment of small business enterprises has been the chosen method.

Observations

- Not applicable.

Critical documents, systems and processes

- The individual planning documents were generally well utilised; however, plans varied in content, style and format. There were inconsistencies in levels of detail and completion, such as in reference to the parties involved in the planning process, completion of the sign off section, and the review table that tracked the assessment and review dates. Senior management advised that a revision of the templates is in progress and will be completed, along with associated staff training, within the current financial year. In addition, it is recommended that plans be completed with more thorough attention to detail. (Service Improvement 1 refers).
- Further to this point, it was clear from discussions with all stakeholders that there is excellent development of long-term and short-term goals and strategies, and a consistent, collaborative approach to working towards these. It appeared, however, that this was only partially captured in many of the My Plan documents reviewed.

Individual plan assessment

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

Desktop assessment

- A total of 16 plans were reviewed and all met basic qualitative and outcomes criteria.

Plans consider and document individual choices

- Each plan reviewed contained goals across a range of life areas that were clearly personalised around consumers' choices.

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

- The central planning document, My Plan, does not contain such information. These areas are however addressed in related documentation including shared agreements and progress notes.

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

- The My Plan template provides for this information to be recorded. The monitoring and review process associated with My Plan reviews is complemented by a strong emphasis on ongoing, informal planning discussions.

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

- The My Way template captures outcome expectations as goals, and achievements as various levels of progress made. The contents of these sections reflected the goals and choices expressed to the Evaluators by consumers and families.

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

- Consumers and families expressed generally very high levels of satisfaction with the supports provided.

Assessment against the Standard

General statement	The service has achieved generally high standards in this area.
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints

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

Compliance

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

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

- Consumers, families and carers said they had, for the most part, very good relationships with My Place personnel, and that they did not have any complaints. If there was an issue they discussed it straight away and it was resolved.
- They knew there was a process and there were forms they could complete, but they preferred to talk about it with their Coordinator or Support Worker.
- Families spoke very highly about My Place and about the positive changes that had occurred in their lives, including in comparison to other organisations they had been involved with.
- They also commented on additional support over and above their paid support entitlements, particularly regarding regular contact during stressful times, and this was very much appreciated as they never felt alone and unconnected.

Staff and management knowledge

- Staff and management were able to outline the process for feedback and complaints, and where to access forms and further information.
- They added that there were very rarely any complaints and if a consumer, family or friends did raise anything, this was addressed promptly and the outcome communicated to all involved.
- Staff confirmed that consumers, families, friends and carers would never hesitate to tell them if something was not right.
- Senior management described a very thorough approach to not only dealing with individual concerns, but that these are thoroughly reviewed and used for service

improvement purposes. The organisation's Board of Directors is actively involved in this.

- Senior management advised that there had been no occasions in the previous 12 months on which a formal complaint had been made regarding this service point.

Observations

- Observations of staff and management with consumers and families conveyed a very open, informal and easy rapport.

Critical documents, systems and processes

- Numerous publications, particularly the Getting it Right brochure, provide information on processes, and internal and external points of contact, for the raising of concerns and complaints.

Assessment against the Standard

General statement	The service maintains high standards in this area.
Standard 4: Feedback and complaints	Met

Standard 5: Service access

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

Compliance

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

Qualitative information

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

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

- The majority of feedback from consumers, families, carers and advocates confirmed a high level of satisfaction with services and supports.
- They had not experienced limitations or restrictions, as alternative options or referrals were always made available.
- Families described a straightforward, personalised and thorough approach taken by management upon their entry to the service.
- Personnel at all levels were praised for their knowledge and networks, as this enabled information on a range of options, in addition to those provided directly by My Place, to be shared.
- Families who direct their own support arrangements praised the extent to which they can still utilise the knowledge, expertise and networks of staff and management to complement their own efforts.

Staff and management knowledge

- Personnel at all levels demonstrated a strong desire to support consumers and families to access supports and services through active promotion of what was available, providing advice and researching alternative services.
- Senior management described a very thorough and personal approach to initial contacts with prospective consumers and families. This extended to those who ultimately did not access My Place services, in which case management still provides support through provision of information, and referral on to potentially relevant other services and resources.

Observations

- Not applicable.

Critical documents, systems and processes

- A range of very well presented publications has been developed, which form part of the information pack provided to prospective consumers and families.

Assessment against the Standard

General statement	The service maintains high standards in this area.
Standard 5: Service access	Met

Standard 6: Service management

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

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: yet to be developed • (E) existing: currently in place • (R) under review: in place and scheduled for review • (NA) not applicable: not relevant 	P	E	R	NA
The service point has the following policies and / or procedures for:				
• human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management)		X		
• employment records that are current and maintained (ie Police Clearances and Working with Children Checks)		X		
• individuals' records that are current and maintained (ie individual plans, services received, demographics, etc)		X		
• work health and safety		X		
• maintaining a safe environment (ie fire and evacuation)		X		
• administration of medication		X		
• risk management		X		
• financial management		X		
• promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review		X		
• training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
• dated		X		
• include a review date		X		
• where appropriate, developed in consultation with individuals, family, friends, carers, advocates		X		
• where relevant, available to potential and current individuals, family, friends, carers, advocates		X		
• made available in customised accessible formats, including languages other than English, as required		X		

Operating a safe service

This section relates to the operational component of the Standards and indicates where practices are in place for the service point.

- **(M) met:** practices demonstrate the requirements have been met
- **(NM) not met:** practices demonstrate the requirements have not been met
- **(NA) not applicable:** this practice is not relevant

The status of the following practices for the service point is assessed as:

- The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.

- National Police checks are regularly updated for Board members, staff, volunteers and contractors.

- The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.

- Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.

- The service has an emergency evacuation plan.

- The service regularly practices its emergency evacuation plan.

- The service keeps records of evacuation trials.

- The administration of medication occurs as detailed in the policies and procedures instructions.

- The buildings are maintained in a condition that does not pose a risk to staff and service users.

- Regular work health safety audits are undertaken to identify and address potential safety hazards.

- A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.

- There is a current record of staff training in the implementation of policies, procedures and practices.

M

NM

NA

X

X

X

X

X

X

X

X

X

X

X

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

- Consumers, families and carers felt empowered and indicated a high level of appreciation for My Place in general, and for the resources and guidance they received to assist them to understand what is required when self-managing funds.
- They found this invaluable and hassle free, and allowed continuity in service provision, and the freedom to choose their own support staff.
- Other feedback included the value of the financial statements provided by My Place, and for some a preference was expressed for these to be provided more frequently (every three months) to assist consumers, families and carers with future planning.
- As noted elsewhere, the large majority of feedback was very positive and complementary towards the service and its personnel, as illustrated by a small selection of quotes: "They're just very friendly and down to earth, when I want anything I just have to ask...they have huge respect for people with disabilities and us as families"; "They're absolute champions, I'm just blown away, anything I ask for – nothing's too hard"; "Extremely helpful...fantastic"; "[Team Leader name] is always available, we have a good rapport...we catch up for coffee regularly...constantly seeking out information to help..."; "I'm completely happy, they've done everything we need, much more than other organisations"; "[Coordinator name] puts in a lot of effort with planning and support for getting just what we need"; and "Simply brilliant, everything runs smoothly and nothing's too much trouble".
- In the context of this very positive feedback, a number of specific points of criticism or concern were also expressed. As there were no negative themes from consumer or family feedback, a specific recommendation is not made; however, the points are listed for consideration and follow up. These included insufficient ongoing feedback directly from Support Workers, delays and insufficient communication regarding support to locate additional Support Workers, concerns regarding the planning and review process (one as noted earlier, another expressing not knowing about a planning process), and dissatisfaction with a key point of contact (regarding administrative support, communication, and upholding of confidentiality).

Staff and management knowledge

- Management and staff conveyed a strong commitment to the organisation and to their roles. They all felt well supported, confident and valued by peers, coordinators and management, and this was demonstrated by many through years of continual service with My Place.
- Support Workers acknowledged the openness of communication within My Place at all levels and also with consumers, families and carers. They reported strong satisfaction with their work roles in areas including supervision and back up support, and access to relevant training opportunities.
- The evaluators were highly impressed with personnel at all levels. Strong leadership was evident, as were (at all levels) advanced levels of understanding,

expertise and commitment around the service's core purposes of personal development and community inclusion.

Observations

- The interaction between management, staff and consumers demonstrated a high level of mutual respect and care for each other.

Critical documents, systems and processes

- Strong and comprehensive management systems are in place, such as the human resource functions of induction, orientation and training; and ongoing communications, regular meetings at various levels, and broader gatherings for information and training activities.
- Substantial revision of relevant policies and procedures to align with the National Standards for Disability Services has been undertaken, and these were in the process of being finalised at the time of the evaluation.
- While fire and emergency equipment and instructions were evident at the head office, evacuation drills are not conducted as there are no scheduled consumer gatherings on site, and there are no other venues at which consumers gather.

Assessment against the Standard

General statement	The service is managed at a very high standard.
Standard 6: Service management	Met

Disability Services Commission: Quality System Quality Evaluation Report

Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.</p>	<ul style="list-style-type: none"> • The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance. • The organisation has managed and reported on financial and human resources activities well. • Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities. • The organisation demonstrates strong public accountability (websites, publications, public disclosure).
Required Actions (RA)	
<p>RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.</p>	<ul style="list-style-type: none"> • There is a total breakdown of a system or procedure governed by applicable Standards. • There is a total absence of a requirement being addressed by the provider. • There is a failure to comply with the requirements of the Standards. • There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues). • The major gap represents a high risk to individuals. • Experience and judgement indicate there is a likely failure to assure quality services. • A number of small or long-standing gaps in the Standards are related to the same requirement.
Service Improvement (SI)	
<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National</p>	<ul style="list-style-type: none"> • A minor gap in meeting the Standards or related procedure is evident. • There is a weakness in the system, not the absence of a system. • Human error is evident.

Disability Services Commission: Quality System Quality Evaluation Report

Standards for Disability Services. While still a gap in meeting Standards, SIs are less major.	<ul style="list-style-type: none"> • The gap affects the service, but is not unsafe ('misdemeanour-like'). • There is minimal risk to individuals. • Experience and judgement indicate a reduction in the quality of services. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved.
Other matters (OM)	
OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations.	<ul style="list-style-type: none"> • 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. • A lack of financial and/or human resources to enhance services and foster a positive attitude is evident. • There are opportunities to improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency. • There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.

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.