

# Quality Evaluation Report

Version 1:7, June 2017

Evaluation details	
<b>Organisation</b>	My Place Foundation Inc.
Chief Executive Officer:	Darren Ginnelly
Services evaluated:	Shared-managed supports (metro and regional)
Geographic areas:	Metropolitan, South West, Great Southern
National Standards for Disability Services assessed:	Comprehensive: Standards 1- 6
Evaluation team*:	Ross Boaden, Terri Phillips
Final report date:	10 July 2017
Report Endorsement	
Approved by:	Mary McHugh Quality and Safeguarding Manager

\*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.

## Executive summary

### Introduction

This report describes the findings of the evaluators who visited My Place and made observations; reviewed feedback from individuals with disability, their families and carers, staff and management; and assessed written evidence for compliance with the National Standards for Disability Services (Standards).

An opening meeting and initial consultations were held on 5 April and the evaluators conducted further visits on 23 May and 1 June. A closing meeting was not held.

### Assessment for compliance with the Standards

The rating scale used to assess the Standards is met.

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

### Exceptional practices

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

- The iPlace online information management system, being finalised at the time of the evaluation. This will allow secure access by key stakeholders to all relevant documentation and information. For consumers and families, a 'Member Portal' will provide secure access to up to date information on all areas of relevance to them.
- The 'Ask Me Register', an internal system whereby members of staff are listed as having knowledge, experience and expertise in designated areas. The register is made available to all staff so that they can approach relevant colleagues for information and advice.

### Required Actions (RA)

Where noted, RAs refer to a major gap in meeting Standards (NSDS) and identified Indicators of Practice (IoPs). They identify action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of individuals with disability; or may relate to legal requirements and duty of care issues. RAs are required to be addressed by the compliance date.

No.	NSDS	IoP(s)	RA statement	Compliance date
1.			There were no required actions identified.	

### Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with Standards. SIs are reported on in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1	6	6.1	That HR, IR and training information be made more widely available to ensure that all consumers and families are aware of and able to access this.

### Self-assessment (SA): Standards 1-6

The Self-assessment is completed by the organisation each year in April, for verification of evidence during the audit.

SA completed by:	Sharon McFarlane
Is the Self-assessment evidence verified?	Yes

## Service profile

### Service profile

#### Service description

The services provided	My Place's Shared Management area enables consumers and their families to run their own services to the extent that they wish, with agreed levels and types of assistance from My Place. In general, consumers and families make the decisions around how they will use their funding, typically concerning employment of their own staff, and for what purposes they are to be employed. This enables services to be fully tailored to each arrangement. My Place is role in this includes provision of information and advice, administrative support, and as-needed levels of assistance regarding staffing (such as locating suitable staff, and human resource and industrial relations issues).
The resources	Coordination of these arrangements is provided by a team of 15 (six FTE) Coordinators, 1.2FTE Team Leaders and 1.2FTE Managers. All staff in direct support roles are engaged directly by consumers and their families. The current budget is approximately \$22m, of which 85 per cent (\$18.5m) is expended directly by consumers and their families. There are no fees for service.
The people using services	The consumer group comprises 166 people aged seven to 75, whose needs vary widely, and who live in the metropolitan, south west and great southern areas.

### Consultation

#### Statistics

Number of visits to group homes	0
Number of individuals with disability present in group homes during visits	0
Number of visits to private homes	0
Number of interviews with individuals with disability	4
Number of interviews with family/carers/friends/advocates/guardians	5
Number of telephone interviews or emails with individuals with disability	5
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	18
Number of individual files/plans reviewed	16
Number of complaints reviewed (*whole system reviewed)	0*
Number of serious incident reports reviewed (*whole system reviewed)	0*
Number of staff meetings attended	0
Number of staff consulted	21
Number of external stakeholders consulted (both Commission personnel)	2

## Summary of findings

### Assessment for compliance with the Standards

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

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

For every Standard, the *Statement of evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each Indicator of Practice. Where the rating is 'No', a *Reason for finding* will provide the context for any gaps in evidence and identify where a Standard is not met (Required Action); or a Service Improvement noted; or there is a matter for the organisation's consideration.

The *Legend for evidence information source* is detailed below each table, as follows: **1** documentation; **2** discussion with management staff; **3** discussion with direct care staff; **4** discussion with external stakeholders; **5** annual self-assessment; **6** other; **7** direct observation; **8** discussion with individuals, family, carers, friends, advocates or guardians.

All findings triangulate using at least three (3) sources of evidence.

Findings against Indicators of Practice may be used by the organisation to develop its Action Plan to meet minimum Standards, or revise its Continuous Improvement Plan, to show how improvements will be made to enhance compliance with Standards and outcomes for individuals.

### Standard 1: Rights

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

### Assessment against Standard 1: Rights

Standard 1 is met.

Exemplary standards were demonstrated.

### Statement of evidence

#### Policies and Procedures

The organisation has policies and/or procedures that support the key elements of Standard 1

Yes/No  
or N/A

Info  
Source

Y

1, 2, 6

#### Indicators of Practice (IoP)

The organisation implements its policies and/or procedures for Standard 1

**1:1** The organisation, its staff and its volunteers treat individuals with dignity and respect.

Y

1,2,3,7,  
8

**1:2** The organisation, its staff and its volunteers recognise and promote individual freedom of expression.

Y

1,2,3,7,  
8

**1:3** The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.

Y

1,2,3,5,  
8

**1:4** The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.

Y

1,2,3,7

**1:5** The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.

Y

1,2,3,8

**1:6** The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.

Y

1,2,5

**1:7** The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.

Y

1,2,8

**1:8** The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.

Y

1,2,3,5,  
8

<b>1:9</b> The organisation keeps personal information confidential and private.	Y	1,2,3,8
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*Legend for evidence information source:* **1** documentation; **2** discussion with management staff; **3** discussion with direct care staff; **4** discussion with external stakeholders; **5** annual self-assessment; **6** other; **7** direct observation; **8** discussion with individuals, family, carers, friends, advocates or guardians.

**Standard 2: Participation and inclusion**

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

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

**Standard 2 is met.**

Exemplary standards were demonstrated.

**Statement of evidence**

**Policies and Procedures**

Yes/No  
or N/A

Info  
Source

The organisation has policies and/or procedures that support the key elements of Standard 2

Y

1

**Indicators of Practice (IoP)**

The organisation implements its policies and/or procedures for Standard 2

**2:1** The organisation actively promotes a valued role for people with disability, of their own choosing.

Y

1,2,3,8

**2:2** The organisation works together with individuals to connect to family, friends and their chosen communities.

Y

1,2,3,8

**2:3** Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.

Y

2,3,5,8

**2:4** Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.

Y

1,2,3,8

**2:5** The service works in partnership with other organisations and community members to support individuals to actively participate in their community.

Y

2,3,8

**2:6** The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

Y

1,2,3

*Legend for evidence information source: 1 documentation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with external stakeholders; 5 annual self-assessment; 6 other; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.*



**Standard 3: Individual outcomes**

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

**Assessment against Standard 3: Individual outcomes**

**Standard 3 is met.**

Exemplary standards were demonstrated.

**Statement of evidence**

**Policies and Procedures**

**Yes/No  
or N/A**

**Info  
Source**

The organisation has policies and/or procedures that support the key elements of Standard 3

Y

1

**Indicators of Practice (IoP)**

The organisation implements its policies and/or procedures for Standard 3

**3:1** The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.

Y

1,2,3,5,  
8

**3:2** Organisation planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.

Y

1,2,3,5,  
8

**3:3** The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.

Y

1,2,3,5,  
8

**3:4** Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.

Y

1,2,3,8

**3:5** The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.

Y

1,2,3,5,  
8

*Legend for evidence information source: 1 documentation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with external stakeholders; 5 annual self-assessment; 6 other; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.*

**Standard 4: Feedback and complaints**

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

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

**Standard 4 is met.**

Addressed to a high standard.

**Statement of evidence**

**Policies and Procedures**

Yes/No  
or N/A

Info  
Source

The organisation has policies and/or procedures that support the key elements of Standard 4

Y

1

**Indicators of Practice (IoP)**

The organisation implements its policies and/or procedures for Standard 4

**4:1** Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.

Y

1,2,3,8

**4:2** Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.

Y

2,3,8

**4:3** Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.

Y

1,2,3,8

**4:4** The organisation seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.

Y

1,2,3,5,  
8

**4:5** The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.

Y

1,2,3,8

**4:6** The organisation effectively manages disputes.

Y

1,2,3,8

*Legend for evidence information source: 1 documentation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with external stakeholders; 5 annual self-assessment; 6 other; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.*

**Standard 5: Service access**

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

**Assessment against Standard 5: Service access**

**Standard 5 is met.**

Addressed to a high standard.

**Statement of evidence**

<b>Policies and Procedures</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 5	Y	1
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 5		
<b>5:1</b> The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Y	1,2,3,5,8
<b>5:2</b> The organisation provides accessible information in a range of formats about the types and quality of services available.	Y	1,2,3,8
<b>5:3</b> The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Y	1,2,3,8
<b>5:4</b> The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Y	1,2,3,5
<b>5:5</b> The organisation monitors and addresses potential barriers to access.	Y	1,2,3,5
<b>5:6</b> The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Y	1,2,3,5
<b>5:7</b> The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Y	1,2,3,4,5

*Legend for evidence information source: 1 documentation; 2 discussion with management staff; 3 discussion with direct care staff; 4 discussion with external stakeholders; 5 annual self-assessment; 6 other; 7 direct observation; 8 discussion with individuals, family, carers, friends, advocates or guardians.*

**Standard 6: Service management**

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

**Assessment against Standard 6: Service management**

**Standard 6 is met.**

My Place's Shared Management area uses contemporary, leading edge approaches to plan for and facilitate outcomes. Exemplary standards of management and service provision were demonstrated.

**Statement of evidence**

<b>Policies and Procedures</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 6	Y	1
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 6		
<b>6:1</b> Frontline staff, management and governing bodies are suitably qualified, skilled and supported. <ul style="list-style-type: none"> <li>Excellent staff training and support arrangements are in place, and management advised that relevant HR, IR and training opportunities are made available to consumers and families to support them in their role as employers of their own staff. However, several consumers and families commented that they were unaware that such information and training was available to themselves, or to the people they employ. It is recommended that this information be more fully communicated to ensure it is available to all consumers and families. (SI 1 refers)</li> </ul>	N	1,2,3,5,7,8
<b>6:2</b> Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Y	1,2,3,5
<b>6:3</b> The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Y	1,2,3,5,7,8
<b>6:4</b> The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Y	1,2,3,5
<b>6:5</b> The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Y	1,2,3,8

<p><b>6:6</b> The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.</p>	<p>Y</p>	<p>1,2,3,5 ,8</p>
<p><b>6:7</b> The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.</p>	<p>Y</p>	<p>1,2,3,5 ,7,8</p>

*Legend for evidence information source:* **1** documentation; **2** discussion with management staff; **3** discussion with direct care staff; **4** discussion with external stakeholders; **5** annual self-assessment; **6** other; **7** direct observation; **8** discussion with individuals, family, carers, friends, advocates or guardians.

### Acknowledgments

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

### Further information

Information about the National Standards for Disability Services and the 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>

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

### Disclaimer

The quality evaluation assessment is necessarily limited by the following:

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

### Confidentiality statement

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

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