Government of **Western Australia**
Department of **Communities**
**Disability Services**

# Quality Evaluation Report

**Version 2.4**

| Evaluation details | |
|---|---|
| **Organisation** | My Place Foundation Inc |
| **Organisation trading name (if applicable):** | |
| Chief Executive Officer/Director: | Darren Ginnelly |
| Assignment name: | Comprehensive |
| Geographic area/s: | Perth metropolitan area, Southwest (Bunbury and surrounding areas) and Great Southern (Albany and surrounding areas) |
| National Standards for Disability Services assessed: | Comprehensive: Standards 1 – 6 |
| Evaluation team*: | Robyn DeJong (Team Leader Evaluator) Bettina Philps Vikki Gates |
| Final report date: | 7 March 2019 |
| **Report Endorsement** | |
| Endorsed by: | Mary McHugh Quality and Safeguarding Manager |

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

## Executive summary
### Introduction

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

An opening meeting was held on 29 January 2019 and the evaluator(s) conducted visits on 29, 30 and 31 January; 11, 12, 14, 18, 21 and 22 February. A closing meeting was held on 7 March 2019.

| Assessment of 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 |
| <ul><li>The 'Guide to Engaging your own Support Workers' developed by My Place, is written in plain English and walks consumers through the process step by step. The Guide outlines legal responsibilities and provides examples and templates for use, such as the employee pack which includes applications for Police Clearance and Working with Children checks and covers subjects such as employee code of conduct.</li><li>The consumer training program developed by the service, 'Understanding Crime', educates and empowers consumers to recognise and respond to risk and how to speak up if something is not right. The program's training resources are in accessible format with easy read text and pictures and symbols to support understanding. The program contributes to the safeguarding of people with disability through education and empowerment, and would be useful to other service providers and consumers.</li></ul> |

## Required Actions (RA)

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

| No. | NSDS | IoP(s) | RA statement | Compliance date |
|-----|------|--------|--------------|-----------------|
| 1. |  |  | No required actions were identified through the evaluation process. |  |

## Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**.
Progress on SIs is reported in the annual Self-assessment (April each year).

| No. | NSDS | IoP(s) | SI statement |
|-----|------|--------|--------------|
| 1. | 6 | 6.1 | Staff training records need to be accessible e.g. stored in one location to provide easy access to records of staff skills and qualifications for reference by the service. |
| 2. | 6 | 6.2 | The planned assessment/audit of behaviour should be prioritised to occur as soon as possible to ensure positive behaviour support strategies, and other supports, are based on minimal restrictive options and that restrictive interventions are not being inadvertently practiced by staff. |
| 3. | 6 | 6.3 | Risk assessment records of service locations should be maintained in consumer records for access by staff. Risk management processes for service delivery should include guidelines for appropriate staff response in situations of risk. |
| 4. | 6 | 6.6 | Regular meetings between coordinators and homesharers should occur at the four to six-weekly intervals as indicated by the organisation's processes. |
| 5. | 6 | 6.6 | The planned processes and protocols for consistent storage and access to consumer data should be implemented as a priority to ensure relevant records are maintained and accessible to staff. |

## 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: | Darren Ginnelly |
|------------------|-----------------|

| Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the organisation's knowledge of the Standards and their indicators of practice? | Yes<br>Evidence provided by the service during pre-planning and on commencement indicates understanding of the Standards and Indicators of practice. |
|---|---|

## Code of Conduct

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

| Does the service provider's Code of Conduct articulate values built around the service and the people for whom services are/to be provided? | Yes<br>A Code of Conduct is available for employees and volunteers, and one for Board members. The Codes are aligned to the organisation's shared values of autonomy, equality, accomplishment, security and humanity; and reflect values relevant to the people services are provided to. Responsibility of employees, volunteers and Board members are stated in both Codes of Conduct. What the values mean in terms of providing a service, as a representative of My Place, is included in induction for all staff. |
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## Service profile

| Service profile | |
|---|---|
| **Service description (in brief)** | |
| The services provided | My Place provide community and in-home support to 393 consumers through a range of service models. Consumers may receive support through one or more of these programs delivered in metropolitan Perth, the Southwest and Great Southern areas:<br>• Flexible Support: a range of support services provided in-home or in the community at planned times and for the amount of time required by the consumer.<br>• Shared Coordination: My Place coordinate services and employ the staff who provide in-home and community support.<br>• Homesharer: consumers live with a compatible host family and share their home; host families are not |

| | |
|---|---|
| | employees of the service. My Place assess, provide training, support and monitor host families. |
| | • Mentoring: mentor support for consumers who live independently and require decision-making support or assistance to engage with the community. |
| | • Shared Management: consumers manage their own services and support workers with assistance as required from My Place, who also administer the funds. |
| | • Self-Management: consumers manage their own services and support workers including selection, recruitment, payroll, insurances and workplace safety. My Place conducts financial transactions and maintains and provides financial records to the consumer. |
| The resources | • The programs (in scope) represent $44.5M of funding attained through NDIS, WA NDIS and Disability Services (Department of Communities) funding streams. |
| | • The organisation's head office is located at 17 York Street, Subiaco and is the administration hub of the service. Team Leaders and coordinators work from home and in the community. Workstations, meeting rooms and operational support is available at head office for all staff. |
| The people using services | • The organisation uses the term **consumers** to refer to individuals with disability, family member/s of individuals with disability and carers. |
| | • Consumers accessing services have a range of support needs from independent living support to complex full-time support. Service options include flexible support of a few hours per week through to 24/7 support. Services are provided 1:1 in all service models. |
| | • Consumers currently accessing services are aged from 4 to 81. Children and young people accessing services may also be funded by the Department of Child Protection and Family Support (Department of Communities) and were only included in the evidence gathered for this evaluation where relevant in-scope funding was received for their support. |

| Consultation | |
|---|---|
| **Statistics** | |
| Number of visits to group homes | 0 |
| Number of individuals with disability observed during visits | 3 |
| Number of visits to private homes | 1 |
| Number of met/interviewed individuals with disability | 3 |
| Number of met/interviewed family/carers/friends/advocates/guardians | 5 |
| Number of telephone interviews or emails with individuals with disability | 13 |
| Number of telephone interviews or emails with family members/carers/ friends/advocates/guardians | 33 |
| Number of individual files/plans reviewed | 25 |
| Number of complaints reviewed | 7 |
| Number of serious incident reports reviewed | 3 |
| Number of staff meetings attended | 0 |
| Number of staff consulted | 24 |
| Number of external stakeholders consulted | 0 |

# Summary of findings

| Assessment of compliance with the Standards |
| --- |
| **Policies and Procedures (P&P) and Indicators of Practice (IoP)** |

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

- For every Standard, the *Assessment summary* provides an overarching statement of the organisation's compliance; highlights good practice; and notes where there is opportunity for service improvement or a matter for the service provider's consideration.

- For every Standard, the *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP.

- **Yes:** the IoP describes and affirms the organisation's positive focus and evidence of appropriate practice.

- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and practice and identifies where a Standard is not met resulting in a Required Action **(RA)**; or a Service Improvement **(SI)**; or an Other Matter **(OM)** for the organisation's consideration.

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

- The Legend identifies the sources of evidence that the evaluator has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence.

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

**Standard 1: Rights**

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

**Assessment summary against Standard 1: Rights**

**Standard 1 is met.**

Documented processes are in place outlining how the service will respect and promote consumers' rights, and staff and manager discussions indicated rights are promoted and upheld. Information about rights is provided to consumers and families at commencement of service, and the responsibilities of the service and consumer are outlined in service agreements signed by both parties. Consumers and guardians advised they receive additional information in areas of interest, or updates about what is happening by email or phone and had attended My Place meetings about the transition to NDIS. Consumers accessing shared management support provided additional examples of information received including technical support, budget management, staff management and upcoming conferences.

A theme of 'consumer choice' was evident throughout the assessment and the examples of supported decision-making provided by staff and managers, particularly in the mentor program, indicated their understanding of dignity of risk balanced with duty of care. Consumer feedback consistently indicated people felt respected and were encouraged to direct their services and make decisions about planning.

The service supports consumers with complex needs; and processes are in place to access behaviour support consultants to develop plans and strategies to support consumers with behaviours of concern. Managers advised that consumers, families, staff and coordinators are involved in behaviour support planning; and where plans are in place, data recordings of behaviour are documented, and behaviour support plans are reviewed annually. Staff discussions demonstrated awareness of positive behaviour support principles and restrictive practice guidelines.

The service has preventative measures in place to provide a safe environment. These include recruitment processes with reference and probity checks, induction, probation periods and specific training and buddy shifts for staff to understand individual consumers' needs and supports; and ongoing supervision is also provided. The consumer training program developed by the service, 'Understanding Crime', educates and empowers consumers to recognise and respond to risk and how to speak up if something is not right. Information about advocacy services is available and numerous examples were provided of consumers and families being supported to access these services. Consumer and family discussions confirmed they receive information about rights and that the service had explained the information to support understanding. Consumers are aware of how to raise concerns and indicated they

were comfortable to do this with staff, and that staff were responsive in addressing any issues promptly and thoroughly.

| Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
|---|---|---|
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 1 (stated in 'Standard for service' above): | Yes | 1 |
| **Indicators of Practice (IoP)** The organisation implements its policies and/or procedures for Standard 1 | | |
| **1:1** The organisation, its staff and its volunteers treat individuals with dignity and respect. | Yes | 1,2,3,8 |
| **1:2** The organisation, its staff and its volunteers recognise and promote individual freedom of expression. | Yes | 1,2,3,8 |
| **1:3** The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities. | Yes | 1,2,3,8 |
| **1:4** The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review. | Yes | 1,2,3,8 |
| **1:5** The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence. | Yes | 1,2,3,8 |
| **1:6** The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured. | Yes | 1,2,3,8 |
| **1:7** The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy. | Yes | 1,2,3,8 |
| **1:8** The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability. | Yes | 1,2,3,8 |
| **1:9** The organisation keeps personal information confidential and private. | Yes | 1,2,3,8 |

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

| Standard 2: Participation and inclusion |
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| Standard for service: **The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.** |

| Assessment summary against Standard 2: Participation and inclusion |
| --- |
| **Standard 2 is met.** |
| The organisation works with consumers and families from the initial point of contact to understand the person's needs, interests and aspirations. Coordinators and managers explained My Place support and encourage consumers in their roles to be creative with support options and use their initiative to develop and coordinate service options which recognise the person's unique needs and interests. Consumer records reviewed, as well as discussions with consumers, staff and managers provided a range of examples of people being supported to pursue education, work and other activities in the community. Discussions with consumers and families confirmed the individualised, creative approach the service implements; with one family describing the micro businesses they had established with their son/daughter and how My Place support assists with this unique program.

Coordinators demonstrated knowledge and connections with community groups and activities and provided examples of researching and sourcing opportunities of interest for individual consumers, and of encouraging family involvement as appropriate with the consumer's needs a priority. Examples included consumers being actively supported to transition from the family home to independent living and demonstrated how the coordinator worked with challenging family dynamics and relationships to make this happen.

The service currently supports a small number of Aboriginal consumers and staff who work with them and their families demonstrated respect for the person's family, community and cultural influences. My Place senior managers are actively involved in sector groups and networks and are establishing a working partnership with Wungering Aboriginal Corporation. |

| Statement of qualitative evidence | | |
| --- | --- | --- |
| Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 2 (stated in 'Standard for service' above): | Yes | 1,2,3,8 |
| **Indicators of Practice (IoP)** | | |

| The organisation implements its policies and/or procedures for Standard 2 | | |
|---|---|---|
| **2:1** The organisation actively promotes a valued role for people with disability, of their own choosing. | Yes | 1,2,3,8 |
| **2:2** The organisation works together with individuals to connect to family, friends and their chosen communities. | Yes | 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. | Yes | 1,2,3,8 |
| **2:4** Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation. | Yes | 1,2,3,8 |
| **2:5** The service works in partnership with other organisations and community members to support individuals to actively participate in their community. | Yes | 1,2,3,8 |
| **2:6** The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people. | Yes | 1,2,3,8 |

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

> **Standard 3: Individual outcomes**
> Standard for service: **Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.**

| Assessment summary against Standard 3: Individual outcomes |
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| **Standard 3 is met.** |

The organisational structure allows for a 1:12 ratio of coordinator to consumer and coordinators are the lynch-pin between the organisational process and direct service to the consumer. This model ensures that the coordinators who coordinate, plan, review, monitor and report on services provided, are closely involved with the consumer and their family, where appropriate, and are aware of all aspects of service provision to the consumer. The coordinators' relationships with and understanding of the people they support was evident through discussion; and intimate details of the consumer, their interests, needs and challenges were discussed with no need to reference notes or records.

Service planning is client-driven, and goals are established to reflect the consumer's unique needs and interests. Goals were demonstrated through review of progress reports to be flexible and responsive to the consumer's change in needs and circumstances. Records of service planning, review and progress towards goals, as well as critical details or alerts to individual support needs, are maintained by coordinators on iPlace/Dropbox and communicated to personal assistants (direct support staff) through buddy shifts, team meetings, email, conversations and Whatsapp. Whatsapp is being used as a team communication method and provides current updates of consumer supports from personal assistants (PA) as well as information from coordinators to support service delivery; where appropriate, the consumer is part of the team who access this tool. Consumer planning records and information are maintained, and the service is currently reviewing and establishing protocols to ensure consistent storage and access processes are implemented by each team.

The organisation's person-centred approach to service planning and delivery and the hands-on approach by coordinators was reported by consumers and families as very positive and effective. Consumers felt in charge of their service, that My Place really knew and cared for them and said they could contact the coordinator at any time for anything. One family visited provided an example of the coordinator working all weekend to arrange emergency respite support for a consumer due to the parent being hospitalised. The family said they have accessed and do access other services, but My Place is the best and always support them when there is a problem.

| Statement of qualitative evidence<br>Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
|---|---|---|
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 3 (stated in 'Standard for service' above): | Yes | 1,2,3,8 |
| **Indicators of Practice (IoP)**<br>The organisation implements its policies and/or procedures for Standard 3 | | |
| **3:1** The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals. | Yes | 1,2,3,8 |
| **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. | Yes | 1,2,3,8 |
| **3:3** The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes. | Yes | 1,2,3,8 |
| **3:4** Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors. | Yes | 1,2,3,8 |
| **3:5** The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs. | Yes | 1,2,3,8 |

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

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

| **Assessment summary against Standard 4: Feedback and complaints** |
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| **Standard 4 is met.** |
| Feedback and complaint processes are documented and information about these processes is provided to consumers in the 'Getting it Right' brochure which is also available at service locations. Information about feedback and complaints is included in intake information and service agreements and is also explained to consumers and families to support understanding. Information available includes contact details for external complaint mechanisms.<br><br>Feedback from consumers and families is managed by coordinators and records of feedback is maintained in consumer files. Examples were provided of consumer feedback being received and how the service supports, or processes, were adjusted to respond to the identified need. Feedback is collected throughout service provision and engagement with the consumer and family; is shared or discussed with personal assistants individually, as required, and reviewed at team meetings.<br><br>Complaint processes indicate complaints are recorded, responded to and resolved in a timely manner with the complainant informed throughout the process. The Managing Director is informed of all complaints received, and monitors or is actively involved as required, in the resolution or investigation of complaints. Data gathered through this mechanism is reviewed and areas for improvement or change are identified. Data is reported to the Governance Committee for further review and to the Board as required.<br><br>A range of continual improvement examples informed by consumer feedback or complaints were provided and consumers and families advised they felt confident to raise any concerns with staff or coordinators, with one family stating, "There are no improvements required; but if I wanted something changed, I know My Place would change it." |

| **Statement of qualitative evidence** | | |
|---|---|---|
| Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 4 (stated in 'Standard for service' above): | Yes | 1,2,3,8 |
| **Indicators of Practice (IoP)** | | |

| The organisation implements its policies and/or procedures for Standard 4 | | |
|---|---|---|
| **4:1** Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences. | Yes | 1,2,3,8 |
| **4:2** Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates. | Yes | 1,2,3,8 |
| **4:3** Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner. | Yes | 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. | Yes | 1,2,3,8 |
| **4:5** The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community. | Yes | 1,2,3,8 |
| **4:6** The organisation effectively manages disputes. | Yes | 1,2,3,8 |

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

**Standard 5: Service access**

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

| Assessment summary against Standard 5: Service access |
|---|
| **Standard 5 is met**. |
| Access and exit of service processes are documented and include information about criteria and conditions of service. Information about service access is available in brochures and on the website and can be provided in an alternate accessible format as required. Access to the service was reported to be through sector referral and self-referral. Examples of self-referral provided by consumers and families indicated this is often initiated through recommendation by a friend or other service providers. Consumer and family discussions indicated the service was responsive to their enquiries and were provided information about the range of services available.<br><br>The service does not maintain a waitlist and where capacity or resources are not available to support the consumer's identified needs, referral information is provided to alternative services. Documented processes and discussions with senior managers indicate the service assesses and understand the consumer's support needs and expectations to ensure this is compatible with the scope of service and supports available. Consumer exit from or entry to the service is supported with staged transition to assist the consumer through the change of service or support option.<br><br>Enquiries for service access are directed to the relevant manager for initial discussion and assessment of needs. The management team meet and review enquiries to ensure the service has capacity and resources available for service provision. The senior manager and Board member discussions demonstrated the service has a clear strategy to sustain the size of the service in this current climate of change, with a focus of supporting their consumers to transition to the NDIS. As explained by one of the team, "We do not just have 400 people to transition to NDIS, we have 400 individual plans and people to be supported through this process", and the service has identified individual staff as a resource to assist consumers with their transition. |

| Statement of qualitative evidence | | |
|---|---|---|
| Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 5 (stated in 'Standard for service' above): | Yes | 1,2,3,8 |
| **Indicators of Practice (IoP)** | | |

| The organisation implements its policies and/or procedures for Standard 5 | | |
|---|---|---|
| **5:1** The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent. | Yes | 1,2,3,8 |
| **5:2** The organisation provides accessible information in a range of formats about the types and quality of services available. | Yes | 1,2,3,8 |
| **5:3** The organisation develops, applies, reviews and communicates commencement and leaving a service processes. | Yes | 1,2,3,8 |
| **5:4** The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists. | Yes | 1,2,3,8 |
| **5:5** The organisation monitors and addresses potential barriers to access. | Yes | 1,2,3,8 |
| **5:6** The organisation provides clear explanations when a service is not available along with information and referral support for alternative access. | Yes | 1,2,3,8 |
| **5:7** The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network. | Yes | 1,2,3,8 |

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

**Standard 6: Service management**
Standard for service: **The service has effective and accountable service management and leadership to maximise outcomes for individuals.**

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

**Standard 6 is met.**

Opportunities for improvement have been identified within Standard 6 and the majority of these findings relate to the record storage protocols currently being implemented. My Place has identified this as an area for improvement, and the initial plan for this was reviewed during the assessment and indicated consistent process and protocols are being developed for record storage and access.

The flat management structure of My Place requires coordinators to be responsible for leading support teams and be closely involved in the service provision to consumers. Reporting processes are in place for line managers to monitor service provision; and team meetings and whole of organisation meetings are conducted where information, training and sector updates are provided. Staff and manager feedback was positive and demonstrated staff are supported by their line manager and colleagues and have access to relevant professional development. Comments included, "We (coordinators) have autonomy within the My Place guidelines and are encouraged to be creative and innovative to plan supports that really meet the person's needs and make a difference in their life."

Human resource processes include formal and informal supervision, and annual appraisals. Police Clearances and Working with Children checks (as required) are maintained and monitored for currency and selection and recruitment includes reference checks. The training team provide induction training, and where specialist support is required to meet a consumer's individual health and wellbeing needs, training is available to staff and record of this is maintained on iPlace.

The organisation supports people with complex needs and behaviours of concern and positive behaviour support training, including information about restrictive practice, is provided to staff and included in induction training. Managers advised the organisation has reviewed behaviour support planning processes and commenced planning for the NDIS increased recording, monitoring and reporting requirements of restrictive interventions.

Work health and safety processes are in place and included in induction training for staff. Financial risk management processes reviewed indicate financial reports are reviewed by the Audit and Governance Committee regularly, as well as reported to the Board at staged intervals. An external audit is undertaken of the service annually. Performance monitoring mechanisms, such as complaints and incidents, are reviewed for improvement opportunities to be identified and actioned.

My Place is an innovative and contemporary service provider that responds to the individual needs of consumers. The organisation facilitates a consumer driven service and all discussions with staff and managers evidenced the consumer centred approach is embedded in the culture of the organisation. This theme was reflected in the overwhelmingly positive feedback received from consumers and families.

| Statement of qualitative evidence Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant. | | |
|---|---|---|
| **Policies and Procedures (P&P)** | **Yes/No or N/A** | **Info Source** |
| The organisation has policies and/or procedures that support the key elements of Standard 6 (stated in 'Standard for service' above): | Yes | 1,2,3,8 |
| **Indicators of Practice (IoP)** The organisation implements its policies and/or procedures for Standard 6 | | |
| **6:1** Frontline staff, management and governing bodies are suitably qualified, skilled and supported. **Reason for finding** <ul><li>A range of training and professional development opportunities are provided by the service and staff are supported to access external/relevant training.</li><li>Records of individual staff training and professional development is maintained by coordinators or the training department, not centrally stored to enable access by others when required.</li><li>Lack of centrally located records poses the risk of staff skills and qualifications not being known or recognised to inform human resource planning and staff allocations. **(See SI 1)**</li></ul> | No | 1,2,3,8 |
| **6:2** Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements. **Reason for finding:** <ul><li>Behaviour consultants are engaged by the service to develop Behaviour Support Plans (BSP) where consumer need is identified; and those plans are developed with support team input as appropriate and maintained by coordinators on Dropbox for access and discussion with team members.</li><li>Managers spoken with were not aware of the number of consumers who currently have restrictive interventions</li></ul> | No | 1,2,3,8 |

| | | |
|---|---|---|
| and consumer records reviewed on iPlace did not include BSPs in the 'critical details' tab.<br>• It is acknowledged that the service has commenced the review of services to prepare for NDIS and the audit, as part of that review process, should be prioritised to ensure positive behaviour support strategies and other supports are based on minimal restrictive options and that restrictive interventions are not being inadvertently practiced by staff **(see SI 2)**. | | |
| **6:3** The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.<br>**Reason for finding**<br>• Managers advised risk assessment is undertaken of consumers and their homes on commencement, buddy shifts are undertaken with new staff and coordinators advise staff of identified and potential risks. Individual consumer risks and alerts are recorded in iPlace at 'critical details'.<br>• Consumer risk assessments undertaken, however are not documented. Staff are advised to exit locations where they are unsafe, however this strategy is not documented in procedure for reference by staff.<br>• This poses a potential risk for staff if risk assessments and processes are not documented to enable them to appropriately respond. **(See SI 3)** | No | 1,2,3,8 |
| **6:4** The organisation has monitoring feedback, learning and reflection processes which support continuous improvement. | Yes | 1,2,3,8 |
| **6:5** The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice | Yes | 1,2,3,8 |
| **6:6** The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.<br>**Reason for finding**<br>• Feedback from homesharers and consumers who live with host families, as well as their family, was largely very positive and people felt supported in their capacity as a host and as a consumer. Information is shared between the host and coordinator and guidelines indicate these parties meet at four to six-weekly intervals. | No | 1,2,3,8 |

| | | |
|---|---|---|
| • However, feedback indicates coordinator/homesharer meetings in some cases were infrequent and/or were interrupted by coordinators other responsibilities. <br> • Infrequent or ineffective meetings between these parties' poses the risk of information not being shared and homesharers not feeling supported. **(See SI 4)** <br> **Reason for finding** <br> • Consumer records are maintained on iPlace and Dropbox. The service is currently reviewing the record storing protocols to ensure relevant information is stored and available to inform consumer service provision. Progress reports provided by coordinators during the assessment are detailed and directly related to the person's goals and supports provided to achieve the desired outcomes. <br> • Dropbox filing systems reported by managers and coordinators were, however, inconsistent between teams and included examples of consumer records being saved on individual coordinators desktops. Homesharers advised some records relating to consumers' health and wellbeing were not retained by coordinators for storage and access in consumer files, and one family advised protocols for communication with them had not been followed. <br> • Storage and access to information to monitor, provide and plan consumer services can be compromised through inconsistent data storage and risks the loss of consumer information. **(See SI 5)** | | |
| **6:7** The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision. | Yes | 1,2,3,8 |

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

## Acknowledgments

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

## Further information

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:
http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system
For further information about this report, please contact the Quality and Evaluation team: quality@dsc.wa.gov.au

## Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.

- The assessment involves a reliance on observation, feedback, and written records provided by the organisation as sources of evidence. The accuracy of written records cannot always be completely verified.

- The assessment will involve the Team Leader Evaluator sourcing evidence and seeking feedback from relevant stakeholders. On some occasions, information gathered may not reflect the circumstances applying over the whole group.

- Some issues or required improvements within the organisation may not have been identified due to the time available during the assessment.

## Confidentiality statement

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

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