

# Quality Evaluation Report

Version 1:3, February 2016

## Assessment against the National Standards for Disability Services

<b>Disability sector organisation:</b>	<b>BGSR Pty Ltd Supported Accommodation Service</b>
Service point name:	Whole organisation
Outlet names:	Accommodation Support Service Axxx Rd Bxxxx Street Group Home Cxxx Rd Community Living Support Kxxxx Gardens Kxxxx Road Duplex Individualised Support Jxxxx Way Group Home Sxxx Avenue Units Sxxx Court group Home Policies & Procedures
Director:	Sue Rutherford
Final report date:	8 August 2016
Evaluation team:	Ross Boaden, Tania Sagggers-Clarke

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

### Further information

Please contact the Quality and Evaluation team.

Contact details:

Quality and Evaluation

Disability Services Commission,

146 - 160 Colin Street, West Perth WA 6005

Phone: 9426 9200

[quality@dsc.wa.gov.au](mailto:quality@dsc.wa.gov.au)

## Contents

<u>Part A: Executive summary</u> .....	3
<u>Introduction</u> .....	3
<u>Summary of findings</u> .....	5
<u>Part B: The Standards</u> .....	7
<u>Standard 1: Rights</u> .....	8
<u>Standard 2: Participation and inclusion</u> .....	11
<u>Standard 3: Individual outcomes</u> .....	13
<u>Standard 4: Feedback and complaints</u> .....	16
<u>Standard 5: Service access</u> .....	18
<u>Standard 6: Service management</u> .....	20
<u>Appendix 1: Definitions</u> .....	24
<u>Disclaimer</u> .....	26

## Acknowledgments

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

## Part A: Executive summary

### Introduction

This report describes the findings of the evaluators who visited BGSR in June and July 2016 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 13 June and the evaluators visited the service again on 29 June, and 19 and 19 July. An exit meeting was held on [TBA].

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

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

Service profile	
Service description	
The services provided	BGSR was established in 2007 and provides services in two broad areas. 'Accommodation Support' includes provision of extensive (usually 24/7) support to people in group or cluster home arrangements. 'Individualised Support' refers to a smaller amounts of flexible supports to enable people to live in their own homes (including family and host family situations), and to participate in their chosen community activities.
The resources	<p>Direct service is provided by 90 Support Workers (comprising full time, part time and casual positions). Management and related support is based at the Mount Lawley head office, this team comprised of: two Directors, one Manager, six Coordinators, and two part time administrative positions.</p> <p>There are no standardised fees for service, such as board and lodging or transport. Rather, each client pays their own expenses in line with members of the broader community, such as in paying their share of household bills.</p>
The people using services	These services are used by a total of 114 people with disabilities, who have varying support needs, and whose ages range for seven to 77.

### Consultation

<b>Statistics</b>	
Number of visits to group homes	6
Number of individuals with disability present in group homes during visits	21
Number of visits to private homes	4
Number of interviews with individuals with disability	17
Number of interviews with family members / friends / carers / advocates	3
Number of telephone interviews or emails with individuals with disability	9
Number of telephone interviews or emails with family members / friends / carers / advocates	3
Number of individual files / plans reviewed	16
Number of complaints reviewed	7
Number of staff meetings attended	0
Number of staff consulted	18
Number of external stakeholders consulted	0

## 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:

<b>Assessment against the Standards</b>	
<b>Standard</b>	<b>Assessment</b>
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 GPs inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.

Business practice/s	<ul style="list-style-type: none"> <li>The revised staffing patterns that have resulted in fewer but longer shifts for Support Workers, resulting in benefits to staff and clients.</li> </ul>
Other good practices noted	<ul style="list-style-type: none"> <li>A personal chart that has name, medical condition, medication, Drs' and Specialists' details and how the client communicates have been set up for clients, along with a communication aid. This is sent with clients if they are taken to hospital and provides hospital staff with a snap shot of the client. This has been utilised recently and feedback was extremely positive from the hospital staff.</li> </ul>

### Required Actions (RA)

If/where noted during a Quality Evaluation, RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the 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.

No	Standard	RA statement	Compliance date
1.		There were no required actions identified.	

### Service Improvements (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.

No	Standard	SI statement
1.		There were no service improvements identified.

### 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. 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.

- **(P) proposed:** not existing and yet to be developed
- **(E) existing:** currently in place
- **(R) under review:** in place and scheduled for review
- **(NA) not applicable:** not relevant

The service point has the following policies and / or procedures for:

- |   | P | E | R | NA |
|---|---|---|---|----|
| • 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

- Clients expressed satisfaction with staff, were treated with dignity and respect and made their own decisions.
- Some clients said that they go out when they choose and are supported by staff as need be.
- All clients indicated satisfaction with the supports they receive, and with the differences this makes to their lives at home and community. No points of dissatisfaction were expressed, aside from the one exception in the following point.
- One client expressed strong dissatisfaction with numerous aspects of the organisation, support provided, living environment and general lifestyle, all of which were reviewed by an evaluator who investigated all sources of related evidence (observations, stakeholder consultations and documentation reviews). Following this process, it was considered that no recommendation is needed, as set out at the last dot point of the following sub-section.



- There were no indications of unnecessary restrictions in clients' lives.
- Family members echoed the positive sentiments above, indicating high levels of satisfaction that their relatives were very well supported by caring staff.

### **Staff and management knowledge**

- Management and staff clearly demonstrated a commitment to upholding clients' rights in all areas. A frequent expression of this was in the description of the houses being the clients' homes, and that they should fully participate in all aspects of home life, with support as needed.
- Staff gave examples of how they maintained clients' privacy and confidentiality. This included not disclosing or discussing information around other clients and only discussing personal matters with relevant and appropriate staff.
- They also spoke of rights for clients who had extremely challenging and aggressive behaviour. In some instances activities may be limited for personal safety of the client.
- A small number of needed restrictive practices or limited-access areas were observed, about which staff and management provided full explanations.
- In general, there was a very good level of awareness of supporting clients in the least restrictive way, often in the form of subtle prompts in order to maintain and enhance clients' sense of home ownership and levels of independence.
- Management and staff described several scenarios that demonstrated strong advocacy with regard to external stakeholders. Examples of this were for access to new, or improvements in existing, work and other day activity services.
- Regarding the client's feedback of dissatisfaction noted above, the relevant Coordinator and both Directors provided a great deal of information, verbally and through documentation, demonstrating a thorough address of this person's very complex needs. Features of this included:
  - several years of demonstrated strong commitment to providing greatly improved housing and supports than had previously been in place;
  - extensive engagement with a wide range of stakeholders relevant to the client's many specific and challenging needs;
  - excellent breadth and depth of knowledge of the client's background, broader life factors (e.g. past employment, family relationships, previous living arrangements, and so on), and specific needs and strategies to address these;
  - regular provision of time and supports that extend beyond the client's funding allocation;
  - in addition, existing processes specifically related to behaviour supports were further strengthened during the period of the quality evaluation.

### **Observations**

- Many observations of management and staff interactions with, and support to, clients were observed. These were, without exception, fully respectful, supportive and friendly. A strong personal rapport was often evident.
- The atmosphere at the homes visited by the evaluators was experienced as being natural, homely and relaxed.
- A strong sense of the homes being owned by the clients (regardless of ownership/lease/tenancy arrangements) was evident. The homes were well

decorated and furnished with personal items, and freedom of client movement and participation were observed.

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

- A strong emphasis on themes relevant to this Standard was evident in induction and staff training topics.

### **Assessment against the Standard**

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 1: Rights</b>	<b>Met</b>

## Standard 2: Participation and inclusion

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

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

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p><b>Feedback from individuals with disability, their families, friends, carers and advocates</b></p> <ul style="list-style-type: none"> <li>• Clients spoke of up and coming events that they had planned and this included the movies and a family gathering at the local tavern.</li> <li>• Clients interested in sports had opportunities to attend local sports venues and watch the games live.</li> <li>• Clients with special interests such as hair, facials and manicures had regular appointments set up locally and staff supported them to attend these outings.</li> <li>• They indicated satisfaction with their lifestyles, in areas including work, day programs, outings and activities supported by staff, and one-off activities such as local walks and shopping.</li> <li>• Families confirmed that their relatives receive good support to maintain busy and fulfilling lifestyles.</li> </ul>
<p><b>Staff and management knowledge</b></p> <ul style="list-style-type: none"> <li>• Management and staff demonstrated a strong commitment to maintaining and, where appropriate, building on clients' range of community activities and relationship networks.</li> </ul>

- They showed a particularly strong commitment to, and knowledge of, family relationships.
- Staff actively support clients' relationships with their friends, advocates and families, such as by celebrating special occasions including birthdays, and making sure they are welcome to visit any time.
- Staff spoke of clients who had recently lost loved ones and how they provided support and reassurance during these sad times that included visiting family and friends as often as possible.
- Efforts to maintain clients' long-standing friendships with clients' in other homes or service areas were also described.
- A computer was organised for a client who could utilise skype and email to maintain contact with family and friends.
- Staff descriptions of clients' days and weeks (along with other sources of information) indicated excellent planning and support to enable each client to have a suitably busy and fulfilling lifestyle.

### Observations

- Many observations were made of clients going out to, or returning from, work and other community activities.
- There were also observations made of good efforts by staff to use any free time that became available to create community participation opportunities, such as for local walks or short trips out to a shop or café.

### Critical documents, systems and processes

- Thorough planning and timetabling of clients' daily and weekly activities were noted, such as in documents and whiteboards in staff areas. This helps to ensure coordination of the array of activities in areas including work, day programs, regular outings and activities, appointments, family visits and so on.
- Goals and strategies concerning community participation and relationships were prominent in Lifestyle Plans.

## Assessment against the Standard

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 2: Participation and inclusion</b>	<b>Met</b>

## Standard 3: Individual outcomes

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

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

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p><b>Feedback from individuals with disability, their families, friends, carers and advocates</b></p> <ul style="list-style-type: none"> <li>• Clients confirmed they participated in their plans and were supported by their family who also contributed.</li> <li>• Some also commented that they choose the things they want to do or explore, and talk about such things with staff any time they like.</li> <li>• Most families described full participation in Lifestyle Plan review meetings, as well as good levels of consultation and ongoing planning discussions.</li> <li>• Feedback from one family indicated that they had a great relationship with one Coordinator but not so great with another. This was due to the family not being included or fully consulted when decisions are made and on one occasion when a client went on holiday and requests were made for information, nothing was received by the family. The family has raised this as a complaint and has not had a response. As a one-off comment, no recommendation is made here, but the point is presented for management's consideration.</li> </ul>
<p><b>Staff and management knowledge</b></p> <ul style="list-style-type: none"> <li>• Staff demonstrated a good depth of knowledge and understanding of each client and their goals, interests, likes and dislikes.</li> </ul>

- Staff also recognised and acknowledged the role of families and friends regarding ongoing planning, and encouraged clients to keep in contact with them.
- A great many outcomes were described, including: several examples of improved health, particularly through attention to diet and exercise, and significant weight loss for some; increased cooking skills; independence in the use of public transport; entry to further education, and voluntary and paid work roles; increased skills related to self-help and independence; increased confidence; increased communication and 'expressiveness'; increased volition for and involvement in household and community activity; and decreased number and severity of challenging behaviours for several clients.

### **Observations**

- Staff were frequently observed providing encouragement to clients to share and talk about their interests and supports. Clients and staff have a good relationship in how they speak to each other, evident in the tone of their voice and smiles.
- Many observations were made that confirmed a high degree of client involvement in household activity and responsibilities. Observations were only feasible in the Accommodation Support area, and not in the Individualised Support area (for which consultations were the primary form of information gathering).

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

- The central planning document is the 'My Lifestyle Plan', and those reviewed showed excellent attention to breadth, depth and detail of contents; were personalised, such as being written in the first person where appropriate; and confirmed engagement with a wide range of relevant stakeholders.
- The broader client files were likewise thorough and well presented, containing such information as behaviour and other specific support plans, financial and support information, profile information, safety and safeguarding information, among other material.
- For those clients who live in their own homes and/or utilise smaller amounts of flexible funding and support, an abbreviated My Lifestyle Plan template is used.
- For clients who had transitioned from other organisations to BGSR, relevant background, profile, support and other documentation had been gathered and was included in client files alongside current BGSR documentation.

### **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 100% met basic qualitative and outcomes criteria.

### **Plans consider and document individual choices**

- These are reflected in sections such as goals, strategies interests and strengths, all of which were personalised.

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

- Information on funding is contained in client files and/or at head office, rather than within individual planning templates. Provision of this information depends on the nature of services used and clients' and families need for or interest in this. Those

in various forms of self- or shared-management, for example, generally make greater use of this information than those in more 'fixed' group living arrangements.

- Extensive information on agreed supports and safeguarding measures was evident in individual plans.

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

- Monitoring is carried out regularly and reviews are conducted six monthly.
- Clients' individual progress is captured in a daily report, and staff advised that this information is used when reviews occur.

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

- The personalised nature of plans' contents was confirmed through discussion with all stakeholders.

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

- As noted elsewhere, high levels of satisfaction with supports provided were conveyed by clients and families.

**Assessment against the Standard**

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 3: Individual outcomes</b>	<b>Met</b>



## Standard 4: Feedback and complaints

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

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

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p><b>Feedback from individuals with disability, their families, friends, carers and advocates</b></p> <ul style="list-style-type: none"> <li>• Clients said they had no issues as the staff were all good people and took care of them. They also added that if there was an issue, they would not hesitate to raise it directly with them or with management.</li> <li>• Families said they were thankful for the staff that they had and mentioned that staff stayed and they appreciated that as well.</li> <li>• They expressed full confidence and comfort in their ability to raise and have resolved any issues of concern with staff and management.</li> </ul>
<p><b>Staff and management knowledge</b></p> <ul style="list-style-type: none"> <li>• Staff demonstrated their awareness of the process for providing feedback, both good and bad. They said they encouraged clients and families to provide feedback as it helped improve services.</li> <li>• Management said if there was an issue, it would be flagged with them and addressed immediately. Most issues were described as being resolved on the spot or within an existing shift.</li> </ul>
<p><b>Observations</b></p> <ul style="list-style-type: none"> <li>• Observations strongly indicated an open and supportive atmosphere for the exchange of views and raising of issues.</li> </ul>



- Staff were observed seeking feedback from clients, and at one location with a family, and having positive discussions together.

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

- The 'Complaints' file was reviewed and showed a well-organised approach to the address of more serious issues raised that required formal address, such as through direct management involvement and various correspondence.
- The BGSR website provides information about getting in touch by phone, email or calling in to the office, as well as providing an online comments form; and information on the use of the Complaints Form for anyone wishing to use this.

### **Assessment against the Standard**

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 4: Feedback and complaints</b>	<b>Met</b>

## Standard 5: Service access

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

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

Qualitative information
<p>This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.</p>
<p><b>Feedback from individuals with disability, their families, friends, carers and advocates</b></p> <ul style="list-style-type: none"> <li>• Clients and families were aware of what services and supports were available and how to access these.</li> <li>• Clients said they enjoyed living on their own, or with a friend of their choosing, and having their independence. Staff provided further details confirming that good support to ensure clients had access to the best feasible housing and support to suit their needs.</li> <li>• Families spoke of having been provided with ample information on entry to the organisation, and that there is always useful information being provided by staff and management, as well as on request.</li> </ul>
<p><b>Staff and management knowledge</b></p> <ul style="list-style-type: none"> <li>• Staff knew there were processes to assist clients and families to access other services and supports and if they had any queries, they would flag with the Coordinators.</li> <li>• Staff were also familiar with a range of other services and supports available in the community, and have very frequent contact with these, including work and day activity programs, and health and medical resources.</li> <li>• Management described recent scenarios of clients and families entering and leaving the organisation, through which very thorough and personalised approaches were demonstrated.</li> </ul>

## Observations

- N/A.

## Critical documents, systems and processes

- The review of clients' Lifestyles Plans and related documents, and client files, confirmed a great many external organisations, services and resources are engaged with, and sought out when new options are needed.
- Coverage of issues related to eligibility, entry and exit is provided on the BGSR website.

## Assessment against the Standard

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 5: Service access</b>	<b>Met</b>

## Standard 6: Service management

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

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

## 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:

	M	NM	NA
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	X		
• National Police checks are regularly updated for Board members, staff, volunteers and contractors.	X		
• The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor.	X		
• Board members, staff, volunteers and contractors have Working with Children clearances as appropriate.	X		
• The service has an emergency evacuation plan.	X		
• The service regularly practices its emergency evacuation plan.	X		
• The service keeps records of evacuation trials.	X		
• The administration of medication occurs as detailed in the policies and procedures instructions.	X		
• The buildings are maintained in a condition that does not pose a risk to staff and service users.	X		
• Regular work health safety audits are undertaken to identify and address potential safety hazards.	X		
• A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable.	X		
• There is a current record of staff training in the implementation of policies, procedures and practices.	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 families were comfortable to ask for copies of policies and procedures if they needed them.
- All families and clients described being fully confident that BGSR is well managed and organised.
- Families praised its systems and practices such as regarding planning, general communication, the quality of staff training and staff competence in general, and health and safety matters.
- Clients also indicated full trust in and a good rapport with management, as well as their Support Workers.
- A small selection from among the many positive comments made: “The services and supports provided by staff are really amazing, they make [client name] feel like a normal human being. Can’t thank them enough”; “We have constant contact with [the Directors], any problems are quickly sorted”; “Coming to BGSR has been such a relief...like a big load lifted from my shoulders”; “They do a good job; loving, kind and thoughtful staff”; and “It’s a lovely, well-organised home”.

### **Staff and management knowledge**

- Senior management have extensive direct support and management experience in the disability sector, and they demonstrated excellent competence, commitment, sector networks, and knowledge of issues in the lives of clients and families.
- Staff at all levels were also impressive. They expressed a liking of the organisation and their roles, a genuine commitment to their clients and families, and excellent competencies relevant to their roles.
- All staff interviewed said they were supported very well by management and the organisation. They gave examples of innovation and how they could bounce ideas they had with management, and how in turn management acknowledged them.
- Staff said they thoroughly enjoy the work they do and this is demonstrated through the collective years of staff. For example at one home, there are 68 combined years of sector experience.
- A Coordinator stated “Stability of staffing is a high priority in all of the homes”, a priority that the evaluators commend.

### **Observations**

- Support Workers, Coordinators, and senior management were observed at various times and places interacting with each other, and treating each other with mutual respect and openness.
- The homely and very well maintained appearance of the group homes and gardens was in keeping with the general high standards the evaluators encountered in all areas of the organisation.

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

- The BGSR website is very informative, including in many aspects reflecting the National Standards; and its Facebook page is regularly updated with information of interest.

- In general, lengthy tenure of employment and stability of staff teams were a feature, and a very positive aspect of the organisation and its services.
- An excellent staffing practice is of shifts and rosters having been reviewed with an outcome being longer shifts but more compressed work rosters, hence more consecutive days off. This has been not only to staff's satisfaction and possibly contributing to relatively low turnover, but has also eliminated the mid-afternoon shift handover and consequently enabled more usable time available to clients, particularly for community activities.
- A wide range of compulsory and optional staff training topics are covered in induction and ongoing training opportunities. There is also an emphasis on supporting staff to complete relevant qualifications at Certificates 3 and 4 levels.
- The induction process is especially comprehensive, and includes coverage of themes that address all aspects of the National Standards.

### Assessment against the Standard

<b>General statement</b>	<b>High standards are maintained in this area.</b>
<b>Standard 6: Service management</b>	<b>Met</b>

### Appendix 1: Definitions

Good Practices (GP)	Descriptors
<p>GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development.</p>	<ul style="list-style-type: none"> <li>• The organisation has a sound governance structure with written statements of their vision/mission, sound policies and procedures in place, a strategic plan; and evidence supports their ownership and compliance.</li> <li>• The organisation has managed and reported on financial and human resources activities well.</li> <li>• Continuous improvement is embedded within the organisation and demonstrates a planned approach to self-evaluation that is flexible and responsive to changing priorities.</li> <li>• The organisation demonstrates strong public accountability (websites, publications, public disclosure).</li> </ul>
Required Actions (RA)	
<p>RAs focus on the minimum satisfactory level of service and refer to action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of people with disability. They may also relate to legal requirements and duty-of-care issues as reflected in all the National Standards for Disability Services. RAs are a major gap in meeting Standards.</p>	<ul style="list-style-type: none"> <li>• There is a total breakdown of a system or procedure governed by applicable Standards.</li> <li>• There is a total absence of a requirement being addressed by the provider.</li> <li>• There is a failure to comply with the requirements of the Standards.</li> <li>• There are serious implications for individuals ('felony-like'; relating to individual rights, safety, wellbeing and dignity; legal requirements; duty of care issues).</li> <li>• The major gap represents a high risk to individuals.</li> <li>• Experience and judgement indicate there is a likely failure to assure quality services.</li> <li>• A number of long-standing gaps in the Standards are related to the same requirement.</li> </ul>
Service Improvements (SI)	



## Disability Services Commission: Quality System Quality Evaluation Report

<p>SIs identify actions to enhance practices in addressing outcomes for people with disability and enhance compliance with the National Standards for Disability Services. These matters are highlighted as continuous improvement activities, are reported on in the annual Self-assessment and may be noted in future Quality Evaluations.</p>	<ul style="list-style-type: none"> <li>• There is a weakness in the system, not the absence of a system.</li> <li>• Human error is evident.</li> <li>• The weakness affects the service, but is not unsafe ('misdemeanour-like').</li> <li>• There is minimal risk to individuals.</li> <li>• Experience and judgement indicate an improvement will enhance the quality of the service.</li> <li>• A single observed lapse or isolated incident is evident, but does not impact the whole.</li> <li>• There is sound ongoing intent to address the issue, but it is not yet fully resolved.</li> <li>• SIs may include, but are not limited to opportunities to:             <ul style="list-style-type: none"> <li>• improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods.</li> <li>• improve systems, processes and databases (eg data not current) to improve work efficiency.</li> <li>• present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.</li> </ul> </li> </ul>
<p><b>Other Matters (OM)</b></p> <p>OMs refer to identified matters that are not within the scope of Required Action/s or Service Improvement/s and therefore do not have reporting requirements.</p>	<ul style="list-style-type: none"> <li>• Matters for consideration do not represent a gap or weakness in meeting the Standards.</li> <li>• A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.</li> </ul>

## Disclaimer

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on multiple sources of evidence, including observations, feedback and some written records. The accuracy of written records cannot always be completely verified.
- The assessment will often involve a determination as to which of two or more versions of the same facts put to the evaluator(s) is correct under circumstances, where this issue cannot be determined with absolute certainty.
- The assessment will involve the evaluator(s) raising issues with a sample of individuals with disability, their family members, carers, friends, advocates and other relevant stakeholders. On some occasions, information gathered from a sample will not reflect the circumstances applying over the whole group.