

Quality Evaluation Report

Version 1:3, February 2016

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Therapy Focus
Service point name:	School Age Intervention
Outlet names:	Canning Eastern Region (formerly Swan and sub-Swan) West Coast
Chief Executive Officer:	Matt Burrows
Final report date:	DRAFT REPORT: 5 January 2016
Evaluation team:	Ross Boaden Vikki Gates

*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

Contents

<u>Part A: Executive summary</u>	3
<u>Introduction</u>	3
<u>Summary of findings</u>	6
<u>Part B: The Standards</u>	8
<u>Standard 1: Rights</u>	9
<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 clients, families, carers, management and staff for the assistance they provided throughout the evaluation visits.

Part A: Executive summary

Introduction

This report describes the findings of the evaluators who visited Therapy Focus in November and December 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 2 November and the evaluators visited the service again on 29 and 30 November, and 6 and 14 December. An exit meeting was held on [TBA].

The organisation uses the term 'client' to refer to people with disability; while family member/s of people with disability, family, and carers are referred to in those terms.

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

Service profile	
Service description	
The services provided	<p>Therapy Focus provides state-wide coverage with therapy services to people with disabilities, with service areas structured around various age groups.</p> <p>The School Age Intervention (SAI) service point comprises service provision to clients aged six to 19 years. Wide-ranging clinical services are provided, including physiotherapy, occupational therapy, psychology, speech pathology social work. Service provision takes numerous forms according to client and family needs. They include: one to one and group therapy sessions, community-based activity sessions, and interventions in the contexts of the children's homes, schools and other environments.</p>
The resources	<p>Staffing for SAI comprises 85.5FTE positions in service provision roles. An additional 14.6FTE positions in management, administration and other support roles are allocated to this service point. Commission funding for SAI in 2016/17 is \$12,054,814. There are no fees for service.</p>
The people using services	<p>This service point is used by 1419 clients and their families (as at August 2016). The clients have varying support needs and interests, according to their disabilities, needs and goals.</p>

Consultation	
Statistics	
Number of visits to group homes	N/A
Number of individuals with disability present in group homes during visits	N/A
Number of visits to private homes	0
Number of interviews with individuals with disability (Observations of, and informal interactions with, around 15 children; however no attempts to include them in consultations were made.)	0
Number of interviews with family members / friends / carers / advocates	16
Number of telephone interviews or emails with individuals with disability	0
Number of telephone interviews or emails with family members / friends / carers / advocates	16
Number of individual files / plans reviewed	3
Number of complaints reviewed	2
Number of staff meetings attended	0
Number of staff consulted	22
Number of external stakeholders consulted	1

Quality Evaluation assessment against the Standards	
The following scale has been used to measure performance against each National Standard	
Met	Feedback, observed and written evidence clearly demonstrates that the service provider meets the requirements
Not met	Feedback, observed and written evidence clearly demonstrates that the service provider does not meet the requirements

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

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

--	--

Summary of findings

Please refer to Appendix 1: Definitions

Good Practices (GP)

If/where noted during a Quality Evaluation, GPs refer to exemplary contemporary practices that demonstrate how services support people to achieve better individual outcomes. Examples of GPs inform the Commission's Board and enhance sector development. The following includes up to two (2) brief example/s of GPs implemented.

Person-centred practice/s	<ul style="list-style-type: none"> The strong collaborative approach, particularly with the children and families, schools, LCs and all other relevant stakeholders.
Other good practices noted	<ul style="list-style-type: none"> Therapists' address of time constraints by doing planning, paperwork and other formalities, where appropriate to do so, together with family members. This has proved to be a more streamlined way of working, while enabling families to be more 'in the know' about aspects of the funding and services they are using.

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
		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.	5	Increased options for school holiday therapy services was a key request of many family members.

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

- All feedback was very complimentary in all aspects covered by this Standard.
- All families reported being treated with dignity and respect and that management and staff are particularly flexible and helpful at all times.
- One parent commented that staff are very professional and do not discuss their child in the presence of others other than the family and team members, unless permission is given. Similar sentiments were expressed by others.
- Families with a relative with high support needs, including challenging behaviours, described the therapists as being excellent, and interventions relevant, albeit that progress could be slow and hard going given their relative's needs.
- Children were heard by the evaluators giving many expressions of enjoyment and fun in the course of their therapy sessions and activities.

Staff and management knowledge

- Management and staff were highly respectful in their descriptions of and about clients and families, and their work roles.

- Consultations with them strongly demonstrated awareness and upholding of all aspects of this Standard.
- Staff reported that policies and training have been provided on how to minimise restriction when addressing client issues.
- Staff also noted that they are aware of reporting and actions required if they should become aware of issues related to abuse, neglect or other harm.
- The Team Leader of the organisation's Behaviour Support Team gave a detailed account of the training, advice, planning and tailored interventions that this team engages in with regard to challenging behaviours and positive behaviour support.

Observations

- Freedom of expression, decision making and choice and the absence of any restrictive practices was clearly demonstrated.
- Observations included children's behaviours that were potentially challenging but were very well handled by the therapists concerned.
- It was evident during observations that staff treated all consumers (children and parents) with due respect, and staff were clearly enjoying their work and those they were working with and for.
- All management and staff conveyed a high level of dignity; as well as an informal, friendly and supportive tone, in their interactions with children and families.

Critical documents, systems and processes

- Documents clearly summarising all aspects of the Behaviour Support Team, for provision to families and relevant others, were provided for review.

Assessment against the Standard

General statement	Very high standards were demonstrated in this area.
Standard 1: Rights	Met

Standard 2: Participation and inclusion

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

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: 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 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • actively promoting a valued role for individuals, related to their interests and preferences 		X		
<ul style="list-style-type: none"> • promoting and supporting participation and inclusion and community connection 		X		
<ul style="list-style-type: none"> • respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection 	X			

Qualitative information
This section relates to evidence gathered to assist in the assessment of practices related to compliance for this Standard.
<p>Feedback from individuals with disability, their families, friends, carers and advocates</p> <ul style="list-style-type: none"> • Families expressed a great deal of appreciation at the flexibility of this service point, and of the individual therapists, in providing services in whatever context made the most sense. Therapists were described as being heavily engaged with schools, and also frequently visit the family home. Other community settings, such as recreation centres, were also mentioned. • Many commented on the impact of therapies on enabling access to, and success in remaining in, inclusive schooling. • Many comments were also made regarding enhanced home and community life, such as in relationships at home, skills applied in the general community, and enhanced social and communication skills in dealing with people. The address of behavioural issues was also mentioned as being extremely helpful in these contexts. • Parents of older children commented on planning and programming that they expected to pay off later in their relatives' transition from school to post school endeavours.
<p>Staff and management knowledge</p> <ul style="list-style-type: none"> • Management and staff gave detailed accounts of their work in a range of

community settings, and engaging with all relevant stakeholders, reflecting families' feedback as summarised above.

- They made frequent references for their priority on flexibility and responsiveness in tailoring their work arrangements to fit in with the community settings, and stakeholders' availability, to make their interventions as effective as possible.
- They described their work as being directed not only towards the children, but also to families, teachers, and relevant others so that consistent approaches could be used by all stakeholders and in all environments as relevant to each child.
- Management and staff conveyed a clear understanding of and commitment to social inclusion, such as in describing academic and relationship issues facing children in inclusive schooling. Accounts of their work demonstrated a detailed, nuanced understanding of factors influencing social inclusion.

Observations

- Some therapy sessions are provided within the organisation's offices, which are located across the metropolitan area. Some such sessions were observed.
- Other sessions were observed at community recreation centres.
- The observed activities clearly promoted the connection of children with members of the public, such as in structured (yet sensitively provided) guidance to assist children to pay their own entry fees and make their own decisions.

Critical documents, systems and processes

- Records of participation and skill improvement were shown by staff, including examples of how they would write up progress notes that were clearly linked to identified goals and strategies.

Assessment against the Standard

General statement	Very high standards were demonstrated in this area.
Standard 2: Participation and inclusion	Met

Standard 3: Individual outcomes

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: 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 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • person-centred individual service planning, delivery and review 		X		
<ul style="list-style-type: none"> • respecting and responding to individual diversity 		X		
<ul style="list-style-type: none"> • respecting culturally and linguistically diverse cultures and promoting people's cultural and community connection 		X		

Qualitative information

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

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

- All families were highly complementary about the qualities of the therapists, the quality of their interventions, and the collaborative nature of planning.
- Indicative comments included "They are brilliant"; "They allow some play along with ensuring therapy progress is not forgotten...which is essential for children"; "I am very impressed"; "The mix of children is great...they get to see they are not the only ones with issues and they meet all sorts of kids from different backgrounds and abilities"; "The staff are young and energetic...I feel very comfortable"; and "They really care about the kids and families".
- Comments reflecting satisfaction with progress and outcomes included: "My child is learning to think things through and make decisions when I'm not around"; "They are highly skilled at supporting the children and the families to achieve the best outcomes for the children", and "[learning to share has been] a fantastic and unexpected achievement".
- Comments reflecting satisfaction with planning included: "The staff are so positive and full of visions and growth possibilities for every child...they are trying to make a real difference"; "They follow through with everything they undertake"; "We work as a team"; and "They adapt to our needs".
- Families noted the support provided at schools and the 'advocacy' role the staff

often take on there.

- Many specific outcomes were described, a small number of which were improved behaviours, enhanced social skills, enhanced communication, greater acceptance at school (for one, success in addressing bullying was reported), improved practical skills (such as household and school tasks), improved concentration, improved patience, improved teamwork, improved academic achievement, and improvements in dealing with feelings (including through learning to recognise and effectively communicate these).

Staff and management knowledge

- Management and staff demonstrated very high levels of knowledge and experience in therapy-related planning and service provision. Their clinical training and experience was evident in underpinning planning approaches that are very sharp and focussed.
- As a result, they readily provided detailed accounts of their collaborative approach to planning. They also described the setting of goals, interventions and review in very specific terms.
- In terms of implementation, they stressed the importance of key stakeholders, especially parents and teachers, as being partners who needed to work together to maximise outcomes for the child.
- Staff reported that a copy of the client's Therapy Service Plan is provided to the family for clarity and understanding, and as part of a collaborative approach.
- In summary, all personnel were most impressive, as also reflected in families' feedback as noted above.

Observations

- Observations of, and comments heard from, the children strongly indicated that they were really enjoying, and learning from, their sessions. Learning of such things as sharing, dealing with the public, clear thinking and communicating, teamwork, and various practical skills were observed, in activities that were also clearly fun for the children.

Critical documents, systems and processes

- The evaluators were given demonstrations of planning documents (the central plan being the Therapy Service Plan), and how these are used in hard copy form as well as how the online system is maintained.
- These materials are under regular review in preparation for the introduction of the WA NDIS.

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

- As a block funded service point, an assessment of plans was not conducted. However, planning documents and systems were reviewed, in blank template form plus a small selection of completed plans. Planning documents and processes are of high quality and would thoroughly address the criteria of an assessment if one were to be conducted.

Assessment against the Standard

General statement

Very high standards were demonstrated in

	this area.
Standard 3: Individual outcomes	Met

Standard 4: Feedback and complaints

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: 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 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		X		
<ul style="list-style-type: none"> • developing a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services 		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

- All family members said they have had no cause for complaint but that if they did they would be able to speak directly with the therapists involved as “they welcome feedback all the time”, said one parent indicative of others.
- Families felt “heard” and “listened to” as they noted many suggestions they’ve made that were implemented.
- They also knew they could formally complain, and how to do this, if ever they had a serious issue.
- Overall, they described their relationships with therapists as being so positive and collaborative that any ideas or concerns are very easily raised and discussed.

Staff and management knowledge

- Management and staff described a working knowledge of complaints procedures, with examples given to illustrate this.
- Staff reported a continuous exchange of information among all stakeholders about what is working and what else/more could be done to facilitate improvements.
- The integrated team approach necessitates collaboration on actions, responses and progress with regard to ideas and concerns raised by families.
- Management demonstrated a thorough online complaints handling system (within the Feedback Management Register). All issues are logged, responsibilities

allocated, follow up ensured (time-lined, documented and reviewed), and aggregated information collated for use at an organisational level.

Observations

- A suggestion was observed and heard being offered by a parent, which was welcomed by the staff member involved and the discussion proceeded around how this idea might be used.

Critical documents, systems and processes

- Family and children's feedback is an integral part of the service delivery model. The team approach and the high level of communication and engagement of family members clearly facilitate an ongoing feedback loop.
- With multiple staff often involved around children and their families, a Key Worker role is in place to ensure that one person is designated as a single, clear point of coordination and communication.
- Among the information prominently displayed at the service point's office locations is the 'Tell us about your experience' brochure, which provides options for presenting feedback, including internal and external avenues for raising complaints.
- This brochure's contents are also prominently located on the organisation's website, along with the option of providing feedback (identifying or anonymous) online.

Assessment against the Standard

General statement	Very high standards were demonstrated in this area.
Standard 4: Feedback and complaints	Met

Standard 5: Service access

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

Compliance

This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: 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 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • promoting and supporting fair and transparent service access 		X		
<ul style="list-style-type: none"> • maintaining up-to-date information on alternative service options and referral support 		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

- Families described a fully supportive entry to the service point, including a very personalised approach, and the provision of plenty of verbal and written information.
- They also described extensive provision of information, on an ongoing basis, about other organisations and resources either on request, or at the instigation of therapists.
- Families noted that in some instances they were referred elsewhere until an opening in a particular program was available, but that this was typically addressed in the next term.
- School-based therapies were noted as occasionally being delayed at the start of each term due to “the need for organising everything and everyone”.
- Options for increased school holiday therapy services was a key request of many family members. Other Matter 1 refers.

Staff and management knowledge

- Management and staff provided ‘end to end’ descriptions and scenarios. These demonstrated a thorough and supportive approach to entry, initial planning and subsequent implementation and review, and exit processes.
- Staff noted that some programs can have wait lists, in which cases they provide referral options and follow up with efforts to arrange access during the next term.
- As tertiary qualified personnel, working in a collaborative trans-disciplinary team

environment, management and staff are very well placed to gather and share relevant information with families and other stakeholders.

Observations

- N/A

Critical documents, systems and processes

- Upon entry, families are provided with a comprehensive 'Welcome Pack', containing a standard set of information, and an array of 'optional' material to be included depending on relevance to the family and their child with a disability.
- Comprehensive information on the range of services available is provided on the organisation's website.
- The excellent 'How we can help' booklet provides an attractive and easy to read guide to the organisation's services for prospective clients.
- The quarterly 'infocus' newsletter is another attractive, and informative, publication that is widely circulated and available to all stakeholders.

Assessment against the Standard

General statement	This Standard is thoroughly addressed.
Standard 5: Service access	Met

Standard 6: Service management

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

Compliance				
This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.				
<ul style="list-style-type: none"> • (P) proposed: 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 	P	E	R	NA
The service point has the following policies and / or procedures for:				
<ul style="list-style-type: none"> • human resource management (ie recruitment, selection and induction; code of conduct; accountable and ethical decision-making; and performance management) 		X		
<ul style="list-style-type: none"> • employment records that are current and maintained (ie Police Clearances and Working with Children Checks) 		X		
<ul style="list-style-type: none"> • individuals' records that are current and maintained (ie individual plans, services received, demographics, etc) 		X		
<ul style="list-style-type: none"> • work health and safety 		X		
<ul style="list-style-type: none"> • maintaining a safe environment (ie fire and evacuation) 		X		
<ul style="list-style-type: none"> • administration of medication 		X		
<ul style="list-style-type: none"> • risk management 		X		
<ul style="list-style-type: none"> • financial management 		X		
<ul style="list-style-type: none"> • promoting opportunities for the involvement of people with disability, families, carers and advocates in service and support planning, delivery and review 		X		
<ul style="list-style-type: none"> • training, monitoring and reviewing staff knowledge and implementation of policies, procedures and practices 		X		
All policies and procedures relating to the National Standards 1-6 for the service point are:				
<ul style="list-style-type: none"> • current and dated 		X		
<ul style="list-style-type: none"> • include a review date 		X		
<ul style="list-style-type: none"> • where appropriate, developed in consultation with individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • where relevant, available to potential and current individuals, family, friends, carers, advocates 		X		
<ul style="list-style-type: none"> • made available in customised accessible formats, including languages other than English, as required 		X		

Operating a safe service			
<p>This section relates to the operational component of the Standards and indicates where practices are in place for the service point.</p> <ul style="list-style-type: none"> • (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 	M	NM	NA
The status of the following practices for the service point is assessed as:			
• The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement.	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

- Without exception, families were very complimentary about the quality of the organisation, and the management and staff of this service point.
- Among the areas most appreciated was the very open lines of communication.
- Excellent flexibility and collaboration were other major themes to emerge from families' feedback.
- Some had transferred across from other organisations, while others were using SAI services in addition to those from other organisations. In all cases, the quality of Therapy Focus services and personnel was rated as the best they have experienced.
- Those who have been with the organisation for some years described satisfaction at all times, and even better service in more recent times. They perceived a recent lift in staff enthusiasm and general service delivery, and praised management's efforts that they considered must be behind this. As one commented: "The longer we've been with Therapy Focus, they just keep getting better".
- One parent, upon experiencing the loss of a loved one, expressed her gratitude that "they just came out to see me and talk".

Staff and management knowledge

- Management and staff, through their feedback and conduct, conveyed very high standards of knowledge, competence and sector networks. The evaluators' impression of them reflected the high praise provided by families.
- All staff reported significant efforts and activities through management designed to support them in their roles. They noted supportive leadership within Therapy Focus, including a strong commitment to staff wellbeing.
- They described excellent options for professional development, and regular individual supervision and team meetings.
- They also described very strong collegial support, characterised by extensive sharing of information and joint problem solving, as well as more personal support among colleagues.
- Among the strategies to support staff is the limiting of caseloads to a manageable number, based on the complexity of individual client circumstances.
- Management and staff described the current environment, shaped strongly by uncertainty surrounding WA NDIS, as impacting on their work and future planning. Continual efforts are being made in preparation for WA NDIS, which is meaning changing practices in some areas. Staff noted that while there are teething problems associated with this, they are nonetheless confident that Therapy Focus is well placed, and that they as staff can continue to provide the same high standards of service in the future.
- Management's demonstration of the online complaints system was commented on earlier. Other elements of the organisation's online systems were also demonstrated and were equally impressive, in areas including risk management, induction and training records, and incident reporting.

Observations

- The evaluators observed several working environments, including the Bentley head office, and were most impressed with the professional, friendly, welcoming and 'upbeat' tone set by those present.

Critical documents, systems and processes

- Many processes were under redevelopment in preparation for the full introduction of WA NDIS. These included individual planning processes, approaches to collaboration with external stakeholders, time spent in transit between therapists' appointments, and the transition from block to individual funding (along with the provision of up to date information on this to all families).
- Staff also noted that there has been a need to support and prepare families for WA NDIS, such as through planning sessions and informal communications. This has aimed to counter uncertainties and fears, and to generally assist families to prepare as need be.
- The evaluators commend the organisation's current initiative on decentralisation, through setting up more but smaller regional offices, with the view to these being more tuned in to local areas and more accessible to children and families.

Assessment against the Standard

General statement	Very high standards of management and service delivery were demonstrated.
Standard 6: Service management	Met

Appendix 1: Definitions

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

Disability Services Commission: Quality System Quality Evaluation Report

<p>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"> • There is minimal risk to individuals. • Experience and judgement indicate an improvement will enhance the quality of the service. • A single observed lapse or isolated incident is evident, but does not impact the whole. • There is sound ongoing intent to address the issue, but it is not yet fully resolved. • SIs may include, but are not limited to opportunities to: <ul style="list-style-type: none"> • improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • improve systems, processes and databases (eg data not current) to improve work efficiency. • present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.
<p>Other Matters (OM)</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"> • Matters for consideration do not represent a gap or weakness in meeting the Standards. • A lack of financial and/or human resources and/or strategic governance to enhance services and foster a positive attitude/culture is evident.

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.