Natalie Georgeff 0417 412 867 francaussi@gmail.com

**Request for Registration DSC0702016**
(Meeting requirements for Quality Standards Category 3, Condition 3 only)

# Independent Quality Assessment Report

**Version 1.4 November 2017**

Compliance with National Standards for Disability Services (NSDS):
Standard 6: Service management

| Assessment details | |
|---|---|
| **Applicant** | |
| **Applicant's trading name (if applicable):** | Guides 4 Sight |
| Director: | Christine Tinley |
| Primary contact and position: | Christine Tinley, Director |
| Quality Assessor: | Natalie Georgeff |
| Final report date: | 14 June 2018 |

This report was prepared by: Natalie Georgeff, a member of the Panel Contract of Team Leaders and Evaluators, which is managed by Disability Services.

## Part A: Executive summary and conclusion

### Introduction

This report describes the findings of the independent Quality Assessor who visited Guides 4 Sight on 7 June 2018 to view policies, procedures and related documentation, and seek feedback from management (and staff), to assess compliance with Standard 6: Service management.

An opening meeting was held on 26 May 2018 and a closing meeting was held on 14 June 2018.

| Quality assessment against Standard 6: Service management | |
|---|---|
| The following rating scale has been used to measure performance for compliance with **Standard 6**: | |
| Met | Feedback, observed and written evidence clearly demonstrates that the service /organisation meets the requirements. |
| Not met | Feedback, observed and written evidence clearly demonstrates that the service /organisation does not meet the requirements. |
| Based on the documentation and information provided by management (and staff), the Applicant's performance for compliance with Standard 6 is assessed as **Met.** | |

| Self-assessment (SA): Standard 6 | |
|---|---|
| The Self-assessment is completed by the Applicant prior to the Independent Quality Assessment, for verification of evidence during the visit. | |
| SA completed by: | Christine Tinley |
| SA forwarded to Quality Assessor: | 26 May 2018 |
| Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the Applicant's knowledge of Standard 6 and its indicators of practice? | Yes. The evidence provided meets the indicators of practice under Standard 6. Management staff provided additional documentation to meet compliance requirements of serious incident reporting and to promote a greater awareness of the Positive behaviour framework and the Code of Practice of the Elimination of Restrictive Practices. |

National Standards for Disability Services (NSDS):
Standard 6: Service management

Natalie Georgeff 0417 412 867 francaussi@gmail.com

| Code of Conduct | |
| --- | --- |
| The Code of Conduct is prepared by the Applicant as part of the Key Information required before the assessment visit. | |
| Does the Applicant's Code of Conduct articulate values built around the service and the people for whom services are/to be provided? | Yes. It would be worthwhile to develop Guides 4 Sights, Code of Conduct for additional content related to National Standards 1 – 5 and the NDIS Code of Conduct. |

| Service profile | |
| --- | --- |
| **Service description (in brief)** | |
| Scope of services provided/ to be provided: | • Guides 4 Sight primarily offers specialised services for people with vision loss or combined vision and hearing loss. They will also assist individuals with other disabilities. Their assistance services aim to enhance clients' independence at home and in the community by offering support with volunteering, social and economic participation, coordination of services, planning, decision-making, advocacy, mentoring and education.<br>• Guides 4 Sight currently works with allied health services to find creative solutions and source adaptive equipment and assistive technology needs for clients. In the future, Guides 4 Sight will employ their own allied health staff that will specialise in vision and hearing loss. |
| Geographical area: | • Currently, Guides 4 Sight staff are mobile and will visit client and family homes in the Perth Hills and surrounding areas, including Local Government areas of Swan, Kalamunda, Bayswater, Bassendean, Toodyay, Chittering, Northam, York, Joondalup, Wanneroo, East Fremantle, Fremantle, Melville, South Perth, Belmont, Canning, Victoria Park, Cambridge, Claremont, Cottesloe, Mosman Park, Nedlands, Peppermint Grove, Perth, Stirling, Subiaco, Vincent, Kwinana and Cockburn. |
| Target group: | • The Applicant uses the term client to refer to individuals with disability, family member/s and carers (consumers). The service currently supports approximately 17 clients, who self-manage their funds under the current NDIS jurisdictions.<br>• The current target group is people of all ages (predominantly adults) with vision loss or combined visions and hearing loss. |

| Consultation | |
| --- | --- |
| **Statistics** | |
| Number of management (and staff) consulted | 2 |

National Standards for Disability Services (NSDS):
Standard 6: Service management

Natalie Georgeff 0417 412 867 francaussi@gmail.com

## Part B: The Standards

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, associated evidence indicators of practice and the Disability Services' Quality System can be accessed on the website: http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system

**Please note**: The Independent Quality Assessment focuses only on Standard 6: Service management.

National Standards for Disability Services (NSDS):
Standard 6: Service management

## Part C: Assessment

| Assessment for compliance with Standard 6: Service management |
| --- |
| **Policies and Procedures (P&P)** |
| The findings described below reference information provided to demonstrate the Applicant's compliance with the policy and procedure component for Standard 6, including systems and processes for their implementation. <br><br> • The *Summary statement* provides an overarching statement of the Applicant's compliance with Standard 6; and notes where there is opportunity for service improvement or a matter for the Applicant's consideration. <br><br> • The *Statement of qualitative evidence* records the Quality Assessor's ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each Indicator of Practice (IoP). The *Reason for finding* is included. <br><br> • Where the rating is '**Yes**', there is clear evidence that the Applicant fully demonstrates the IoP in a positive way. <br><br> • Where the rating is '**No**', there is clear evidence that the IoP is not met. The *Reason for finding* provides the context for any gaps in evidence and identifies in what way the Standard is not met. <br><br> • The *Legend for evidence information source* is detailed below the table, as follows: <br> **1** documentation; **2** discussion with management staff; **3** discussion with direct care staff; **4** discussion with external stakeholders; **5** self-assessment; **6** other. <br><br> • The Legend identifies the sources of evidence that the Quality Assessor has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence. <br><br> • Findings may be used by the Applicant to develop an Action Plan to meet the minimum Standard, or revise their Continuous Improvement Plan. |

National Standards for Disability Services (NSDS):
Standard 6: Service management

Natalie Georgeff 0417 412 867 francaussi@gmail.com

**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.

| Summary statement against Standard 6: Service management |
|---|
| **Standard 6 is met**. |
| • The evidence provided demonstrates governance and documentation supporting the foundations of Standard 6. For example, Guides 4 Sight are developing Position descriptions, have a detailed Business plan; their Service Agreement is comprehensive, detailed clients records of progress are maintained and a Client reference group will soon be formed. A priority of Guides for Sight is to make relevant documents available in accessible formats, including an accessible website, subject to adequate funding.<br>• Service improvements specific to Standard 6 are noted below under relevant Indicators of Practice.<br>• It is also recommended that Guides 4 Sight investigate the Quality & Safeguarding Framework and key elements of other National Standards. |

| Statement of qualitative evidence | | |
|---|---|---|
| **Policies and procedures**<br>The Applicant has policies and procedures that support the **key intent** of Standard 6: | **Yes/No or N/A** | **Info Source** |
| **6.1 HR management**<br>Frontline staff, management and governing bodies are suitably qualified, skilled and supported.<br><br>**Reason for finding:**<br>Areas for improvement:<br>• Although the new employee checklist includes a valid National Police Check and Working with Children Check, a specific procedure needs to be developed that includes volunteers and contractors, the required regularity of Checks and how an unsatisfactory result will be managed (see Operating a Safe service table).<br>• An internal training program for staff is yet to be finalised Staff will need to increase their awareness of the Code of Practice for the Elimination of Restrictive Practices and positive behaviour management. This includes knowledge of any safeguarding strategies that are in place under the client's NDIS plan. | Yes | 1,2,5 |

National Standards for Disability Services (NSDS):
Standard 6: Service management

| | | |
|---|---|---|
| **6.2 Regulatory compliance**<br>Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements. | Yes | 1,2,5, |
| **6.3 Business and risk management**<br>The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.<br><br>**Reason finding:**<br>Areas for improvement:<br>• The 'Working with our clients' document includes a statement that "We do not administer medication". Management report that there may be occasions where staff need to instruct a client about the shape and/or colour of their pill/s, to ensure that they take the correct medication. This practice needs to be stated in relevant documentation and communicated to staff, clients and families (see Operating a Safe service table). | Yes | 1,2,5 |
| **6.4 Feedback and continuous improvement**<br>The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.<br><br>**Reason finding:**<br>Areas for improvement:<br>• Guides 4 Sight has a Feedback, compliments and complaints form, Feedback register, Complaints register and a 'Feedback, compliments and complaints' policy and procedure. However, there is no formal complaints form and the use of independent/external advocates or complaints bodies, such as HaDSCO need to be clearly specified in the procedure. It is also recommended that a Continuous improvement plan be developed (see Operating a Safe service table). | Yes | 1,2,5 |
| **6.5 Corporate governance**<br>The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice. | Yes | 1,2,5 |
| **6.6 Management of information and service delivery**<br>The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes. | Yes | 1,2,5 |
| **6.7 Accountable processes**<br>The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision. | Yes | 1,2,5 |

*Legend for evidence information source*: **1** documentation; **2** discussion with management staff; **3** discussion with direct care staff; **4** discussion with external stakeholders; **5** self-assessment; **6** other.

National Standards for Disability Services (NSDS):
Standard 6: Service management

## Operating a safe service

This section is about the *operational component* of Standard 6 (related to indicators of practice in the Statement of qualitative evidence table above). It lists minimum requirements for operating a safe service.

| The Applicant has the following **systems** in place to implement policies and procedures for: | Yes | No | N/A |
|---|:---:|:---:|:---:|
| • Managing Human resources (ie recruitment, selection and induction; employment records; code of conduct; accountable and ethical decision-making; and performance management). | X | | |
| • Conducting National Police checks for Board members, staff, volunteers and contractors prior to commencement. | X | | |
| • Regularly updating National Police checks for Board members, staff, volunteers and contractors. | | X | |
| • Managing an unsatisfactory National Police check received from a Board member, staff member, volunteer or contractor. | | X | |
| • Ensuring Board members, staff, volunteers and contractors have Working with Children clearances as appropriate. | X | | |
| • Implementing an emergency evacuation plan, and keeping records of evacuation trials. | X | | |
| • Maintaining currency of individuals' records. | X | | |
| • Documenting, managing and appropriately reporting critical or serious incidents. | X | | |
| • Administering medication as detailed in policies and procedures or instructions; and keeping related records. | | X | |
| • Monitoring, documenting and managing feedback and complaints to support continuous improvement. | | X | |
| • Maintaining buildings in which services are provided, in a condition that does not pose a risk to staff and service users. | X | | |
| • Conducting regular work health safety audits to identify and address potential safety hazards. | X | | |
| • Maintaining a risk register which monitors risks associated with workplace, travel, and individuals' home environment, as applicable. | X | | |
| • Recording current staff training in implementing policies, procedures and practices, to ensure positive outcomes for people with disability, families and carers. | X | | |

National Standards for Disability Services (NSDS):
Standard 6: Service management

Natalie Georgeff 0417 412 867 francaussi@gmail.com

| Documentation | | | |
|---|---|---|---|
| This section is about the *documentation component* of Standard 6; and lists appropriate processes for document control, currency and accessibility. | | | |
| The Applicant has **processes** in place (relevant to Standard 6 policies and procedures) for: | Yes | No | N/A |
| • Creating, updating and controlling documents. | X | | |
| • Approving and reviewing documents for suitability and adequacy. | X | | |
| • Including strategies to develop in consultation with individuals, family, friends, carers, advocates (where appropriate). | X | | |
| • Including strategies to make available to potential and current individuals, family, friends, carers, advocates (where relevant). | X | | |
| • Including strategies to make available in customised accessible formats, including languages other than English (as required). | X | | |
| The Applicant's documentation for Standard 6 policies and **procedures** includes: | | | |
| • Appropriate identification and description. | X | | |
| • They are current and dated. | X | | |
| • They have a review date. | X | | |

National Standards for Disability Services (NSDS):
Standard 6: Service management

Natalie Georgeff 0417 412 867 francaussi@gmail.com

## Part D: Acknowledgments

Thanks are extended to management (and staff) for the assistance they provided throughout the assessment visit.

## Disclaimer

The quality assessment is necessarily limited by the following:

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

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

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

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

## Confidentiality statement

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

All independent Quality Assessors have signed a confidentiality agreement and will only request and use confidential information provided by the Applicant as per the requirements of the Standard/s being assessed.