Independent Quality Assessment Report

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

Assessment details	
Service /organisation name:	Facilitatrix
Service /organisation Trading name (if applicable):	Facilitatrix
Chief Executive Officer /Director:	Ms Caroline Ann Marshall & Ms Sukhi Tear
Primary contact and position:	Ms Sukhi Tear, Partner/Senior Consultant
Final report date:	14 March 2017
Quality Assessor:	Natalie Georgeff

This report was prepared by: Natalie Georgeff, Quality Assessor

Contents

Acknowledgments

Part A: Executive summary and conclusion

Introduction

This report describes the findings of the independent Quality Assessor who visited Facilitatrix on 2 March 2017 to view policies, procedures and related documentation, and seek feedback from management staff, to assess compliance with NSDS Standard 6: Service management.

The assignment commenced on 19 February 2017 and the Quality Assessor visited the service on 2 March 2017. A closing meeting was held on 14 March 2017.

The service/organisation uses the term 'clients' 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	
Scope of services provided / intention to provide	Facilitatrix offers complex case coordination, advocacy and support services that includes, but is not limited to: accommodation and tenancy assistance, allied health and in-home services, planning and decision-making. They specialise in child protection, guardianship & administration and safeguarding. Teams comprise of a partner/senior consultant or senior social worker/s, specialist support coordinator, support coordinators and mentors/case workers (14.0 FTE).
Geographical area	Facilitatrix teams work remotely across the Perth metropolitan area. Staff and clients utilise conference and meeting rooms of other organisations that the service has an arrangement with e.g. Mission Australia.
Target group	Facilitatrix works with all age groups of people with disability. One of their mission statements is: 'to fill a gap in the market for vulnerable adults who currently "slip through the cracks" of mainstream support services'.

Consultation	
Statistics	
Number of management (and staff) consulted	2

Self-assessment (SA): NSDS Standard 6	
The Self-assessment is completed by the service /organisation prior to the Independent Quality Assessment, for verification of evidence by the Quality Assessor during the visit.	
SA completion date:	15 March 2017
SA completed by:	19 February 2017
SA forwarded to Quality Assessor:	26 February 2017
Is the Self-assessment evidence verified?	Yes. Facilitatrix provided initial and additional information and documentation about their systems, procedures and policies that verified the Self-assessment.
Additional Comments:	Opportunities for improvement to enhance compliance with the Standards are essentially administrative and are completing specific operational policies, developing a risk register and monitoring shared premises for safety and access.

Quality assessment against the Standards	
The following rating scale has been used to measure performance for compliance with **NSDS 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), this service /organisation's performance for compliance with NSDS Standard 6 has been assessed as:

Assessment against the Standard	
Standard	**Assessment**
Standard 6: Service management	**Met**
Conclusion:	NSDS Standard 6 is met because the evidence provided meets the indicators of practice requirements. Facilitatrix has a high standard of contemporary disability practices. This includes human resource, risk management, regulatory compliance and continuous improvement processes, with sound governance and information management.

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 Commission's 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 NSDS 6: Service management.

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.

In the following section, NSDS Standard 6 is assessed against compliance requirements and qualitative elements; and comments are provided regarding the Standard.

Compliance		
This section is about the *policy component* of NSDS Standard 6; and lists associated evidence indicators of practice (IOPs). The rating scale is: **(M) Met:** existing /currently in place **(NM) Not met:** not existing /not currently in place **Please note:** All IOPs must be **Met** to achieve NSDS Standard 6 compliance for the purposes of Registration.		
The service /organisation has **policies and /or procedures** for NSDS Standard 6 evidence indicators of practice:	**M**	**NM**
6.1 HR management Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	X	
6.2 Regulatory compliance Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	X	
6.3 Business and risk management The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	X	
6.4 Feedback and continuous improvement The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	X	
6.5 Corporate governance The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice.	X	
6.6 Management of information and service delivery The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	X	
6.7 Accountable processes 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.	X	

Operating a safe service			
This section is about the *operational component* of NSDS Standard 6 (related to indicators of practice in the compliance table above). It lists minimum requirements for operating a safe service. The assessment scale is: **(Y): Yes** **(N): No** **N/A: Not applicable** **Please note:** A 'No' finding *could result* in a '**Not met**' rating for NSDS 6, as well as indicate an area for improvement.			
The service /organisation has the following **systems** in place to implement policies and /or procedures for:	**Y**	**N**	**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 keep records of evacuation trials.		X	
• Maintaining currency of individuals' records.	X		
• Documenting, managing and appropriately reporting critical /serious incidents.	X		
• Administering medication as detailed in policies and procedures /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		

Documentation			
This section is about the *documentation component* of NSDS Standard 6; and lists appropriate processes for document control, currency and accessibility. The assessment scale is: **(Y): Yes** **(N): No** **N/A: Not applicable** **Please note:** A 'No' finding *will not result* in a '**Not met**' rating for NSDS 6, but may indicate an area for improvement.			
The service /organisation has **processes** in place (relevant to NSDS Standard 6 policies and /or procedures) for:	**Y**	**N**	**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 service /organisation's documentation for NSDS Standard 6 policies and /or **procedures** includes:			
• Appropriate identification and description.	X		
• They are current and dated.	X		
• They have a review date.	X		

Qualitative information
This section relates to evidence collated and analysed to assist in the assessment for compliance to NSDS Standard 6.

Staff and management knowledge

- Facilitatrix staff are suitably qualified, skilled and supported. Their specialist support coordination team comprises of experienced allied health professionals within a supervision/mentoring framework. The staff code of conduct has expected behaviours of respect, integrity and excellence.

- APRHA and AASW registration processes and CPFS requirements support compliance for regular Police checks and Working with Children clearances.

- Job descriptions exist for the positions of case worker/mentor, occupational therapist, social worker and virtual (administration) assistant. The documents include, for example, responsibilities, skills/experience and appointment prerequisites, such as Police checks and Working with Children clearances.

- It is recommended that Facilitatrix develop a specific policy about conducting, updating and reviewing National Police Checks and Working with Children clearances.

- New staff receive an induction program with the objectives to Facilitatrix mission, vision and values, relevant operational procedures and policies; including topics of confidentiality, rights, equality, the National Standards and risk assessments.

- Facilitatrix has clearly communicated vision, mission and values consistent with contemporary disability practice and concepts.

- Facilitatrix staff are aware of regulatory requirements and are experienced with individual risk management. They acknowledge compliance procedures mandated by the Commission i.e. positive behaviour framework, Code of Practice for Elimination of Restrictive Practices and serious incident reporting (SIR) guidelines.

- In addition, Facilitatrix offer training and consultancy in behaviour support planning, and safeguarding strategies for people with disabilities. This includes advocacy and an advisory service on supported decision-making, guardianship and administration.

- Facilitatrix has engaged consultants to develop their HR practices, financial management and strategic planning.

- Staff work remotely (from home) and have an arrangement to use the rooms of other organisations to meet with staff and clients. It is recommended that Facilitatrix monitor these premises to ensure that they are maintained a condition that does not pose a risk to staff and clients and that an emergency evacuation plan is implemented.

- Staff do not administer medication under any circumstances, but this is not documented.

- There is a priority to complete operational policies that are "in development" about medication administration, positive behaviour support and serious incident reporting.

- Staff and clients are invited to review policies as part of their induction. In one recent example, two clients with an interest in technology reviewed the Privacy and data management policy.

Critical documents, systems and processes

- Each policy and procedure has a template with the structure of policy statement, implementation and detail, definitions, objectives, governance framework, references and resources (including legislation and the National Standards) with a document control, review and approval process.
- Policies and procedures related to regulatory compliance include topics of: individual rights, decision-making and abuse prevention, restrictive practices and safeguarding. Following an initial screening process, there is a risk assessment for clients, if required, that includes a risk rating, management options and review processes. These documents are of a high standard and reflect contemporary disability practices and legislation.
- The Occupational health and safety and risk management policy outlines systems of control, assessment, management and record keeping e.g. incident reports, work practice risk management plan. It is recommended that the service develop a risk register.
- Facilitatrix has a comprehensive business plan, including the terms and conditions of their business, market research and targets, legal considerations, a SWOT analysis and relevant strategic objectives.
- Facilitatrix has a demonstrated culture of continuous improvement supported by transparent feedback and complaints mechanisms. This includes a Compliments and complaints management policy, complaints form, compliments form, a compliments and complaints page on their website and a Compliments and complaints procedure brochure. Other strategies include an annual staff survey, client survey and stakeholder survey, all completed in January 2017.
- The quality assurance policy is extensive, addressing the National Standards, continuous improvement and accountability systems.
- Policies and procedures related to information management include topics of: privacy and data management, confidentiality and consent, release of information, service agreements and monthly progress reporting forms.
- The service currently uses Google apps to support communication and documentation.
- Future plans for improving policies, procedures and/or systems include:
  - Completion of operational policies that relate to other National Standards, including topics of: individual rights, participation and inclusion, client privacy, confidentiality and preservation of human rights and individual outcomes.
  - A new strategic plan (2017-2020) being developed with a consultant.
  - A new content management system (CMS) being explored.
  - Further encouragement of clients to participate in policy review using a variety of mediums.
  - Developing strategies to make relevant documents available in customised accessible formats.

Opportunities for improvement	
This section relates to opportunities for improvement to enhance compliance with NSDS Standard 6.	
General statement	Opportunities for improvement to enhance compliance are to: • Develop a specific policy about conducting, updating and reviewing National Police Checks and Working with Children clearances. • Complete priority operational policies that are in development about medication administration, positive behaviour support and serious incident reporting. • Complete a risk register. • Monitor premises that staff and client use to ensure that they are maintained in a satisfactory condition and emergency evacuation plans are implemented and recorded.

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 service /organisation 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 within the service /organisation 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 service /organisation, confidential; and shall not disclose any such information to any third party, except that as required by legislation or by the Disability Services Commission.

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