



# Quality Evaluation Report

Version 2.4

Evaluation details	
<b>Organisation</b>	Senses Australia
Acting Chief Executive Officer:	Mr Mathew Wittorff
Assignment name:	Comprehensive
Geographic area/s:	Metropolitan, Wheatbelt, South West regions of Western Australia
National Standards for Disability Services assessed:	Standards 1-6
Evaluation team*:	Gudrun Gilles, Bettina Philp, Christina Kadmos
Final report date:	17 October 2019
Report Endorsement	
Endorsed by:	Mary McHugh Quality and Safeguarding Manager

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



## Executive summary

### Introduction

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

An opening meeting was held on 30 July 2019, and the evaluators conducted visits to six group homes and the respite centre between mid August and the end of September 2019. A closing meeting was held on 16 October 2019.

### Assessment of compliance with the Standards

The rating scale used to assess the Standards is **met/not met**.

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

### Exceptional practices

Where noted, exceptional practices refer to initiatives towards excellence in service delivery

- Senses has established a functioning Consumer Reference Group, increasing consultation and feedback opportunities.
- Senses has implemented several strategies since the last independent evaluation that have increased outcomes for individuals accessing the services and achievements against the Standards (NSDS). Two examples of this are:
  - the establishment of a Restrictive Practices Panel that meets regularly to review and monitor restrictive practices in place
  - the effective use of Key Word signing observed during visits in accommodation support and residential respite services, which has increased the scope of communication with applicable residents/guests.

### Required Actions (RA)

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



No.	NSDS	IoP(s)	RA statement	Compliance date
1.			No Required Actions have been identified.	

### Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**.

Progress on SIs is reported in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1.	1	1.5	Consider reviewing the current monitoring strategies relating to client health matters and strengthen avenues for staff to raise suggestions to improve client health.
2.	4	4.3	Review if all complaints over the past 18 months have been closed and confirm that action taken has been communicated with families, carers and advocates.

### Self-assessment (SA): Standards 1-6

The Self-assessment is completed by the organisation each year in April, for verification of evidence during the audit.

SA completed by:	Matthew Wittorff
Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the organisation's knowledge of the Standards and their indicators of practice?	Yes Several policies and procedures were under review at the time of the Self-assessment. A spot check of these verified that the service has progressed in finalising policies such as the Cultural Security for Clients and Client Services Entry Exit Policies. The service documented its progress against Service Improvements from previous Quality Evaluation Reports. (Note comments related to SI 2)

### Code of Conduct

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

Does the service provider's Code of Conduct articulate values built around the service and the people for whom services are/to be provided?	Yes The Code of Conduct is clear in its expression of expectations and articulates its values built around the service and the people throughout, e.g. definition of sharp practices: business practices that may technically be legal but
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	practically are dishonest or unethical such as deliberately over-servicing a client.
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**Service profile**

Service profile	
Service description (in brief)	
The services provided	<p>Senses provides:</p> <ul style="list-style-type: none"> <li>• Accommodation Support (12 group homes)</li> <li>• Community Access</li> <li>• Host Family</li> <li>• Respite (residential)</li> <li>• Therapy</li> </ul> <p>The services are offered across the Perth metropolitan region, Wheatbelt and South West regions of Western Australia.</p>
The resources	<p>The operations budget for the service at the time of this evaluation is in the vicinity of \$6.5 million.</p> <p>The service has a pool of 378 direct care employees: Support Workers, Therapists, Coordinators, Interpreters and Deafblind Consultants.</p> <p>Non-direct support is provided by:</p> <ul style="list-style-type: none"> <li>• Executive:             <ul style="list-style-type: none"> <li>• Chief Executive Officer</li> <li>• Executive Director Operations</li> <li>• Executive Director Finance &amp; IT</li> <li>• Executive Director Organisational Development &amp; Business</li> </ul> </li> <li>• Operations:             <ul style="list-style-type: none"> <li>• Group Home Manager</li> <li>• Community Access Manager</li> <li>• Therapy Metro Services Manager</li> <li>• Regional Manager</li> <li>• Senior Coordinator Family Support Services</li> <li>• Senior Coordinator Support Coordination</li> <li>• 5 x Regional Area Supervisors</li> <li>• 3 x Children &amp; Youth Coordinators</li> <li>• 6 x Therapy Coordinators</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>The service has a pool of 13 operational support employees in roles such as finance, accounts human resources, information technology, administration, marketing and business</li> </ul>
The people using services	<p>The organisation uses the term <b>clients</b> to refer to individuals with a disability, family member/s of individuals with disability and carers.</p> <p>At the time of this evaluation Senses Australia provides services to 1,207 people with a disability. The service profile shows an age range of:</p> <ul style="list-style-type: none"> <li>0 - 5 years (164)</li> <li>6 -18 years (628)</li> <li>19 - 64 years (415)</li> </ul> <p>Services are provided to all individuals born with a disability or acquired a disability before 65 years of age. The disability types includes: autism spectrum disorder, intellectual disability, developmental delay, cerebral palsy, sensory and physical.</p>

### Consultation

#### Statistics

Number of visits to group homes and respite facility	6
Number of group activity observations	1
Number of individuals with disability observed during visits/ observations	23
Number of met/interviewed individuals with disability	17
Number of met/interviewed family/carers/friends/advocates/guardians	3
Number of telephone interviews or emails with individuals with disability	2
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	23
Number of individual files/plans reviewed	20
Number of complaints reviewed / systems review	1
Number of serious incident reports reviewed/ systems review	1
Number of staff meetings attended	4
Number of staff consulted	43
Number of reference groups attended	1
Number of external stakeholders consulted	2



## Summary of findings

### Assessment of compliance with the Standards

#### Policies and Procedures (P&P) and Indicators of Practice (IoP)

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

- For every Standard, the *Assessment summary* provides an overarching statement of the organisation's compliance; highlights good practice; and notes where there is opportunity for service improvement or a matter for the service provider's consideration.
- For every Standard, the *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP.
- **Yes:** the IoP describes and affirms the organisation's positive focus and evidence of appropriate practice.
- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and practice and identifies where a Standard is not met resulting in a Required Action (**RA**); or a Service Improvement (**SI**); or an Other Matter (**OM**) for the organisation's consideration.
- The *Legend for evidence information source* refers to:  
**1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians.
- The Legend identifies the sources of evidence that the evaluator has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence.
- Findings against Indicators of Practice may be used by the organisation to develop its Action Plan to meet minimum Standards, or revise its Continuous Improvement Plan, to show how improvements will be made to enhance compliance with Standards and outcomes for individuals.



**Standard 1: Rights**

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

**Assessment summary against Standard 1: Rights**

**Standard 1 is met.**

The organisation has created a Consumer Reference Group and invited contributions from individuals, families and carers in several committees to increase opportunities for clients to be part of the organisation’s decision making processes. Members of the Consumer Reference Group have provided feedback during this evaluation on service improvements relating to decision making and increased transparency.

The service is to be congratulated on its strategies that ensure restrictive practices are identified, monitored and reviewed. One of these strategies is the Restrictive Practices Panel, which is an effective platform for staff from a variety of professional backgrounds to provide input into the management, reduction and elimination of restrictive practices.

Procedures supporting the outcomes of this Standard, such as the Procedure for Client Incidence Response, Reporting and Investigation are comprehensive and written in clear language.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 1 (stated in ‘Standard for service’ above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 1		
<b>1:1</b> The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	2,3,8,7
<b>1:2</b> The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,3,7,8
<b>1:3</b> The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.	Yes	2,3,7,8



<p><b>1:4</b> The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.</p>	Yes	1,2,3,7,8
<p><b>1:5</b> The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.</p> <p><b>Reasons for Finding:</b></p> <ul style="list-style-type: none"> <li>• The service has several policies and practices in place to support outcomes under this Standard, such as client management policies and procedures, client health checks and an Occupational and Health Committee that discusses issues such as client health.</li> <li>• During the evaluation some observations made indicate that not all gaps in health related areas are picked up, e.g. not all blister packs sighted had photographs of clients on them; and management was unaware of a concern raised in relation to a lack of monitoring strategies of the weight of clients in wheelchairs.</li> <li>• The risk is that some areas of client health management are not as effective as they could be. <b>(refer SI 1)</b></li> </ul>	No	1,2,3,7,8
<p><b>1:6</b> The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.</p>	Yes	1,2,8
<p><b>1:7</b> The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.</p>		
<p><b>1:8</b> The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.</p>	Yes	1,2,3,8
<p><b>1:9</b> The organisation keeps personal information confidential and private.</p>	Yes	1,2,3,7,8

*Legend for evidence information source: 1 documentation 2 discussion with management staff*

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians





**Standard 2: Participation and inclusion**

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

**Assessment summary against Standard 2: Participation and inclusion**

**Standard 2 is met.**

Many examples of community inclusion and participation were observed during the evaluation; it was noted that these were tailored to the client’s likes and abilities, e.g. participating in events in the local community or being part of a knitting group.

The service has a large resource and information library on its internal staff web-portal to support the planning of individualised activities. Interviews with families and carers supported the impression of a personalised support service.

The service has developed a Cultural Security for Clients Policy, and culture and respect for culture are integrated into the service’s Decision Making and Choice Policy. The service documents the individual’s cultural (First People’s only) and linguistic background information on its client management system.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 2 (stated in ‘Standard for service’ above):	Yes	1,2,3
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 2		
<b>2:1</b> The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1,2,3,7,8
<b>2:2</b> The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1,2,3,7,8
<b>2:3</b> Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1,2,3,7,8
<b>2:4</b> Where appropriate, the organisation works with an individual’s family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1,2,3,7,8



<b>2:5</b> The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1,2,3,8
<b>2:6</b> The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1,2,3,7

*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholder; **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 3: Individual outcomes**

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

**Assessment summary against Standard 3: Individual outcomes**

**Standard 3 is met.**

The organisation’s procedure for Individual Planning for Clients provides clear guidance on the planning process. It outlines the scope for planning and defines roles and processes.

Those clients and family members spoken with about the planning process confirmed that they had been involved, demonstrated knowledge of goals and provided examples of achieving goals, i.e. the increased use of sign language and communication devices or achieving health goals.

The service demonstrated its collaboration with other service providers i.e. providing therapy services at an external provider’s accommodation service, and collaborating with the Office of the Public Advocate when decisions need to be made on behalf of clients.

Examples of responsive service delivery include the respite service accepting couples and family groups where appropriate, and therapy services being provided in a variety of settings.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 3 (stated in ‘Standard for service’ above):	Yes	1,3,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 3		
<b>3:1</b> The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Yes	1,2,3,8
<b>3:2</b> Organisation planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	Yes	1,2,3,8



<b>3:3</b> The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,3,8
<b>3:4</b> Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Yes	1,2,3,8
<b>3:5</b> The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	2.3.8

*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observations **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 4: Feedback and complaints**

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

**Assessment summary against Standard 4: Feedback and complaints**

**Standard 4 is met.**

The scope of the Consumer Reference Group includes the provision of feedback on organisational responses to complaints and continuous improvement items. At the time of this evaluation, the Consumer Reference Group was asked to provide feedback on the draft of the client survey and the recently reviewed Feedback and Complaints Policy.

Information published on the service’s website includes a video covering the feedback and complaints process in sign language, as well as a link to an external resolution service.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 4 (stated in ‘Standard for service’ above):	Yes	1,5,6
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 4		
<b>4:1</b> Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Yes	1,5,8
<b>4:2</b> Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Yes	1,2,5,8
<b>4:3</b> Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	No	1,2,8
<b>Reasons for Finding:</b>		
<ul style="list-style-type: none"> <li>The service has comprehensive systems in place to ensure that actions taken when a complaint has been received are documented and match those committed to in policies and procedures.</li> </ul>		



<ul style="list-style-type: none"> <li>• Most of those spoken with said that when they had had a concern, they spoke to staff who responded quickly and effectively.</li> <li>• The evaluation team was made aware of concerns where family members and advocates did not feel that matters raised with staff had been resolved; and little or no action had been taken to mitigate further occurrences of the concerns.</li> <li>• One concern raised during the previous independent evaluation in 2017 was the compatibility of individuals residing at the Gosnells’ residential service. Whilst Senses has looked at various strategies to resolve and manage challenging behaviours within the home (as documented in the Self-assessment and demonstrated during this evaluation), it does not appear to have effectively resolved aged related compatibility concerns.</li> <li>• The service’s effectiveness in resolving complaints and concerns in a timely manner with clients, families and other stakeholders is not consistently demonstrated, with some matters remaining either unresolved, or actions taken not documented and communicated to stakeholders for lengthy periods of time. <b>(refer SI 2)</b></li> </ul>		
<p><b>4:4</b> The organisation seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.</p>	Yes	1,2,3
<p><b>4:5</b> The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.</p>	Yes	1,2,5
<p><b>4:6</b> The organisation effectively manages disputes.</p>	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 annual self-assessment  
 6 other 7 direct observation 8 discussion with individuals, family, carers, friends, advocates or guardians



**Standard 5: Service access**

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

**Assessment summary against Standard 5: Service access**

**Standard 5 is met.**

The service has basic policies, procedures, and supporting materials and tools (e.g. Service Access Checklist) in place to support outcomes under this Standard. As identified in the Self-assessment, some materials are under review or being developed. The finalisation and implementation of these materials will provide additional guidance to strengthen outcomes under this Standard and support staff (particularly those in the South West region) to provide more consistent client experiences during the entry and service access stages.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 5 (stated in 'Standard for service' above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 5		
<b>5:1</b> The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Yes	1,2,3,7,8
<b>5:2</b> The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1,2,3,7
<b>5:3</b> The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1,2,3,7,8
<b>5:4</b> The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1,2,5
<b>5:5</b> The organisation monitors and addresses potential barriers to access.	Yes	1,2,3
<b>5:6</b> The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Yes	2,3,8



<b>5:7</b> The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1,2,3,8
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians





**Standard 6: Service management**

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

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

**Standard 6 is met.**

The organisation has demonstrated a culture of continuous improvement during this evaluation. Strategies include the monitoring and review of systems in place to ensure staff are capable of supporting service outcomes for clients and reporting requirements to the various stakeholders (e.g. the organisation’s Board and funding bodies).

The evaluation team was able to avail itself of remote access to the client management system and the staff portal to access individual files, file notes, policies and procedures. The senior manager accessed and provided information sought by the team leader on the spot during the Standard 6 audit, demonstrating effective and efficient systems.

Some of the families spoken with expressed appreciation of the organisation’s transparent and timely provision of quotations and confirmation of funds spent.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 6 (stated in ‘Standard for service’ above):	Yes	1,2,3,7
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 6		
<b>6:1</b> Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1,2,3,5,7,8
<b>6:2</b> Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1,2,3,7
<b>6:3</b> The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Yes	1,2,3,7
<b>6:4</b> The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1,2,7



<b>6:5</b> The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Yes	1,2,3,7,8
<b>6:6</b> The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Yes	1,2,3,7,8
<b>6:7</b> The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.	Yes	1,2,3,8

*Legend for evidence information source:* 1 documentation 2 discussion with management staff

3 discussion with direct care staff; 4 discussion with external stakeholders 5 annual self-assessment

6 other 7 direct observation 8 discussion with individuals, family, carers, friends, advocates or guardians



## **Acknowledgments**

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

## **Further information**

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

For further information about this report, please contact the Quality and Evaluation team: [quality@dsc.wa.gov.au](mailto:quality@dsc.wa.gov.au)

## **Disclaimer**

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on observation, feedback, and written records provided by the organisation as sources of evidence. The accuracy of written records cannot always be completely verified.
- The assessment will involve the Team Leader Evaluator sourcing evidence and seeking feedback from relevant stakeholders. On some occasions, information gathered may not reflect the circumstances applying over the whole group.
- Some issues or required improvements within the organisation may not have been identified due to the time available during the assessment.

## **Confidentiality statement**

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

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