Government of **Western Australia**
Department of **Communities**
Disability Services

Quality Policy and Procedure Audit Report

Audit of service provider compliance with the National Standards for Disability Services (Standards) 1-6

Audit details	
Organisation	St Basil's Aged Care Services in Western Australia (Vasileias) Inc
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Dr Anthea McGuigan
Assignment name:	Policy and Procedure Audit
National Standards for Disability Services assessed:	Comprehensive: Standards 1-6
Evaluation team*:	Penny Blackburne
Final report date:	1 July 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 Team Leader Evaluator who visited St Basil's Aged Care Services in Western Australia (Vasileias) Inc (St Basil's) on four occasions during the audit period. A desktop audit of policies and procedures was completed, and feedback from management and staff was sought, to assess compliance with the National Standards for Disability Services 1-6.

An opening meeting was held on 29 January 2019 and a closing meeting was held by telephone on 18 June 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

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
			No Required Actions were identified as a result of this audit.	

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 (every April).			
No	NSDS	IoP(s)	SI statement
1	2	2:6	The organisation to develop and implement strategies that prepare staff to understand and promote community and cultural connection for Aboriginal and Torres Strait Islander clients.

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2	3	3.	The organisation to develop and implement a procedure to ensure staff understand their role and responsibility in the review and documentation of client's progress towards their identified life outcomes.
2	6	6.3	The organisation to complete the review of its disability services documents to ensure the policies and procedures reflect a contemporary approach with terminology used.
3.	6	6.6	The organisation to develop and implement a system to ensure relevant support staff are appropriately supported to enable the achievement of clients' goals and outcomes.

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:	Dr Anthea McGuigan, CEO
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 Policies and procedures reviewed indicate that the management team at St Basil's has a good knowledge of and understanding of the Standards and their indicators of practice. There were no recorded complaints noted in the 2018 Self-assessment.

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
St Basil's has a Code of Ethics and Conduct. This document goes beyond conduct expected in the workplace to include the requirement for staff to report unethical behaviour. While the document incorporates the values to which management and staff are committed it does not include information about the organisation's mission and values. |

Service profile

Service profile	
Service description (in brief)	
The services provided	• St Basil's was established in 1996 as a provider of home care packages and respite for aged people.

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	• In 2018 ST Basil's became an approved provider for National Disability Insurance Service (NDIS) and services were extended to offer in and out of home support to adults living with a disability in the areas of daily living, wellbeing and having a break. St Basil's is a specialist provider for people from culturally and linguistically diverse backgrounds (CaLD), in particular people with Greek heritage.
The resources	Support workers work part time and there are approximately 1.2 FTE staff who work with the disability services section. The non-direct support staff are a management and administrative team who work across all of St Basil's services. The small team is multicultural and multilingual.
The people using services	The organisation uses the term client to refer to individuals with disability, family member/s of people with disability and carers (consumers). At the time of the audit there is only one client, receiving disability support services.

Consultation	
Statistics	
Number of management and staff consulted	7

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Summary of findings

Assessment of compliance with the Standards
Policies and Procedures (P&P)

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.

- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence 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

- 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 service is built on a strong positive and ethical values base. The client information pack reflects this and information about rights and responsibilities is contained in the Service Agreement and Privacy Commitment.

Person centred practice is at the core of service provision and reflected in documentation. Many documents refer to the importance of family and carers and their involvement in life of the client.

Safeguarding is understood by staff and supported by policies and procedures in particular Safeguarding Policy and Procedure.

The web site focuses on organisational values and individualised support.

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.

Policies clearly support working with individuals, their families and carers in their own homes and in the community, for example Valued Status policy sets out the importance of clients being valued members of the community and that St Basil's as an organisation is committed to facilitating this outcome.

The Client Centred Support Plans procedure emphasises the role of the client, and if the client wishes their family and other stakeholders will be included in the planning process.

The document Statement for Australia's Carers recognises the importance of the relationship between carers and the persons for whom they care and acknowledges their role as holders of unique knowledge and experience. This document is included in the new client Start-Up Pack.

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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.

Service provision is client centred. St Basil's services and supports are based on the goals outlined in the NDIS referral document.

Key documents for this Standard include: Person Centred Approach to Service Planning and Delivery, Assessment and Needs Identification in Individualised Planning, NDIS Support Plan, Client Centred Support Plans and Participant Plan Reviews.

The NDIS Support Plan starts with a focus on the client by recording information about the person's background and identifying agreed goals and strategies. This form has been adapted from their aged care services and the language used displays an aged care approach to service provision. Refer Standard 6.3

There are two systems for recording service and supports provided. Support workers have a procedure for recording daily activities in the In-home file and coordinators and management record notes on an internal electronic information system that is not available for support workers.

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 organisation has a thorough continuous improvement process that is well documented. Documents (including meeting minutes), policy and procedures substantiate that complaints are encouraged and that the data collected from complaints and feedback are linked with the organisation's continuous improvement process.

The organisation is open to receiving feedback in the form of good ideas, compliments and complaints from all stakeholders. Feedback on service provision is

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sought through an annual survey to all clients; results are reported to the management team and used to inform service improvement.

Support workers are encouraged to raise concerns and ideas for continuous improvement.

Standard 5: Service access
Standard for service: **The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.**

Assessment summary against Standard 5: Service access
Standard 5 is met

St Basil's is open to receiving referrals and has a system in place to manage access and commencement to its services.
It has a structured intake procedure that is documented in procedures, Service Commencement and Discharge and Commencement Visit. The Commencement Visit Procedure involves gathering information from the client and providing the NDIS Information Pack informing the client about his/her rights including exit procedure should the person wishes to leave the service.

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 disability service is developing within an organisation that primarily provides aged care services and to date (June 2019) there is only one client funded through NDIA.

Service management is strongly values based and supported by an extensive suite of policy and procedure documents in all areas of service management and service provision. There is a sound management structure. Regular management meetings are held and minuted; induction is provided to new staff and staff training is provided at scheduled compulsory meetings.

The evaluator noted the detail in management practices evidenced by documentation, in particular the continuous improvement processes.

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There is a small, cohesive staff team that works in the disability services section of St Basil's comprised a manager, two coordinators and a number of support workers.

Management and human resource structures are in place and ready to support more services as client numbers grow. The support workers access policies and procedures through contact with the office and their line managers and access client information held in the client's In-home File.

It is apparent that many policies and procedures have been developed from those in place for the aged care service. While there is a recognition by management that providing services for people with disability differs from service provision to aged clients, there remains, in a few policies and procedures, reference to the aged care environment, for example Support Worker Orientation and Boundaries of Service Provision and Service Commencement and Discharge. The organisation is working to ensure all documentation, where needed, clearly differentiates between disability services and aged care.

A contemporary approach to service provision is displayed by management and evidenced in most documentation, but as commented above some work remains to be done to clearly relate a few documents and procedures to disability services.

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

Disclaimer

The quality audit assessment is necessarily limited by the following:

- The methodology used for the audit 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 organisation as sources of evidence. The accuracy of written records cannot always be completely verified.

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- 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.

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