

Quality Evaluation Final Report

Version 1:2, November 2015

Assessment against the
National Standards for Disability Services

Disability sector organisation:	One2One
Service point name:	Individualised Services Inc.
Outlet name(s):	Accommodation Support Alternatives to Employment/Post School Options Community Living Plan Family Living Initiative Intensive Family Support
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Final Draft report date:	12 April 2016
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*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.

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Acknowledgments

The Evaluator extends thanks to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

Part A: Executive summary

Introduction

This report describes the findings of the evaluator who visited One2One during December –March 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 10 December 2016 and the evaluator visited the service on 9 and 23 February 2016. An exit meeting will be held on 22 March 2016.

The organisation uses the term 'consumer' 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	
The services provided	<p>One2One Individualised Services Inc. provides support in a variety of models, aiming to promote 'self-direction and maximum involvement in the decision making' for individuals and their families. Consumers may choose:</p> <ul style="list-style-type: none"> • A shared, self or fully agency managed, model of support to maximise choice and control. • Shared living options, where consumers are fully supported to live in their own home (with a friend, a co-resident or home sharer) or in the home of a support person or family member. • Ongoing support, including mentor support for personal care, transition to independent living, recreation, community access and advocacy.
The resources	<p>The total reported budget for current financial year funded by the Commission is \$4.187 million. Staffing consists of 9.9 FTE of Coordinators, Directors, Administration and Finance, six Board members 36 part-time support workers and home sharers.</p>
The people using services	<p>There are 58 consumers aged 6-72 years (39 males and 19 females) with intellectual, physical, learning and/or sensory disability.</p>

Consultation

Statistics

Number of visits to private homes	2
Number of interviews with individuals with disability	2
Number of interviews with family members / friends / carers / advocates	2
Number of telephone interviews or emails with individuals with disability	2
Number of telephone interviews or emails with family members / friends / carers / advocates	10
Number of individual files / plans reviewed	8
Number of complaints reviewed	1
Number of staff consulted	6
Number of external stakeholders consulted	2

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	Not 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	Not 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 GP 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"> Positive consumer and staff feedback reflects One2One's organisational culture of person centred practice and individualised approaches. A total of eight plans were reviewed and 100% met basic qualitative and outcomes criteria.
Business practice/s	<ul style="list-style-type: none"> The shared management manual is a valuable resource for consumers and is currently being updated. One2One has purchased a new database/service management system.
Other good practices noted	<ul style="list-style-type: none"> Consumers choose One2One as their service provider because they allow choice, control and freedom of expression. This reflects the organisation's mission statement. Consumers are involved in the recruitment and selection processes of their support staff.

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 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.	1	Update relevant policies, procedures and planning processes for positive behavior management, minimal restrictions and safeguarding practices.	31 December 2016
2.	6	Enhance financial and risk management governance, for example: risk register, completing risk assessment, developing relevant policies and enacting new database.	31 December 2016

Service Improvements (SI)

If/where noted during a Quality Evaluation, SIs identify actions to enhance practices in addressing outcomes for people with disability and enhancing compliance with the National Standards for Disability Services. An SI is a minor weakness in meeting the Standards or related procedure; and is required to be reported on in the annual self-assessment.

No	Standard	SI statement
1.	2	Complete a policy about promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection.
2.	3	Improve planning processes of: measuring satisfaction with achievement of goals and use of individual outcomes, rather than outcome areas.
3.	6	Continue education and training for staff about contemporary best practices and keep a record of staff training on an individual level.

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. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations. The following includes up to four (4) brief example/s of OMs noted.

No	Standard	OM statement
1.	5	Update One2One's shared management manual, with suggestions included in this report.
2.	6	Continue to encourage and remind consumers that they can unsubscribe from collective emails from One2One.

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.				
<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:				
• 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 of the consumers interviewed report that One2One staff treat them with dignity and respect. They all feel that their freedom of expression is supported and advocated for.
- Related comments include: "They do listen to all of my ideas", "They have the right attitude and values", "I trust them, they know how I tick", "I can only speak highly of their attitude" and "I really have the feeling that they want [the individual] to have a happy life".
- Two stakeholders provided feedback that they would like improved safeguards around shared living and financial decision-making, eg lease agreements, home modifications and legal guardian approvals.

Staff and management knowledge

- Staff interviewed were aware of practices related to this Standard, eg upholding the rights of people with disability, supporting decision making and choice and accessing advocacy services.
- Staff report some challenges in terms of the 'lifestyle choices' of some consumers and safeguarding their wellbeing, eg smoking and absconding (See Required Action 1).
- Staff require more information and resources related to contemporary concepts of safeguarding and minimal restrictions eg the Code of Practice for Elimination of Restrictive Practices (See Service Improvement 3).

Observations

- A consumer safeguard audit form was recently introduced and is being trialled. It is included within annual planning processes for One2One consumers to identify consumer vulnerability and minimal support networks. The audit screens the consumer's 'current status in relation to practices/services' under each of the National Standards with evidence examples (See Required Action 1).
- For example, under Standard 1: Rights, indicators are: the person has independent communication, someone in their network to assist with important decision-making, has an appointed guardian or has the ability to assert their individual preferences.

Critical documents, systems and processes

- Critical documents and processes related to this Standard include:
- Personal profile documents, for example: 'Great things about me', My one page profile and 'Things you need to know about me'.
- Documents and processes promoting individuals' freedom of expression and choice. For example, 'Choosing the right supporters – what are we looking for in the people we want to support us? (eg personality, interests, knowledge, skills, male/female and availability' and 'People I trust and people who are helping me with decisions'.
- Policies and procedures related to this Standard include:
 - Human rights, which includes a commitment to rights, respects and dignity and freedom of expression for people with disability. This policy also outlines the role of the family in upholding consumer rights and use of advocates.
 - Freedom from abuse and neglect, including breaches of rights and serious incident reporting procedures and incident report and investigation.
 - Choice and decision-making, 'to offer its consumers choices wherever possible, whilst assisting them to make informed decisions about the services and supports they receive'.
 - Confidentiality and Privacy.
- As noted in the Compliance Table, policies and procedures related to safeguarding and minimal restrictions need to be updated to reflect contemporary practices, language and the Standards. These include the:
 - Managing challenging behaviours policy, to incorporate positive behaviour support and minimal restriction strategies (See Required Action 1).
 - Duty of care policy, to address individual safeguarding strategies (See Required Action 1).

Assessment against the Standard

General statement	Consumers are supported with decision-making, choices and freedom of expression. One2One need to improve safeguarding, positive behavior management and minimal restriction processes, policies and individual strategies to reflect contemporary practices.
Standard 1: Rights	Not 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"> • promoting and supporting participation and inclusion 		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.

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

- Consumers provided feedback about the range and type of community connections they experience; and that they play an active part in choices about their participation and inclusion.
- For example, music/jamming sessions, volunteering at local businesses, ten pin bowling, transport to and from allied health appointments, going to the gym, assistance with banking, grocery shopping or going to the markets.
- One consumer said: "I now get to go out three times a week... getting out for a few more hours makes a huge difference to me. My [support worker] and I just clicked. I didn't know that services could be like this".
- One2One supports consumers with a range of supported accommodation options, including shared and independent living.
- Related comments include: "A lot of the credit for my [relative's] progress towards supported independent living goes to One2One".
- Another family described how their relative is being supported to transition to a shared living arrangement: "That's why we chose One2One. I am aware it is a risk, but we wanted to try it. I want [them] to live like any other person in the community and I know [they] are safe".

Staff and management knowledge

- One2One Service Coordinators plan an active part in planning and supporting participation and inclusion for individuals in a range of valued roles and preferred activities. For example:
 - In 2015, staff started working with five consumers living at the Quad Centre, assisting with funding applications, community access and transition to supported accommodation in the community.
 - One consumer is being supported to transition to their own home, including employing and training staff to support their specific needs.
 - Another individual is receiving support for a funding application to Wheels for Hope, for a new van.

Observations

- One2One has an active network of collaboration with other organisations aimed at supporting their accommodation, learning, social activities and community connection.
- The eight individual plans reviewed are related to participating in valued roles, preferred activities and cultural connections.

Critical documents, systems and processes

- Policies, critical documents and processes related to this Standard include:
- Participation and inclusion, 'to ensure that One2One's services are designed and delivered in ways that offer people with disabilities maximum opportunity to be involved in the community by being present, by being socially included and by having meaningful participation'.
- The Consumer safeguards audit form screens the consumer's current status in relation to indicators of promoting inclusion and individual cultural and community connections.
- As noted in the Compliance Table, there is no specific policy related to respecting Aboriginal and Torres Strait Islander culture, and promoting Aboriginal and Torres Strait Islander peoples' cultural and community connection (See Service Improvement 1).

Assessment against the Standard

General statement	One2One promotes valued roles and community connections for consumers, including support to transition to shared and independent living arrangements.
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 of the consumers interviewed reported that One2One's strength lies in providing person-centred services. Comments include: "They are very focused on the individual"; "They know [the consumer] well and [their] background"; "It's a personalised service" and "They put the person [with disability] first".
- Other comments include: "Our planning was really good. There was lots of communication. We discussed short, medium and long term goals and they were responsive and proactive"; and "They asked what I wanted to do and we set it up".

Staff and management knowledge

- Staff report that they like working for One2One because: "It is really about working with each person"; and "It's been refreshing to come and work here. We really work with the individual".
- Staff report that they have supported people who are Malaysian, Egyptian, Japanese, Indian, Chinese, Sudanese, Italian, Aboriginal, Christian, Muslim and transsexual.

Observations

- N/A

Critical documents, systems and processes

- Policies, critical documents and processes related to this Standard include:
 - Choice and decision-making policy, which states that One2One 'will endeavour to accommodate the consumer preferences and choices in line with their funded service agreement and individual plan'.
 - Individual outcomes and planning policy that is 'framed around supporting people to work towards achieving the lifestyle of their choice' and provides the procedure of 'designing and delivering services to work towards each individual's personal goals in ways which take into account their interests, strengths and individual support needs'. The policy addresses seven outcome areas that are no longer used by the Commission and need to be replaced by individual outcomes (See Other Matters 2).
 - The consent form, 'Election not to develop an individual plan with One2One' and/or 'Election not to participate in Quality System Assessments conducted by DSC or other funder'.
- In terms of individual diversity and cultural connections:
 - Individual outcomes and planning policy states: 'Ensure that individual plans are relevant and responsive to consumer's diverse needs and preferences, including their age, gender, cultural background, faith, heritage, sexual identity, relationships and other relevant factors'
- Support Worker job description form refers to observation and consideration of individual culture.
- Internal planning and operational documents require reflection about the cultural diversity of consumers.

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

- A total of eight plans were reviewed and 100% met basic qualitative and outcomes criteria.
- The highest scoring criteria are having a current documented plan with identifiable goals, the people are involved with the planning are documented, responsibilities for the implementation of strategies are clear, and the individual is recorded as having agreed to the most recent plan.
- The lowest scoring criteria are evidence that the plan has been reviewed in the last 12 months and the individual's progress against each goal is documented (See Service Improvement 2).

Plans consider and document individual choices

- One2One has extensive person centred planning tools. For example: 'Areas of need to think about when planning and to expand on and improve in our lives'; and 'Person centred planning what is it and how we do it'.
- The updated document 'My plan' is simple and streamlined and includes a review date and identifiable individual goals with strategies linked to them. It includes: 'The goals I want to focus on this year (what I would like to do, build on or achieve this year)' and 'My action plan- what needs to be done, who will assist me and by when'.

Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate

- Current plans document the individual's funding arrangement and source.
- There is no formal planning/documentation about safeguards such as supports and strategies to minimise vulnerability and risk to the individual eg risk management or positive behaviour support planning (See Required Action 1).
- The Consumer safeguards audit form screens the consumer's current status in relation to indicators of 'respecting individual diversity'; 'current, review dated My Plan on file'; and 'consumer (and support staff) have a copy of their 'My Plan'.

Plans include monitoring, reviewing and following up individual progress against goals and outcomes

- Currently, it is unclear how current (new goals) are linked to previous goals (goals reviewed) and how plans are monitored for progress against goals and outcomes.
- 'My plan review' was not observed in any of the eight plans reviewed.
- The document includes a scale to measure how the individual achieved their goals (ie achieved, mostly achieved, partially achieved and not achieved). Other headings include:
 - What is preventing me from achieving this goal?
 - What needs to happen so that I can achieve this goal?
 - Goal for new My Plan (See Service Improvement 2).
- The document 'My plan – my goals' is used for some individuals and links goals to outcome areas (eg planning for life, home, communication and wellbeing) no longer used by the Commission. They need to be replaced with individual outcomes (See Service Improvement 2).

Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control

- There is no stated outcome about the extent the clients and family members feel they have choice and control (See Service Improvement 2).

Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals

- The current individual plan includes a section for a signature of the 'person/s agreeing to the plan as a 'My signature' and 'People who are planning with me'.
- There is no statement about the individual's satisfaction with their supports (See Service Improvement 2).

Assessment against the Standard

General statement	<p>One2One has a strong organisational culture of person centred practice and planning.</p> <p>Areas for improvement include risk management and positive behaviour support plans; and measuring progress and satisfaction with achievement of goals.</p>
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

<p>This section relates to the policy component of the Standards and indicates where policies and procedures are in place for the service point.</p> <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
<p>The service point has the following policies and / or procedures for:</p>				
<ul style="list-style-type: none"> • encouraging and managing feedback, complaints and dispute resolution 		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 of the consumers interviewed reported that they felt comfortable giving One2One negative feedback and would make a complaint if they needed to. They reported that their experience was supportive and collaborative.
- Comments include: “They are open to any discussion and would not take any offence. If something doesn’t work, we change it”; “They are most approachable and helpful if there are any problems. A sounding board”; and “They have a culture that is open to feedback. I would not hesitate to let them know if I had a problem”.
- One family described the way One2One “respectfully” handled a staffing issue and that “they quickly recognised the problem and acted very quickly”.

Staff and management knowledge

- The Feedback and complaints resolution policy state that ‘One2One has a culture of listening to the views and needs of its consumers and their family/carers; and these consumers feel that employees and volunteers are easily approachable to discuss any service issues’.
- Related procedures provide guidance on the consistent management of complaints and dispute resolutions and mechanisms to ensure independent review.

Observations

- N/A

Critical documents, systems and processes

- Policies, critical documents and processes related to Standard include:
- Feedback and complaints resolution policy, 'to establish mechanisms for consumers and family members/carers/staff/advocates to provide feedback to One2One or to lodge a complaint or grievance. Complaints are also seen to have an important role in contributing to service improvement at One2One'.
- Complaints and compliment and Complaint investigation forms.
- Staff or consumer employee grievance procedure.
- The Consumer safeguards audit form screens the consumer's current status in relation to indicators that the 'consumer is regularly asked for feedback about their current One2One supports and services in their own words'; has access to an advocate (outside of One2One) in their own network to assist with feedback if needed'; and 'has received a copy of One2One Feedback and complaints resolution policy'.

Assessment against the Standard

General statement	One2One encourages feedback and complaints, and promotes self, supported and independent advocacy with satisfactory mechanisms in place.
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		

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

- At least five consumers reported that their transition to One2One from other service providers as very positive and explained why they chose (and have continued services) with the organisation.
- Comments include: "I'm getting all the help I could possibly get from them"; "It was very proactive"; "I get that vibe from them that they'll always be there when I need them"; and "If someone came to me, I would recommend One2One".
- Most of the consumers interviewed were very satisfied with their 'flexible' shared or self-management arrangements; and comments included "I'm the leader and coordinator"; and "They set it all up well. They let me know within a day, my funding balance".
- However, four consumers and two stakeholders request more stringent financial accountability and acquittal processes (See Required Action 2).
- One person said "I would like to know when they are providing direct hours of support and when they are using coordinator hours" and expressed concern about budget estimates and acquittal processes.
- Another consumer explained that they were informed that "they were X thousand dollars over budget" for their shared arrangement and commented "They sorted it out, but they should update their accounting so it doesn't happen again".
- The evaluator interviewed at least six people who reported on the usefulness of One2One's self-management manual, which was provided to them on setting up their support with One2One.
- One consumer suggested more guidance in the manual about how other people

manage their budget, suggesting that One2One share “case studies about how other people use their funds, what for and how they manage it”. They also recommended the correct use of the word ‘carer’ (‘unpaid’) and support workers (‘paid’) (See Other Matters 1).

Staff and management knowledge

- It is evident from staff feedback that One2One collaborates with other organisations and community services and maintains up-to-date information on referral support.
- Staff report they are encouraged to seek feedback from consumers about service access procedures and implement improvements as required.
- One2One has purchased a new database/service management system to ‘improve efficiency, reporting capability and claiming processes individualised service delivery and accountability’. Currently consumer use of hours/supports is monitored and reported using a database which receives its input from timesheets and other payment request documents.

Observations

- One2One’s Shared management guide is currently being updated. This resource is comprehensive and contains, as examples, shared responsibilities and roles, employment forms and guidelines; and other resources, such as job descriptions and planning templates.
- The resource also describes shared living (ie ‘the spirit of sharing living and what it looks like’), giving examples and advice on planning and designing shared living.
- The service brochure adequately explains the range of services they can choose and in which support management model.

Critical documents, systems and processes

- Policies, critical documents and processes related to Standard include:
- Access to services policy that outlines the ‘circumstances and conditions under which consumers request service delivery by One2One’.
- Service access procedures are described to ensure that, ‘within the constraints of available funding and resources, as well as service type required, people are offered a service agreement’.
- The Consumer safeguards audit form screens the consumer’s current status in relation to indicators that the consumer understands the service access and exit policies.
- Relationship and services agreement, between consumer/consumer representative and One2One ‘in order to ensure delivery of a quality individualised service’ and ‘to work in partnership’.
- Participant service agreements for One2One with Disability Services Commission, NDIS or My Way NDIS.
- One2One self-management process and procedures document describes the agreed arrangement between One2One and a consumer under a self-management model.

Complete ONLY for Local Area Coordination / My Way

Level of coordinator knowledge and exploration of the choices and opportunities available for individuals in the community

- N/A

Level of coordinator support for individuals to access services and supports identified in their plans

- N/A

Assessment against the Standard

General statement

Consumers are satisfied with their access to One2One services, with fair and transparent criteria.

There need to be improved financial accountability and acquittal processes, particularly with shared & self-management arrangements.

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 v 		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
<p>The status of the following practices for the service point is assessed as:</p>			
<ul style="list-style-type: none"> • The service provider conducts National Police checks for Board members, staff, volunteers and contractors prior to commencement. 	X		
<ul style="list-style-type: none"> • National Police checks are regularly updated for Board members, staff, volunteers and contractors. 	X		
<ul style="list-style-type: none"> • The service knows what to do if an unsatisfactory National Police check is received from a Board member, staff member, volunteer or contractor. 	X		
<ul style="list-style-type: none"> • Board members, staff, volunteers and contractors have Working with Children clearances as appropriate. 	X		
<ul style="list-style-type: none"> • The service has an emergency evacuation plan. 	X		
<ul style="list-style-type: none"> • The service regularly practices its emergency evacuation plan. 	X		
<ul style="list-style-type: none"> • The service keeps records of evacuation trials. 	X		
<ul style="list-style-type: none"> • The administration of medication occurs as detailed in the policies and procedures instructions. 	X		
<ul style="list-style-type: none"> • The buildings are maintained in a condition that does not pose a risk to staff and service users. 	X		
<ul style="list-style-type: none"> • Regular work health safety audits are undertaken to identify and address potential safety hazards. 	X		
<ul style="list-style-type: none"> • A risk register is kept which monitors risks associated with workplace, travel, and individuals' home environment, as applicable. 		X	
<ul style="list-style-type: none"> • 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

- A copy of the National Standards for Disability Services is provided to consumers and staff when they commence services with One2One.
- All consumers report that they are involved in the recruitment and selection processes of their support staff and that there are buddy shifts.
- Comments include, “They gave me support to find and choose the best support workers for [the individual]”; “They sent me some resumes of support staff, so I could choose who I wanted to interview”; “I can hire and train local people”; and “They manage the funds, I find the people”.
- In one exemplary example (with permission), one consumer’s seizures have reduced to two or three times a month from every night, since receiving services from One2One. In their relative’s opinion, this is due to reduced levels of anxiety and stress for the individual as “they have chosen the right carer/s that they like and feel comfortable with”.
- Two consumers would like more selective emails from One2One or to be able to opt out on some of the collective emails. Comments include, “I already get some of the newsletters they send through”; and “It’s information overload and not all relevant us” (See Other Matters 2).

Staff and management knowledge

- Staff report that families “opt in” for email mail-out list when they commence services. An annual email reminder is sent to consumers if they wish to ‘opt out’ and unsubscribe from the collective emails.
- Staff report that they facilitate and support consumers to recruit, interview and select their own support staff for compatibility and to identify training needs.
- Staff receive adequate induction and essential training (eg first aid and incident reporting). They attend ongoing education, information and training opportunities in the sector, specific and individualised to their role and consumers. For example, support staff working with consumers with spinal cord injury attended a series of accredited workshops by Silver Chain, specific to their role, such as bowel care training, manual handling/hoisting and catheter care. Other staff received targeted training for medication and epilepsy management.
- In 2015, staff attended these examples of external courses/topics: First aid (St John’s) and Mental health first aid (Blooming Minds); Boundary setting and protective behaviour workshops (Secca); Accessibility training (MACS 4 US); Professional boundaries, professional relationships (NDS); Acquired brain injury workshop (SCGH); Supporting inclusion (ASID); Cost management and financial planning; Costing and pricing –the NDS tool; My Way NDIS pricing framework and Achieving goals and outcomes training (NDS); NDIA portal training and Support coordination workshop (NDIA); Provider development program; Building brilliant teams and The customer journey (WAIS); Staff management system (SMS) training (Alchemy); and Governance for directors (AICD).

Staff and management knowledge (continued)

- Staff report that One2One manages risk within several management processes, sub-committees and external consultants, although these processes are not recorded in one place (See Required Action 2).
- A specialist consultant was engaged in January 2016 to analyse One2One's current business service models, costing and pricing; and to assess business risk and sustainability (See Required Action 2).

Observations

- One2One's mission is 'to provide individuals and families with an opportunity to have the maximum amount of choice and control they would like, in the management of their individualised support and services'.

Critical documents, systems and processes

- Policies, critical documents and processes related to this Standard include:
- Choice and decision-making policy, which states that One2One 'encourage consumers, family members and advocates to nominate for a position on the Board and other representative committees'.
- Workplace health and safety, to align with relevant health and safety legislation, regulations, standards and codes of practice, with references to duty of care and reasonably practicable.
- Medication administration.
- Recruitment, selection and appointment, Code of conduct and Unsatisfactory performance policies.
- Job descriptions that adequately describe roles and responsibilities. For example:
 - Service Coordinator, with the overall responsibility to coordinate individualised support services with consumers.
 - Service Advisor, with the overall responsibility of 'periodic service co-ordination and service advice in relation to individualised support' to consumers.
 - Mentor/Support Worker, with the overall responsibility of delivering individualised support in areas of: lifestyle, healthcare, daily living, community access and financial management support and/or mentoring.
- A new One2One staff folio containing a staff induction checklist, with 'essential pre-start' forms and training, police clearance, first aid, One2One policies, National Standards for Disability Services and incident reporting.
- As noted in the Compliance Table:
 - There is no formal risk register or risk management policy or procedures, although here is an incident reporting register, policy and procedures (See Required Action 1).
 - There is no financial management policy (See Required Action 2).
 - There is no current record of staff training on an individual staff level, other than first aid and incident reporting (See Service Improvement 3).

Assessment against the Standard

General statement	<p>Consumers are provided with the opportunity to participate in staff recruitment, training and performance review.</p> <p>There is a need to improve financial and risk management governance. An organisational risk assessment is currently underway by an external consultant.</p>
Standard 6: Service management	Not 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 small or 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 enhancing compliance with the National</p>	<ul style="list-style-type: none"> • A minor weakness in meeting the Standards or related procedure is evident. • There is a weakness in the system, not the absence of a system. • Human error is evident.

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<p>Standards for Disability Services. While still a weakness in meeting Standards, SIs are less major than RAs.</p>	<ul style="list-style-type: none"> • The weakness affects the service, but is not unsafe ('misdemeanour-like'). • There is minimal risk to individuals. • Experience and judgement indicate a reduction in the quality of services. • 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.
<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. These matters are highlighted as continuous improvement activities and may be noted in future Quality Evaluations.</p>	<ul style="list-style-type: none"> • Matters for consideration do not represent a gap or weakness in meeting the Standards, but may enhance the quality of services provided or result in better individual outcomes. • A lack of financial and/or human resources to enhance services and foster a positive attitude is evident. • There are opportunities to improve communication mechanisms for: organisational change; contact with individuals, families and carers; response timeframes; and/or alternative communication methods. • There are opportunities to improve systems, processes and databases (eg data not current) to improve work efficiency. • There are opportunities to present a balanced and collaborative approach with key stakeholders in decision-making and operational matters.

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.