Quality Policy and Procedure Audit Report

Version 3.3

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

Audit details	
Organisation	Interchange Inc
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Justin O'Meara Smith
Assignment name:	Policy and Procedure Audit
National Standards for Disability Services assessed:	Standards 1-6
Evaluation team*:	Beth Marchbank
Final report date:	11 November 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 the Maddington and Morley service points of Interchange on 21 October 2019. A desktop audit of policies and procedures was completed, and feedback from management and staff was sought in five group sessions to assess compliance with the National Standards for Disability Services 1-6.

An opening meeting was held on 21 October 2019 and a closing meeting was held on 11 November 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
1.			No Required Actions were identified as a result of this policy and procedure 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.			No Service Improvements on policies and procedures were identified as a result of this audit.

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:	Justin O'Meara Smith
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 The service has a comprehensive set of policies and procedures which are in line with the National Standards for Disability Services and which guide service practice. Some policies are due for updating.

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 encompasses upholding the National Standards for Disability Services, abiding by the law, integrity, team work, working safely; and working in line with Interchange policies and procedures and the NDIS Code of Conduct.

Service profile

Service profile	
Service description (in brief)	
The services provided	The service supports people of all ages with a range of support needs. Supports include: • Social and Community Participation • Independent Living Options • Transport Options • Daily Living Skills • School Aged and School Leaver Supports • Developing Capacity and Learning • Finding and Keeping a Job • Support Design and Planning • Support Coordination and Plan Management
The resources	Service budget is $14.5 million per annum. The Interchange head office is in Maddington and there are other neighbourhood locations in: • Mandurah

	• Rockingham • Spearwood • Myaree • Osborne Park • Midland • Maddington Interchange employs about 206 support workers (139 full-time equivalent) who are supervised and guided by Team Leaders and a Community Engagement Team supervised by People and Culture Coaches and an Executive Manager. The administration of supports is overseen by the Executive Manager who supervises officers in Human Resources, Information Technology, Risk, Quality and Safeguarding, Administration, Accounts and Finance.
The people using services	The organisation uses the term **customer** or **client** to refer to individuals with disability they support. There are currently 430 people aged from 3 – 65+ years receiving supports from Interchange. These people have a range of support needs including high physical, social, communication and daily living support needs.

Consultation	
Statistics	
Number of management and staff consulted	23

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.
Policies and staff reports about their work showed a focus on customer choice and vigilance about customer safety and well-being. Staff showed an understanding of restrictive practice and the need for documentation and minimal use of restrictions. Staff also showed awareness of the balance between maximum freedom of movement and safety measures. Policies, procedures and responses in staff interviews showed that the service works to enable choice making opportunities and support for people to express their choices and decisions where needed, and that this practice was reinforced in staff meetings.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 1 (stated in 'Standard for service' above):	Y	1,2,3,5
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect.	Y	1,2,3,5
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Y	2,3,5
1:3 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.	Y	1,2,3,5
1:4 The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	Y	1,2,3,5
1:5 The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Y	2,3,5
1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Y	1,2,3,5

1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Y	2,3,5
1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Y	1,2,3,5
1:9 The organisation keeps personal information confidential and private.	Y	1,2,3,5

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

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.

Interchange works from several "Neighbourhoods" and endeavours to support people in activities within their local community to increase the chance of friendship development. Staff noted that with individualised funding there is more opportunity for customers to engage in activities of their choice in the community and connect with family.

Staff reported how they support customers to research activities of interest in their own communities and then support them to engage those activities. These include activities where customers have valued roles, such as selling their own products, volunteer work and engaging in local council activities.

Managers and staff named various organisations they work in partnership with to enhance coordination of opportunities with customers. Some examples of supporting people to connect with their own culture were given.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 2 (stated in 'Standard for service' above):	Y	1,2,3,5
2:1 The organisation actively promotes a valued role for people with disability, of their own choosing.	Y	1,2,3,5
2:2 The organisation works together with individuals to connect to family, friends and their chosen communities.	Y	1,2,3,5
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Y	1,2,3,5
2:4 Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	Y	1,2,3,5
2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Y	1,2,3,5

2:6 The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Y	1,2,3,5

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

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.
Staff reported how they work to each customer's plan and goals and report progress towards those goals. Interchange uses software to enable support workers to use their phones to be in touch with customer support times and goals; and further development of this system is planned. Team Leaders reported they work closely with families to monitor the effectiveness of services and to work to customer preferences. Policies state that an 'iPlan' is developed in consultation with the customer and/or their family/carers following assessment of their needs. Team Leaders document a report about customers' individual progress towards their plan goals six weeks before their plan review. Staff reported ways in which they support customers according to their individual personalities, interests, ages and cultures.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 3 (stated in 'Standard for service' above):	Y	1,2,3,5
3:1 The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Y	1,2,3,5
3:2 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.	Y	1,2,3,5
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Y	1,2,3,5
3:4 Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Y	1,2,3,5

3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Y	1,2,3,5

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

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.

Responses in staff interviews showed that staff saw feedback from customers and families as indicators for what the service could improve on. Support workers said they would forward feedback to their Team Leaders and this is sent on to the People and Culture Manager for continuous improvement planning.

Complaints raised are generally solved with the Team Leader who works with the complainant, initiates resolutions and documents the process. Staff reported that having good working relationships, apologising and discussing issues with customers and families/carers was the best way to resolve issues effectively; acknowledging customer rights to services that meet their needs and preferences.

The Service Agreement explains customer rights to raise issues and the process for resolution.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 4 (stated in 'Standard for service' above):	Y	1
4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Y	1,2,3,5, 6
4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Y	1,2,3
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Y	1,2,3,5
4:4 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.	Y	1,2,3,5
4:5 The organisation develops a culture of continuous improvement using compliments, feedback and complaints to	Y	1,2,5

plan, deliver and review services for individuals and the community.		
4:6 The organisation effectively manages disputes.	Y	1,2,3,5

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

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.

Staff reported that service access is based on the funding and preferences of customers and families/carers; and when they could not meet people's requests they discuss it openly and offer alternative staff or services.

Support workers are selected based on their ability to match with customer needs and preferences. Staff/management said, "we are as flexible as possible".

The Interchange Service Agreement sets out information about services, prices, complaints resolution, schedules of support and flexibility within funding.

Interchange works with other agencies including local councils, Therapy Focus, Office of Public Advocate, Public Trustee, TAFEs, Ruah Teem Treasure, Outcare, Holyoake and training authorities.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 5 (stated in 'Standard for service' above):	Y	1
5:1 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.	Y	1,2,3,5
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available.	Y	1,2,5
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Y	1,2,5
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Y	1,2,5
5:5 The organisation monitors and addresses potential barriers to access.	Y	1,2,5

5:6 The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Y	1,2,5
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Y	1,2,3,5

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

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 service has staffing structures, policies and procedures to implement service culture and supports including Peer Mentors, Team Leaders, and Community Engagers to support contemporary service provision.

Staff reported they felt well supported in their work and had training opportunities to increase their skills and knowledge under the 'iLearn' Learning & Development program. They reported having regular 'iReflect' and 'iReview' meetings to discuss service issues, customer progress and service effectiveness or improvements. Staff explained the safety and reporting procedures in case of incidents or need to prevent harm.

The service policies and staff feedback at interview support the involvement of customers and families/carers in the design and review of services.

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.

Policies and Procedures (P&P)	**Yes/No or N/A**	**Info Source**
The organisation has policies and/or procedures that support the key intent of Standard 6 (stated in 'Standard for service' above):	Y	1,2,5
6.1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Y	1,2,3,5
6.2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Y	1,2,5
6.3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.	Y	1,2,5
6.4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Y	1,2,3,5
6.5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice.	Y	1,2,3,5
6.6 The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Y	1,2,3

6.7 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.	Y	1,2,3,5

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

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.
- 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.