Quality Evaluation Report

Version 2.4

Evaluation details	
Organisation	Facilitatrix Australia Pty Ltd
Organisation trading name:	
Business Owners:	Caroline Ann Marshall and Sukhi Tear
Assignment name:	Comprehensive
Geographic area/s:	Perth metropolitan region
National Standards for Disability Services assessed:	Standards 1 - 6
Evaluation team*:	Gudrun Gilles
Final report date:	23 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 evaluator who evaluated Facilitatrix. As the service runs a virtual administration office, materials were reviewed via shared files and logging into the service's Client Management System. Feedback was sought from individuals with disability, their families and carers, staff and management; and assessed written evidence for compliance with the National Standards for Disability Services (Standards).

An opening meeting was held on 18 June 2019 and the evaluator conducted desktop audits and interviews on 4, 9, 11 and 12 July 2019. A closing meeting was held on 23 July 2019.

Assessment of compliance with the Standards	
The rating scale used to assess the Standards is **met/not met.**	
Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Exceptional practices
Where noted, exceptional practices refer to initiatives towards excellence in service delivery
• The service has good guiding and framework documents, such as its Strategic Plan and Workforce Development Plan; and its suite of policies that are easy to read, and reflect an organisation that is clear in its purpose.
• The leadership team at Facilitatrix models the service's purpose in their actions – this was described by all those interviewed and experienced by the evaluator.

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 have been identified	

Service Improvements (SI)			
Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**. Progress on SIs is reported in the annual Self-assessment (April each year).			
No.	**NSDS**	**IoP(s)**	**SI statement**
1.	1 & 5	1.4 1.5 5.4	Assess all activities and ensure that guidelines and associated tools/templates to support the delivery of activities are in place to support details as outlined in policies.
2.	4	4.3	Develop measures to ensure that feedback and complaints processes are implemented, and that all grievances and complaints as well as any follow up actions are captured.
3.	6	6.6	Document service quality goals and implement systems to ensure that service outcomes are consistently monitored, measured and reviewed.

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:	Anita Gibbs – Quality Assurance Officer
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 It was noted that the organisation stated in its Self-assessment at IoP 5.4 that it was not applicable. Facilitatrix is expanding rapidly, and it is pertinent that its reviewable practices are in place to meet the requirements for this IoP and develop organisation wide procedures in line with the size and complexity of services.

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 organisation refers to the NDIS Code of Conduct and expresses its values in its Individual Human Rights Policy. When next reviewing this policy (due Nov 2020) the service may want to consider how it will evidence the objectives described in the section 'Policy Detail'.

Service profile

Service profile	
Service description (in brief)	
The services provided	Facilitatrix provides complex case coordination, allied health services, advocacy and support services for adults and children with disabilities.
The resources	Facilitatrix operates with a virtual administration set up which includes a cloud-based Customer Management System (CMS) and the ability to create shared files. The team at Facilitatrix includes (expressed in full time equivalent – FTE): • 2 Directors • 0.6 Executive Manager • 1 Supervising Occupational Therapist • 1 Supervision Support Coordinator • 3 Allied Health/ Specialist Support Coordinators • 0.4 Intake Officer • 1 Front Line Officer • 0.6 Quality Assurance Officer • 1 Mentoring Coordinator • 6 Mentors • 1.5 Virtual Assistants The budget derived from disability funding from 1 July 2018 to 30 June 2019 was $2,051,587.
The people using services	Facilitatrix uses the term **people** to refer to individuals with disability, family member/s of individuals with disability and carers. At the time of this evaluation the service supports 311 adults and children experiencing a range of disabilities, including acquired brain injury, mental illness, physical disability, and neurological and degenerative conditions.

Consultation	
Statistics	
Number of approaches via telephone or email to family members/carers/ friends/advocates/guardians	All
Number of telephone interviews or emails with individuals with disability	3

Number of telephone interviews or emails with family members/carers/ friends/advocates/guardians	7
Number of individual files/plans reviewed	10
Number of staff files reviewed	5
Number of complaints reviewed	6
Number of serious incident reports reviewed	0
Number of staff meetings attended	0
Number of staff consulted	3
Number of external stakeholders consulted	4

Summary of findings

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

Standard 1: Rights
Standard for service: **The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.**

Assessment summary against Standard 1: Rights
Standard 1 is met.
The detail within the service's Individual Human Rights Policy and Quality Assurance Policy support the key elements of this Standard, and its Individual Human Rights Policy provides a good framework. However, the service is lacking strategies, tools and procedures to evidence it has met its objectives as outlined in its policies – this also applies to its Administration of Medication Policy, which is under review at the time of this evaluation. Service users and external stakeholders interviewed, provided some examples of the service successfully supporting freedom of expression and the provision of timely information that led to better support outcomes. However, some have also experienced (due to staff changes) that timelines were missed for information and support that impacted negatively on advocacy outcomes and/or planning processes.

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 elements of Standard 1 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 1		
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	1,2,4,8
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,4,8
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.	Yes	1,2,4,8
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.	No	1,2,4,8

Reason for Finding: • The service has a Positive Behaviour Support and Restrictive Practices Policy in place. The Policy Detail section describes components of the service's approach to positive behaviour support. • The Policy outlines that the service staff will never implement or be involved in the use of restrictive practices. • However, there are no procedures, tools or templates contained in the shared folder that operationalise the commitments as described in the policy. • None of the Individual files reviewed on the Customer Management System (CMS) contained any documents relating to identified or monitored restrictive practices in place. • With no measures in place to identify and review the use of restrictive practices, there is a risk that restrictive practices are being employed by service staff or other services involved in the person's life without the knowledge or awareness of the organisation. **(SI 1 refers)**		
1:5 The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence. **Reason for Finding:** • The Individual Human Rights Policy expresses the promotion and protection of human rights as an objective in the services delivered, and that Facilitatrix will not tolerate abuse of any kind. The only tool in the materials shared during this evaluation that can be linked to the operationalisation of the commitments as described in the Policy, is a template for a Client Risk Assessment. • However, none of the Individual files reviewed on the Customer Management System (CMS) contained materials that document and monitor preventative safeguarding strategies e.g. Client Risk Assessments. • The service cannot be sure that those accessing its supports are free from discrimination, exploitation, abuse, harm, neglect and violence without systematic and reviewable preventative processes in place. **(SI 1 refers)**	No	1,2,4,8

1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,4,8
1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,4,8
1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1,2,4,8
1:9 The organisation keeps personal information confidential and private.	Yes	1,2,5

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

Standard 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.
The elements of this Standard are expressed in several policies, including the Cultural Competency Policy and the service's Quality Assurance Policy. The Cultural Competency Policy is comprehensive and reflective of a strong commitment to culturally sensitive support 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 elements of Standard 2 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 2		
2:1 The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1,2,5,8
2:2 The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1,2,4,8
2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1,2,4,8
2:4 Where appropriate, the organisation works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1,4,8
2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1,2,4
2:6 The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1,4,5

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholder; **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

Standard 3: Individual outcomes
Standard for service: **Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.**

Assessment summary against Standard 3: Individual outcomes
Standard 3 is met.
The service's Quality Assurance Policy outlines planning processes. Case notes in the CMS are extensive. Service agreements and case notes viewed, as well as conversations with individuals and other stakeholders, confirmed that individual outcomes are identified and monitored. The service meets reporting requirements against goals documented in NDIS funding plans.

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 elements of Standard 3 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 3		
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.	Yes	1,4,8
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.	Yes	1,4,8
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,4,8
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.	Yes	1,4,8
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,4,8

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observations **8** discussion with individuals, family, carers, friends, advocates or guardians

Standard 4: Feedback and complaints
Standard for service: **Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.**

Assessment summary against Standard 4: Feedback and complaints
Standard 4 is met.
The service has demonstrated that it resolves concerns and complaints that it is aware of in line with expectations set out in this Standard and its Feedback Policy. The consistent implementation of its Feedback Policy and the capturing of information to support continuous improvement strategies are not as effective as they could be.

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 elements of Standard 4 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 4		
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.	Yes	1,2,5,8
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.	Yes	1,2,5,8
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner. **Reason for finding:** • Facilitatrix's Feedback Policy defines what a complaint is and identifies as one of its objectives that all complainants are presented with procedures that value the opportunity to be heard, promote conflict resolution and encourage the development of collaborative partnerships. • Complaints viewed, represent processes that are aligned with the objectives expressed in the policy. • Several service users consulted with though described making a complaint or raising concerns about services provided via e-mail and/ or phone call in recent months,	No	1,2,5,8

and stated they were not supported to progress towards the completion of a Complaints Form and their complaint was not resolved. • None of the complaints/ expressions of concerns presented to the evaluator during interviews were documented in materials sighted, e.g. case notes or the sample of complaints provided by the organisation. • The organisation cannot therefore be sure that it resolves complaints and concerns in line with its objectives, without embedded practices to ensure the acknowledgement, documentation and management of all complaints and concerns. **(SI 2 refers)**		
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.	Yes	1,2,5
4:5 The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.	Yes	1,2,5
4:6 The organisation effectively manages disputes.	Yes	1,2,5

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

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

Assessment summary against Standard 5: Service access
Standard 5 is met.
The experience of service access described by those interviewed was very positive. Service access and commencement of services have emerged as a strength of Facilitatrix during this evaluation.

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 elements of Standard 5 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 5		
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.	Yes	1,2,5
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1,2,5
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1,2,5
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists. **Reason for Finding:** • The experience of service access described by those interviewed was very positive. • However, the service does not have documented procedures in place in response to this IoP. • Without a procedure to manage priority of access and referrals exceeding service capacity, the service may not be able to provide transparent and equitable service access. **(SI 1 refers)**	No	1,2,5
5:5 The organisation monitors and addresses potential barriers to access.	Yes	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.	Yes	1,2,5
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1,4,8

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

Standard 6: Service management
Standard for service: **The service has effective and accountable service management and leadership to maximise outcomes for individuals.**

Assessment summary against Standard 6: Service management
Standard 6 is met.
The organisation has recently made additional resources available for quality management and information systems to support its continued growth. However, the maturing of its quality management systems has not kept track with the expansion of its service size and complexity Oversight via relatively informal processes and individualised approaches is insufficient and the service will need to further invest in systematic risk management and service improvement strategies. A finding of this evaluation is that the service's reputation and outcomes for service users will be compromised without stronger quality management systems in place.

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 elements of Standard 6 (stated in 'Standard for service' above):	Yes	1,2,5
Indicators of Practice (IoP) The organisation implements its policies and/or procedures for Standard 6		
6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1,2,4
6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1,2,5
6:3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Yes	1,2,5
6:4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1,2,5
6:5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Yes	1,2,5
6:6 The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes. **Reason for Finding:**	No	1,2,4,8

• The organisation has recognised that it needs to invest in systems for quality assurance and the implementation of these strategies is underway. • The service is strong in its documentation of case notes. However, on their own, case notes do not represent an effective way to document and monitor service users' outcomes: they are evidence of activities undertaken by staff. • Those interviewed gave varied feedback relating to consistency of service quality and service outcomes achieved. • The service heavily relies on staff knowledge of individuals and services. Monitoring tools and strategies for risk management and continuous improvement are either in the process of being implemented or not yet developed. Current strategies in place are not sufficient for the size and complexity of the service. • The service cannot be confident that it meets individual outcomes and goals if it does not have documented quality measures and effective monitoring and review systems in place. **(refer SI 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.	Yes	1,2,4,8

Legend for evidence information source: **1** documentation **2** discussion with management staff **3** discussion with direct care staf; **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians

Acknowledgments

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

Further information

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:
http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system
For further information about this report, please contact the Quality and Evaluation team: quality@dsc.wa.gov.au

Disclaimer

The quality evaluation assessment is necessarily limited by the following:

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

Confidentiality statement

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

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