

Quality Evaluation Report

Version 1:2, November 2015

Assessment against the
National Standards for Disability Services

Disability sector organisation:	Telethon Speech and Hearing Ltd
Service point name:	Whole of Organisation (Disability Services Commission funding only)
Outlet name(s):	Early Childhood Intervention Better Hearing (Hearing Impairment Support) Policies and Procedures
Chief Executive Officer:	Ms Peta Monley
Final report date:	17 March 2016
Evaluation team:	Beth Marchbank Bettina Philp

*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.

Further information

Please contact the Quality and Evaluation team.

Contact details:
Quality and Evaluation
Disability Services Commission,
146 - 160 Colin Street, West Perth WA 6005
Phone: 9426 9200
quality@dsc.wa.gov.au

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Acknowledgments

The Evaluators extend 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 evaluators who visited Telethon Speech and Hearing Ltd 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 26 November 2015 and the evaluators visited the service on 9 and 10 December 2015. An exit meeting was held on 2 February 2016.

The organisation uses the term 'client' 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>The Telethon Speech and Hearing (TSH) service was founded in 1965 by five parents of profoundly deaf children who wanted their children to learn to speak. TSH is a 'for purpose' charity and registered private school. Its mission is, "We enable children and adults with hearing, language or speech impairments to communicate." TSH stated values are: Teamwork, Professionalism, Community, Respect and Support.</p> <p>TSH provides early intervention and school support programs for hearing and speech-language impaired children, and audiology services and other clinical, advocacy and information support services, for children and adults with hearing impairment.</p> <p>The service has undergone significant structural and program changes since the appointment of the new Chief Executive Officer (CEO) in May 2013.</p> <p>Chatterbox Early Intervention Program: Chatterbox early intervention commences as soon as a diagnosis of hearing loss is made, often within the first week of an infant's life. The multi-disciplinary allied health team provides a family-centred approach whereby learning, support and therapy services are designed to meet the</p>

	<p>needs of both parents and their child. Emphasis is placed on coaching parents in strategies and techniques they can use in their home environments.</p> <p>Better Hearing TSH: The Better Hearing service is dedicated to providing support services to adults (17 years and older) with hearing impairment in Western Australia. Services extend to families and the local community, including: community awareness sessions, information and advisory services about hearing strategies, services and devices, lip reading classes and tinnitus management.</p>
<p>The resources</p>	<p>Services are provided in a newly renovated and expanded centre with state-of-the-art audiology testing facilities, playgrounds, offices, meeting rooms and other clinical facilities based in Wembley. The service is working to expand more into the southern suburbs.</p> <p>Chatterbox Early Intervention: Funding from the Disability Services Commission (the Commission) for 2015-16 is \$408,102; families pay \$500 per term (\$2,000 per year) per child for services. All families unable to pay the term fees are offered a bursary, through the TSH bursary process. During 2015, bursaries to the total of \$44,500 were granted to 24 families. Only children with binaural hearing loss of 40dB and over are eligible for Commission funded services. This accounts for about half of the children attending TSH and the remainder are funded through fundraising efforts and other grants.</p> <p>Better Hearing TSH: Commission funding for 2015-16 is \$60,619; services are free.</p> <p>Chatterbox Early Intervention: Head Program Support (1.0FTE) Clinical Leader – EI Hearing Impaired (1.0FTE) Clinical Leader – Occupational Therapy (0.5FTE) Clinical Leader – Speech Pathology (0.8FTE) Clinical Leader – Psychology (1.0FTE) Auditory Verbal (A-V) Therapist (0.8FTE) Audio-verbal Therapist Trainee/Speech Pathologist (1.8FTE) Occupational Therapist (0.4FTE) Psychologist (0.4FTE)</p>

	<p>Audiologist (0.9FTE)</p> <p>Better Hearing TSH: Manager of Better Hearing TSH (0.25FTE)</p> <p>All services are overseen by the CEO and supported by an Executive Assistant, Quality Manager, Contracts Manager and Human Resources staff.</p> <p>The service has an office in Karratha and runs a large program in metropolitan and country schools aimed at reducing ear disease and hearing loss among Aboriginal children. The service is opening a new site at Cockburn in 2016 to service the needs of clients south of the river.</p>
The people using services	<p>Sixty-seven children are enrolled aged from 0-5 years with hearing and speech and language impairments. Numbers fluctuate throughout the year.</p> <p>Services to adults with hearing impairments and their families/carers are provided as an information and advocacy service, as well as community presentations to an estimated 2000 people per year.</p>

Consultation

Statistics	
Number of visits to group homes	N/A
Number of individuals with disability present in group homes during visits	N/A
Number of visits to private homes	N/A
Number of interviews with individuals with disability	1
Number of interviews with family members / friends / carers / advocates	5
Number of telephone interviews or emails with individuals with disability	5
Number of telephone interviews or emails with family members / friends / carers / advocates	24
Number of individual files / plans reviewed	8
Number of complaints reviewed	0
Number of staff meetings attended	1
Number of staff consulted	13
Number of external stakeholders consulted	5

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	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

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"> The service procedure whereby parents of children and adults are worked with collaboratively and constantly asked what they want from the service. The holistic service approach, comprising a comprehensive service with audiology, speech pathology, occupational therapy, auditory-verbal therapy and psychology.
Business practice/s	<ul style="list-style-type: none"> The Annual Family and Client Survey Findings and Action Plan that reports survey results to stakeholders and provides information on completed and planned actions for improvement.
Other good practices noted	<ul style="list-style-type: none"> The professionalism of the staff in continuing to provide individualised and comprehensive services when there were staff and management changes occurring in the organisation. The high quality of services provided resulting in a very high satisfaction level of over 90 per cent (90%) from families and community organisations.

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

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.	5	To review the information provided to families about costs of their individual programs and the family fee contribution.

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.	1, 6	Reporting of incidents that are not serious or critical would help the service to track hazards for young children who may bump or hurt themselves or each other in case any of these incidents require medical follow-up or hazard reduction later.
2.	3, 6	A number of families and staff raised concerns about communication about staff changes. This needs further discussion and the development of a policy and/or procedure to provide clarity for stakeholders.
3.	6	The service is in the process of amending its Administration of Medication policy within the Child Health Policy as it relates to the Early Intervention programs.

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.

- **(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

The service point has the following policies and / or procedures for:

	P	E	R	NA
• 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

- Families reported they are treated with dignity and respect and their privacy is upheld.
- All of the 35 parents and clients interviewed said they felt the service upheld their rights to freedom of expression and choices within the service, although not all choices were accommodated.
- Most parents and adult clients reported that on entry into the service they were provided with information about what the service offers, how it works, and other relevant information, to help them be able to make informed decisions about the service they receive.
- All people interviewed said they felt encouraged to express their needs and to discuss suggestions about services with the staff.
- Two families reported they had felt they needed to find out information about other services to meet their needs, as the service had not provided this.

Staff and management knowledge

- Staff spoke of families' rights to make informed decisions about the services they receive. They noted the importance of listening to families, providing relevant and up-to-date information, advocating when required, and supporting families.
- Staff have undergone training in safeguarding children and mandatory reporting. The psychologist is consulted and investigates and sources appropriate supports from other specialist services if necessary.
- Staff advised they are aware of their responsibility in maintaining client privacy and confidentiality. They always obtain client consent before releasing private information.

Observations

- Client files were kept in locked filing cabinets.

Critical documents, systems and processes

- On entry into the service, families receive an enrolment pack providing information about the services, fees, complaints and feedback and about hearing issues.
- The service has a Policy relating to the National Standard for Disability Services – Standard One, which entails principles relating to each sub-section of the standard.
- Consent forms for release of information were filed in individual client files.
- The service offers a resource library and distributes a quarterly newsletter called 'Parent Link' to which the Early Intervention Team contributes.
- Critical Incident Reports (when required) are completed and lodged with the relevant Department Head who is the designated staff member for investigation.
- There were no critical incident reports relating to clients for the past two years. The policy on incident reporting details the definition of 'critical', and managers reported that no client incidents over the past two years were at the critical level and therefore did not warrant a report.
- One critical incident report where a child had fallen and hit their head was over-written 'not critical' after medical examination showed the injury was not a danger to the child's health, which was in line with the Commission's guidelines of serious incident reporting. (See OM 1)
- Two reports about staff incidents (a car accident and a fall) were in the critical incident report file.

Assessment against the Standard

General statement

The service upholds the rights and dignity of all people who use the service. The main feedback related to staff being very informative, understanding and supportive.

Standard 1: Rights

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

- Parents reported that as a result of participating in the service, their children had much better opportunities to participate fully in childcare, kindergarten (kindy), school and other social, recreational and educational activities in their lives.
- Some adults gave examples of situations they were able to participate in much more easily as a result of aural rehabilitation strategies they had learned, or assistive devices they had learned to use through the service. Examples included group discussions, dinner parties, playing bridge, social gatherings and meetings, and conversing in coffee shops and restaurants.
- Parents reported that staff had worked with other services they were involved with and referred them to other relevant services where relevant.
- Four community organisation leaders interviewed said the Better Hearing presentations provided to seniors were very informative and had resulted in people accessing services for devices or employing communication strategies. They also appreciated the hearing-screening test provided.
- Another community organisation advised the service provides training to their staff, in developing their understanding of hearing impairment and the basic operations and management of clients' hearing devices.

Staff and management knowledge

- Staff reported the whole focus of service provision is to enable children and adults to be able to communicate more effectively in their home, social, educational and

recreational environments.

- Staff reported visiting clients' homes, childcare or schools to provide carers and teachers with advice to facilitate optimal communication environments for individual children or adults.
- Where a child presents with cognitive and/or behavioural support needs, therapists reported they suggest to the family they meet with the TSH psychologist who undertakes assessments and offers information about other services which may be helpful to the family.
- Staff reported working with other services and organisations, including the Autism Association, Princess Margaret Hospital, WA Deaf Society, the Education Department, Australian Hearing, SSENS – School of Special Education Needs – Sensory, Bubbles Speech Pathology, Medical Practitioners, Rotary clubs, Lions Clubs, Probus clubs, aged care services, Returned Services League (RSL), local government seniors services and retirement villages.
- The CEO reported that the staff have had training in Aboriginal cultural awareness.

Observations

- Children participated in songs, listening activities and social play in a therapeutic setting facilitated by a speech pathologist and occupational therapist, who were also available to talk with parents about facilitating speech and language development and listening skills for their children.
- Parents seemed to enjoy the peer support opportunity provided when their children attended playgroup.
- During a discussion, one client used a directional microphone to help them hear the conversation better against the competing background noise.
- One evaluator attended a community presentation on hearing loss, hearing devices, services and strategies to a Rotary club, which was well received by the ten attendees.

Critical documents, systems and processes

- The service has strong working relationships with nine outpost schools, and it is working on introducing more schools into this program to provide for the needs of children with hearing impairments in mainstream schools.
- The policy on 'Participation and Integration' states that, "Services are provided with sensitivity to and an awareness of the cultural beliefs and practices of individuals from culturally and linguistically diverse backgrounds, including an awareness of the needs of Aboriginal and Torres Strait Islander people, their families and communities."

Assessment against the Standard

General statement

Clients and parents reported many positive outcomes where children and adults were better able to communicate to develop and maintain relationships in a range of social and community settings.

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.

- **(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
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The service point has the following policies and / or procedures for:

- | | | | | |
|--|--|---|--|--|
| • person-centred individual service planning, delivery and review | | X | | |
| • respecting and responding to individual diversity | | X | | |
| • 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 and carers.

- All parents and adults interviewed reported very positive feedback about the clinical services and especially being able to discuss their issues with a range of professionals within the one service.
- Parents reported that they had discussed their child's needs for support and intervention when they entered the service and the service had moulded their program to meet their needs.
- Parents valued being able to access a mix of audiology, auditory-verbal therapy, speech pathology, occupational therapy, and psychology services; including group sessions (play group) and individual sessions to meet their needs.
- Parents of children and adults using the service reported many positive outcomes from intervention, including being able to communicate on a par with peers, and full participation in early learning and school activities, being able to hear the television again, being able to hear the doorbell or use the phone, and being able to participate in group conversations.
- Some adults reported regained confidence with the use of hearing aids and devices about which they had had useful support and advice. They said that being able to continue participating in activities, lip reading classes and social groups, meant that hearing, speech and conversation skills were maintained.
- Several parents said, "My child's skills would not be anywhere near where they are

without the service – it’s fantastic.”

- On the whole, people reported that the service was flexible to meet their needs, such as changing sessions to suit family situations, or doing home or school visits.
- A few parents were finding travel to the service wearing; and one said she was attending four times per week and would like to have sessions scheduled so she could attend less days a week.
- A few families out of the 27 interviewed reported that they had recently become less confident in service outcomes as there had been staff changes and they were not informed (sometimes not until they arrived for an appointment), and they were unsure of how to ensure ongoing audiological mapping and psychology support as these professionals were less available to them. (See OM 2)

Staff and management knowledge

- Therapy staff reported that they develop individual goals with families when discussing their service needs and preferences.
- Families are consulted about the type and frequency of the service required and this is reflected in their individual plans where applicable.
- TSH conducts family education programs in the evenings on subject matters that families have identified as an area of interest.
- These interests are often identified through the Annual Family and Client Surveys or through conversations with staff.
- Some of the topics this year included: speech and language development, sensory regulation, building resilience in children, Positive Behavioural Parenting, transition into school and after school, hearing equipment, siblings’ issues; a Mum’s, Dad’s and Family night, as well as Australian Sign Language (Auslan). Staff said these sessions are well received.
- Staff feedback mirrored parent concerns, that staff changes and parents not being informed of how services would be replaced, were impacting on the quality of services provided. (See OM 2)
- Managers reported that if children present with disabilities other than hearing impairment, they are referred to other relevant services with which TSH works in collaboration.

Observations

- During the playgroup session, therapists were available to speak with parents individually if they had specific questions.
- Different children had different input from therapists in the group session.

Critical documents, systems and processes

- Each child has an individual file containing their goals in therapy, progress notes, clinical reports and correspondence with other services.

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 < x > plans were reviewed and < y% > met basic qualitative and outcomes criteria. (N/A as TSH services are block funded by the Commission)

Plans consider and document individual choices

- N/A

<p>Plans record decisions regarding the individual's supports and funding arrangement, with determination of safeguards as appropriate</p> <ul style="list-style-type: none"> • N/A
<p>Plans include monitoring, reviewing and following up individual progress against goals and outcomes</p> <ul style="list-style-type: none"> • N/A
<p>Stated outcomes reflect the wishes of people using services and the extent to which they feel they have choice and control</p> <ul style="list-style-type: none"> • N/A
<p>Statement about individuals' satisfaction with the supports provided to facilitate achievement of goals</p> <ul style="list-style-type: none"> • N/A

Assessment against the Standard

General statement	Feedback about the service was very positive; the most highly valued aspect being the holistic design, providing a comprehensive range of individualised audiological and therapy services from one organisation.
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

- Most people said they found the staff to be very approachable and could talk through any issues or concerns about their services.
- Most people could not remember being specifically informed about the complaints procedure available to them; but some said they had been told about it and felt encouraged to give feedback about the service.
- Several parents said they would always speak up about any concerns because they needed to advocate for their child's needs.
- Most families said they had never had to raise a complaint but felt confident that issues could be resolved as they went along. A few parents said they felt uncomfortable about raising issues.
- Three parents interviewed who had provided feedback in relation to their services said it was addressed, but two felt uncomfortable in raising their concerns.

Staff and management knowledge

- Staff reported having good working relationships with their clients and said they discussed issues on an ongoing basis.
- Staff reported feedback provided to managers about services had been listened to and mostly been acted on to suit families.
- Managers reported there were no complaints in the complaints file because service issues and concerns were resolved at the time they were raised and had not reached the stage of formal complaints.

Observations

- The brochure entitled 'Compliments and Complaints' is available on the front reception desk, as well as the Health and Disability Services Complaints brochure.

Critical documents, systems and processes

- The service keeps a complaint register and no complaints had been recorded in the last two years.
- The results of the 2015 Annual Family and Client Survey were published in a booklet of 'Findings and Action Plan' and made available to all stakeholders.
- Fifty-four per cent (54%) of parents in the early intervention service and 71 per cent (71%) of adults in the Better Hearing program responded to the 2015 survey, with satisfaction with services being rated over 90 per cent (90%) for all aspects of services.
- The booklet also documented the suggested service improvements and actions completed or planned, to address the suggestions.

Assessment against the Standard

General statement	The service provides varied opportunities for families to express their concerns and feedback; these and follow-up actions are reported on and made available to stakeholders.
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

<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"> • 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

- All people interviewed said the entry into the service was smooth and timely.
- The majority of families heard about the service through the hospital where their child was born and as a result have been accessing the service since then. Other families heard about the service through their paediatrician.
- One parent said they would like to have been informed about the service when they received their newborn's audiology screening results.
- The majority of services are provided at the TSH facility, however if the family request it, therapists can visit them at home.
- One family said they came up from the country for a couple of days and received intensive treatment and advice. This family is being supported to pursue local services.
- A few families had had their session times arranged to suit their family situations, but some said sessions had been less available, or flexible, recently. Two parents said they had had sessions cancelled and one said these were not always rescheduled.
- A few parents out of the 27 interviewed, expressed concern at not having the psychologist available at playgroup and changes in audiology services.
- Three families said they felt the service fees needed review, as clients paid the same fee regardless of what services were accessed. For instance some who only used one therapy and did not attend groups, or who had a very young infant, paid the same as those using all services. (See SI 1)

Staff and management knowledge

- The Coordinator showed the evaluators the information sheet provided to families explaining the TSH and the SSENS services available.
- The frequency of therapy is determined by the service and the family, and is based on relative and changing needs.
- On average, families can receive 40 hours of services per year, on payment of their quarterly fees and Better Start funds, if applicable.
- Families have weekly, fortnightly or monthly one-to-one therapy sessions, or block sessions for some families who live in county areas.
- Services are provided to families who live outside the metropolitan area and for a couple of families who live overseas. The advice and support occurs via the phone or telecommunications such as Skype.
- Families who are able to come to the city are asked what is their preferred approach, and for some they undertake bulk sessions when in Perth.
- When a family exits the Early Intervention services, a therapist provides applicable reports to the new provider and copies are available for families as well.
- New providers are invited to visit the TSH facility for a case conference to prepare for the transition.
- A few staff expressed concerns about staff changes over the past two years.
- A couple of staff also related concern about the fee structure, saying families using irregular or just one service, pay the same as those attending weekly or for all therapies. (See SI 1)
- The CEO said that plans are in place to inform individual families about costs of services and the fee structure.

Observations

- N/A

Critical documents, systems and processes

- Families are offered fee relief schemes so that no child is denied access to the service on the basis of inability to pay.
- Following referral to TSH children's services, the Head of Program Support (for children aged 0-5 years) or the Manager of Better Hearing (for adults) meets with the individual or family to discuss their needs. This meeting is often held in the family home.
- Families can access the TSH multi-disciplinary team that consists of audiologists, occupational therapists, audio-verbal and speech therapists, psychologists and teachers when required. Also available is a playgroup and kindy programs.

Assessment against the Standard

General statement

People were mostly very satisfied with the level and types of services available. There were some concerns raised about staff leaving the service and reduced audiology supports available to the children's service.

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 		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

- Most families reported that the service seemed well managed and that staff were very well qualified.
- All people interviewed said they felt safe within the service, and that the service attended to their needs for safety and wellbeing appropriately.

Staff and management knowledge

- The CEO reported that staff had received essential and discretionary training in first aid, anaphylaxis, protective behaviours, mandatory reporting, the National Standards for Disability Services, and working with children with additional needs.
- The service has recently improved physical accessibility and security to the TSH facilities.
- The multidisciplinary team work together to support each other and share expertise when assisting families to work towards their identified goals.
- The service has a focus on continuous improvement via staff development and the Annual Family and Client Survey Findings and Action Plan.
- Managers and staff reported that families are encouraged to present and discuss ideas at any time.
- The Policy and Procedures Review Committee does not have any consumer members, but consumers (clients) have input into service planning and development via the annual survey and the feedback form.
- Policy and procedure revisions are emailed to all staff for feedback and families are notified of policy changes through the newsletter.
- A few staff indicated a lack of recognition of clinical expertise and support for staff in their roles, which they felt inhibited choice and empowerment for families.
- Staff reported that they have worked hard to uphold the quality of service provided to clients, despite the changes in management, staffing and procedures over the past months, and this was confirmed through client feedback.
- All staff hold a professional qualification in their area of expertise and reported they receive sufficient training opportunities to keep up-to-date with developments in their area. Some staff have specific skill sets such as key word signing and alternative communication strategies.
- When a child fell and hit their head on play equipment, a report was made and the piece of equipment moved. The incident was reported by the staff but deemed 'not serious' as no immediate medical intervention was required. (See OM 1)

Observations

- The service had modern facilities and resources with which to provide services.
- Evacuation maps, plans and equipment were evident in various places throughout the centre.

Critical documents, systems and processes

- Most policies relating to the National Standards for Disability Services were dated April 2015 with a review date of April 2018.
- Staff meet weekly to discuss service issues where they also share personal positives and safety issues.

- Staff alert managers to any safety hazards and these are reported on a Facilities and Occupational Safety and Health Request form to the designated Occupational Health and Safety officer who signs off when issues are addressed.
- The service has a Family Support and Education Committee, which meets biannually and feeds reports to the Board.
- The Policy and Procedures Review Committee and the Facilities and Occupational Health and Safety Committee meet monthly.
- TSH employs a private company, First Five Minutes, to conduct their fire and evacuation training and trials and they write reports and follow up on any improvements needed.
- Kidsafe WA carries out regular safety audits of the playground and gym.
- The service policy on Child Health includes a Medication Administration section which is to be revised to clarify procedures relevant to Early Intervention services. (See OM 3)
- Service brochures are provided in other languages on request, and the CEO reported that SSENS has agreed to provide the joint information leaflet about services in a number of different languages.

Assessment against the Standard

General statement	Appropriately qualified and supervised staff deliver services and supports and the service is committed to continuous improvement through their annual surveys.
Standard 6: Service management	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.