



Quality Evaluation Report

Version 1.9, Oct 2017

Evaluation details	
Organisation	Facilitatrix Australia Pty Ltd
Organisation trading name (if applicable):	
Chief Executive Officer/Director:	Ms Caroline Marshall & Ms Sukhi Tear
Assignment name:	Whole of organisation
Geographic area/s:	Perth metropolitan region
National Standards for Disability Services assessed:	Standards 1,3 and 4
Evaluation team*:	Barbara Gatter
Final report date:	13 October 2017
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 visited Facilitatrix Australia Pty Ltd and made observations; reviewed feedback 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).

Opening meetings were held on 27 July 2017 (south and north metropolitan) and the evaluator conducted meetings on multiple dates between 26 June and 22 September. A closing meeting was held on 22 September 2017.

Assessment for compliance with the Standards

The rating scale used to assess the Standards is **met/not met**

Standard 1: Rights	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met

Exceptional practices

Where noted, exceptional practices refer to initiatives towards excellence in service delivery

- Facilitatrix operates from a virtual office business model, without any “bricks and mortar” premises. Teams work remotely across the Perth metropolitan area. There are some regularly utilised spaces through arrangements with other organisations, but there is a flexibility to meet clients and others, and to conduct team meetings, at whatever location is the most convenient, appropriate and comfortable for those attending. While it is not a model that would work for every provider, it provides significantly more flexibility than traditional office space. It is highly valued by staff, provides more flexibility for clients, and is cost effective in terms of enabling Facilitatrix to accept clients from locations right across the metro area, with less costs in time and travel, also benefitting clients.
- Facilitatrix’s Quality Assurance Policy (Disability) very effectively brings together a strong values base, the elements of quality compliance (the Standards) and other frameworks (A Social Model of Disability, Dignity of Risk, Non-restrictive Work Practice, etc). It makes clear strategic, operational and line management responsibilities, and integrates and embeds all elements into ways of operating that ensure rights; and promotes service quality and continuous improvement.



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 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
			No Service Improvements were identified

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:	Sukhi Tear
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

Service profile

Service profile

Service description (in brief)

The services provided	Facilitatrix's services to clients in the segment of their business included in this evaluation include: <ul style="list-style-type: none"> • complex case coordination • advocacy and individual support services • counselling and mediation • training and consultancy to clients' other providers, around safeguarding and adult guardianship and administration.
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	<p>Facilitatrix provides a number of services to clients and families in matters related to guardianship and public administration, such as:</p> <ul style="list-style-type: none">• assistance with applications and appeals to the State Administrative Tribunal (SAT)• advocacy for family members who are involved in the guardianship and administration system• representation and support for clients and family members at SAT hearings• independent assessments of whether guardianship and administration orders are required• independent supervision of contact where a guardian has determined this to be required.
<p>The resources</p>	<p>7 FTE Mentors 2 x 0.5 FTE Mentoring Program Coordinators 0.5 FTE Virtual Assistant (administration) 0.5 FTE Virtual Assistant (Finance/Payroll)</p> <p>Staff are supported by the two Directors (the business Partners) who have a combined 45 years' experience and professional expertise working in human services, primarily with people with disability, people with mental health issues, older people, and other vulnerable people with complex and challenging needs.</p> <p>The annual budget to the end of May 2017 was \$343,684 (incl of GST).</p>
<p>The people using services</p>	<p>The organisation uses the term 'clients' to refer to individuals with disability, family member/s of individuals with disability and carers.</p> <p>Facilitatrix's target group is children and adults with disability, (including psycho-social) who are eligible for funding, their family members and support networks, and other service providers in the sector who support these client groups. Some clients live independently in the community, others with family and some in supported living arrangements.</p> <p>The level of individual support ranges from low to high intensity, according to the client's circumstances and goals, and their level of functionality in the community. Clients live with a broad range of disability, including:</p>



	<p>autism, physical disability, intellectual disability, Acquired Brain Injury, cerebral palsy, Down syndrome, psycho-social disability and hearing impairment.</p> <p>The total number of clients in the segment of Facilitatrix’s business included in the evaluation was 33: nine being female, 23 male and one transgender. Clients ranged in age from 13 to 50 years, with nine being under 18, and 24 being 18 years and over. In cultural background, three clients identified as Aboriginal/Torres Strait Islander people and three from another culturally and linguistically diverse background.</p>
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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	0
Number of interviews with individuals with disability	0
Number of interviews with family/carers/friends/advocates/guardians	0
Number of telephone interviews or emails with individuals with disability	6
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	3
Number of individual files/plans reviewed	8
Number of complaints reviewed	3
Number of serious incident reports reviewed	2
Number of staff meetings attended	0
Number of staff consulted	7
Number of external stakeholders consulted	0

NB. All clients and where relevant, family members, were invited to attend one of two opening meetings, conducted in Baldivis and Wanneroo, (none attended) and 20 invitations to participate in an individual discussion by phone, email or in person, according to preference, were sent by text message, email or both, to which there were nine responses.



Summary of findings

Assessment for 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 *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP.
- Where the rating is '**Yes**', the IoP describes and affirms the organisation's focus.
- Where the rating is '**No**', a *Reason for finding* will provide the context for any gaps in evidence and identify where a Standard is not met (Required Action); or a Service Improvement noted; or there is a matter for the organisation's consideration.
- The *Legend for evidence information source* is detailed below each table, as follows:
 - 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

The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

Assessment against Standard 1: Rights

Standard 1 is met

As a relatively new business, Facilitatrix has been designed according to contemporary values and best practice in disability services, and with the strong leadership of the business Partners, both of whom have significant direct professional experience in ensuring the human rights of people with disability are respected and upheld, and in advocacy and guardianship. Its core value promise, as described in its Strategy Map 2017 – 2020, is to have a central focus on equity and social justice for all. The organisation has been purposefully designed, so that all key processes – values, governance, policies and procedures, recruitment, induction and staff training, the Staff Code of Conduct, etc – are underpinned by respect for the rights of people with disability, and by person centred practices that actively encourage their clients to exercise those rights.

Facilitatrix’s Individual Human Rights Policy is comprehensive. Its Positive Behaviour Support and Restrictive Practices Policy follows best practice guidelines and was well understood by staff.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is ‘Yes’, the IoP describes and affirms the organisation’s focus.

Where the rating is ‘No’, a succinct Reason for finding is added under relevant IoP.

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:	Yes	1, 2, 3, 7
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	1,2,3,7,8
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,3,7,8
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	1,2,3,7,8



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.	Yes	1,2,3,7
1:5 The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Yes	1,2,3,8
1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,3
1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,3,8
1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	1,2,3,7,8
1:9 The organisation keeps personal information confidential and private.	Yes	1,2,3,7,8

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 3: Individual outcomes

Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

Assessment against Standard 3: Individual outcomes

Standard 3 is met.

Individual planning and review arrangements are in place and implemented. They demonstrate a strength based approach; customised and creative strategies; recognition of and positive strategies to mitigate risks; and flexibility to change or modify strategies, according to the client’s progress, needs and wishes. Clients from an Aboriginal or culturally and linguistically diverse background are sensitively managed, and practices are consistent with Facilitatrix’s Cultural Competence Policy.

Facilitatrix, has a culture of “we do whatever it takes” to help clients achieve their goals. Staff are encouraged not to give up if challenges arise, and to be creative in helping the client to find a way to get where they want to be.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is ‘Yes’, the IoP describes and affirms the organisation’s focus.

Where the rating is ‘No’, a succinct Reason for finding is added under relevant IoP.

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:	Yes	1,2,3,7
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	1,2,3,7,8
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	1,2,3,7,8
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,3,7
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	1,2,3,7
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,3



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

Assessment against Standard 4: Feedback and complaints

Standard 4 is met.

Facilitatrix has a comprehensive policy and procedures for Compliments and Complaints Management, and a brochure on Feedback and Complaints, available in hard copy and from the website. This is provided to, and discussed with clients and families, at their first meeting. There are multiple ways through which a client can make a complaint.

As part of their Quality Assurance, Facilitatrix conducts an annual client survey and is also establishing a User Group to provide feedback.

Statement of qualitative evidence

Team Leader inserts ratings for P&P and each IoP.

Where the rating is 'Yes', the IoP describes and affirms the organisation's focus.

Where the rating is 'No', a succinct Reason for finding is added under relevant IoP.

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:	Yes	1,2,3,7
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	1,2,3,7,8
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	1,2,3,8
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1,2,8
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	1,2,3,8
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	1,2,3,8



4:6 The organisation effectively manages disputes.

Yes

1,2,3,8

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.



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.