

# Assessment Report.

## People with Disabilities (WA) Inc.

## Audit Summary

### 1. Purpose and Scope of the Audit:

To conduct a NCR Close out assessment audit of PwD(WA) management system against the requirements of the National Standards for Disability Services.

### 2. Recommendation:

- The management system complies with the requirements of the National Standards for Disability Services.
- The management system complies with the requirements of the National Standards for Disability Services subject to rectification of all Minor Non conformances (1) / Major Non Conformances (0) raised in this report.
- The management system does not comply with the requirements of the National Standards for Disability Services.

### 3. Response and date required: (Refer to Appendix C for coding definitions and requirements)

N/a

### 4. Sites audited

| Site Audited                            | Audit Date | Auditors                         |
|---|------------|----------------------------------|
| Suite 1/37 Hampden Road,<br>NEDLANDS WA | 11/09/2015 | Audit Team Leader: Trish Hodgson |

### 5. Report presented to and received by:

|  |                                 |                     |
|--|---------------------------------|---------------------|
| <input type="checkbox"/> Report Handed <input checked="" type="checkbox"/> Report Emailed <input type="checkbox"/> Report Posted |                                 |                     |
| Handed/sent to:<br>Samantha Jenkinson  | Position:<br>Executive Director | Date:<br>16/09/2015 |

### 6. Executive Summary:

PwD(WA) has taken action against all the issues raised within the last assessment held in May 2015.

**7. Next Audit:**

- Estimated date: March / April 2016 – Recertification
- Sites, Topics, business units etc. to be covered: NEDLANDS & MANDURAH
- Standards to be reviewed: 1, 2, 3, 4, 5 & 6

**8. Suggestions for Improvement**

Observations and opportunities for improvement have been noted within the comments section against the relevant indicator of performance.

**9. Notifiable Issues**

There were no notifiable issues noted.

**10. System Status Snapshot**

| System Status Snapshot  |                |              |
|---|----------------|--------------|
| Business area<br>(Areas identified with * must be verified at each audit) | Previous audit | This audit   |
| 1. Standard 1 - Rights *  | G              | G            |
| 2. Standard 2 - Participation and Inclusion                               | G              | Not reviewed |
| 3. Standard 3 - Individual Outcomes *                                     | G              | G            |
| 4. Standard 4 - Feedback and Complaints                                   | G              | G            |
| 5. Standard 5 - Service Access  | G              | Not reviewed |
| 6. Standard 6 - Service Management *                                      | G              | G            |

**Legend:**

**G = Stable and implemented systems** - Conforming systems effectively contributing to the achievement of organizational objectives

**Y = Alert** - System implemented and meeting basic requirements of certification but may not be fully effective. Contribution to the achievement of organizational objectives may be unclear.

**R = Non-conforming systems** - Business risks are evident.

**11. Results Summary Table**

| Standard 1- Rights |  |         |  |         |  |         |  |         |  | Overall Rating |  |         |  | -       |  |         |  |
|--------------------|--|---------|--|---------|--|---------|--|---------|--|----------------|--|---------|--|---------|--|---------|--|
| IOP 1:1            |  | IOP 1:2 |  | IOP 1:3 |  | IOP 1:4 |  | IOP 1:5 |  | IOP 1:6        |  | IOP 1:7 |  | IOP 1:8 |  | IOP 1:9 |  |

| Standard 2 - Participation and Inclusion |  |         |  |         |  |         |  |         |  | Overall Rating |  |                              |  | - |  |  |
|--|--|---------|--|---------|--|---------|--|---------|--|----------------|--|------------------------------|--|---|--|--|
| IOP 2:1                                  |  | IOP 2:2 |  | IOP 2:3 |  | IOP 2:4 |  | IOP 2:5 |  | IOP 2:6        |  | Not reviewed this assessment |  |   |  |  |

| Standard 3 - Individual Outcomes |  |         |  |         |  |         |  |         |  | Overall Rating |  |  |  | - |  |
|----------------------------------|--|---------|--|---------|--|---------|--|---------|--|----------------|--|--|--|---|--|
| IOP 3:1                          |  | IOP 3:2 |  | IOP 3:3 |  | IOP 3:4 |  | IOP 3:5 |  |                |  |  |  |   |  |

| Standard 4 - Feedback and Complaints |  |         |  |         |  |         |  |         |  | Overall Rating |  |  |  | - |  |  |
|--------------------------------------|--|---------|--|---------|--|---------|--|---------|--|----------------|--|--|--|---|--|--|
| IOP 4:1                              |  | IOP 4:2 |  | IOP 4:3 |  | IOP 4:4 |  | IOP 4:5 |  | IOP 4:6        |  |  |  |   |  |  |

| Standard 5- Service Access |  |         |  |         |  |         |  |         |  | Overall Rating |  |         |  | -                            |  |  |
|----------------------------|--|---------|--|---------|--|---------|--|---------|--|----------------|--|---------|--|------------------------------|--|--|
| IOP 5:1                    |  | IOP 5:2 |  | IOP 5:3 |  | IOP 5:4 |  | IOP 5:5 |  | IOP 5:6        |  | IOP 5:7 |  | Not reviewed this assessment |  |  |

| Standard 6- Service Management |   |         |   |         |   |         |   |         |   | Overall Rating |   |         |   | 2 |  |  |
|--------------------------------|---|---------|---|---------|---|---------|---|---------|---|----------------|---|---------|---|---|--|--|
| IOP 6:1                        | 2 | IOP 6:2 | 2 | IOP 6:3 | 2 | IOP 6:4 | 2 | IOP 6:5 | 2 | IOP 6:6        | 2 | IOP 6:7 | 2 |   |  |  |

**12. Provisions for Customer Feedback**

BSI appreciates your feedback on the BSI auditor’s performance and the overall experience with the certification process. Please refer to the link below for further information.

<http://www.bsigroup.com/en-AU/Our-services/Client-Feedback/>

**13. Confidentiality**

Unless required by the Standard Owners or Accreditation Bodies during periodic audits, information concerning your organization’s audit report, findings or records will not be disclosed to an external 3rd party without your organization’s consent.

**14. Findings**

| Standards/Indicators of Practice   |                                     |                          |                          | Rating   | Comments/ Corrective Action/Follow-Up/Close- out  |
|--|-------------------------------------|--------------------------|--------------------------|----------|---|
| <b>Standard Three: <input type="checkbox"/> Individual Outcomes</b>  | <b>Yes</b>                          | <b>No</b>                | <b>N/A</b>               | <b>2</b> |   |
| 3:1 The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2        | <p>OBS:<br/>PWDWA may wish to consider providing a signed copy of the Action Plan to the client.</p> <p>OBS:<br/>PWDWA may wish to consider including completion dates when an outcome is achieved or not. "Close the Circle"</p> |

| Standards/Indicators of Practice  |                                     |                          |                          | Rating | Comments/ Corrective Action/Follow-Up/Close- out   |
|---|-------------------------------------|--------------------------|--------------------------|--------|--|
| <b>Standard Six:</b> <input type="checkbox"/> Service Management  | Yes                                 | No                       | N/A                      | 2      |  |
| 6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2      | <p><b>Minor Non Conformance:</b><br/>2/3 staff files reviewed had out of date performance appraisals (ie. Last conducted 2010).</p> <p><b>Evidence sighted of 3 staff performance evaluations conducted on 20/6/2015. NCR Closed. T Hodgson 11/09/2015</b></p> <p>OBS:<br/>Supervision records could detail that consents have been reviewed for appropriateness also.</p> |
| 6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2      |  |

Report Author **Trish Hodgson**

Visit Date **11/09/2015**

| Standards/Indicators of Practice  |                                     |                          |                          | Rating | Comments/ Corrective Action/Follow-Up/Close- out   |
|---|-------------------------------------|--------------------------|--------------------------|--------|--|
| Standard Six: <input type="checkbox"/> Service Management   | Yes                                 | No                       | N/A                      | 2      |  |
| 6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2      | <p>Minor Non Conformance:</p> <ul style="list-style-type: none"> <li>- there is no history of testing or tagging within the organisation.</li> <li>- Risk Framework and supporting Risk register to be developed and implemented.</li> <li>- Strategic Plan to be formalized and endorsed</li> <li>- Operational Plan (linked / cascaded from Strategic Plan) to be implemented</li> </ul> <p><b>Evidence sighted of</b></p> <ul style="list-style-type: none"> <li>- <b>Test and tag compliance for 149 items Certificate of Compliance issued 18/06/2015</b></li> <li>- <b>Committee of Management minutes 30/07/2015 endorsing acceptance of strategic plan</b></li> <li>- <b>Strategic Plan poster with review of vision, mission and 5 key pillars</b></li> <li>- <b>Operational plan 2015 – 2016 evidencing linkage to the 5 strategic pillars</b></li> <li>- <b>Risk register detailing holistic and operational risk sighted.</b></li> </ul> <p><b>NCR Closed.</b><br/><b>T Hodgson 11/09/2015</b></p> |

| Standards/Indicators of Practice  |                                     |                          |                          | Rating | Comments/ Corrective Action/Follow-Up/Close- out  |
|---|-------------------------------------|--------------------------|--------------------------|--------|---|
| <b>Standard Six:</b> <input type="checkbox"/> Service Management  | Yes                                 | No                       | N/A                      | 2      |   |
| 6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2      | <p>OBS<br/>Electronic back up processes although occurring have not been defined within the policy or procedure manual.</p> <p>OBS:<br/>Disaster Recovery / emergency preparedness has not been implemented</p> <p>OBS:<br/>Board self evaluation could be considered on a planned basis.</p> <p>OBS:<br/>Board minutes could consider minuting whom has made the recommendation for motion / action, and seconded also.</p> <p>OBS:<br/>Consistent access and methodology to systemic files could be considered.</p> <p>OBS:<br/>Disability Action Plan has not been implemented.</p> <p>OBS:<br/>Suggest that client action plans could detail date of actions raised and date of tasks raised.</p> |

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## **15. Organizational Profile**

### **Service Type/s or Advocacy Model**

People with Disabilities WA Inc. (PWDWA) is a non-for-profit organisation based in metropolitan Perth (NEDLANDS) and PEEL (Mandurah) providing systemic and individual advocacy, information dissemination, peer support, advice to government, submission and policy development, and support of its members and the wider community.

Funding agreement sighted for the 2012 – 2015 period details 'People with disability have access to effective disability advocacy that promotes, protects, and ensures their full and equal enjoyment of all human rights enabling full community participation' as per Agreement ID# 10VOJN8N and Schedule ID # 1-VOJN8P.

Service Area #1 50% Systemic and 50% Individual Advocacy supports provided with a target of 120 to be met. Service Area #2 (Boddington, Mandurah, Murray, Serpentine/Jarrahdale and Waroona) 100% Individual Advocacy with a target of 50 to be met.

Approximately 1/3 of funding is Commonwealth and the remaining 2/3 State funding.

### **Service User Profile**

Service user profile for the past financial year period (2013 – 2014) detail 120 participants assisted in the Nedlands region and 50 participants in the PEEL region. PWDWA avoid waiting lists, there is no-one currently waiting for a service. At the Nedlands site Individual Advocacy support is 50% and Systemic Advocacy is 50%. At the Mandurah site Individual Advocacy is 100%. Individual Advocacy and issues managed including; Legal, Recreational / Social, Services, Transport, Accommodation, Discrimination / Rights, Employment, Equipment / Aids, Finances, and Health / Mental Health.

Clients varied from ESB and CALD backgrounds.

Disability groups varied from Autism, Intellectual, ABI, Physical Psychiatric and Neurological.

### **Staff Profile**

Staff within the organisation support more than just DSS funded Individual and Systemic Advocacy. There is state wide individual advocacy, information advocacy, systemic advocacy, equity advocacy, and project management. Specific to the scope of this certification is the Individual and Systemic Advocacy.

There are five (5) permanent advocates and additional casual advocate staff. Staff are generally long standing. Staff interviewed included the Executive Director, Senior Advocate, Equity Advisor, Systemic Advocate, Individual Advocate PEEL, and Individual Advocate State Wide.

### **Number of Service Users**

Refer details above within Service User Profile.

**16. Audit Plan**

**Consumer sampling Method**

N/a

**APPENDIX A - VERIFICATION OF PARTICIPATION BY THE CONSUMER TECHNICAL EXPERT**

**Organization Name : PWDWA**

**Audit date(s) : 11 September 2015**

**Declaration:**

I verify that I have acted as CTE for the above audit and have been actively involved in all stages of the National Standards for Disability Services audit process as indicated below:

1.  Participation, and review of organizational materials, and input to the written report
2.  Planning and preparing the methods of consumer participation in the audit
3.  Development of the audit plan / program
4.  Evaluating the need for independent support for consumers
5.  Engaging consumers and reviewing consumer files during the audit in order to collect and verify evidence relevant to the assessment of the Standard
6.  Discussion of findings with the audit team
7.  Preparation of the written audit report

**CTE Name:**

**CTE Signature:**

**N/a**

**Date:**

## **APPENDIX B – SYSTEMS STATUS SNAPSHOT**

This system is designed to provide both a quick visual snapshot of this audit as well as a progressive measure of system developments and change since the last audit. It is based only on the sample of sites, processes and records sighted during the audit. The audit report findings continue to form the main basis for your organization to focus on in determining system compliance. The colors are represented as follows:

- **Green: Stable and implemented systems.**  
**Conforming systems effectively contributing to the achievement of organizational objectives.**

Processes are established and implemented to meet business needs and allow compliance against the Standard. Systems falling into this category will generally have achieved some stability and demonstrate a systematic, process-based approach. Data is analyzed (where appropriate) to monitor conformance against objectives, and to identify process and system trends. Staff awareness of systems is generally good. The system is integrated into the business and is making a contribution to the achievement of organizational objectives.

It is generally expected that there will continue to be opportunities for further improvement even when this rating is achieved. Observations provided in the report should continue to be reviewed and considered. Organizations should look for opportunities to continually improve, increase awareness of staff, better apply support processes, increase the organizations focus on proactive approaches to problems etc.

- **Yellow: Alert.**  
**System implemented and meeting basic requirements of certification but may not be fully effective.**  
**Contribution to the achievement of organizational objectives may be unclear.**

Systems may just meet certification requirements but be inconsistently applied against the requirements of the Standard and/or internally documented processes. Alternatively, this may indicate systems that are not integrating well with business practices and processes, leaving them susceptible to inadequate implementation. The organization may be demonstrating a more reactive than proactive approach in some aspects of the business.

Areas falling within this category require increased focus to ensure that business risks are managed and legal and regulatory requirements continue to be met.

- **Red: Non-conforming systems.**  
**Business risks are evident.**

There is evidence that systems are inconsistently applied across the organization and/or that there is a risk of poor or unpredictable performance in business services or products. Legal or regulatory requirements may be at risk of not being met.

Major non-conformities against the requirements of the standard may be evident in the body of the report.

**Report Author** Trish Hodgson  
**Visit Start Date** 11/09/2015

## **APPENDIX C - UNDERSTANDING THE FINDINGS OF THIS REPORT**

### **Compliance ratings used in this report:**

- 2 Conformity Rating** – The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are met.
- 1 Nonconformity Rating** – The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are not fully met, or the outcome is only partly effective.
- 0 Major Nonconformity Rating** - The requirements of NSDS indicators of practice associated with the Service Provider/Advocacy Agency are not met, or the outcome is ineffective. A number of related minor nonconformities also constitute a major nonconformity. If a matter is a 'notifiable' issue a "0" will be raised.
- OBS Observation** – An observation which is an opportunity for improvement or positive feedback.
- NI Notifiable Issue** - is evidence or allegations of a serious health, safety or abuse risk, financial impropriety and/or professional misconduct. Certification cannot proceed until the Department of Community Services advises BSI that the notification issue is resolved.

## **ACTION REQUIRED TO ADDRESS NONCONFORMITIES RAISED IN THIS REPORT**

### **Major nonconformity (Code 0)**

- a) Verification of effective corrective action shall require a follow-up visit by BSI before certification. If the service is already certified, evidence of a corrective action plan shall be presented to BSI within five (5) working days and a follow-up visit by BSI within three (3) months to verify that the corrective action has been effective.
- b) Major nonconformity shall be closed out or downgraded to a nonconformity within three (3) months. If a major nonconformity is downgraded, this should be closed out within a further three (3) months
- c) Failure to close a major nonconformity within six (6) months shall result in automatic suspension of certification.

### **Nonconformity (Code 1)**

- a) Proposed corrective action to address each minor nonconformity must be agreed with the auditor either during the audit or by submitting an action plan after the audit within 14 days.
- b) Implemented corrective action must be verified as effective before certification (although a site visit is not mandatory), or within six (6) months if the service provider is already certified.
- c) Failure to action a nonconformity within six (6) months may lead to a major nonconformity being raised with the service provider's corrective action process.

### **Notifiable Issue (Code NI)**

If evidence is found of a notifiable issue or specific allegations are made, BSI will record the details of the disclosure, allegation or witnessed event, and also immediately notify the service provider's manager (unless there is justifiable reason for not doing so) and the General Manager – Compliance and Risk who will inform the Department. BSI is not responsible for resolving the issue. Certification cannot proceed until the Department advises BSI that the notifiable issue is resolved. If the disability employment service is already certified, BSI shall seek advice from the Department.

### **Observations (Code OBS)**

Observations are provided as guidance on areas of potential system weakness or system improvement, and should be actioned where practicable. Isolated or incidental deficiencies identified in observations may indicate that specific aspects of the system need to be reviewed to prevent problems occurring in the future.