

Surveillance Audit Report

Disability Advocacy Services Inc

Audit Summary

1. Purpose and Scope of the Audit:

To conduct a Surveillance audit of the Disability Advocacy Services Inc 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 Major Non-conformances (0) and/or Minor Non-conformances (1) raised in this report.
- The management system does not comply with the requirements of the National Standards for Disability Services.

Kym Jaeger Team Leader



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

For Major Non Conformances (0):

- a) Proposed Corrective Action within five working days of receipt of FINAL audit report
- b) Follow-up ON SITE visit within three months to verify that the corrective action has been effective
- c) are required to be closed out before certification or certification expiry

For Non Conformances (1):

- a) Proposed corrective action within five days of receipt of FINAL audit report.
- b) Implemented corrective action must be verified as effective within six (6) months

Sites audited

Head Office SMO – **9728826**

| Site Audited | Audit Date | Auditors |
|--------------|--------------|--|
| Head Office | 28-29/5/2020 | Kym Jaeger Team Leader Sue Adam CTE |

4. 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: Janet Lash Wright | Position: CEO | Date: 5/6/2020 |

5. Executive Summary:

Disability Service Inc is an Advocacy Support service providing advocacy support in the category’s individual and systemin advocacy in the NT within the framework of its funding agreement with the Commonwealth Department DSS. The agencies membership is made up of people with disability and organisations supporting people with a disability (Agency Network Alice Springs and regional NT).

DAS delivers advocacy support for clients in pursuing their rights in achieving social justice for their established stated goals and objectives and strategies (defined in documented Action Plans).

DAS also, lobbies for reform and change, through identified systemic advocacy projects, in social systems and structures that discriminate against, abuse and neglect people with disabilities.

The issues identified at previous audit, impacting on the consistency of meeting the services documented objectives within the framework of the Quality Management system, have been addressed, and the service under the leadership of a newly appointed, progressive CEO, is now operating very effectively in meeting its strategic and operational goals.

The audit findings are that the agency is operating very effectively in meeting the requirements of the funding agreement, and the developed strategic plan and the management operating system, under the new leadership, is effectively planned, implemented and reviewed.

The planning and implementation of the system procedures is process based, supported with training and is implemented and managed within a documented and planned risk framework for systemic effectiveness.

Governance is managed by the Board and the communication between the CEO and the Board is effective (the audit team reviewed the CEO’s report to the Board) providing for ongoing communication and operating Quality management performance. Audit communications with the Board provided evidence of the effectiveness of Board management and their informed knowledge via the CEO’s reporting and communications.

Clients interviewed were very happy with the support they received and would continue to use the service for advocacy support.

The audit findings are that it is recommended that certification be allowed to continue.

Next Audit:

Estimated date:

- May 2021

Sites, Topics, business units etc. to be covered:

- Head Office Alice Springs

Standards to be audited include as a minimum 1, 3, 6 and at least one other standard with justification (for Surveillance), all standards for Re-Certification

- Standards 1,3,4,5,6

Suggestions for Improvement

Opportunity for improvement: The Business Plan is still in the development stage and could be finalised and implemented in linking operations to strategy

Notifiable Issues

Nil

System Status Snapshot

| System Status Snapshot | | |
|---|----------------|-------------|
| Business area (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 | G |
| 3. Standard 3 - Individual Outcomes * | G | G |
| 4. Standard 4 - Feedback and Complaints | G | G |
| 5. Standard 5 - Service Access | G | Not audited |
| 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.

Results Summary Table

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

| Standard 2 - Participation and Inclusion | | | | | | | | | | Overall Rating | | | | | | 2 | |
|--|---|---------|---|---------|---|---------|---|---------|---|----------------|---|--|--|--|--|---|--|
| IOP 2:1 | 2 | IOP 2:2 | 2 | IOP 2:3 | 2 | IOP 2:4 | 2 | IOP 2:5 | 2 | IOP 2:6 | 2 | | | | | | |

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

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

| Standard 5- Service Access | | | | | | | | | | Overall Rating | | | | | | na | |
|----------------------------|-----|---------|-----|---------|-----|---------|-----|---------|-----|----------------|-----|---------|-----|--|--|----|--|
| IOP 5:1 | n a | IOP 5:2 | n a | IOP 5:3 | n a | IOP 5:4 | n a | IOP 5:5 | n a | IOP 5:6 | n a | IOP 5:7 | n a | | | | |

| 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 | | | | |

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/>

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.

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Close- out |
|--|-------------------------------------|--------------------------|--------------------------|--------|---|
| Standard One: <input type="checkbox"/> Rights | Yes | No | N/A | | |
| 1:1 The service, its staff and its volunteers treat individuals with dignity and respect. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 1:2 The service, its staff and its volunteers recognize and promote individual freedom of expression. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Feedback from all clients indicated that they were encouraged to speak their minds and could easily debate with the advocates to clarify their issues/situations. |
| 1:3 The service 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | The ability to have choice and control with how their advocate could assist them was highly praised by all interviewees. "They listen to what your issue is and then help empower you to take control of the problem, but they are always there to help you if you want' was a typical response from the clients interviewed. |
| 1:4 The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Review of clients' Action Plans revealed clearly defined strategies, determined by the client with no restrictions in place. Feedback from interviewees supported a transparent and evidence-based approach to the development and implementation of strategies to assist the clients. |
| 1:5 The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Many of the issues that the interviewees had brought to DAS to be resolved dealt with breaches of discrimination, abuse, neglect and violence. |
| 1:6 The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Clients felt that DAS services continually improved their services to meet the clients' needs. "Everytime I go to DAS for assistance they ensure that everything is in place, it's really good" |
| 1:7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | All interviewees confirmed that DAS provided them with accessible information and one client gave an |

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|--|-------------------------------------|--------------------------|--------------------------|--|--|
| | | | | | example where DAS had assisted them with some legal advocacy, networking with other legal teams. |
| 1:8 The service recognizes the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | During the audit the team spoke to some family members to get their feedback on the service provided by DAS plus some clients revealed that DAS had included their care's (with their permission) when required. |
| 1:9 The service keeps personal information confidential and private. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | All interviewees were confident that DAS kept their personal information private and confidential with examples of the initial consent form they signed at intake and how this was always up-dated when required or requested. Review of client files revealed current and signed consent forms for all those interviewed. |

Overall Comments/Evidence:

DAS (Disability Advocacy Services Inc) has documented procedures for ensuring their clients rights are protected and maintained. The Disability Advocacy Service Vision Statement that reflects the substance of the service Values is supporting, "An inclusive community that recognises, respects and provided equitable access for persons with a disability.

The Vision is developed in the Quality Management System documentation for practical application and implementation by Advocacy staff:

- Management Handbook June 2018 "Protection and Promotion of the Rights of People with a Disability" and "Strategic Plan 2020 – 2025 Vision and Mission principles "Human Rights, Social Justice and Equity, Empowerment, Respect, Integrity"
- Client handouts "Working with clients" and "Making Connections Working with Clients brochure"
- Client handout pack including information on choice, complaints, providing feedback and involvement in decision making; includes and reference the right to invite "a friend, family member and advocate"
- The Strategic Plan outlines the services Vision and Mission to "uphold the rights of people with a disability" and the Strategic Values include supporting people with a disability with respect and dignity when working with them in collaboration to achieve their elected goals and outcomes.

Management and staff, demonstrated, during interviews, how the clients and their circle of friends, (families, friends, advocates and carers) are encouraged to express their right to choose in electing their preferred Advocacy goals; these are documented in "Action Plans" with defined strategies to achieve desired outcomes; file notes provided objective evidence of the development of goals and strategies.

Brochures and pamphlets adorn the office walls for clients and stakeholders to note and reflect on, and these include the processes for lodging complaints and providing feedback and inclusive commentary for public and client observation. A good selection of brochures and charts are readily available for staff and clients and noted by the auditors during Zoom meetings.

DAS service is flexible and responds fairly to the needs of clients. Staff interviewed demonstrated how they have created easy and accessible pathways for clients to contact DAS and have an imparted and open and inviting atmosphere for clients, carers and other agencies. Management and staff attend a variety of meetings e.g. local government, both for individual advocacy and for systemic and policy issues.


Staff explained how they are constructively well educated around disability issues, intake processes and NDIS and demonstrated the minutes of staff meetings where these issues are communicated, absorbed, and inculcated.

Interviewees emphasized that DAS and its staff treated them "like real people with relevant issues". Other comments such as 'DAS treats you like one of their family, its so refreshing' were provided to the audit team during client interviews.

CTE Feedback

Clients revealed to the CTE that DAS explained their rights at the intake process and would detail how various situations within their issue had breached these rights. "I now know what my rights and what discrimination really means thanks to (my advocate). The clients were happy with their right to choose and participate and felt that the service treated them with respect.

Clients were happy that information is kept, in locked cabinets and password protected computers. Audit, consents were obtained, in order for people to participate in interviews and to have their files reviewed. In interview, clients indicated that the service does keep their information private and confidential. The Client Authority form, is used to obtain consent from a client or on behalf of a client. It also lists current issues for the client. The Client Handbook includes a section on Information Privacy and Security.

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Close- out |
|---|-------------------------------------|--------------------------|--------------------------|--------|--|
| Standard Two: <input type="checkbox"/> Participation and Inclusion | Yes | No | N/A | | |
|  <p>2:1 The service actively promotes a valued role for people with disability, of their own choosing.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | The action plan process as described by the clients included DAS staff promoting their ability to select and how they wished their issue to be resolved |
| 2:2 The service works together with individuals to connect to family, friends and their chosen communities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | "The advocate/s works really hard making sure that I am included in all the right places; they wanted to know if I wanted my mum to be involved but I said no." Such responses, indicating DAS had assisted clients to connect with family, friends and the community if they chose was common amongst interviewees. |
| 2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2:4 Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | The audit team interviewed family and carer's through out the audit with evidence of community participation being the desired outcome. Review of file notes confirmed this process |
| 2:5 The service works in partnership with other organizations and community members to support individuals to actively participate in their community. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | During interviews with the clients revealed that DAS had either utilized or put them in touch with other services and organizations. |
| 2:6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | It was stated by a number of interviewees with Aboriginal and Torres Strait Islander |

Report Author **Kym Jaeger**

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Visit Start Date **28-29/5/2020**

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| | | | | | background that DAS has a good reputation amongst their people |
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Overall Comments/Evidence:

The Staff Handbook page 8 (September 2017) and "Intake and participation Procedure" (16/5/2010) outlines the process for the involvement of clients in being supported to maintain connections with family, friends and their chosen communities (circle of friends) and encouraging community participation.

The audit team obtained the following objective evidence of the process for supporting client participation, as defined in the Staff Handbook being effectively implemented:

- Audit interview communications with Board members, management, and advocates and referencing objective evidence (Action Plans, file notes and minutes of meetings) to access feedback of their knowledge in supporting the significance of, and relevance of, client's choice of connection to family, friends and their chosen communities.
- The Aboriginal and Torres Strait Islander flags were displayed, along with information on the origins and cultural significance of them. Acknowledged of the traditional owners was demonstrated during staff interviews; they communicated and demonstrated how Aboriginal and Torres Strait people were encouraged to partake in the service. The audit team had this demonstrated via Zoom.
- Clients reported that the service encouraged them to involve their circle of friends and relevant stakeholders in support and decision making
- Choice was evident (e.g. file notes and client interviews) during the development of Action Plans. Interviews with staff outlined clients being encouraged, during the advocacy process, (for them and their circle of friends) to gain life skills and confidence, that assisted them to participate in their community e.g. confidence in community engagement and group communication skill development and social engagement (due to recognising the right to privacy, examples provided during interviews have not been documented here).

The observations, by auditors, informally of client, Board member, management and staff open interaction, supported development of communal participation and skills, making the service accessible and welcoming with an implemented open-door philosophy.

Clients, during interviews discussed being invited to visit the service for conversations with staff, management and Board members, in which they would be encouraging, in the supporting of and the development of the social skills required for confidence in participation and inclusion.

CTE Feedback

During interviews with the clients they revealed that DAS had either utilized or put them in touch with other services and organizations. The action plan process as described by the clients included DAS staff promoting their ability to select and how they wished their issue to be resolved.

Clients were very happy with the progress in managing their advocacy issues and the setting of goals and strategies in the Action Planning process; they were also happy with the advocates support in managing their defined goal strategies.

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Close- out |
|---|-------------------------------------|--------------------------|--------------------------|--------|--|
| Standard Three: <input type="checkbox"/> Individual Outcomes | Yes | No | N/A | | |
| 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"/> | | All clients interviewed discussed the Action Plan process in which DAS advocates work with them in to identify their strengths, needs and life goals. Review of their action plans supported this feedback. |
| 3:2 Service 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person centered approach was evident when reviewing the clients' files and their action plans. The majority of clients described the service provided by DAS as personalized and collaborative "My advocate always passed things by me and listened to what I had to say" summarized their comments regarding the provision of service by DAS. |
| 3:3 The service plans, delivers and regularly reviews services or supports against measurable life outcomes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | During interviews with DAS client's examples of choice in setting their goals were provided for the audit team. Review of client files confirmed that all stages of the advocacy process were measured through the clients' own life outcome |
| 3:4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Clients interviewed were from diverse backgrounds with a variety of different barriers in their lives. All interviewees felt that DAS was very responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status |
| 3:5 The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Clients provided the audit team a variety of services and supports that DAS had facilitated |

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| | | | | | for them to assist with their issue and associated strategies. |
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Overall Comments/Evidence:

The DAS Vision, Mission and value proposition including values and objectives (“Human Rights, Social Justice and Equity, Empowerment, Respect, Integrity”), promotes a socially just and accessible inclusive community, where people with a disability are empowered to participate and have the confidence to develop social skills through individual planning. These Strategic Planning parameters are promulgated in the Office environment.

The setting of personnel goals, for people with a disability uses the person-centred approach. This person-centred practice, is well implemented and the goals and strategies expressed by clients as their choice, are detailed in “Action Plans” with corresponding commentary documented in file notes. These were noted during file reviews and referred to by Advocates during interviews.

During interviews with staff, file notes, supported their feedback, that clients are directly supported with their participation, in exercising their choice in decision-making in establishing and setting their goals. The process of jointly supporting individual goal achievement is flexible in responding fairly to the stated needs of clients and was evidence to be well maintained.

The policies and procedures documented in the Management Handbook June 2018, reflects the inclusive management processes required for setting individual goals in consultation with the client and their circle of friends. File notes and client interview feedback, was constructive and positive in demonstrating stated evidence of client choice in decision making during the individual planning process, being processed.

Clients interviewed feedback is contained in the CTE report; this reflects them being very happy with service support and is outlined in the CTE report following in this summary.

Systemic Advocacy

DAS client’s individual situations and feedback contribute to identifying Systemic Advocacy projects; other community services, Government Departments and Committees that DAS is involved with (stakeholders in Advocacy Support) also contribute to DAS identifying emerging community systemic issues.

The DAS CEO outlined how systemic advocacy goals and strategies are project managed to achieve positive long-term social change and mitigate barriers that can impact on the rights and interests of people with disability achieving social inclusion and justice within the community.

DAS, contributes to systemic advocacy agency, through the projects that as noted in the previous audit:

- pursues positive changes to legislation, policy and service practices in partnership with groups of people with disability, advocacy agencies and other relevant organisations.
- seeks to address barriers and discriminatory practices to produce long-term positive changes.

DAS acts independently as project team leaders and contributors to projects managed by government and non-government organisations. Project Management involvement is maintained in project file notes and the systemic advocacy activity files; these were sighted by the audit team and found to be well managed and consistent with interview feedback.

The Projects reviewed included with the “NPY Women’s Council” and the “Remote Service Delivery project.”

Interviews with independent project representatives, forming team members of DAS managed Systemic Projects provided positive feedback on DAS's involvement and management.

CTE Report

During interviews with DAS clients examples of meeting their own goals were provided to the audit team. Review of client files confirmed that all stages of the advocacy process were measured through the clients' own life outcome.

The Person centered approach was evident during interviewees and when reviewing the clients' files (file notes) and their action plans. The majority of clients described the service provided by DAS as personalized and collaborative "My advocate always passed things by me and listened to what I had to say" summarized their comments regarding the provision of service by DAS.

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Closure |
|---|-------------------------------------|--------------------------|--------------------------|--------|--|
| Standard Four: <input type="checkbox"/> Feedback and Complaints | Yes | No | N/A | | |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | All interviewees and their family members expressed confidence in raising complaints and/or providing feedback to staff at DAS. "I have never had to raise a complaint but if I did I am sure they would deal with it well" was the general feedback from interviewees. |
| 4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice and representation are clearly communicated to individuals, families, friends, carers and advocates | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | All clients stated that they had received information on the complaints and feedback process at DAS in accessible formats for them, during the intake process; with their advocate providing additional explanation where required/requested. |
| 4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Some of the clients interviewed had raised a complaint with the service and were impressed at how quickly DAS resolved their issue to their satisfaction. "The CEO contacted me shortly after I complained to thank me for speaking; then by the next week everything was great. |
| 4:4 The service 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Some clients interviewed stated their feedback had been acted upon much to their surprised and pleasure. Other clients were unsure what happened to the information they provided in the DAS surveys and/or suggestion box. OFI: Consider processes to ensure clients receive feedback on their involvement in the continuous improvement process. |
| 4:5 The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Clients related to the audit team that DAS requested their feedback on a regular basis including regular survey's verbal request for comments from their advocates and the DAS suggestion box. "They are always encouraging you to give them feedback on how things are going and what we think about the service" was the general response from a number of interviewees. |

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|---|-------------------------------------|--------------------------|--------------------------|--|--|
| 4:6 The service effectively manages disputes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | "They do a brilliant job at fixing up disputes and issues, I always go to them and am happy to give them feedback as well" typified the feedback from clients. |
|---|-------------------------------------|--------------------------|--------------------------|--|--|

Overall Comments/Evidence:

The QMS procedure manual includes a procedure Clients Complaints Disputes and Feedback procedure COO 2 1/11/2018. Clients are also provided with the Complaints Process brochure, on accessing the service and this is introduced to them at intake this references the client Complaints and Feedback forms that include incident reporting.

This lodging of complaints and feedback was understood by the clients interviewed. There are also Complaints and feedback brochures are promulgated throughout the office these also reference external agencies e.g. CRRS and their relevant phone numbers.

The DAS website and initial hand out packs by advocates, admin and the CEO encourage client participation in the feedback and continuous improvement loop. This process inviting, clients to submit information is also used by staff following the defined process documented in the "Staff Complaints and Dispute" procedure, HP005 V3 9/4/2018.

Clients and their circle of friends receive feedback on the managing of their submissions and subsequent outcomes and resolutions; the audit team noted information in the client file notes ,and the information recorded in the complaints register of the outcomes of each lodged issue including incidents Discussion in the minutes of meetings provided evidence of effective feedback management.

The CEO report to the Board includes information on complaints, incidents and positive feedback. Complaints are managed directly with the person raising the issue and recorded in file notes and the complaints register.

CTE Report

Clients, during interviews, commented that they could also talk directly to the Board. DAS staff discussed how, complaints and feedback are collated and reviewed for continuous improvement. Clients gave feedback that they feel confident to raise complaints if they had any that they were not fearful of retribution if they expressed dissatisfaction with the Service.

All of the clients interviewed stated that proactive strategies for promoting client involvement in the resolution of complaints were discussed with them. They provided feedback in being encouraged to suggest opportunities for improvement in the management system processes.

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Close- out |
|--|-----|----|-----|--------|--|
| Standard Five: <input type="checkbox"/> Service Access | Yes | No | N/A | | |

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|---|--------------------------|--------------------------|-------------------------------------|--|-------------|
| 5:1 The service systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:2 The service provides accessible information in a range of formats about the types and quality of services available. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:3 The service develops, applies, reviews and communicates commencement and leaving a service processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:4 The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:5 The service monitors and addresses potential barriers to access. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:6 The service provides clear explanations when a service is not available along with information and referral support for alternative access. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |
| 5:7 The service collaborates with other relevant organizations and community members to establish and maintain a referral network. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Not audited |

Overall Comments/Evidence:

Not audited

| Standards/Indicators of Practice | | | | Rating | Comments/ Corrective Action/Follow-Up/Close-out |
|---|-------------------------------------|--------------------------|--------------------------|--------|---|
| Standard Six: <input type="checkbox"/> Service Management | Yes | No | N/A | | |
| 6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 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"/> | | |
| 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"/> | | |

| | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--|--|
| 6:4 The service has monitoring feedback, learning and reflection processes which support continuous improvement. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6:5 The service has a clearly communicated organizational vision, mission and values which are consistent with contemporary practice. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6:6 The service has systems to strengthen and maintain organizational capabilities to directly support the achievement of individual goals and outcomes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6:7 The service uses person-centered approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Overall Comments/Evidence:

The "Staff Handbook September 2017" prescribes the process for staff recruitment, training, and development, supported by the processes outlined in the following documents:

- Staff Recruitment Training and Development Policy 13/11/2018
- Staff Performance Appraisal Policy 11/11/2019
- HFORM 007 Staff Improvement and Development Plan August 2016
- HFORM 003 Professional Development Plan June 2013

Communications with the CEO and sighting these and related records of training (including the minutes of staff meetings) demonstrated that Management, Advocates and Administrative staff receive ongoing training and professional development.

Training is maintained utilising a buddying mentoring and on the job training. Job descriptions contain required competencies development and learning forms a component of staff and management meetings; training records sighted contain qualifications, including knowledge attainment from mentoring through the buddy system.

Maintenance of the system in correlation to recognise changes in legislative and statutory requirements, is managed through feedback from peak bodies, feedback from professional memberships e.g. NDIA and attendance at forums and attending industry meetings and Web search. The members of the Board and the CEO discussed policies and procedures being amended and updated, with the information gleaned by these means.

The services, functional Quality Management System framework for managing operational performance, was found to be effectively planned implemented and maintained with inclusive systems for risk management, WH&S, HR, Governance and Finance.

The audit team found documented evidence of the formalised management system process, as referenced by the implementation of the system 360-degree assessment report performed and recommended by an external system consultant.

The "Strategic plan 2020-2025" promotes respecting and upholding human rights, equal treatment for people with a disability, empowerment in decision making and development of self-advocacy, respect in recognising and respecting the views and life experiences of people with a disability and integrity in Striving to be honest, consistent, transparent and accountable.

Opportunity for improvement: The Business Plan is still in the development stage and could be finalised and implemented in linking operations to strategy

The DAS Quality Management System is frame worked in the Management Handbook HFORM 011 June 2018 supported by the Staff Handbook HFORM 010 September 2017 and these collectively contain the following:

- BO03 Delegations Policy April 2020
- F001 Financial Management Policy 2018
- HFORM 001 Risk Management Policy and Framework 2019
- MOO2 Information Storage Policy 11/11/2018
- BOO7 Conflict of Interest Policy and Procedure 2019
- DAS Organisation Chart
- Clients Complaints Disputes and Feedback procedure COO 2 1/11/2018
- MOO3 Continuous Improvement Policy 13/5/2016
- WOO1 Work Health and Safety Policy 16/4/2018

These documents are approved by the Board and due to be reviewed and version control allocation in November 2020.

Communications with the CEO Advocates and Administration staff were conducted as a team and the team demonstrated collective knowledge of system requirements.

Board Chairman two Board members made themselves available for interview with the auditors and provided an overview of the Governance structure; included in the conversation was the reporting process including the Strategic Plan, communication between them and the CEO in managing and taking responsibility for business operations including HR, risk management and financial management; the CEO's report to the Board was sighted by the audit team and noted to be constructive in reporting on operational activities.

The external financial audit report, "General Purpose Financial Report", stating a True and Fair view by the accounting firm CaPAble Accountants was sighted by the auditor.

The DAS documented quality system includes a Person-Centred Planning process defined as "Your service supports you to make choices about what you want to do. You can work toward your goals".

The documented framework empowers advocates and management staff, collectively to work as a team in supporting clients and their circle of friends, with their choice in managing their individualised goals and strategies; these were observed in client files and discussion with advocates, at interview, in the form of "Action Plans" developed by clients at their discretion; this "Person Centred Planning approach" invites and solicits feedback for system improvement from the client, staff and stakeholders.

DAS implements this person-centred process, in meeting the requirements of standard three, supporting clients and families and friends to achieve their stated goals.

CTE Feedback

The CTE was involved documenting in the summary of findings in the foregoing, with the Team Leader.

Organizational Profile

Service Type/s or Advocacy Model or NDIA Registration Groups

The service operates Advocacy Support, for Individual and Systemic advocacy under contractual agreement with the Department of Social Services.

Service User Profile

Services users are people with a disability looking for Advocacy support.

Staff Profile

Employees = 5; Manager 1 Advocate 3 Office Manager 1

Number of Service Users

Refer table on page 20 and 26

Audit Plan

Multi-site Sampling Method (If applicable)

Not applicable

Consumer sampling Method

The sampling followed the requirements of the JASANZ procedure the 60% of the square root of the number of participants over the prior six months

The consumer sampling method for this service provider is set out below:

| | Site Name | Advocacy Model/Service Type | Total Consumers | Minimum Sample Required | Audit Team and Role |
|----------|------------------|------------------------------------|------------------------|--------------------------------|--|
| 1 | Alice Springs | Individual | 76 | 6 | Kym Jaeger Team Leader Sue Adam CTE |
| 3 | Alice Springs | Systemic | Projects 2 | 3 participants | Kym Jaeger Team Leader Sue Adam CTE |

| Actual Sample Number | | | | | | | |
|----------------------|--------------|-------------|-----------|--------|------------------|---------|--------|
| Site No. | Face to Face | Focus Group | Telephone | Survey | Other e.g. Carer | Files | |
| | | | | | | Current | Exited |
| Alice Springs | | | 6 | | | 6 | nil |

Comments and Evidence:

- Due to Covid 19, this audit was conducted as a remote audit using Zoom technology
- Clients that live in remote areas (e.g. APY lands) and do not have access to a phone and the interviews were conducted according to the preferences of the Participant.
- There were no exited Client from the service available for interview or files for review

APPENDIX A - VERIFICATION OF PARTICIPATION BY THE CONSUMER TECHNICAL EXPERT

Organization Name : Disability Advocacy Services Inc

Audit date(s) : 28-29/5/2020

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 for the Stage I review
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. Ensuring that all client files reviewed contained evidence of the privacy consent and Release of Information as well as specific consent for involvement and review of client files for purposes of the audit
7. Sighting evidence that the consumers have been invited to participate in the entry and exit meeting for purposes of the audit
8. Discussion of findings with the audit team
9. Preparation of the written audit report

CTE Name: Sue Adam

CTE Signature:



Date: 4/6/2020

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.

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.

(Complete the checklist below)

FOR OFFICE USE ONLY:

Following audit records must be attached to the e-report prior to uploading to PG – All instructions are in the Administration Guide for Human Services Auditors

- Completed NSDS Audit Report Template (As Appendix/Attachment)
- Assessment Plan (As Doc Type Assessment Plan)
- Email to client for requesting consent from consumers with attached consent forms (as Doc Type Assessing Briefing Notes)
- Consumer Sampling (The process for sampling consumers from a de-identified list including demographics of consumers) (As Doc Type Assessing Briefing Notes)