



Quality Evaluation Report

Version 2.1, Feb 2018

Evaluation details	
Organisation	One2One Pty Ltd
Organisation trading name (if applicable):	One2One
Managing Director:	Glen Ottley
Assignment name:	Disability Service
Geographic area:	Perth metro
National Standards for Disability Services assessed:	Comprehensive: Standards 1-6
Evaluation team*:	Ross Boaden
Final report date:	16 April 2018
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 One2One 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).

An opening meeting was held on 8 March 2018 and the evaluator conducted a further visit on 12 March. A closing meeting was held in the form of a phone conversation in line with management’s preference.

Assessment for compliance with the Standards

The rating scale used to assess the Standards is met.

Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

Exceptional practices

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

- A consumer was funded and supported to attend an interstate conference on assistive technology. Upon return, the consumer gave a presentation to One2One staff and management, and has since had the role of a designated expert on whom anyone within One2One can contact about this topic.
- The personal involvement of the Directors in the referral and entry process, which includes their going out to meet prospective consumers and families.

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
1.			None identified.	

Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify



actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**. Progress on SIs is reported in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1.			None 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:	Deb Browning, Director
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	One2One provides highly personalised planning and supports, with all consumers assisted in individually tailored arrangements according to their personal and practical needs at home and/or throughout the community. Community-based supports are as varied as the interests and needs of consumers. Accommodation support is provided in the contexts of consumers’ rented homes, family homes, and home-share arrangements.
The resources	The organisation is owned and run by two Directors, with day to day management and coordination carried out by three Managers and 7.2 Service Coordinators. There are approximately 150 staff in a range of direct support roles (Support Workers, Homesharers and Co-residents), and a team of 4.8 Administration staff. The current financial year budget is \$7.5 million. There are no fees for service levied.
The people using services	The organisation uses the term ‘consumer’ to refer to individuals with disability; while family member/s of individuals with disability and carers are referred to in those terms. There are 78 consumers of widely varying age (5-67 years) and support needs.



Consultation	
Statistics	
Number of visits to group homes	NA
Number of individuals with disability observed during visits	NA
Number of visits to private homes	0
Number of met/interviewed individuals with disability	0
Number of met/interviewed family/carers/friends/advocates/guardians	1
Number of telephone interviews or emails with individuals with disability	7
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	10
Number of individual files/plans reviewed	8
Number of complaints reviewed	0*
* No formal complaints made; system reviewed	
Number of serious incident reports reviewed	4*
* A sample of four reports were reviewed, along with the reporting system	
Number of staff meetings attended	0
Number of staff consulted	15
Number of external stakeholders consulted	0



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.
- **Yes:** the IoP describes and affirms the organisation's positive focus and evidence of appropriate practice.
- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and practice and identifies where a Standard is not met resulting in a Required Action (RA); or a Service Improvement (SI); or an Other Matter (OM) for the organisation's consideration.
- The *Legend for evidence information source* 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

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

Assessment against Standard 1: Rights

Standard 1 is met.

One2One is an organisation based on progressive, leading-edge approaches. Choice and control, and various forms of safeguarding, were demonstrated to high standards through all evidence sources. All aspects of organisation- and service-level operations reflected an approach in which each consumer is the focus.

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 (stated in 'Standard for service' above):	Y	1,2,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 1		
1:1 The organisation, its staff and its volunteers treat individuals with dignity and respect.	Y	1,2,3,8
1:2 The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Y	1,2,3,8
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.	Y	1,2,3,6,8
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.	Y	1,2,3,5,6,8
1:5 The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Y	1,2,3,5,8
1:6 The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Y	1,2,3
1:7 The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Y	1,2,3,6,8



1:8 The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Y	1,2,3,8
1:9 The organisation keeps personal information confidential and private.	Y	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 2: Participation and inclusion

Standard for service: **The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.**

Assessment against Standard 2: Participation and inclusion

Standard 2 is met.

Best practice was demonstrated in the planning and supports behind consumers' participation in inclusive settings, activities and social contacts. Management and staff spoke only of inclusive approaches and opportunities, with no reference to traditional congregate-care arrangements. All evidence pointed to planning and supports that reflect each consumer's own interests and how these can be best supported at home and throughout the broader community.

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

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

Assessment against Standard 3: Individual outcomes

Standard 3 is met.

Best practice was also evident in this area. The principles of person centred planning were clearly reflected in formal and informal planning arrangements. All stakeholders (corroborated by planning documentation) described a relationship-based approach to forming and implementing goals and strategies, and many outcomes of this were described. These included personal outcomes such as increased confidence, increased social networks, decreased behaviours of concern, enhanced lifestyle satisfaction, and empowerment concerning support arrangements; and broader outcomes such as entry to and participation in a great many recreational, residential, educational, and work related opportunities.

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 (stated in 'Standard for service' above):	Y	1,2,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 3		
3:1 The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Y	1,2,3,6,8
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.	Y	1,2,3,6,8
3:3 The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Y	1,2,3,8
3:4 Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Y	1,2,3,8
3:5 The organisation collaborates with other service providers in planning service delivery and to support internal capacity to	Y	1,2,3,6



respond to diverse needs.		
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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

Standard for service: **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.

Very good standards were demonstrated in this area. While formal arrangements are in place and known about by all concerned, it is the high levels of personal rapport across all stakeholders that was most highly valued by consumers and families. They described an informal, supportive and welcoming organisation and style among its personnel. Many consumers and families described the office as a place where they felt welcome to call in at any time and feel at home, an experience shared by the evaluator during the evaluation visits.

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 (stated in 'Standard for service' above):	Y	1,2,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 4		
4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Y	1,2,3,8
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.	Y	1,2,6,8
4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Y	1,2,3,8
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.	Y	1,2,8
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.	Y	1,2,3
4:6 The organisation effectively manages disputes.	Y	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.



Standard 5: Service access

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

Assessment against Standard 5: Service access

Standard 5 is met.

All aspects of this Standard were addressed, again with the organisation’s highly individual and personalised approach evident. Clients and families highly valued the personal involvement of the Directors during the entry stage (and for many, on an ongoing basis), and the supportive approach of other personnel as service provision takes shape. For those entering by way of transition from other service providers, a highly collaborative approach was described and appreciated. Others expressed appreciation for the help provided to navigate the NDIS system.

One consumer’s comment reflected the tone of many: “I was worried [the entry process] would be all formal so I was nervous, but they were so friendly and helpful”.

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 5 (stated in ‘Standard for service’ above):	Y	1,2,5
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 5		
5:1 The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Y	1,2,8
5:2 The organisation provides accessible information in a range of formats about the types and quality of services available.	Y	1,2,6
5:3 The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Y	1,2,8
5:4 The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Y	1,2,5
5:5 The organisation monitors and addresses potential barriers to access.	Y	1,2,5
5:6 The organisation provides clear explanations when a service is not available along with information and referral support for	Y	1,2,5



alternative access.		
5:7 The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Y	1,2,5

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



Standard 6: Service management

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

Assessment against Standard 6: Service management

Standard 6 is met.

One2One presented as an organisation that is managed and provided to a very high standard, based on evidence from all sources. Long-established quality themes including person centeredness, social inclusion, and high expectations are exemplified by this organisation. It is therefore particularly well placed as it moves into the NDIS environment, as these themes (among others, such as choice and control) are already fully embedded in its culture and practices.

An unusually high, and commendable, level of organisation-level practices is tailored to individual consumers. These include staff recruitment, training and support; and safety-related measures.

Staff reported very high levels of satisfaction with all aspects of the organisation, and in their work with consumers and families. High levels of commitment and expertise were evident at all levels.

Client and family feedback was strongly positive and appreciative. A small selection from among many comments: “Everything is just as I want it, they help out as need be and I’m doing well at the moment”, “Our Support Worker engages well with us and has been friendly and respectful towards [consumer name] from the first time they met”, “Our supports are exactly in line with our plan, and with what [consumer name] says he wants to do”, “It’s a very personalised service...we feel like we’re not alone”, “They’re wonderfully supportive, they really listen to our needs...they’re small enough to know everyone by name, and everyone at the office is so open and friendly”, “Very, very satisfied, nothing’s too big or too small, they go out of their way to help, that’s just how they are”, “They’re great, I’m getting out and about more and feeling better about myself”, “There was no help anywhere, but I found One2One and I’ve never looked back...they’ve shown so much respect and commitment”, “They’re so committed to [consumer name] and me, even the little things like ensuring [consumer name] is dressed and groomed just right for every occasion”, and “Unbelievably supportive and personalised in every way”.

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	Y	1,2,5



key elements of Standard 6 (stated in 'Standard for service' above):		
Indicators of Practice (IoP)		
The organisation implements its policies and/or procedures for Standard 6		
6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Y	1,2,3
6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Y	1,2,3
6:3 The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Y	1,2,3,5
6:4 The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Y	1,2,3,8
6:5 The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Y	1,2,3,8
6:6 The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Y	1,2,5
6:7 The organisation uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.	Y	1,2,3,5, 6,8

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.