



**NEW SOUTH WALES DISABILITY
SERVICES STANDARDS
VERIFICATION ASSESSMENT REPORT**

DATE OF VERIFICATION ASSESSMENT	3 - 4 December 2014
DATE OF DRAFT REPORT	12 January 2014
DATE OF FINAL REPORT	13 February 2015
ASSESSMENT COMPLETED WITH	Mater Dei, 229 Macquarie Grove Rd, Camden, NSW, 2567
STANDARD ASSESSED	New South Wales Disability Services Standards
VERIFIERS	David Hamer – Lead Verifier Alan Morley – Support Verifier
REVIEWER	Suzanne Le Huray - General Manager
REGISTRATION NUMBER	299NHS
ASSESSMENT COMPLETED BY	HDAA Australia Pty Ltd, PO Box 365, North Lakes, QLD 4509. ABN: 40 134 482 625; ACN: 134 482 625

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- We shall treat all confidential information about the organisation, clients, and associated persons (including documentation, records, and data, either in hard copy or electronic format, or verbal information) in accordance with relevant privacy legislation.
- We shall not disclose information about a particular person which identifies him or her directly or indirectly. Where there is a Notifiable Issue, information will be disclosed without the consent of the person or the person's authorised representative, unless required by law or as required by the ADHC.
- We shall not use information about people or organisation personnel for any purpose other than the verification of conformity with the standards.
- If necessary, we may ask that files and records be de-identified (including the files of people using services) to allow sampling if the need arises, for example, to investigate complaints or when there is a lack of consents for file access.

- If during any verification, evidence is found or allegations are made regarding a Notifiable Issue, we will inform the governing body (e.g. Board, Management Committee) immediately.
- Where we wish to disclose information about you (other than a Notifiable issue) to the responsible body we shall first seek your permission. If permission is denied, we shall only disclose this information to the responsible body if we take the view that to do so would be in the best interests of your consumers, or in accordance with any applicable legislation.

ACKNOWLEDGEMENT

HDAA would like to thank the Director of Services, Pamela Templeton for coordinating and guiding the assessment. We thank staff and others for their support during the assessment visit.

We would also like to thank families and people who access the service for participating in the assessment.

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1. INTRODUCTION

HDAА conducted a verification assessment in relation to the New South Wales Disability Services Standards (NSW-DSS) on 3 - 4 December 2014 with Mater Dei.

A skilled and experienced assessment team was identified to work with Mater Dei. The verifiers were David Hamer and Alan Morley who, between them, have considerable experience in assessing disability services in NSW.

The purpose of the assessment is to evaluate the implementation, including effectiveness, of Mater Dei's quality management system as determined by the NSW-DSS.

During this assessment, the verifiers reviewed documentation and assessed its implementation and delivery of services in relation to the NSW-DSS. The verifiers also talked to people who use the service, management, staff and other persons associated with service delivery.

What follows is a detailed report describing Mater Dei's service delivery system, supporting documentation and records and implementation of services in relation to the NSW-DSS.

The workbook that accompanies this report includes an observations worksheet (refer "*VerificationObservations*"). HDAА has completed the findings section of the worksheet and Mater Dei could complete the "*Service Planned Development*", "*Person Responsible*", and "*Planned Completion Date*", parts of the table, and where action has occurred, identify the "*Date of Completion*" section. Taking action in relation to observations is discretionary and can be considered as part of the service's on-going program of continuous improvement.

The assessment evidence record is included in the workbook that accompanies this report (refer to worksheet: "*VerificationEvidence*"). The verification evidence record identifies components of service delivery that against each element assessed.

Other information, such as a review of client and staff files, is included in the assessment system and information on this can be found in the initial Excel worksheet titled "*Overview*" that accompanies this report.

2. KEY POINTS

2.1 ASSESSMENT OVERVIEW

A one and a half day on-site verification assessment occurred on 3 - 4 December 2014 to ascertain how Mater Dei is functioning in relation to the NSW-DSS. The assessment followed on from a Gap Analysis which identified a number of developments for Mater Dei.

The verifiers spoke to a number of people (including Board, CEO, Director of Services, staff/therapists, families, and people with disabilities. Where people who received services were interviewed, or their files reviewed, the verifier sought consent. Consent was obtained in writing by the person (or their carer/guardian) signing a consent form. Discussions with staff, management, and senior management and the governance authority also occurred.

Assessment summary
<u>Organisation name:</u> Mater Dei
<u>Verification decision and date:</u> Verified - 11 February 2015
<u>Assessment type:</u> Verification assessment
<u>Verifiers:</u> David Hamer and Alan Morley
<u>Verification statement provided:</u> Yes
<u>Services assessed:</u> <ul style="list-style-type: none"> Disability Services
<u>Improvement action:</u> No improvement action is required

2.2 SUMMARY OF ASSESSED ELEMENTS

The procedure governing verification states that: *“On completion of the actions, service providers are required to have their full compliance with the NSW DSS verified by the third party verifier and obtain a Verification Statement.”*

Practice requirement	On-site attainment	On-site standards rating	Final report attainment	Final report standards rating	Observations at the final report
1.1	Met	Standard 1 Met	Met	Standard 1 Met	Nil
1.2	Met		Met		Nil
2.1	Met	Standard 2 Met	Met	Standard 2 Met	Nil
2.2	Met		Met		Nil
3.1	Met	Standard 3 Met	Met	Standard 3 Met	Nil
3.2	Met		Met		Nil

Practice requirement	On-site attainment	On-site standards rating	Final report attainment	Final report standards rating	Observations at the final report
4.1	Met	Standard 4 Met	Met	Standard 4 Met	Nil
4.2	Met		Met		Observation
4.3	Met		Met		Nil
5.1	Met	Standard 5 Met	Met	Standard 5 Met	Nil
5.2	Met		Met		Nil
5.3	Met		Met		Nil
6.1	Met	Standard 6 Met	Met	Standard 6 Met	Observation
6.2	Met		Met		Observation

2.3 SUMMARY OF IMPROVEMENT ACTION

Practice requirement	Rating	Summary of improvements
All Elements assessed are determined to meet requirements and consequently there are no improvement actions.		

2.4 SUMMARY OF OBSERVATIONS

Practice requirement	Summary of developments
4.2	The service could include in its information on complaints that is provided to families that the complainant can seek the support of a person they nominate in the service as the key point of contact for the complaint.
6.1	The Board could consider as a standing agenda item confirmation of any conflicts of interest.
6.2	Consideration could be given to including records of on-going supervision on staff files.
Number	3 Observations across 3 Practice Requirements and 2 Standards

2.5 SERVICE OVERVIEW

Established as a special school in 1957, Mater Dei is now an organisation that provides early intervention services and a residential program as well as education for babies, children, and young people with an intellectual disability or developmental delay. There are two primary programs offered are the (a) Early intervention Program, and (b) living kills program.

Early Intervention Program

The Mater Dei Early Intervention Program is family-centred and founded on a system of values and beliefs which underpin the service offered to children from birth to six years of age who have been assessed with developmental delay and or a specific syndrome. This service encompasses both the child's immediate and

extended family and the community in which the child will live independently and interdependently as a responsible citizen.

The Mater Dei Early Intervention Program is designed to meet the strengths and needs of children and their families in order for the goal of inclusion is to be met (b) planned to promote practice-based evidence and sharing of expertise; (c) focused on building the capacity of children, their families and mainstream early childhood services; and (d) based on the use and application of evidence-based practices to support families.

The Early Intervention Program offers a multidisciplinary team approach which includes suite of services such as: (a) speech pathology and assessments; (b) occupational therapy and assessments; (c) educational support; (d) early learning groups; (e) psychometric assessments; and (f) transition to school plans.

Living Skills Program

The Living Skills Program delivers a range of opportunities to Mater Dei enrolled students as they celebrate their 12th birthday. The Living Skills Program is offered as an addition to each student's Individual Plan (IP) thus providing a program of personalised choices and opportunities for each student to prepare for independence and interdependence as young adults in their local communities.

A team of four Social Educators guide, support, and educate up to five students per night in four residential Houses located in Camden South, Elderslie, Narellan, and Leumeah. Students participate for one or two nights each week from Monday afternoon to Friday morning during the School Term.

Each student's independence is evaluated as they transition into the Living Skills Program in various domains including: (a) communication; (b) personal care and hygiene; (c) personal safety; (d) social skills; (e) living skills; (f) community access; and (g) travel training and this is used to gauge development against assessments conducted by social educators before a report is formalised and forwarded to the student's family.

A description of ADHC funded services, sites, and number of people accessing the service is included in the Excel worksheet titled "*Description*" that accompanies this report.

2.6 EXECUTIVE SUMMARY

This verification assessment of the Mater Dei identifies that Mater Dei meets the requirements of the New South Wales Disability Services Standards. This conclusion is supported by evidence obtained from a review of a sample of documents and records as well as discussions with management, staff, and people who access the service and a review of service delivery sites.

Mater Dei completed a gap analysis approximately one year prior to the verification assessment. The gap analysis identified that substantial development was needed to meet the requirements of the NSW-DSS. At this subsequent verification assessment it is evident that Mater Dei has, in the meantime, committed considerable effort to meeting the requirements of the standards and that all of the requirements are now met.

Evidence was provided that demonstrates that a comprehensive system of development has occurred and that this is aligned with each of the NSW-DSS standards. The quality management system development has established a framework for future quality management and provides a structure for maintaining the gains made to date.

Discussions with staff and people who access the service (including families) demonstrated that staff have a genuine commitment to delivering best practice services and that the staff's commitment is supported by

families and people who access the service who confirm that they have a high level of satisfaction with the services provided. Families spoken to are advocates of the service and its contribution to their family member's development.

The following summarises progress in relation to the assessed standards:

STANDARD 1

Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community.

Overview

People accessing the service confirm that the rights and freedoms of their children and themselves are not limited by the service. Families emphasised that the service takes their children's best interest into account.

Information and support regarding legal and human rights is available to people who access the service (including families). Families confirm that this information is shared with them on induction and progressively through their involvement with the service. The service has information on rights to privacy and this includes a description of information collected, disclosure, and access.

There is a comprehensive Code of Conduct provided to staff at the commencement of their employment. The Code sets out directions on the expected standard of behaviour. It applies to staff, contractors, and volunteers. The Code of Conduct includes a section titled Communication and Protecting Confidential Information (including privacy). The Code also includes a detailed section on the requirement for mandatory reporting.

The Client Rights brochure states that the service will ensure that services are provided in an environment free from discrimination, financial, sexual, physical, and emotional abuse, neglect, or exploitation. The organisation has established a policy and procedure for staff that relates to discrimination and the way the organisation will function to avoid discrimination. There is no indication that the service limits the rights and freedoms of children who currently use the service.

There is a Decision Making and Choice policy and procedure and discussions with staff confirm that staff are aware of the need to promote choice and that they do promote choice in a range of daily activities and options.

The Living Skills Program aims to provide appropriate opportunities for young people to develop, enhance, and enrich their skills and independence in social interaction and community access and families confirmed that they feel supported in these options.

There is no indication from discussions and a review of a sample of documentation that there are any incidents of abuse, neglect or exploitation. Staff indicate that there is an awareness of the need to respond to actual or suspected abuse and neglect in line with the Protection of Human Rights, Freedom from Abuse policy and procedures. Staff confirm that they are aware of the policy and procedures and that they would report any situation where there is suspected or actual abuse or neglect.

Records are stored securely at head office and in Living Skills Program houses. The houses reflect the implementation of the service's ethical standards and values. Privacy and confidentiality is maintained. Families confirmed their satisfaction with the way in which records and their personal information are dealt with.

Resources to support service users from an indigenous background are available and discussions with staff confirms that staff are aware of the need to modify the approach to service delivery to accommodate the cultural needs of individuals; e.g., providing culturally sensitive food. Families confirm that individual plans identify (where relevant) appropriate behaviour strategies which reflect individual and cultural needs.

The planning process includes a team approach and this provides opportunity for balanced advocacy for the person. There is no indication from discussions with management or staff that the opportunity to access advocacy services is constrained by the service. Staff are aware of the rights people have to advocacy. Family feedback confirms that families believe that their right to advocacy support is supported by Mater Dei.

Formal consent for approval for emergency medical intervention is sought at enrolment and signed by a parent, carer, or advocate.

Feedback has been obtained from family members. Families expressed an understanding that they have the option to give feedback on the review and development of organisational policy, but that they have not yet taken the opportunity.

Discussions with management and staff indicate that there is an incident reporting process that staff use in incident situations. There is an Incidents, Injury and Illness form and an Incidents Register. The Death or Critical Incident Policy formalises the critical incident reporting procedure. Staff confirmed that training is provided in this area.

Conformance

The service meets all of the requirements of Standard 1 and consequently Standard 1 is fully conforming.

STANDARD 2

Each person is encouraged and supported to contribute to social and civic life in their communities in the way they choose.

Overview

The focus of the service is early child intervention and education. Discussions confirm that choice is integral in the teaching and development model.

Discussions with staff indicate that a supportive team culture exists between staff. Staff are provided with opportunities for learning in relation to the needs of children with disabilities and their families or carers.

Mater Dei maintains a strong relationship with its community and ensures that clients have a range of opportunities for social participation; e.g., a client interviewed undertakes work experience with a large well known hardware chain. Comprehensive information on a range of community based services for referral and support options is also maintained.

The service engages with a wide range of services in the community to identify post school options. Parents confirmed this strategy and some parents indicate that they contribute to community presentations and activities.

Families confirm that Mater Dei supports individual planning and planning was identified in client files. The living skills program plans are orientated toward independent living skills.

Conformance

The service meets all of the requirements of Standard 2 and consequently Standard 2 is fully conforming.

STANDARD 3

Each person is supported to exercise choice and control over the design and delivery of their supports and services.

Overview

The stated and promoted principles of operation for the Early Intervention service are that: (a) a child with a disability is a child first and foremost, (b) every child is rich in possibilities and potential, (c) each family is unique, (d) families are the chief experts on their children's lives, (e) play and social learning are the primary ways in which a child learns and interacts with his or her surroundings, and (e) it is the service's responsibility to facilitate each child's Individual Team Around the Child (TAC) Plan to meet the needs of the child and the child's family.

Families confirmed that Mater Dei's practice is to include planning with the individual and the family. This is reflected in the principles of operation for the Early Intervention service which identifies that: (a) families are the chief experts on their children's lives and (b) the service's responsibility is to facilitate each child's Individual Team Around the Child (TAC) Plan to meet the needs of the child and the child's family.

The Living Skills Program includes an individual planning process that includes individual specific goals in the areas (as relevant) of: (a) communication, (b) personal care and hygiene, (c) personal safety, (d) independent living skills, (e) social skills, and or (f) community access. There are records of reviews based on a team structure that includes family, and staff.

Examples of plans confirm that relevant people are involved in planning; e.g., mother, social educator, living skills program staff. This is confirmed by families and staff.

Staff report that they support individual decision making except where the decision may be controversial and should be referred back to their parent for arbitration. Families confirmed this approach. Staff also confirm that they support clients in making decisions which assist in the development of life skills.

Conformance

The service meets all of the requirements of Standard 3 and consequently Standard 3 is fully conforming.

STANDARD 4

When a person wants to make a complaint, the service provider will make sure the person's views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process.

Overview

Mater Dei has developed organisation wide Complaints Handling (Service Users) policy and procedures. There is also a grievance handling process that includes a general description of the process for making a complaint.

A new Complaints Handling Process brochure confirms the right to complain and the process that will be undertaken once a complaint is received. The Complaints brochure confirms that a complainant's confidentiality and privacy will be maintained. It also confirms how the service will support people who lodge a complaint (this includes: (a) assuring respect, confidentiality, and privacy; (b) providing advocacy support, (c) early resolution and timeliness in responding; (d) that there will be no retribution.

Families confirm that the grievance process has been brought to their attention through regular discussion and through posters posted on walls throughout the service. Families express the belief that support would be available in the event that they ever raised a complaint. Families also confirm that they are aware of the

complaints handling process and of their right to complain and that they feel able to complain without retribution.

While very few complaints are made staff confirmed that they would support people to lodge a complaint as is their right.

The managing grievances and disputes procedures describe how the service manages complaints (grievances) and this includes documented procedural steps. The grievance handling procedures includes reference external bodies; e.g., NSW Ombudsman. Discussions with families indicate that they are aware that can complain to an external body.

Complaints brochures are available in plain English and posters are presented in pictographs to be accessible to clients of various abilities. Posters regarding rights are also widely displayed.

The Managing Complaints Policy also describes how the service facilitates access to advocacy to support a claimant.

There has only been one recorded formal complaint (from a staff member) in the 2014 year and this appears to have been responded to appropriately.

Families confirmed that on induction to the service and then on a regular basis, they are informed of their right to lodge a complaint. Information on complaints is available in simple English and in pictographs. The availability of interpretation services is also notified to families.

Families confirmed that the service has made them aware that should they need to lodge a complaint that they have the right to determine the environment within which they lodge the complaint. Families expressed their empowerment to do so.

People who complain are able to nominate a person of their choice as the key contact when making a complaint.

All policies and procedures contain the option for translation or interpretation to ensure that cultural and linguistic needs are responded to appropriately. A range of cultural and Indigenous resources are also clearly identified in the resource package in the 'Overarching' file.

Management and families confirmed that issues of concern are generally resolved face to face before they become a complaint. As relevant complaints data are reported to the Board for improvement purposes. Discussions with the Board confirm that complaints and grievances outcomes are reported. The Board agenda template includes a specific complaints agenda item.

Families affirm that they have the opportunity to participate in the development and review of complaints policies and identified that this can be done at individual planning meetings, parent meetings, through the website and within the open communication culture of the service.

Staff and management confirm that formal training in complaints handling is provided at induction and that staff then update their knowledge by reading through all policies.

Conformance

The service meets all of the requirements of Standard 4 and consequently Standard 4 is fully conforming.

Observations

A general observation has been made in relation to Element reference number 4.2.5 and Mater Dei could respond to this. Taking action in relation to the observation is discretionary and is identified for continual improvement purposes. The observation is identified in the Excel Worksheet titled "VerificationObservations".

STANDARD 5

Each person is assisted to access the supports and services they need to live the life they choose.

Overview

Families affirm that the service is proactive in providing information about the services they offer and that a strength of the service is in going one step further and sourcing information about alternative and post school services. Families also confirm that they are involved with the organisation's engagement with the community and are also supported by the service in accessing post school supports.

Communication systems are in place to meet the needs of people who attend the service. Speech therapy is available and is structured to ensure that relevant communication strategies are used to enable communication.

Families state that although they have not been involved in the formal policy review process, they understand that they can give feedback through regular parent meetings, annual service provider meetings and through the website.

Conformance

The service meets all of the requirements of Standard 5 and consequently Standard 5 is fully conforming.

STANDARD 6

Service providers are well managed and have strong and effective governance to deliver positive outcomes for the people they support.

Overview

Discussions with the Board Representatives confirm that Mater Dei has a Board of very experienced directors who are engaged with the organisation and able to provide the governance oversight to assure the safe functioning of the organisation and to effectively plan for its future.

A strategic plan has been developed for the 2012 -2015 years and the Board is currently reviewing its strategic direction; including meeting for a strategic planning weekend to begin the process of formulating the new strategy (particularly with consideration to the NDIS).

The current Strategic Plan includes a Statement of Renewal and outlines the objectives of the organisation.

Leadership reports refer back to the Strategic Plan and goals are updated annually.

Discussions with top management and the Board confirm that there is a separation of governance and operational responsibilities. Discussions with the Board representatives also confirm that the Board functions ethically; e.g., the Board representatives confirm that conflict of interest is declared.

Board meeting minutes are retained. Minutes include (for example) the following: (a) Welcome, Opening Prayer and Apologies, (b) Business for discussion and decision, (c) minutes of previous meeting, (d) Business Arising from the Minutes, (e) Correspondence, (f) reports from subcommittees, (g) general business, and (h) next meeting. Director of services reports are evidenced with Board meeting minutes.

Sub-committees are established to ensure that the governance body reflects contemporary practice and reflects (among other things) the needs of parents, children, and stakeholders. Committees include: (a) Living

Skills Program Committee, (b) Property Maintenance and Safety Committee, (c) Education Policy Committee, (d) Early Intervention Advisory Committee, (e) Finance and Audit Committee, (f) Development Committee, and (g) foundation committee. There is evidence that the Finance and Audit Committee meeting is noted and that a report of the Finance and Audit Committee is circulated with the agenda. There is a Property Maintenance and Safety Committee report and a review of an example of minutes identifies that WH&S minutes are circulated.

The Early Intervention Program has developed a feedback survey that includes questions such as: "*Mater Dei EIP promotes the rights of your child and family to exercise choice in your child's individual program?*." The options for feedback are: Strongly Agree; Agree; Not Sure; Disagree; Strongly Disagree.

The Board has process in place for the recruitment and selection of executive management and Board representatives confirm that the Board completes a performance appraisal of the CEO.

There is a comprehensive induction program that is structured to adequately inform new Board members of the organisation and its operational and governance requirements. Discussions with the Board representatives, management, and staff identifies that the organisation has implemented a comprehensive program of development in line with the requirements of the NSW-DSS. Staff are aware of the requirements of the standards through the provision of education and training.

Communications have occurred regarding the quality management system; e.g., there is a publication titled Quality Policy that has been circulated and this defines the quality key principles of the organisation. The Quality Policy emphasises that Mater Dei is committed to achieving operational and service delivery excellence and the highest standards of quality in all aspects of educational, operational, and business activities.

Mater Dei has embarked on an extensive program of development to align with service delivery process in line with the requirements of the NSW-DSS. The results of this assessment confirm that, to the extent that the requirements of the NSW-DSS reflect legislative and policy requirements, Mater Dei has reviewed and implemented systems in line with these requirements.

Discussions confirm that Parents and Friends meetings occur. Other planning meetings also occur. There is an indication family's provides feedback into the strategic planning of the service. Discussions indicate that families are able to have some influence on the service design or improvement. Families and carers interviewed indicated that they are aware of these opportunities to participate in planning, but that the opportunity is not always taken up.

The Director of Services confirmed that the CEO reports back to her from Board meetings and that relevant information is then passed to staff and families through meetings, fortnightly newsletters, and quarterly magazines.

Discussion with management and staff indicates that workforce planning is discussed in the organisation and it is also referred to in planning. When the budget is reviewed workforce planning is considered in this process.

The recruitment process requires that the following information is obtained: (a) Resume & Qualifications, (b) Child Protection A & B Training, (c) Interview Information, (d) Orientation (Organisation), (e) Reference Checks,

(f) Good Samaritan/Benedictine Induction (g) Applicant Declaration & Consent , (h) OHS Online Training, (i) 100 point check, (j) RTA Transcript, (k) Staff database Information Form, and (l) Medical Assessment.

There is a staff induction process. Training is a high priority for the organisation and budget for training is allocated. Staff confirm that the on-going meeting communications process and feedback provides opportunity for sufficient supervision.

There is a high level of focus on health and safety. There is a Health and Safety matrix of compliance that is implemented. There is also a Bush Fire Plan and other safety activities occur such as tree audits. Health and Safety policies and procedures are in place.

Conformance

The service meets all of the requirements of Standard 6 and consequently Standard 6 is fully conforming.

Observations

Two general observations have been made in relation to Element reference number 6.1.4 and 6.2.8 and Mater Dei could respond to these. Taking action in relation to the observation is discretionary and is identified for continual improvement purposes. The observation is identified in the Excel Worksheet titled "VerificationObservations".

CONCLUSION

This assessment has confirmed that Mater Dei has established systems and processes that are implemented in line with the requirements of the NSW-DSS.

While some observations have been identified as a result of the external assessment, it is evident that Mater Dei has committed considerable time and resource to developing its system in line with the Standards. The result of this assessment (i.e., full attainment against all of the requirements) is a reflection on the commitment and considerable effort put into the development.

Noting observations identified in this report, it is the view of the assessment team that the intent of the NSW-DSS have been met and Mater Dei should be verified to the NSW-DSS.

2.7 VERIFICATION RECOMMENDATION

In accordance with the procedures governing the verification program, the verifiers recommend that Mater Dei be verified to the New South Wales Disability Services Standards.

This report has been reviewed by the Verification Evaluator and the Evaluator confirms that the information provided by the verification assessment was within the scope for verification and meets verification requirements.

On the basis of the review and the recommendation of the verifiers, and in accordance with evidence, report, ratings, and attainment principles, the Verification Evaluator confirms that Mater Dei should be verified to the New South Wales Disability Services Standards.

Role	Name	Signed	Date
Verification Evaluator	Suzanne Le Huray		11 February 2015

3. ASSESSMENT PLAN

3.1 ASSESSMENT OBJECTIVES

The objective of the assessment is to assess Mater Dei in relation to the New South Wales Disability Services Standards. The key steps for the assessment are described in the Assessment Methodology section detailed below.

3.2 VERIFIERS

The verifiers were:

1. David Hamer – Managing Director & Lead Verifier - Master of Management, Post Graduate Diploma Rehabilitation, Post Graduate Diploma of Business Administration, Bachelor of Arts, Certificate in Teaching People with Disabilities, Lead Assessor Certificate. David is a qualified Lead Assessor with considerable experience working directly with people with disabilities and in assessing human services. David has received training in the Department of Human Services Standards.
2. Alan Morley – Support Verifier - Assessor (Teaching Diploma; a Bachelor of Business Degree and has qualifications in Quality Auditing; Workplace Assessment and Training; Conflict Resolution). Alan has over thirty years' experience in providing, assessing and improving quality services to people with disabilities in both the government and non-government sectors. Alan worked for the Queensland Government collaboratively on the development and implementation of the Queensland Standards for Community Services and on the Human Services Quality Framework. For the last couple of years Alan has managed a Queensland based block funded service for people with disability. Alan's approach to continuous improvement is as a relationship based opportunity to ensure high quality, individualised and accountable outcomes for people who use, deliver and fund services.

3.3 ASSESSMENT METHODOLOGY

The service was provided with information prior to the verification assessment. A one-day on-site assessment was scheduled. The onsite assessment included:

1. Initial meeting.
2. Interview/discussions with staff.
3. Review of documentation and records relevant to the selected standards.
4. Review of a sample of records of people using services and plans.
5. Review of any previously identified improvements.
6. Service overview tour and observations
7. Closing meeting.
8. Draft report, feedback, and finalising of the report.
9. Verification decision making.
10. Distribution of the report and associated documentation.

3.4 DESCRIPTION OF SAMPLING APPROACH

Noting that people accessing the service have the right not to be involved; sampling is based on the service description and the requirements of sampling as set out in the Operating Guidelines for Certification Bodies to verify compliance with the NSW Disability Service Standards for ADHC funded service providers issued by

the National Disability Services (NDS). We will provide you with a copy of the operating guidelines if requested.

The following sampling has occurred:

- (a) The "Central Office".
- (b) The square root of the number of non-central office sites (full-time and part-time) state-wide, rounded to the upper whole number.
- (c) A sample people receiving each different type of support service delivered by your organisation. A sample of at least 2 people accessing services per site and per program.
- (d) We aim to have face to face individual contact or group interviews with 50% of the proposed sample of people accessing services.
- (e) We aim to review three consumer plans for each service type provided that people accessing the service have the right not to be involved; sampling is based on the service description and program requirements.

The aim of the sample is to get a reasonable representation of the service. Sampling is an estimation of the characteristics of the service and does not necessarily identify all variance from the standards assessed.

Number of people who access the service	Number of people sampled	Number of people interviewed	Number of face-to-face interviews
Approximately 225	27	4	4
Number of service user files reviewed			
3			

3.5 ASSESSMENT DURATION

The total time taken to coordinate and complete the assessment is equivalent to 33.25 full-time person hours. Time taken to complete each part of the assessment is as follows:

Verification assessment

Date of assessment	Time onsite	Number of verifiers	Hours onsite
3 December 2014	9:00 – 5:00 pm	2	16 hours
4 December 2014	8:30 – 1:00 pm	1	4.5 hours
Total time onsite		20.5 hours	

Reporting

Role	Hours report write up
Lead Verifier	6 hours
Support Verifier	2 hours
Total hours report write-up	8 hours

Pre and post assessment planning, administration and report review

Planning, administration, review and certification	4.75 hours
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3.6 STAFF AND VOLUNTEER INVOLVEMENT

The following number of interviews and file reviews occurred.

Number of staff interviewed	Number of staff files reviewed
12	6

3.7 DEFINITION OF ASSESSMENT FINDINGS

The verifiers assessed Mater Dei against the NSW-DSS according to the following scale:

Meets the NSW DSS (Met)	The service provider can demonstrate compliance with the NSW DSS. We will provide a certificate of verification within 15 days of the on-site review being finalised.
Improvement required (Partially Met)	The organisation does not fully meet the requirements of an indicator or the outcome is only partly effective. The provider is required to address the outstanding issues and provide evidence to HDAA that required actions have been completed within three months. We will check the actions have been completed and issue a certificate of verification within 15 days of receipt of the evidence
Significant improvement required (Not Met)	The service provider cannot demonstrate that they comply with the NSW DSS and will need to make significant improvements to achieve compliance. The provider will provide an action plan within 15 days of the on-site review. The provider is required to address the outstanding issues and provide evidence to the third party verifier, that required actions have been completed within six months. HDAA checks the actions have been completed and issue a certificate of verification within 15 days of receipt of the evidence.

Providers are required to have verification by 30 June 2015 and must meet all of the elements and standards by that time.

4. NEXT STEPS

The report identifies that Mater Dei fully attains the intent of each of the assessed standards and elements and that no improvement action or follow up action is required at this time.

The process that has occurred with the report is that it has been provided to Mater Dei as a draft with the opportunity for feedback or confirmation that the report is accurate. Mater Dei confirmed the report. HDAA finalised the report and distributed it to Mater Dei. Verification is recorded with HDAA and the service should notify ADHC that it has been verified.

Because all of the Standards are fully met, there is no need for a progress report or follow up action in relation to improvements identified in this report.

5. CONCLUSION

We aim for the assessment to be a positive helpful and developmental experience for you as a service and for the individuals involved. So please do contact us if you have any questions and we will do all we can to assist; for instance, if you need additional information then we more than likely have in in our library, or if you need us to explain any point in the report or relating to the assessment and standards.