



Final Accreditation Review Report

Organisation: Australian Community Support Organisation (ACSO)

Review Date: 23rd – 25th July 2007



This review was conducted according to requirements of the Quality Improvement Council (QIC) Standards and Accreditation Program.

DISCLAIMER

Accreditation status conferred by the Quality Improvement Council (QIC) Standards and Accreditation Program, including documents prepared in the assessment process, certifies that the participating organisation has met the applicable standards and participates in an ongoing quality improvement program. It does not, however, guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding are being, or will be, met. Similarly, accreditation does not prevent staff of participating organisations from sometimes making mistakes.

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FOREWORD

Continuous quality improvement (CQI) underpins the QIC Standards and Accreditation Program and the modules of standards. Quality is the result of a way of working rather than a single or set of events such as those leading to accreditation. There is an expectation, therefore, that all organisations will have embedded, or be in the process of embedding quality in their everyday work practices.

Central concepts of continuous quality improvement include:

- the organisation's leaders and management encourage the processes of CQI among individual staff and the organisation as a whole;
- a range of formal and informal mechanisms are used to evaluate and improve current work practices and staff are directly involved in the reflection on the efficacy of their own work and that of the organisation;
- resources are specifically allocated to CQI;
- staff and volunteers are actively acknowledged for initiatives they take in improving services and programs;
- staff are aware of the purposes, components and processes of CQI and the Plan Do Check Act cycle, and have the skills to implement them;
- quality processes are implemented in a systematic way and are evident at all levels of the organisation;
- there is an explicit and implemented process for working cooperatively, sharing and incorporating new knowledge within the organisation.

The QIC standards, the quality concepts listed above and industry wide or sector specific quality improvement themes guide the review team in its assessment of the organisation and its service activities. The team's findings are reported as a summary description of the major issues identified, and specific areas for commendation or improvement.

REVIEW DETAILS

Organisation:	Australian Community Support Organisation (ACSO)
Chief Executive Officer:	Antony Calabrò
Review contact:	Karen Stace & Jane Moreton
Number of staff:	132 EFT
Reviewers:	Review Team Coordinator Gail O'Donnell QICSA VIC
	External Reviewer Helen Hill QICSA VIC
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	External Reviewer Trainee Phil Peladarinos QICSA VIC
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This review assesses the extent to which the organisation meets the QIC *Health and Community Services Core Standards* and *Alcohol, Tobacco and Other Drugs Standards* and the QIC Endorsed *Victorian Disability Standards and Psychiatric Disability Rehabilitation and Support Services*. Four levels of attainment are used consistently throughout this report to give an overall rating for each standard. The levels of attainment are:

- **Leading Practice**
- **Met**
- **Met in Part**
- **Not Met**

In order to meet QIC accreditation requirements, all the Core Standards must be met.

The purpose of this accreditation review report is to record the findings of the external review upon which a recommendation for accreditation is made. It is also prepared to assist Australian Community Service Organisation (ACSO) with future planning through identifying organisational strengths and achievements, areas for development and recommendations to support continuous quality improvement.

EXECUTIVE SUMMARY

Introduction

This report represents a summary of findings from:

- analysis of Quality Journals;
- direct interviews with a cross section of governance (4 members), management and staff from all program areas, consumers from Francis and McCormack Houses and other key stakeholders and partners;
- observations during site visits at: 357A Spencer Street West Melbourne; Francis House; and, McCormack House — of fire equipment and safety measures, service and office settings and work practices;
- completed site inspection forms prepared by staff;
- documentation of audits including client file, office hazard inspections, safety inspection checklists, outreach vehicle hazard inspections and financial;
- other documentation including strategic plan, minutes of meetings, annual reports, policies and procedures, program guidelines, planning documents, reports, funding and service agreements, organisational structure, position descriptions, program brochures and promotional material, memorandums of understanding and previous QWP.

Organisational Context and History

ACSO was established in 1983 and currently operates programs in the areas of transitional support to ex-prisoners, disability support services, employment services, mental health support services, alcohol and drug assessment and treatment planning. The organisation works with individuals whose behaviour, presenting issues or offending history mean that they are either not welcomed by community agencies or are unable to be serviced by those agencies.

It provides services within metropolitan Melbourne and in regional areas, with offices based in Geelong, Ballarat, Bendigo, Wangaratta, Morwell and Mildura. Almost all of ACSO's funding is through State and Commonwealth Government grants, with 84% of current funding provided by the Department of Human Services.

Section summaries

Section 1. Building quality organisations

All standards were MET in this section.

Section 2. Providing quality services and programs

All standards were MET in this section including the Alcohol, Tobacco and Other Drugs Services Module and the Psychiatric Disability Rehabilitation and Support Services Module.

Section 3. Sustaining quality external relationships

All standards were MET in this section.

In addition all standards were MET in the Victorian Disability Services Service Module.

Overall summary

ACSO is working very effectively with a client group that is often marginalised and disfranchised and it was evident to the review team that the organisation has a culture that is supportive, respectful and empowering for clients. The organisation's values and purpose are strongly embedded and the staff's commitment to delivering client centred services was consistently articulated throughout the review and supported by consumer interviews.

This is ACSO's third review and the organisation is commended for undertaking three service specific modules to enable an appropriate and rigorous review of the organisation. It has demonstrated an ongoing commitment to continuous quality improvement with structures and resources in place to support this commitment. The organisation is commended for the work they have undertaken in incorporating some key recommendations from their last review into their 2006-2009 Strategic Plan and the comprehensive reporting of quality in the Annual Report.

ACSO is also commended for these achievements:

- Financial modelling of the Community Offenders Advice and Treatment Service (COATS) program.
- Strategic planning process and the 2006-2009 Strategic Plan.
- Transfer of 35,000 client file records (COATS program) into an electronic record system.
- 2006 Annual Report, utilising the Global Reporting Initiative 2002 Sustainability Reporting Guidelines that won an Australasian Reporting Award.
- Strong commitment to the implementation of recommendations following both internal and external program review.
- Seeking to identify and address clients' unmet needs.

The organisation faces a challenge in sourcing new premises in Melbourne that meet ongoing security for ACSO's administrative and service delivery requirements. Other challenges include:

- Maintenance of core business areas in an environment that is becoming more competitive for funding.
- Further development of effective consumer participation strategies.
- Increased focus on program evaluation and client outcome measures.
- Further development of effective partnerships that can foster innovation and help address clients' unmet needs.

Other recommendations for continuous quality improvement can be found in the body of the report.

Accreditation Status

The Accreditation Review Report of ACSO will be presented to QIC with a recommendation for accreditation.

Acknowledgements

The review team is appreciative of efforts from all involved in the review and in particular wishes to acknowledge Karen Stace and Jane Moreton for their assistance and hospitality during the review and their preparation of documents for consideration by the review team.

LEVEL OF ATTAINMENT FOR EACH STANDARD – CORE STANDARDS

Health and Community Services Core Module

SECTION 1 – Building quality organisations

CORE 1.1	Leadership and Management	This standard was MET
CORE 1.2	Human resources	This standard was MET
CORE 1.3	Physical resources	This standard was MET
CORE 1.4	Financial management	This standard was MET
CORE 1.5	Knowledge management	This standard was MET
CORE 1.6	Risk assessment and management	This standard was MET
CORE 1.7	Legal and regulatory compliance	This standard was MET

SECTION 2 – Providing quality services and programs

CORE 2.1	Identifying and meeting community needs	This standard was MET
CORE 2.2	Focusing on positive outcomes	This standard was MET
CORE 2.3	Ensuring cultural safety and appropriateness	This standard was MET
CORE 2.4	Confirming consumer rights	This standard was MET
CORE 2.5	Empowerment consumers	This standard was MET
CORE 2.6	Coordinating services and programs	This standard was MET

SECTION 3 – Sustaining external quality relationships

CORE 3.1	Service agreements and partnerships	This standard was MET
CORE 3.2	Collaboration and strategic positioning	This standard was MET
CORE 3.3	Incorporation and contribution to good practice	This standard was MET
CORE 3.4	Community and professional capacity building	This standard was MET

LEVEL OF ATTAINMENT FOR EACH STANDARD – SERVICE SPECIFIC STANDARDS

Alcohol, Tobacco and Other Drugs Services Standards

SECTION 2 – Providing quality services and programs

ATODS 2.1 Promote health and wellbeing	This standard was MET
ATODS 2.2 Contribute to prevention or reduction of harm	This standard was MET
ATODS 2.3 Place drug use in broad context	This standard was MET
ATODS 2.4 Facilitate continuity of care	This standard was MET
ATODS 2.5 Engage consumers	This standard was MET
ATODS 2.6 Assess consumers	This standard was MET
ATODS 2.7 Develop program and care plans	This standard was MET
ATODS 2.8 Review interventions	This standard was MET

Psychiatric Disability Rehabilitation and Support Services (PDRSS)

SECTION 2 – Providing quality services and programs

PDRSS 2.1 – The rights of people with a psychiatric disability are upheld by the PDSS	This standard was MET
PDRSS 2.2 – The activities and environment of the PDSS are safe for participants, carers, families, staff and the community	This standard was MET
PDRSS 2.3 – Participants, community and carers where appropriate, are involved in the planning, implementation and evaluation of the PDSS	This standard was MET
PDRSS 2.4 – The PDRSS promotes community acceptance and the reduction of stigma for people affected by the mental disorders and/or mental health problems	This standard was MET
PDRSS 2.5 – The PDRSS ensures the privacy and confidentiality of participants and carers	This standard was MET
PDRSS 2.6 – The PDRSS in conjunction with the clinical services works with their local community in prevention and mental health promotion	This standard was MET
PDRSS 2.7 – The PDRSS delivers non-discriminatory support which is sensitive to the gender and social and cultural values of the participant and the role of the participants' family and community	This standard was MET
PDRSS 2.8 – Service Integration The Area Mental Health Service (AMHS) works in coordinated and integrated way with a range of services to ensure continuity of care for the participant	This standard was MET
PDRSS 2.9 – The PDRSS is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services	This standard was MET
PDRSS 2.10 – Service activities are documented to assist in the delivery of support and rehabilitation and in the management of services	This standard was MET

PDRSS 2.11 – PRINCIPLES GUIDING THE DELIVERY OF SUPPORT The rehabilitation and support services delivered by the PDRSS are guided by the following principles	This standard was MET
PDRSS 2.11.1 – The PDRSS is accessible to the defined community	This standard was MET
PDRSS 2.11.2 – The point and process of access to the PDRSS meets the needs of the defined community and facilitates timely and ongoing assessment	This standard was MET
PDRSS 2.11.3 – Participants receive a comprehensive, timely and accurate assessment and a regular review of progress	This standard was MET
PDRSS 2.11.4 – The defined community has access to a range of high quality mental health rehabilitation and support services	This standard was MET
PDRSS 2.11.4A – The PDRSS provides participants with access to a range of rehabilitation and support programs which maximise the participants' quality of	This standard was MET
PDRSS 2.11.4B – Residential or home-based rehabilitation and support is provided in a manner which promotes choice, safety and maximum possible quality of life for the participant	This standard was MET
PDRSS 2.11.4C – The participant and the participant's family/carer, where appropriate, have access to a range of safe and effective psychosocial rehabilitation and supports	This standard was MET
PDRSS 2.11.5 – Participants are assisted to plan for leaving the PDRSS to ensure that ongoing follow-up is available if required	This standard was MET
PDRSS 2.11.6 – The PDRSS assists participants to leave the service and ensures re-entry, where appropriate, according to the participant's needs	This standard was MET

Victorian Disability Services (DSS)

DSS 2.1.1	Organisational Values and Culture	This standard was MET
DSS 2.1.2	Governance	This standard was MET
DSS 2.1.3	Learning and development	This standard was MET
DSS Dimension 2.2	Policies and practice	This standard was MET
DSS Dimension 2.3	Support options	This standard was MET
DSS Dimension 2.4	Working with the individual	This standard was MET
DSS Dimension 2.5	Working with personal support networks	This standard was MET
DSS Dimension 2.6	Working collaboratively	This standard was MET

REPORT OF REVIEW FINDINGS BY SECTION AND STANDARD

CORE SECTION 1 BUILDING QUALITY ORGANISATIONS

CORE 1.1

Leadership and management build a collective sense of purpose and direction that enable the organisation's philosophy, goals and service priorities to be identified and met.

This standard is MET

Key strengths relating to this standard:

- Council's commitment to a strong business focus while not losing sight of the organisation's purpose and vision for service delivery.
- Strategic planning process and resultant 2006-2009 Strategic Plan that has a strong outward focus and seeks to address clients' unmet needs.
- Embedded culture of continuous quality improvement and critical reflection throughout the organisation.
- Recent review of the Constitution.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Absence of Council member position descriptions to guide role and function. This is particularly important for new Council members.	Develop position descriptions for Council members.
Council policies and procedures appear due for review. The system for review of Council policies was not clearly evident.	Review the Council policies and procedures following ratification of the revised Constitution and consider if there are any policy gaps, for example Council evaluation. Ensure policies have appropriate document control mechanisms in place and a review process is developed and undertaken.
Program plans for the current financial year are at various stages of development and completion.	Develop program plans that are in line with the strategic and operational plans with key performance measures. Monitor and review these plans over the planning period.
Community representation is limited on the Council and this may create a barrier in understanding emerging community/client needs. Community representation also would allow for increased understanding of the services provided by ACSO and assist with capacity building.	Consider expanding the Council membership to include a community representative.

CORE 1.2**Human resources are managed to create an effective and competent service.****This standard is MET****Key strengths relating to this standard:**

- HR policy and procedure documentation is detailed and comprehensive.
- Supportive and safe workplace environment for staff that often work with challenging clients.
- Opportunities provided for staff to be active participants in system and service development across the organisation.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Performance appraisal practice was found to be inconsistent across the organisation. The inconsistencies were noted in frequency of occurrence, process and documented outcomes.	Monitor and record the implementation of the performance appraisal system in Landmark and review the system if it is not meeting the organisation's needs.
Regional staff found it more difficult to access professional development.	Consider ways to support regional staff to access professional development.
A variety of position description templates were sighted.	Determine which position description template will be used across the organisation and progressively standardise.
There was no centralised training register and records of staff training appear to be maintained at a program level.	Consider the development of a centralised training register. Ensure all staff training undertaken is entered on the Landmark system.

The review team also supports these Quality Journal recommendations:

- Implement improved induction process as per the Knowledge Management Strategic Initiative.
- Broaden staff exchange program (as utilised in Specialist services) across the organisation.
- Formalise and consistently apply the current system to ensure that staff training, performance reviews and orientation are included on Landmark with a reporting schedule to program managers.

CORE 1.3**The organisation's physical resources are managed to ensure an effective, safe and efficient service.****This standard was MET****Key strengths relating to this standard:**

- Early identification of physical resource issues with planned and integrated responses.

- Growing awareness of the organisation's environmental impact and its responsibility to reduce this impact and to report to the community in the Annual Report.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
The Disaster Plan was found to be outdated and there was no overarching business continuity plan.	Consider the development of a comprehensive business continuity plan and seek to align this plan with the risk register.
The size of the organisation's vehicle fleet has significant financial implications.	Monitor and review the size of the fleet and the ongoing financial implications for the organisation.

The review team also supports these Quality Journal recommendations:

- Source new McCormack house.
- Develop relocation plan for Head Office.

CORE 1.4

The organisation's financial management reflects its goals and supports an efficient and sustainable service.

This standard was MET

Key strengths relating to this standard:

- External review of the financial processes of the organisation and implementation of the recommendations.
- Financial modelling undertaken in the COATS program which was initiated by ACSO to support and influence the ongoing financial viability of the program.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Absence of payroll operational guidelines/procedures that enable others in the organisation to undertake this task.	Develop operational/work procedures for the payroll function.
There was no centralised register of all funding agreements with financial reporting/acquittal requirements.	Consider the development of a centralised register of organisational wide funding agreements that supports ongoing review and monitoring of financial reporting and acquittal requirements. Also relevant to Core 3.1.

The review team supports this Quality Journal recommendation:

- Improve financial controls in relation to electronic funds transfer via Commonwealth bank.

CORE 1.5

Knowledge (including research, and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

This standard was MET

Key strengths relating to this standard:

- Six monthly client file audit system that reports high levels of compliance with requirements across the organisation.
- Development of the electronic client file system for the COATS program.
- Bronze award received from the Australasian Reporting Awards (ARA) for the 2006 Annual Report.
- Ongoing commitment to knowledge management following the last accreditation review and evidenced as a strategic initiative in the 2006-2009 Strategic Plan.
- Comprehensive suite of overarching operational policies and procedures with effective review mechanisms in place.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Document control mechanisms were less consistent at a program level.	Implement document control mechanisms at a program level that mirror the effective processes in place at the organisational level.
The highly developed skills and expertise of ACSO staff could be shared more both internally and externally.	Consider the benefits/costs of becoming a Registered Training Organisation. Continue to explore ways to share knowledge both within and outside ACSO.
The external website and internal intranet are key communication tools and both could be reviewed for their effectiveness in meeting the communication needs of the organisation.	Review the website and intranet and allocate resources to improve their effectiveness, appeal and user-friendliness.

The review team supports this Quality Journal recommendation:

- Implement the Knowledge Management Initiative.

CORE 1.6

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

This standard was MET

Key strengths relating to this standard:

- Recognition of the multiple dimensions of risk and the subsequent implementation of a new risk framework.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Implementation of the risk framework will require comprehensive training across the organisation to raise awareness of the multiple dimensions of risk.	Implement the new risk management framework through staged training and ensure all staff receive training and develop relevant competencies.
Systems for the ongoing monitoring and evaluation of the risk management framework need to be further developed and embedded into existing reporting structures.	Utilise existing reporting structures and ensure risk identification and management is regularly discussed at all levels of the organisation.

The review team supports these Quality Journal recommendations:

- Enhance the risk management system by formally including risk management matrix for any new program submissions, program development or growth opportunities as part of decision-making process.
- OH&S committee to annually review risk register, mitigation strategies and performance against items relating to staff safety.

CORE 1.7

The organisation ensures compliance with all relevant laws and regulations.

This standard was MET

Key strengths relating to this standard:

- Council has a number of members who are currently active in the legal profession.
- A clear proactive approach to the implications of legislative change evidenced in the organisation's response to the new Disability Act 2006.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Formalise reporting to Council by CEO on legislative compliance.

CORE SECTION 2 PROVIDING QUALITY SERVICES AND PROGRAMS

CORE 2.1

Community needs are identified and the organisation endeavours to meet them.

This standard was MET

Key strengths relating to this standard:

- Use of unmet needs data, gathered from current clients, to influence the strategic objectives of the 2006-2009 Strategic Plan.
- Commitment to both external and internal program review that enables improved access to eligible clients and seeks to address client needs.
- Improved access to rental accommodation for clients following the creation of the accommodation options worker position.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Formalise reporting of program review outcomes as part of Budget, Program and Review meetings.

CORE 2.2

Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs.

This standard was MET

Key strengths relating to this standard:

- Development of the Research and Evaluation committee to support stronger and more rigorous program planning and evaluation.
- Increasing awareness of cross-program opportunities for sharing information.
- Strategic focus on accommodation and material aid to enhance service delivery and positive outcomes for clients.
- Focus on client outcomes is a core value of the organisation.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Unmet needs of CALD and indigenous clients appear not to be clearly identified and documented.	Consider methodologies that would support the capture of unmet needs of CALD and indigenous clients.
Organisational brochures and promotional material require high levels of literacy.	Review organisational brochures and evaluate suitability for client group.

Significant amounts of data are captured but are not always being utilised in a systematic way to influence service planning and to measure program and client outcomes.	Utilise data in a more systematic way to enable improved measurement of program and client outcomes. The Research and Evaluation committee is an ideal mechanism to support this.
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The review team supports this Quality Journal recommendation:

- Implement, monitor and evaluate Program Evaluation Logic Model as per the Research and Evaluation Strategic Initiative.

CORE 2.3
Services and programs are provided in a culturally safe and appropriate manner.

This standard was MET

Key strengths relating to this standard:

- Recognition of need to identify and monitor emerging client groups in planning documents.
- Strong partnerships and networks with indigenous AOD workers and organisations.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Links with CALD and indigenous communities were not evident across all program areas.	Consider strengthening links with CALD and indigenous communities across all program areas to enable greater understanding of client needs.
The operational plan identifies the need to identify and monitor emerging client groups, including CALD communities; this intention should also be reflected in program planning.	Ensure program plans include the identification and monitoring of emerging client groups.

The review team supports these Quality Journal recommendations:

- Investigate ways of further sharing cross-cultural training and learning across the various programs.
- Continue to identify opportunities with culturally diverse agencies to better deliver programs to target client groups.

CORE 2.4
Services and programs confirm consumer rights.

This standard was MET

Key strengths relating to this standard:

- Embedded organisational values.
- Code of Ethics and Conduct.
- Strong staff commitment to protecting the rights of clients with whom they work.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Complaints and compliments are not always recorded centrally	Strengthen the system for reporting complaints and compliments centrally so these can be analysed for trends and reported to the Council

The review team supports these Quality Journal recommendations:

- Annual review of all complaints received to analyse any trends and report to Council.
- Review client information pamphlet.

CORE 2.5

Services and programs develop, implement and evaluate strategies that empower consumers.

This standard was MET

Key strengths relating to this standard:

- Annual Art Show that showcases clients work.
- Willingness to trial and reflect on the effectiveness of piloted consumer participation strategies.
- Integration of successful consumer participation strategies into program areas for example McCormack House, the Specialist Service Newsletter and the PEP program.
- Staff commitment to working at an individual level to empower and support clients.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Individual programs have trialled a variety of consumer participation strategies with mixed success. Given the diverse and challenging nature of the target group it may be beneficial to seek expert advice.	Consider the engagement of expertise, such as the Health Issues Centre, to assist in the further development of consumer participation strategies.
Resourcing an organisational wide position or portfolio may support the further development of this area.	Consider the creation of a consumer participation position or portfolio function across the organisation and link this to the Research and Evaluation Committee.
Successful individual empowerment strategies were observed and evidenced during the review.	Seek ways to capture and document successful strategies that empower individuals and develop mechanisms to share these both internally and externally.

The review team supports these Quality Journal recommendations:

- Explore the viability of employing a consumer consultant to provide input into higher-level decision-making and program and organisational development.
- Explore the establishment of one central point for all client feedback regarding ACSO services.

CORE 2.6**Services and programs within the organisation are coordinated.****This standard was MET****Key strengths relating to this standard:**

- Strategic Plan Initiative Teams comprising staff from all areas of the organisation.
- Cross program and external secondment opportunities.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Staff participation in the strategic planning process and QICSA accreditation has raised awareness of other programs within the organisation.	Further develop opportunities for staff to become aware of the range of programs provided by ACSO to enhance service coordination.
A high level of staff skills and expertise were observed by the review team that could be better utilised across the organisation.	Use the skills and expertise of staff to deliver in-house training. Continue to encourage internal secondment opportunities.

The review team supports this Quality Journal recommendation:

- Better evidence/documentation to support systems of collaborative practice and service coordination.

SECTION 2 ALCOHOL TOBACCO AND OTHER DRUGS SERVICES STANDARDS

ATODS Standard 2.1

The health and wellbeing of individuals and/or communities is promoted.

This standard was MET

Key strengths relating to this standard:

- Promotion of the COATS service as a health service supporting clients to access mainstream health and support services.
- Effective and productive partnerships with funding bodies, AOD and Justice sectors evidenced by the development of a number resources and protocols e.g. Forensic Handbook and Heads of Agreement document.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
The client page of the website was found to be limited and more suited to professionals.	Review the website contents and consider its suitability for clients.
The high level of skills and expertise in the COATS program needs to be shared across the organisation. It was not obvious to the review team that this was occurring.	Create opportunities to share knowledge and skills through internal training and information sharing.

The review team supports this Quality Journal recommendation:

- Include information about drugs and their effects and links to information on website.

See also Core standard 2.2, 2.5, 3.2.

ATODS 2.2

The organisation contributes to the prevention or reduction of harms associated with problematic alcohol and other drug use.

This standard was MET

Key strengths relating to this standard:

- Evidence of effective systems in place to identify potential harms at assessment for inclusion in the individual treatment plan and for monitoring of the treatment.

The review team made no specific recommendation for this standard.

The review team supports this Quality Journal recommendation:

- Better completion of treatment completion advice processes to ensure that all staff can easily know the process.

ATODS 2.3**The broad context of problematic alcohol and other drug use is explored in the planning and delivery of services and programs.****This standard was MET****Key strengths relating to this standard:**

- Service Delivery Philosophy policy.
- Comprehensive assessment systems.
- Organisational experience and knowledge of the broader social and environmental context of AOD use.
- Workers knowledge of the health and support service sector that supports effective referral.

The review team made no specific recommendations for this standard.

The review team supports these Quality Journal recommendations:

- Improved ABI training.
- Enhance intra-program clinical sharing.

ATODS 2.4**Continuity of care is facilitated within the organisation or when different organisations are involved to enhance consumer outcomes.****This standard was MET****Key strengths relating to this standard:**

- Strong privacy and confidentiality systems to manage initial referral to COATS, then assessment and referral on to treating providers.
- Variation processes supports clients to receive further treatment.
- Comprehensive COATS program guidelines.
- Development of Community Agency Liaison Officer (CALO) positions to enhance access to treating providers.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Evaluate impact of CALO positions on continuity of care.

ATODS 2.5**The Service works to build and maintain an effective relationship with consumers.****This standard was MET****Key strengths relating to this standard:**

- Positive and supportive organisational values and philosophies underpin service delivery.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
A variety of methods are used to obtain feedback about the COATS program including report reviews, treatment agency evaluation and client satisfaction survey. The review team sighted little evidence to indicate how this information was gathered, reviewed and used to make changes to service delivery.	Strengthen the documentation of the client and treating providers' feedback system and use this information to influence service development.
Reception staff are pivotal to the delivery of the COATS program and need to be well supported in their role.	Consider surveying the reception staff regularly to evaluate the effectiveness of training delivered and to inform future training needs.

See also Core standards 2.2, 2.3 and 2.6.

ATODS 2.6

Comprehensive consumer assessments are undertaken.

This standard was MET

Key strengths relating to this standard:

- Supportive orientation program for staff.
- Comprehensive COATS program guidelines.

The review team made no specific recommendations for this standard.

ATODS 2.7

Program and care plans are developed and implemented in conjunction with consumers.

This standard was MET

Key strengths relating to this standard:

- COATS' ability to broker a range of treatment services following assessment and through the variations process to tailor individual program and care plans for clients.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Significant issue is maintaining currency with AOD treatment providers in order to make appropriate referrals and brokerage.	Ensure Trace Directory and other agency directories are current.

ATODS 2.8

The impact and effectiveness of interventions are reviewed regularly in consultation with consumers and the outcomes inform any revised program or care plans.

This standard was MET

Key strengths relating to this standard:

- Treatment is tracked through the Treatment Completion Advice process, which includes a summary of the client's progress against goals.
- Systems are in place for re-referral.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Evaluate impact of new reporting format to agencies.

SECTION 2**PSYCHIATRIC DISABILITY REHABILITATION
AND SUPPORT SERVICES (PDRSS)**

PDRSS 2.10 – Service activities are documented to assist in the delivery of support and rehabilitation and in the management of services.

This standard was MET

Key strengths relating to this standard:

- Program guidelines are well documented across all services.
- Six monthly client file audits are undertaken.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- A consistent approach to guidelines and manuals would benefit the program.

PDRSS 2.11 – PRINCIPLES GUIDING THE DELIVERY OF SUPPORT
The rehabilitation and support services delivered by the PDRSS are guided by the following principles.

This standard was MET

Key strengths relating to this standard:

- Strong organisational commitment and alignment to the principles guiding the deliver of PDRSS.
- ACSO Service Delivery Philosophy.

The review team made no specific recommendations for this standard.

The review team supports these Quality journal recommendations:

- Armidale House staff formalise their exit planning process.
- Armidale House review their client information package to comply with new Disability Legislation.

PDRSS 2.11.1 – The PDRSS is accessible to the defined community.

This standard was MET

Key strengths relating to this standard:

- Program guidelines are very detailed and user friendly.
- Ongoing contact with referral sources supports timely access when vacancies arise.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Client feedback systems including IPP review, house meetings and exit interviews are in place, but there is a need for a more comprehensive system to capture, document and analyse feedback.	Develop and document a more comprehensive system to gain client feedback and how it is used to influence service planning. Explore the possibility of employing a consumer consultant.

The review team supports this Quality Journal recommendation:

- Explore the establishment of one central point for client feedback across all ACSO services.

PDRSS 2.11.2 – The point and process of access to the PDRSS meets the needs of the defined community and facilitates timely and ongoing assessment.

This standard was MET

Key strengths relating to this standard:

- Services are sensitive to clients needs and are highly supportive and empowering.
- Strong focus on coordination of service provision with clinical services.
- Appropriately qualified staff are employed, professional development is supported.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Ongoing participation in Mental Health Week.

PDRSS 2.11.3 – Participants receive a comprehensive, timely and accurate assessment and a regular review of progress.

This standard was MET

Key strengths relating to this standard:

- Appropriately qualified staff conducts intake and assessment and are supported by well-documented guidelines.
- Individual Program Plans (IPPs) are updated regularly with client involvement.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Links with CALD communities were not evident.	Explore the possibility of developing closer relationships with CALD specific organisations e.g. Migrant Resource Centres, Ethno-specific welfare organisations, St Vincent's Transcultural Psychiatry Unit.

See also Core standard 2.3.

The review team supports this Quality Journal recommendation:

- Regular cultural awareness training.

PDRSS 2.11.4 – The defined community has access to a range of high quality mental health rehabilitation and support services.

This standard was MET

The review team made no specific recommendations for this standard.

PDRSS 2.11.4A – The PDRSS provides participants with access to a range of rehabilitation and support programs, which maximise the participants' quality of life.

This standard was MET

Key strengths relating to this standard:

- Key workers support clients to maximise their quality of life through the development of IPPs.
- Access to mainstream services is facilitated and supported by key workers.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Explore the services provided by the local council to support clients.

PDRSS 2.11.4B – Residential or home-based rehabilitation and support is provided in a manner, which promotes choice, safety and maximum possible quality of life for the participant.

This standard was MET

Key strengths relating to this standard:

- McCormack and Armidale Houses have clear house rules and program guidelines.
- Regular house meetings support client input into how the house operates.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Source a new “McCormack House” as outlined in the 2007-2008 Draft Operational Plan and SS Program Plan.

PDRSS 2.11.4C – The participant and the participant’s family/carer, where appropriate, have access to a range of safe and effective psychosocial rehabilitation and supports.

This standard was MET

The review team made no specific recommendations for this standard.

PDRSS 2.11.5 – Participants are assisted to plan for leaving the PDRSS to ensure that ongoing follow-up is available if required.

This standard was MET

Key strengths relating to this standard:

- Consumer exit planning is integrated into the IPP and accommodation and outreach support is provided.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Review the exit planning at Armidale House in line with the new Disability legislation and the PDRSS standards.

PDRSS 2.11.6 – The PDRSS assists participants to leave the service and ensures re-entry, where appropriate, according to the participant’s needs.

This standard was MET

See PDRSS standard 2.11.5.

SECTION 2 VICTORIAN DISABILITY SERVICES STANDARDS (DSS)

Dimension 1 Organisational culture and its governance.

For this dimension it is expected that the support provider take action in three arenas

1. Organisational values and culture.
2. Governance.
3. Learning and development.

2.1.1 Organisational values and culture.

This standard was MET

Refer to Core standards 1.1, 1.2, 1.6, 1.7, 2.4 and 2.5.

The review team made no specific recommendations for this standard.

2.1.2 Governance.

This standard was MET

Key strengths relating to this standard:

- Deloitte's independent review of Disability Program (DAP) in 2004 and the implementation of recommendations into the revised DAP Guidelines and application to other areas of ACSO.
- Strategic plan was developed in the context of this external review.
- Francis House external review undertaken in 2007.

Refer also to Core standard 1.1.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Minutes and contacts with stakeholders to be better recorded.

2.1.3 Learning and development.

This standard was MET

Key strengths relating to this standard:

- DAP support all staff to obtain their Certificate IV in Disability.

Refer to Core standard 1.2.

The review team made no specific recommendations for this standard.

Dimension 2.2 Policies and practice.

This standard was MET

Key strengths relating to this standard:

- Proactive approach to ongoing review and monitoring mechanisms for DAP Guidelines.

Refer to Core standard 1.5.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Continue to review policies and procedures in line with changes in DHS regulations and legislation.

Dimension 2.3 Support options.

This standard was MET

Key strengths relating to this standard:

- Organisational values support clients to make decisions in regard to their support options within the justice system's limitations.
- Disability Support Plans (DSPs) are developed with clients and their support network and reviewed regularly with goal attainment scales.

Refer to Core standard 2.2.

The review team made no specific recommendations for this standard.

Dimension 2.4 Working with the individual.

This standard was MET

Key strengths relating to this standard:

- Intake processes are clearly documented and clients are informed of their rights using appropriate mechanisms.
- Organisational values and service philosophy support individual rights.
- Safe environment provided for clients.
- Supportive staff supervision processes.
- Client feedback mechanisms are in place including Community Visiting from the Office of the Public Advocate, House meetings, review of DSPs.

- Annual Art Show.

Refer to Core 2.4.

The review team made no specific recommendations for this standard.

Dimension 2.5 Working with personal support networks.

This standard was MET

Key strengths relating to this standard:

- Importance of personal support networks for clients are acknowledged and supported with the clients consent.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Provide information about DAP services involved for family, carers and support networks. Place this information on the website with links to other useful websites and support groups.

Dimension 2.6 Working collaboratively.

This standard was MET

Key strengths relating to this standard:

- Strategic initiatives in 2006-2009 Strategic Plan in particular research and evaluation, partnership and material needs.
- Established relationships with key funding bodies and other service providers in the sector.

Refer to Core standards 3.2, 3.3 and 3.4.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Better evidence/documentation to support systems of collaborative practice.

CORE SECTION 3 SUSTAINING QUALITY EXTERNAL RELATIONSHIPS

CORE 3.1

The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.

This standard was MET

Key strengths relating to this standard:

- Established strong and effective relationships with key funding bodies.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation:

- Implement and evaluate the Partnering Strategic Initiative.

CORE 3.2

The organisation collaborates with other organisations, and positions itself strategically within the wider service system.

This standard was MET

Key strengths relating to this standard:

- 2006-2009 Strategic Initiative to increase partnering capabilities.
- Experienced in collaboration to achieve positive client outcomes.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
There was no central register that recorded all external relationships.	Consider the development of an external relationship register with key contact information that is accessible to staff.
External relationships appear not to be formally evaluated for their effectiveness.	Consider the use of the VicHealth Partnership Tool or another tool to evaluate the effectiveness of external partnerships.

The review team made no specific recommendations for this standard.

The review team supports this Quality Journal recommendation found in Core standard 1.1 but also relevant to this standard:

- Monitor and record contacts with senior stakeholders and report on these more formally in Council reports and the Annual Report.

CORE 3.3

The organisation demonstrates that it has incorporated, and contributes to, what is currently seen as accepted good practice in its field.

This standard was MET

Key strengths relating to this standard:

- Utilisation of external consultants to conduct reviews and provide recommendations to enhance practice.
- Opportunities for staff to participate in professional development.
- Membership of peak bodies and access to sector information.
- Comprehensive policy and procedures guiding this system.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Information in regard to good practice and shared learnings is often only shared at a program level.	Further develop a more formal process for sharing learnings and good practice across the organisation.
A centralised training register is not in place.	Develop a centralised training register that captures all professional development undertaken by staff. This information can then be used to inform the internal training calendar.

CORE 3.4

The organisation works to build the capacity of the community it serves and the professional community to which it belongs.

This standard was MET

Key strengths relating to this standard:

- Active student placement program.
- Increased focus on capacity building in the 2006-2009 Strategic Plan.
- Delivery of training to other agencies within and outside the sector.

The review team made no specific recommendations for this standard.

LIST OF ABBREVIATIONS

CALD	Culturally & Linguistically Diverse
CALO	Community Agency Liaison Officer
CEO	Chief Executive Officer
COATS	Community Offenders Advice and Treatment Service
CSU	Client Services Unit
DAP	Disability Program
DHS	Department of Human Services
DSP	Disability Support Plan
IPP	Individual Program Plan
OH&S	Occupational Health & Safety
PEP	Pre Employment Program