



**ALKIRA CENTRE - BOX HILL INC.
AUDIT FOR CERTIFICATION REPORT**

EXECUTIVE SUMMARY

17 November 2011

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INTRODUCTION

HDAA conducted an audit for certification in relation to selected Industry and Outcome Standards for Disability Services in Victoria on 4 - 7 October 2011 with Alkira Centre Box Hill Inc.

HDAA identified a skilled and experienced audit team to work with Alkira Centre Box Hill Inc. The team has considerable experience in auditing disability services.

The purpose of the audit is to evaluate the implementation, including effectiveness, of the service's quality management system in relation to the Standards for Disability Services in Victoria.

During this audit the auditors reviewed documentation and assessed implementation and delivery of service in relation to the Standards for Disability Services in Victoria. The auditors also talked to people who use the service and persons associated with service delivery.

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The audit of Alkira Centre Box Hill Incorporated (Alkira) identifies that the service functions to promote a culture of respect and value and people who receive services. There were many substantial examples of the service taking action in such a way as to empower and involve people who receive services.

Discussions with people who use the service, and staff confirms a good level of satisfaction with the service and commitment to providing services that meets people's needs. As evidenced in the assessment of outcomes in this report, the service provides opportunities for the attainment of outcomes consistent with the Life Areas of the Outcome Standards.

It is evident from discussions with a number of staff that the values of the service are sufficiently well understood to moderate the culture of the organisation. This is despite the fact that the values are yet to be formally documented and promoted. In part the organisation culture and values are based on the heritage of the organisation and the activities (e.g., involvement of people who receive services in interviewing) that result in the engagement of people in service delivery. There is, for example a Client Committee that contributes to the development of the service.

The service has embarked on the development of a set of policies and procedures and these are in part integrated into service delivery. Staff state that they are aware of the service's policies and procedures. The audit has identified that some further development can occur to strengthen the policy and procedural infrastructure. These improvements are documented in Table 5 of this report.

Key policies and procedures are in place and this has supported a high level of compliance with the Standards for Disability Services in Victoria (2007).

Supporting the policy platform is a quality management system that supports service delivery planning, and risk management. The service has established a strategic direction which has been developed in conjunction with a broad cross section of people involved with the service. A quality plan is available for each service outlet. A risk management register has been developed by the Board and is implemented.

The service has implemented a strategic planning process and the strategy has been developed. This is supported by the development of service site specific quality plans. There is relevant other planning and this includes (but is not restricted to) risk management planning.

The organisation demonstrates an understanding of the need to manage operational risk and this includes the implementation of a health and safety management system. Some strengthening of the health and safety management system is indicated in this report. Supporting the management of health and safety is a part time health and safety officer.

The Board is active in reviewing the financial performance of the organisation. The Board received financial management reports and also other management reports to support decision making at the governance level. Relevant financial reporting occurs and the financial statement of the organisation is subject to annual financial audit. The 2011 Annual Report includes the financial statement of the organisation.

The quality management system is supported by an internal monitoring program that includes reporting of incidents and accidents, complaints (when they occur), and health and safety checks. The service also obtains and considers client feedback. And in addition, the service has completed a self-assessment of performance against the standards.

Effective governance arrangements are in place and the Board appears to demonstrate a separation of powers between the Board and the Chief Executive. Governance policies and procedures require that each new Board member is provided with an induction and discussions indicate that the Board is sufficiently educated in good governance practice to govern effectively. Some developments at the governance level are identified and these include, for example, the availability of induction information for new Board members, and also the provision of more frequent governance training.

Relevant human resource management systems are implemented and this includes recruitment and selection processes. Mandatory checks such as police checking and referee checking occur. There is a probationary period for new employees. The service supports the provision of learning and development opportunities for staff. Supporting human resources processes such as employment contracts and position descriptions are also in place.

A key area of development relates to the implementation of the My Plan process and it is recommended that the service review this process to determine if it can be implemented more rapidly than is currently indicated.

The commitment of management and staff to the provision of person centred services that enhance outcomes for people with disabilities is evident from this four-day assessment of organisation performance. The audit has confirmed a commitment by management to meeting the requirements of the Standards for Disability Services in Victoria. The audit has also identified that some further development should occur to fully meet the requirements of the standards.

In relation to outcomes, it is evident that management and staff are aware of the outcome standards and life areas and there is a demonstrated commitment to providing services that provide people with relevant support for meaningful activity and residential support. The outcomes assessment identified many examples of successful outcomes (life areas) attainment. It also identified some general (discretionary) considerations for attaining the outcomes.

This is evident in the assessment of the Industry Standards and Outcomes Standards that the service is striving to meet the intent of the Standards and also that further development is required. It is the recommendation of the audit team that certification occurs but also that a condition of the certificate is that the service provides a satisfactory progress report in relation to indicators 2.5; 8.3; 8.8; 9.2 prior to 25 February 2011.