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Accreditation Systems Recognition Tool

Aged Care Standards Accreditation Agency
(ACSA)

Accreditation Systems Recognition Tool, Aged Care Standards and Accreditation Agency (ACSA)

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Overview

An important aim of the NSW quality reform program is the recognition of accreditations /certifications of other industry standards that service providers already have in place to reduce the administrative burden and need for duplicate reporting.

The development of a recognition tool is an innovative and practical way to acknowledge the diversity of the sector which ranges from small to very large providers with varying experiences of quality management systems and external assessments. A recognition tool is advantageous for service providers who already have accreditation status with one or more of the industry standards, as this work will be recognised. It will simplify the process for service providers to demonstrate that they meet the practice requirements of the NSW Disability Services Standards (NSW DSS) and will streamline reporting requirements by recognising the findings of other external assessments as set out in this tool.

The recognition tool has 12 chapters, one for each quality management system or standard that has been mapped by Joint Accreditation System of Australia and New Zealand (JAS-ANZ). JAS-ANZ is the government-appointed accreditation body for Australia and New Zealand responsible for providing accreditation of conformity assessment bodies (CABs) in the fields of certification and inspection. Accreditation by JAS-ANZ demonstrates the competence and independence of these CABs.

Background

To assist ADHC to develop an appropriate recognition tool for the sector, JAS-ANZ was engaged to map 12 industry standards in use by the sector against the updated six NSW DSS to identify common components and gaps. The industry standards selected for the mapping exercise were based on the results of a sector survey conducted in 2011 to understand the extent and type of quality management activities and standards in use by the sector.

JAS-ANZ mapped each of these industry standards and quality management systems against each element of the practice requirements across the six NSW DSS and rated each according to its alignment to the NSW DSS. JAS-ANZ provided a three scale rating:

1. Where the industry standard met a NSW DSS element
2. Where the industry standard partially met a NSW DSS element
3. Where the industry standard didn't meet the NSW DSS element.

The industry standards mapped by JAS-ANZ can be accessed via the ADHC website at: *http://www.adhc.nsw.gov.au/sp/quality/adhc_systems_recognition_tool* JAS-ANZ developed a standards comparison tool which forms the basis of ADHC's approach to recognising how other industry standards meet the NSW DSS.

It should be noted that as the elements in the NSW DSS are specific and designed to cover the full range of service types, not all elements will apply to all service providers. For example, the elements relating to children's services won't apply to service providers who only deliver services to adults.

NSW DSS

Central to NSW quality reform and the application of the ADHC recognition tool are the revised NSW DSS. This revised set of Standards is contemporary and supports service providers to transition to person centred and lifespan approaches in an individualised funding environment. The NSW DSS describe what service providers need to do to comply with the *Disability Inclusion Act 2014* (DIA), and *Disability Inclusion Regulation 2014* (Regulation) and meet their requirements under the Funding Agreement.

There are six NSW DSS:

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

NSW DSS practice requirements and elements

Within each of the six standards there are two or three practice requirements. The practice requirements describe how providers can put the principles of the DIA into practice and are designed to assist service providers to understand and comply with the DIA. For example NSW DSS 3: Individual outcomes Practice requirement 3.1 Service providers maximise person centred decision making.

Within each practice requirement there are a number of elements. The elements are the core activities required of a service provider to comply with the NSW DSS and are designed to assist service providers to understand what they need to build into their day to day practices and processes.

JAS-ANZ has conducted its mapping based on the NSW DSS elements.

Accreditation Systems Recognition Tool

This chapter of the recognition tool has been designed for use by service providers who have existing accreditation status with Aged Care Standards and Accreditation Agency (ACSA).

The key purpose of the mapping is to enable service providers to understand how their current accreditation/certification status meet the NSW DSS and the areas that require further evidence or activity to fully meet the NSW DSS.

The tool was designed to guide service providers through the process of self assessment and to assist them to prepare for third party verification using the JAS-ANZ mapping.

Some of the NSW DSS elements may not apply to all organisations and service providers should identify the elements that are relevant as part of the self assessment process for their particular organisation.

> **Service providers are advised that when they are conducting a self assessment using the recognition tool, they need to be aware that the JAS-ANZ mapping and their subsequent scoring of the industry standards against the elements of NSW DSS, is based on JAS-ANZ's interpretation of the relevant industry standard. Service providers should also be aware that the JAS-ANZ mapping may not take into account the broader regulatory environment in which service providers operate including legislative requirements, particular industry standards guidelines or ADHC policy and guidelines.**

How to use the recognition tool

The recognition tool has been designed for use by service providers who have existing accreditation status with the Aged Care Standards and Accreditation Agency (ACSA).

It is recommended that service providers print a copy of the JAS-ANZ mapping and undertake a self assessment of JAS-ANZ rating/s against the NSW DSS using the guidelines outlined below.

Accreditation Systems Recognition Tool	
GREEN indicates that JAS-ANZ has assessed that the ACSA meet this element of the NSW DSS practice requirement. This means that as a service provider holding current Accreditation status, your organisation fully meets this element of the NSW DSS and no additional work is required in preparation for the Third Party Verification process.	
YELLOW indicates that JAS-ANZ has assessed the ACSA as partially meeting this element of the NSW DSS practice requirement and some improvement is required. To conduct a self assessment service providers should: Read the NSW DSS element to identify whether the practice described in the element applies to the services provided: • **If the answer is YES, and you have policies and aligned practices in place that demonstrate you meet this element** all you may need to do in preparation for your Third Party Verification is to have the relevant policy and practices available for the verifiers as evidence. It is also recommended that you have de-identified examples of how these policy and practices have been used. • **If the answer is YES, but you do not have policies and/or practices in place, you will need to act on this and implement appropriate policies and practices**. You should access ADHC resources such as the *Standards in Action*, *It's your business* chapter on *Quality Management* and *Key Performance Indicator (KPI) Guide* that have been made available on the ADHC website. • **If the answer is NO**, then this NSW DSS element does not apply to your service and you do not need to comply with this element.	
ORANGE indicates that JAS-ANZ has assessed that the ACSA do not meet this element of the NSW DSS practice requirement and significant improvement is required to meet the NSW DSS. Service providers should self assess following the steps outlined in the yellow cell above.	

JAS-ANZ mapping against the Aged Care Standards and Accreditation Agency (ACSA) Standards

Overview

The JAS-ANZ mapping has been based on the Aged Care Standards and Accreditation Agency (ACSA) Standards published in 2007.

The ACSA Standards are a legislated set of Accreditation Standards which residential aged care homes must meet to receive Australian Government subsidies. There are four Standards, with Principles and 44 Expected Outcomes.

The target group does not specifically include people with a disability. **This means additional evidence will be required for all of the Industry Standard requirements about how they address the needs of people with a disability.**

Overall, the ACSA Standards provide a low percentage of matches with the updated NSW Disability Services Standards (NSW DSS) as shown by the diagram below:
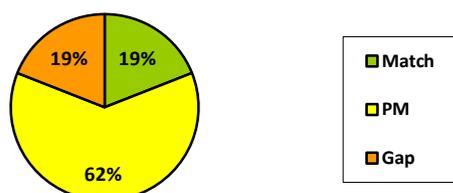
The ACSA Standards require that each person is aware of their rights and expects to have them respected, though this is not to the extent required under the NSW DSS 1: Rights.

The ACSA standards do not have an equivalent standard to the NSW DSS 2: Participation and inclusion, and there is no specific requirement that encourages services to develop ways to maintain local connections to increase options for people with a disability. Residents are assisted to achieve control of their own lives within the service and in the community.

The ACSA standards have principles which are person centred, promote partnerships with residents, and consider individual's interests, activities and cultural life. However, this does not extend fully to the requirements under the NSW DSS 3: Individual outcomes.

Under the ACSA standards residents are required to have access to internal and external complaints mechanisms. This works towards meeting some of the NSW DSS 4: Feedback and complaints requirements.

There is no equivalent of the NSW DSS 5: Service access in the ACSA standards. There is a focus in the ACSA on residents being supported in adjusting to life in the new environment, the valuing of cultural diversity and continuous improvement.

Extent of matches between ACSA Standards and NSW DSS

The extent of matches between ACSA standards and the NSW DSS is described below.

There are 16 practice elements which are fully met.

Where some additional evidence may be required, this is largely due to the scope of services (including service delivery model, target group, legislative practice requirements) administered through ADHC. This also explains why some of the evidence may be specific and not usually required for this particular industry standard.

The majority of additional evidence required to demonstrate alignment with the NSW DSS relates to 51 practice elements where there are partial matches to NSW DSS. This means that service providers existing systems can be adapted to fully demonstrate the required evidence.

There are 16 practice elements where there are gaps and no commonalities with the existing ACSA requirements.

The needs of people with a disability are not demonstrated in this industry standard and will need to be demonstrated in all the practice elements.

NSW Disability Services Standard 1: Rights

JAS-ANZ Analysis of ACSA Standards

Overall the ACSA standards are limited in their coverage of the NSW DSS 1: Rights practice elements. The ACSA target group does not specifically include people with a disability.

The first set of NSW DSS 1: Rights practice elements requires that each person is aware of their rights and expects to have them respected. There is no specific ACSA standard around access to information and support to understand rights however, the principle of ACSA standard 3 (Resident lifestyle), requires that residents retain their personal, civic, legal and consumer rights. ACSA expected outcome 3.7 ensures that residents are encouraged and supported to participate in a wide range of activities. ACSA expected outcome 3.8 ensures that cultural and spiritual beliefs are valued and fostered. ACSA Standard 4 (Physical environment and safe systems) refers to safety associated with the living environment, occupational health and safety, fire, security and other emergency arrangements. However there is no specific ACSA standard addressing abuse and neglect.

Privacy, dignity and confidentiality are recognised in expected outcome 3.6 of ACSA Standard 3 (Resident lifestyle). There is no specific reference to confidentiality of personal records, however ACSA expected outcome 1.2 (Regulatory compliance), requires service providers to have management systems in place to ensure compliance with relevant legislation. ACSA expected outcome 1.8 (Information systems) requires information systems, all of which should cover off on privacy requirements, though it is recommended that service providers obtain additional evidence to demonstrate alignment with NSW DSS.

There are no specific ACSA requirements around individual input into decisions about medical treatment/interventions however, standard 2 (Health and personal care) contains a principle around partnerships between each resident and the health care team for physical and mental health. Additionally, expected outcome 3.9 (Choice and decision making), requires each resident to participate in decisions about the services they receive. Due to the target group, there is no equivalent ACSA expected outcomes for children with a disability to have the same rights and freedoms as other children.

The second set of NSW DSS: 1 Rights practice elements refers to how service providers are to uphold, protect and promote legal and human rights of each person. ACSA Standard 4 (Physical environment and safe systems) has a focus on safety associated with the physical environment, such as OHS, fire security and other emergencies. However, there is no specific to abuse, and neglect in the ACSA standards.

There is no requirement in the ACSA for service providers to have knowledge and skills about implementing reporting processes in relation to abuse/neglect, or to offer appropriate support to individuals. It is recommended that service providers obtain additional evidence to demonstrate alignment with NSW DSS. There is reference to external services under ACSA expected outcome 1.9 (External services), and referral to other health and related services under 2.6 (Other health

and related services), but there is no requirement for advocacy. There is reference to a 'partnership' arrangement under ACSA Standard 1 (Management systems, staffing and organisation development) in relation to health needs, and to residents needs and preferences for health and related services under expected outcome 2.6 (Other health and related services).Input into choice and decision making is evident in 3.9 (Choice and decision making), but this is not directly related to appropriate consent for medical treatment and interventions. Resident input into nutrition could be partly assumed from the principle of 'partnership' in ACSA Standard 2 (Health and personal care), and expected outcome 2.13 (Behavioural management), but this would require a service provider to have additional evidence to fully demonstrate alignment with NSW DSS.

The focus on regulatory compliance in all ACSA standards would address relevant legislative and regulatory requirements. All ACSA standards have continuous improvement requirements, though there are no direct requirements for the input of consumers into the development and review of policies, specifically equality and rights based policies.

Based on this analysis, NSW DSS 1: Rights, practice element 2 is met.

NSW DSS 1: Rights practice elements 1, 3, 4, 6, 7, 8, 9, 10, and 12 are partly met.

NSW DSS 1: Rights practice elements 5, 11, 13 and 14 are gaps.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 1.1

Each person is aware of their rights and can expect to have them respected.

Practice elements	JAS-ANZ mapping result
1. Each person will have access to information and support to understand and exercise their legal and human rights.	Partly met
2. Each person will receive a service that maximises their choices for social participation and cultural inclusion.	Meets NSW DSS
3. Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation.	Partly met
4. Each person will receive a service that reflects their right to privacy and have their personal records and details about their lives dealt with in an ethical and confidential manner in line with relevant legislation.	Partly met
5. Each person can expect service providers to support and encourage self protective strategies and behaviours that take into account their individual and cultural needs.	Gap
6. Each person can expect service providers to uphold their right to make decisions, including medical treatments and interventions, and when this is not possible, assisted or substituted (alternative) decision making is in line with the person's expressed wishes, if known and if not, with their best interests.	Partly met
7. Each child with a disability has the same rights and freedoms as all other children and service providers will take each child's best interests into account when providing services.	Partly met

Practice requirement 1.2

Service providers are to uphold and promote the legal and human rights of each person.

	Practice elements	JAS-ANZ mapping result
8	Services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation.	Partly met
9	Service providers encourage and support access to advocacy services by people with a disability to promote their rights, interests and wellbeing.	Partly met
10	Service providers gain consent from each person with a disability or their person responsible or legal representative for medical treatments and interventions.	Partly met
11	Service providers provide opportunities for people with a disability to participate in the development and review of organisational policy and processes that promote strategies for equality and upholding human rights.	Gap
12	Service providers take into account individual choice and the rights of each person and act in their best interests in relation to nutritional and behaviour management practices in line with relevant legislation, convention, policies and practices.	Partly met
13	Service providers have knowledge and skills to implement reporting processes on incidents of alleged or known discrimination, abuse, neglect or exploitation and know how to notify the relevant external authorities.	Gap
14	Service providers offer appropriate support to the person and their family or carer when they raise or pursue allegations of discrimination, abuse, neglect or exploitation.	Gap

NSW Disability Services Standard 2: Participation and inclusion

JAS-ANZ Analysis of ACSA Standards

The ACSA standards have principles that are person centred, though are limited in meeting the NSW DSS practice requirements and aligned practice elements. The ACSA target group does not specifically include people with a disability.

ACSA standard 3 (Resident lifestyle) requires that residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community. ACSA expected outcome 3.5 (Independence) requires that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. ACSA expected outcome 3.9 (Choice and decision making) requires that each resident (or their representative) participate in decisions and is enabled to exercise choice and control over their lifestyle. However, this does not specifically refer to consent considerations.

Given the ACSA type of service provision and target group, the type of choices relating to community participation would not include work. There is no specific ACSA requirement that service providers develop ways to maintain their local connections to increase options for people with a disability.

Education and staff development is an expected outcome in all ACSA standards and requires that staff have appropriate knowledge and skills to perform their roles effectively, though this does not extend to volunteers. There is no specific ACSA requirement for the modelling of respectful and inclusive behaviour.

There are no expected outcomes under the ACSA that address the minimisation of barriers to participation.

There are no specific ACSA requirements to address the needs of people exiting the criminal justice system, (as this would be outside the scope of service provision).

Based on this analysis, NSW DSS 2: Participation and inclusion practice elements 1, 2, 3, 4 and 7 are partly met.

NSW DSS 2: Participation and inclusion practice elements 5, 6, 8 and 9 are gaps.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 2.1

Each person is actively encouraged and supported to participate in their community in ways that are important to them

Practice elements	JAS-ANZ mapping result
1. Service providers support each person to make decisions about how they connect with their chosen community, respectful of their choices and plans including work, learning, leisure and their social lives.	Partly met
2. Training and support is provided to staff and volunteers so workers understand, respect and act on the interests and skill development of people with a disability over time.	Partly met
3. Service providers work with people with a disability and their community to promote opportunities and support their active and meaningful participation.	Partly met
4. Service providers, with the consent of the person with a disability, work with an individual's family, carer, significant other or advocate to promote their connection, inclusion and participation in the manner they choose.	Partly met
5. For people exiting the criminal justice system, service providers actively support the person to develop their interests and activities in ways that consider the rights and welfare of the broader community.	Gap

Practice requirement 2.2

Service providers develop connections with the community to promote opportunities for active and meaningful participation.

Practice elements	JAS-ANZ mapping result
6. Service providers actively seek information about other supports and services in their local community to enable people with a disability to achieve their goals and to minimise barriers to participation.	Gap
7. Staff and volunteers model respectful and inclusive behaviour when supporting people in their community as a way of promoting the uniqueness of each individual.	Partly met
8. Service providers develop ways to maintain and further develop their local connections so that options for people with a disability to be included and valued are increased over time.	Gap
9. Service providers actively seek connections with the community for people exiting the criminal justice system.	Gap

NSW Disability Services Standard 3: Individual outcomes

JAS-ANZ Analysis of ACSA Standards

The ACSA standards have principles that are person centred, though they are limited in fully meeting the NSW DSS 3: Individual outcomes practice elements. The ACSA target group does not specifically include people with a disability.

ACSA expected outcome 3.9 (Choice and decision making) requires that each resident (or representative) participates in decisions about the services they receive and is enabled to exercise choice and control. The principle of ACSA Standard 3 (Resident lifestyle) is person centred i.e. aims to retain personal, civic, legal and consumer rights, and assists people to achieve active control of their lives. However, there is no specific reference to how families, carers, advocates, staff and volunteers are informed and supported about person centred approaches that enables each person to be the key decision maker.

There is reference in the ACSA to a 'partnership' with residents (or representative) for health and personal care, and support to adjust to life in the new environment and leisure interests, though there is no direct requirement for support for people to determine the involvement of family, carers and advocates in planning and decision making processes.

Individual interests, customs, beliefs and cultural backgrounds are valued and fostered through expected outcome 3.8 (Cultural and spiritual life).

There is no requirement in the ACSA for the engagement of substitute decision makers.

There is no specific requirement under the ACSA for a 'plan', however there are requirements for individual's leisure interests/activities and cultural and spiritual life to be considered. There are no requirements for review, assessment and adjustment of plans. Residents can exercise 'choice and control' over their lifestyle while not infringing on the rights of other people, though this does not extend to risk taking.

The principle of ACSA standard 3 (Resident lifestyle) includes the reference to control of resident's lives within the residential care service and in the community; however there is no reference to how services work with other organisations and community groups. All ACSA standards contain the requirement for Continuous improvement, which infers that the person centred approach referenced through ACSA standard 3 (Resident lifestyle) and standard 2 (Health and personal care) would be regularly reviewed, though this is not specified.

Based on this analysis, NSW DSS 3: Individual outcomes practice elements 1 and 4 are met.

NSW DSS 3: Individual outcomes practice elements 2, 3, 5, 6, 9 and 10 are partly met.

NSW DSS 3: Individual outcomes practice elements 7 and 8 are gaps.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 3.1

Service providers maximise person centred decision making.

Practice elements	JAS-ANZ mapping result
1. Service providers respect the right of each person to be at the centre of decision making and to have responsibility, as much as possible, for each decision which affects them.	Meets NSW DSS
2. Service providers support each person to determine the involvement of their family, carers and advocates in planning and decision making processes.	Partly met
3. Service providers respect the views of family and carers in planning and decision making processes. The person with a disability has the final say in the process.	Partly met
4. Staff and volunteers respond in innovative and flexible ways to each person's need for decision support which reflect their individual and cultural needs	Meets NSW DSS
5. Service providers make every effort to enable a person to make a decision or assist families, carers and advocates to come to an agreement before a substitute decision maker is engaged.	Partly met

Practice requirement 3.2

Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes.

Practice elements	JAS-ANZ mapping result
1. Service providers work together with the person to develop and implement a plan that identifies and builds on the person's strengths, aspirations and goals. Plans should draw on broader family, cultural and religious networks and community organisations.	Partly met
2. Service providers support each person, and (when necessary with consent) their family, carer or advocate to develop, review, assess and adjust their plan as their circumstances or goals change.	Gap
3. Service providers recognise the importance of risk taking and enable each person to assess the benefits and risks of each option available to them and trial approaches even if they are not in agreement.	Gap
4. Service providers work with other organisations and community groups to expand the range of service options available in their community.	Partly met
5. Service providers regularly review their person centred approaches to ensure the organisation has the capacity and capability to deliver flexible and responsive supports and services that meet individual needs and expectations.	Partly met

NSW Disability Services Standard 4: Feedback and complaints

JAS-ANZ Analysis of ACSA Standards

ACSA standard 1 (Management systems, staffing and organisational development) includes the expected outcome 1.4, ACSA expected outcome 1.4 requires each resident (or his or her representative) and other interested party have access to internal and external complaints mechanisms. ACSA standard 3, expected outcome 3.6, refers to privacy and dignity and expected outcome 3.8 refers to cultural and spiritual life. Overall there are limited requirements about the details of the complaints process. The ACSA target group does not specifically include people with a disability.

The first set of NSW DSS 4: Feedback and complaints practice elements addressing fairness is partly met, with limited information available about the ACSA complaints process. There is no reference in the ACSA to a safe environment. However, ACSA accredited services are required to inform residents of their right to complain to external bodies.

The second set of NSW DSS 4: Feedback and complaints practice elements addressing information and support are partly met. There is reference in the ACSA to the valuing of cultural beliefs, but there is limited information about how this extends to complaints.

Continuous improvement is a requirement across all ACSA standards which in part reflects thee third set of NSW DSS 4: Feedback and complaints practice elements addressing management of complaints. However, there is no specificity about how this links to complaints, and how stakeholders are involved in the review and development of policy. There is no reference to specific complaints training for volunteers. There is a common requirement between the NSW DSS and the ACSA for a written complaints policy and process which reflects relevant legislation.

Based on this analysis, NSW DSS 4: Feedback and complaints practice elements 8 and 14 are met.

NSW DSS 4: Feedback and complaints practice elements 1, 4, 5, 6, 7, 9, 10, 11, 12, 13, 15, 16, 17, 19, and 21 are partly met.

NSW DSS 4: Feedback and complaints practice elements 2, 3, 18 and 20 are gaps.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 4.1

Each person is treated fairly by the service provider when making a complaint.

Practice elements	JAS-ANZ mapping result
1. Service providers inform each person of their right to complain and work with the person, their families and carer to try and resolve the issue.	Partly met
2. Service providers provide a safe environment for each person to make a complaint.	Gap
3. Service providers ensure that there are no negative consequences or retribution for any person who makes a complaint.	Gap
4. Service providers support participation in the complaint handling process of any person wanting to make a complaint and work with the person to identify the desired goal.	Partly met
5. Service providers treat each person making a complaint in a manner that protects their privacy and respects confidentiality.	Partly met
6. Service providers are committed to and demonstrate fair and timely resolution of complaints.	Partly met
7. Each person is kept informed at all stages of the decision making process concerning their complaint and the reasons for those decisions.	Partly met
8. Service providers inform each person of their right to complain to an external body.	Meets NSW DSS

Practice requirement 4.2

Each person is provided with information and support to make a complaint.

Practice elements	JAS-ANZ mapping result
9. Each person has continuous and easy access to meaningful and culturally relevant information about the service provider's complaint policy and processes.	Partly met
10. Each person has the opportunity to have a chosen support person such as an advocate to assist or represent them during the process.	Partly met
11. Each person making a complaint is supported by the service provider, in a way which reflects their individual, cultural and linguistic needs to assist them to understand and participate in the complaint handling process.	Partly met
12. Each person determines how, when and where the complaint will be made.	Partly met
13. Each person has the opportunity to nominate the person they want at the service as the key contact regarding the complaint.	Partly met

Practice requirement 4.3

Each service provider has the capacity and capability to handle and manage complaints.

Practice elements	JAS-ANZ mapping result
14. Service providers have a written complaints policy and associated processes which reflect relevant legislation, standards and sector policy.	Meets NSW DSS
15. Service providers ensure that policies and processes include ways of responding to the cultural and linguistic needs of individuals.	Partly met
16. Staff and volunteers are trained in complaint handling and demonstrate understanding and capacity to implement complaint handling.	Partly met
17. Service providers record and analyse trends from complaints to drive organisational policy development and continuous improvement.	Partly met
18. Service providers support each person to participate in the review and development of local complaint handling policy and processes and report outcomes to them and their families, carers or advocates.	Gap
19. Board and/or management committee meetings should include a standing agenda item on complaint handling, with trends presented and implications for service planning discussed.	Partly met
20. Service providers need to be aware that some complaints need to be managed in a particular way, either because the person making a complaint has specific rights of review or because the complaint includes allegations that must be reported to an external body. For example, criminal allegations should be reported to the police.	Gap
21. Service providers inform each person of their right to make a complaint (where relevant) to the Ombudsman about the provision of a service by a service provider under the Community Services (Complaints, Review and Monitoring) Act 1993 (NSW).	Partly met

NSW Disability Services Standard 5: Service access

JAS-ANZ Analysis of ACSA Standards

There is no specific reference to service access within the ACSA standards. The ACSA target group does not specifically include people with a disability.

ACSA standard 3 (Resident lifestyle) has an underlying principle, which requires that residents are assisted to achieve active control of their own lives. ACSA expected outcome 3.4 (Emotional support), requires that each resident receive support in adjusting to life in the new environment.

ACSA expected outcome 3.10 (Resident security of tenure and responsibilities) requires that residents have security of tenure, and understand their rights and responsibilities. There is no specific reference to accessible information, and/or communication strategies, though individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered (expected outcome 3.8 Cultural and spiritual life).

Continuous improvement is a requirement of all ACSA standards. ACSA standard 1 (Management systems, staffing and organisational development) addresses some management systems and planning requirements. ACSA standard 1 requires documentation of the service's vision, values, philosophy, objectives and commitment to quality. However, there is no explicit requirement to review information, policies and practices for service access in consultation with people with a disability.

ACSA standard 3 (Resident lifestyle) requires that residents retain their rights and are assisted to achieve active control of their lives within the service and in the community. The reference to community involvement is also addressed through expected outcome 3.5 (Independence). ACSA expected outcome 2.6 (Other health and related services), requires that residents be referred to appropriate health and other related services in accordance with the resident's needs and preferences.

However, there is no reference in the ACSA that aligns with the NSW DSS requirement to engage with community based organisations, or reference to how the service provides information and support when referring other services.

Based on this analysis, NSW DSS 5: Service access practice elements 2, 3, 5, 6, 7, 8 are partly met

NSW DSS 5: Service access practice elements 1 and 4 are gaps.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 5.1

Service providers make information available about their services.

Practice elements	JAS-ANZ mapping result
1. Service providers are both proactive and responsive in providing people with a disability, their families and carers information about the features and capacity of the services they offer.	Gap
2. Service providers' information about their services is in formats that can be readily accessed and easily understood by the diverse mix of people within their community.	Partly met
3. Service providers use communication strategies that enable people with cognitive and/or sensory needs and diverse cultural styles to know how to access the service	Partly met

Practice requirement 5.2

Service providers have clearly defined processes to access services.

Practice elements	JAS-ANZ mapping result
4. Service providers develop and apply easy to understand, consistent and transparent access processes so that each person is treated fairly and according to their assessed need.	Gap
5. Service providers regularly review their information, policies and practices for service access in consultation with people with a disability, their families and carers to identify and minimise barriers that may impact on a person's fair and equal access to services.	Partly met

Practice requirement 5.3

Service providers' work with other organisations to increase each person's support options.

Practice elements	JAS-ANZ mapping result
6. Service providers understand the broad range of supports and services available to meet the needs of people with a disability, their families and carers in the community	Partly met
7. Service providers work with local community and other mainstream and specialist organisations to maintain community engagement and referral networks.	Partly met
8. Service providers provide information and support to the person when recommending or referring other services or activities.	Partly met

NSW Disability Services Standard 6: Service management

JAS-ANZ Analysis of ACSA Standards

ACSA standard 1 (Management Systems, staffing and organisational development) has an overarching principle which is person centred.

Continuous improvement, Regulatory compliance and Education and staff development are expected outcomes of all four ACSA standards.

ACSA standard 1 contains further Expected Outcomes including Comments and complaints, Planning and leadership, Human resource management and Information systems.

ACSA standard 4 (Physical environment and safe systems) promotes a safe environment for residents and staff. There is not a strong corporate governance focus amongst these related ACSA standards.

The target group does not specifically include people with a disability.

NSW DSS 6: Service management is partially mapped against the ACSA standards referred to above, with a strong focus on continuous improvement and regulatory compliance. Further evidence would be required about accessibility of written policies, involvement of people with a disability in service planning, feedback to stakeholders, and volunteer training to demonstrate complete alignment with NSW DSS 6: Service management.

Based on this analysis, NSW DSS 6: Service management practice elements 2, 6, 7, 8, 10, 13, 16, 17, 18, 20 and 21 are met.

NSW DSS 6: Service management practice elements 1, 3, 4, 5, 9, 11, 12, 14, 15 and 19 are partly met.

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 6.1
Each person receives quality services which are effectively and efficiently governed.

Practice elements	JAS-ANZ mapping result
1. The corporate governance body of an organisation is comprised of members who possess or can acquire appropriate knowledge, skills and training to fulfil all responsibilities which are clearly defined, documented and disclosed.	Partly met
2. The corporate governance body of an organisation is equipped and fulfils all responsibilities for strategic planning and developing visionary direction for the organisation based on person centred approaches and future industry needs.	Meets NSW DSS
3. The corporate governance body of an organisation is able to exercise objective and independent judgement on corporate affairs which is separate to decision making on operational matters.	Partly met
4. The corporate governance body of an organisation is accountable to stakeholders and demonstrates high ethical standards acting in their best interests.	Partly met
5. The corporate governance body of an organisation monitors the effectiveness of the organisation's governance policies and practices and makes changes as needed.	Partly met
6. The corporate governance body of an organisation ensures the integrity of the organisation's accounting and financial reporting systems and that appropriate systems of control are in place for risk management, financial and operational control (including fire safety and appropriate insurance), and compliance with legislation and funding requirements.	Meets NSW DSS
7. The corporate governance body of an organisation ensures the organisation has a quality management system and internal controls are in place to comply with relevant standards.	Meets NSW DSS
8. The corporate governance body of an organisation uses feedback from stakeholders and the community to inform and develop continuous improvement strategies.	Meets NSW DSS
9. The corporate governance body of an organisation regularly reviews its policies to reflect contemporary practice and feedback from people with a disability and other key stakeholders.	Partly met
10. The corporate governance body of an organisation recruits, supports and monitors senior management positions in line with the vision and values of the organisation and probity requirements.	Meets NSW DSS
11. The corporate governance body of an organisation has strategies in place for communication with staff to promote continuous improvement and a collaborative, responsive organisation.	Partly met

JAS-ANZ mapping of ACSA standards against NSW DSS

Practice requirement 6.2

Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience.

Practice elements	JAS-ANZ mapping result
12. Service providers have written policies and associated processes which reflect relevant legislation, standards, funding requirements and sector policy that are accessible to all stakeholders.	Partly met
13. Service providers have processes to monitor compliance with relevant legislation and policy and to continuously improve organisational performance.	Meets NSW DSS
14. Service providers encourage and support people with a disability, their families and carers to participate in the planning, management and evaluation of the service.	Partly met
15. Service providers inform stakeholders how feedback has been used to improve service management and delivery.	Partly met
16. Service providers have a workforce planning and recruitment strategy in place to ensure the organisation has a skilled, engaged and responsive workforce.	Meets NSW DSS
17. Service providers have processes in place for succession planning of leadership staff and other key positions.	Meets NSW DSS
18. Recruitment practices meet all probity requirements and ensure the right workforce is recruited and maintained to deliver the range of services provided by the organisation to meet service delivery outcomes.	Meets NSW DSS
19. Service providers provide regular staff and volunteer training, support and supervision to flexibly meet the needs of people they support.	Partly met
20. Service providers create and maintain accessible and safe physical environments in accordance with all fire safety requirements and occupational health and safety legislative and policy requirements.	Meets NSW DSS
21. Service providers implement the organisation's strategic and business plans utilising good practices including community engagement initiatives.	Meets NSW DSS