Bribie Island Voluntary Community Help Association

Performance Report

Unit 1, 191 First Avenue
BONGAREE QLD 4507
Phone number: 07 3408 0111

**Commission ID:** 700422

**Provider name:** Bribie Island Voluntary Community Help Association Inc

**Quality Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 1 April 2022

# Performance report prepared by

C. Athanasiou, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**CHSP:**

* CHSP - Social Support - Individual, 4-227S4KA, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Home Maintenance, 4-227S4L3, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Home Modifications, 4-227S4MG, Unit 1, 191 First Avenue, BONGAREE QLD 4507
* CHSP - Transport, 4-227S4O3, Unit 1, 191 First Avenue, BONGAREE QLD 4507

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP |  Not Compliant |
|   |  |  |
| Requirement 1(3)(a) | CHSP  | Compliant  |
|   |   |   |
| Requirement 1(3)(b) | CHSP  | Compliant  |
|  |   |   |
| Requirement 1(3)(c)  | CHSP  | Compliant  |
|  |   |   |
| Requirement 1(3)(d)  | CHSP  | Compliant  |
|  |   |   |
| Requirement 1(3)(e)  | CHSP  | Not Compliant |
|  |   |  |
| Requirement 1(3)(f)  | CHSP | Compliant |
|  |   |   |
| Standard 2 Ongoing assessment and planning with consumers |
|  | CHSP | Not Compliant |
|  |  |  |
| Requirement 2(3)(a) | CHSP | Not Compliant |
|  |   |   |
| Requirement 2(3)(b) | CHSP  | Compliant |
|  |   |   |
| Requirement 2(3)(c) | CHSP  | Compliant |
|  |   |   |
| Requirement 2(3)(d) | CHSP  | Not Compliant |
|  |   |   |
| Requirement 2(3)(e) | CHSP  | Not Compliant |
|  |   |   |
| Standard 3 Personal care and clinical care | CHSP  | Not Assessed |
|   |   |   |
| Requirement 3(3)(a) | CHSP  | Not Assessed |
|   |   |   |
| Requirement 3(3)(b) | CHSP  | Not Assessed |
|  |   |   |
| Requirement 3(3)(c)  | CHSP  | Not Assessed |
|  |   |   |
| Requirement 3(3)(d)  | CHSP  | Not Assessed |
|  |   |   |
| Requirement 3(3)(e)  | CHSP  | Not Assessed |
|  |   |   |
| Requirement 3(3)(f)  | CHSP  | Not Assessed |
|  |  |  |
| Requirement 3(3)(g)  | CHSP  | Not Assessed |
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| --- |
| Standard 4 Services and supports for daily living |
|  | CHSP  | Not Compliant |
|  |   |   |
| Requirement 4(3)(a) | CHSP | Compliant  |
|  |   |   |
| Requirement 4(3)(b) | CHSP | Compliant  |
|  |   |   |
| Requirement 4(3)(c) | CHSP | Compliant  |
|  |   |   |
| Requirement 4(3)(d) | CHSP | Not Compliant  |
|  |   |   |
| Requirement 4(3)(e) | CHSP | Compliant  |
|  |   |   |
| Requirement 4(3)(f) | CHSP | Not Assessed  |
|  |   |   |
| Requirement 4(3)(g) | CHSP | Compliant  |
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| Standard 5 Organisation’s service environment |
|  | CHSP  | Compliant  |
|  |   |   |
| Requirement 5(3)(a) | CHSP | Compliant  |
|  |   |   |
| Requirement 5(3)(b) | CHSP | Compliant  |
|  |   |   |
| Requirement 5(3)(c) | CHSP | Compliant  |
|  |   |   |
| Standard 6 Feedback and complaints | CHSP  | Not Compliant |
|   |   |   |
| Requirement 6(3)(a) | CHSP | Not Compliant |
|   |   |   |
| Requirement 6(3)(b) | CHSP | Not Compliant |
|  |   |   |
| Requirement 6(3)(c)  | CHSP | Not Compliant |
|  |   |   |
| Requirement 6(3)(d)  | CHSP | Not Compliant |
|  |   |   |
| Standard 7 Human resources | CHSP | Not Compliant |
|   |   |   |
| Requirement 7(3)(a) | CHSP | Compliant  |
|   |   |   |
| Requirement 7(3)(b) | CHSP | Compliant  |
|  |   |   |
| Requirement 7(3)(c)  | CHSP | Compliant  |
|  |   |   |
| Requirement 7(3)(d) | CHSP | Not Compliant |
|  |   |   |
| Requirement 7(3)(e)  | CHSP | Not Compliant |
|  |   |   |
| Standard 8 Organisational governance | CHSP  | Not Compliant |
|   |   |   |
| Requirement 8(3)(a) | CHSP | Not Compliant |
|   |   |   |
| Requirement 8(3)(b) | CHSP | Not Compliant |
|  |   |   |
| Requirement 8(3)(c)  | CHSP | Not Compliant |
|  |   |   |
| Requirement 8(3)(d) | CHSP | Not Compliant |
|  |   |   |
| Requirement 8(3)(e)  | CHSP | Not Assessed |
|  |   |   |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the quality audit; informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

#   CHSP Not Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said that they are treated with dignity and respect, and they believe staff and volunteers understand their background, culture and identity.

The service demonstrated a culture of inclusion and respect for consumers. Consumers are supported to take risks and each consumer’s privacy is respected and personal information is kept confidential.

The service was able to demonstrate that the services are culturally safe and delivered in consultation with the consumer and representative to ensure that the consumers cultural preferences and needs are understood.

Consumers and representatives said they are supported to exercise choice and take risks to enable them to live the best life they can. Consumers said that they had independence and felt supported to communicate their decisions with the service.

The service did not demonstrate that information provided to consumers is current, accurate and communicated clearly in a timely manner, enabling consumers to exercise choice.

Consumers said that they had not received information about advocacy services or how to make a complaint and that they do not receive regular updates of information. Documentation reviewed by the Assessment team such as the consumer handbook did not contain up to date current information.

The service could not demonstrate how they support consumers to understand information provided to enable them to understand their rights.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as 1 of the 6 specific requirements have been assessed as Not Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | CHSP  | Compliant  |
|  |  |  |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| --- | --- | --- |
| Requirement 1(3)(b) | CHSP  | Compliant  |
|  |  |  |

### *Care and services are culturally safe.*

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| --- | --- | --- |
| Requirement 1(3)(c) | CHSP  | Compliant  |
|  |  |  |

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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| --- | --- | --- |
| Requirement 1(3)(d) | CHSP  | Compliant  |
|  |  |  |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| --- | --- | --- |
| Requirement 1(3)(e) | CHSP  | Not Compliant |
|  |  |  |

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Findings

The service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly to enable consumers to exercise choice. Consumers and representatives did not know how to access advocacy services and were unaware of external complaints handling options or how to contact them.

The service could not demonstrate how they support consumers and provide them with information such as the handbook. When the Assessment Team reviewed the handbook, some information was out of date including the Charter of Residents Rights.

Staff could not demonstrate how consumers are supported to understand the information provided in the consumer handbook. This is further confirmed through feedback from consumers and representatives. Management confirmed they had not considered how they would communicate information to consumers who did not speak English as their first language, and they could not describe strategies to communicate information documented in the handbook to consumers who need visual aids or hearing assistance.

Documentation reviewed by the Assessment Team was outdated or not accessible to consumers including outdated information in the Consumer Handbook and the Charter of Aged Care Rights.

Management advised the Assessment Team that they will take steps to ensure that information is provided to each consumer ensuring it is current, accurate and timely.

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| Requirement 1(3)(f) | CHSP  | Compliant  |
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*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#   CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

Outcomes of assessment and planning are not effectively communicated and documented in a care and plan that is readily available to the consumer, and where services are provided. Care and services are not regularly reviewed for effectiveness.

The service did demonstrate that assessment and planning of services and supports addresses the consumer’s current needs, goals and preferences. Consumers said they felt listened to and their services are planned to include what is important to them.

The service demonstrated that assessment and planning include other organisations and health care professionals including Occupational therapists (OT) and other referring agencies, including home care package (HCP) providers and hospital discharge planners.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as 3 of the 5 specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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| --- | --- | --- |
| Requirement 2(3)(a) | CHSP  | Not Compliant |
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*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Findings

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

The Assessment Team identified that the service does not complete and assessment when consumers first enter the service agreement.

The service did not demonstrate effective systems and processes to assess and document the relevant risks to a consumer’s safety, health and well-being to inform the delivery of safe and effective care and services.

A consumer advised the Assessment Team that after a fall whilst boarding a bus, the driver was unaware that she required assistance with mobilising onto the bus.

Consumer documentation reviewed by the Assessment Team identified that not all consumers had assessments completed and for the consumers who did have assessments completed some time ago there was no evidence that a review had taken place to review any change in their needs, goals and preferences.

Following some consumer incidents, such as falls, and where risks were identified, there was no evidence of an assessment taking place to document and implement strategies to minimise the risk to the consumer. Consumer information and alerts were not always updated to reflect recent incidents that had occurred.

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| Requirement 2(3)(b) | CHSP  | Compliant |
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*Assessment and planning identify and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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| --- | --- | --- |
| Requirement 2(3)(c) | CHSP  | Compliant |
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*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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| --- | --- | --- |
| Requirement 2(3)(d) | CHSP  | Not Compliant |
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*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Findings

The service did not demonstrate outcomes of assessment and planning are effectively communicated and documented in a care and service plan that is readily available to the consumer, and where services are provided.

Consumers and representative said that the service does not provide them with a copy of a care or service plan. This was also confirmed by management and staff. Whilst the service provides consumers with a consumer handbook that provides general information about the services provided and associated costs, management confirmed the service does not provide consumers with documented information that includes details of services they will receive, or a schedule of services to be delivered.

The service advised that they have discussions with consumers in relation to the outcome of assessments and planning however the Assessment Team identified that there were inconsistencies in the documenting of these discussion including the outcomes of such discussions.

The service did not demonstrate that relevant risks to the consumer’s safety, health and well-being are consistently documented and available to staff and volunteers, including contractors to ensure they are able to manage the assessed risk to the consumer and that their safety is not compromised.

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| --- | --- | --- |
| Requirement 2(3)(e) | CHSP  | Not Compliant |
|  |   |   |

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Consumers and representatives reported, that the service does not review their services and supports on a regular basis to identify any change of their needs, goals or preferences. Documentation reviewed by the Assessment Team identified that regular reviews do not take place.

Staff and volunteers could not describe the process for the regular review of consumer’s services and supports.

Management advised the Assessment Team that they run a report to identify when a consumer review is due however when corresponding consumer records were checked against the report it was identified that there was no evidence to confirm that a scheduled review had taken place.

The Assessment Team reviewed some incidents that had occurred where risks were identified for consumers, and it was identified that no assessment had been undertaken to assess the risk and determine if a change was required in the Consumer’s care and service plan.

# STANDARD 3 Personal care and clinical care

#  CHSP Not Assessed

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme service is not applicable as they do not provide clinical or personal care and therefore this Standard was not assessed.

**Assessment of Standard 3 Requirements**

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| --- | --- | --- |
| Requirement 3(3)(a) | CHSP  | Not Assessed |
|  |  |  |

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | CHSP  | Not Assessed |
|  |   |   |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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| --- | --- | --- |
| Requirement 3(3)(c) | CHSP  | Not Assessed |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | CHSP  | Not Assessed |
|  |  |  |

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | CHSP  | Not Assessed |
|  |  |  |

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | CHSP  | Not Assessed |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 3(3)(g) | CHSP  | Not Assessed |
|  |  |  |

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

#  CHSP Not Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service did not demonstrate information to support that information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared.

Consumers did confirm that they receive services and supports that are important for their independence, health and wellbeing. The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Staff and volunteers described how they have supported the emotional, psychological and spiritual well-being of consumers. This information aligned with feedback from consumers and representatives.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other services and supports for daily living. Equipment provided for consumers to use is safe and suitable to meet consumer’s needs.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as 1of the 6 applicable requirements have been assessed as Non-compliant.

The Assessment Team did not assess Requirement 4(3)(f) as the service does not provide meals and therefore this requirement is not applicable.

**Assessment of Standard 4**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | CHSP  | Compliant  |
|  |  |  |

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | CHSP  | Compliant  |
|  |  |  |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | CHSP  | Compliant  |
|  |   |   |

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | CHSP  | Not Compliant  |
|  |   |   |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The service was unable to demonstrate effective communication and information sharing processes so staff, volunteers and contractors to ensure they have the relevant information to enable them to deliver safe and effective services to consumers and furthermore to understand the consumer’s needs, goals, preferences and risks associated with the consumer’s condition.

There was no evidence to support that information is communicated to others where responsibility for care is shared.

Contractors interviewed confirmed the service does not communicate with them or share relevant information to them about consumers and that they rely on their own knowledge that they have learnt about consumers over the time of them delivering services.

Management acknowledged they do not have processes in place to share information or communicate with brokered service providers. Management acknowledged the service does not have effective communication and information sharing processes in place with external providers where the responsibility of the delivery of care and services is shared. Management confirmed that this is an area for an improvement.

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| --- | --- | --- |
| Requirement 4(3)(e) | CHSP  | Compliant  |
|  |  |  |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | CHSP  | Not Assessed |
|  |  |  |

*Where meals are provided, they are varied and of suitable quality and quantity.*

Findings

This requirement was not assessed as the service does not provide meals.

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| --- | --- | --- |
| Requirement 4(3)(g) | CHSP  | Compliant  |
|  |  |  |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

#  CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service provides transport services using a fleet of buses to assist consumers to remain independent and socially active. The service demonstrated effective systems and processes in place to ensure the bus service environment is safe, comfortable and promotes the consumer’s independence, function and enjoyment.

Consumers interviewed said they feel welcome by staff and volunteers of the service and that they feel safe and comfortable when using the transport service. Staff and volunteers described systems and processes in place to ensure the bus service environment including fittings and equipment are safe, clean, well maintained and suitable for consumers to use.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as 3 of the 3 specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | CHSP  |  Compliant |
|  |  |  |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | CHSP  |  Compliant |
|  |  |  |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | CHSP  |  Compliant |
|  |  |  |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

**STANDARD 6 Feedback and complaints**

#  CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service did not demonstrate consumers and representatives are aware of or are supported to access advocacy services, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options.

The service did not demonstrate it regularly seeks input and feedback from consumers and representatives or how it uses feedback and complaints to inform continuous improvement. While the service has a complaints management system, the system is not effective

Complaints information reviewed did not show that the complaints policy is regularly reviewed and that complaints are responded to in a timely manner. The service did not demonstrate how it monitors, reports and keeps improving its performance against this Standard.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as 4 of the 4 specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | CHSP  |  Not Compliant |
|  |  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Findings

The service did not demonstrate that they encourage and support consumers and representatives to provide feedback or complain about the care and services they receive.

Consumers said they were unsure how to make a complaint and were unaware of any external complaints mechanisms to assist them with complaints. Consumers said that they had not received any information regarding how to make a complaint.

Some consumers and representatives said they did not have confidence in the service’s complaints handling process and described their experience in trying to provide feedback or make a complaint as being unsupportive.

A consumer expressed concern that they were fearful of making a complaint in case of potential repercussions.

Documentation identified that there has been one complaint documented in the last 12 months.

The Assessment Team identified that the complaints records did not reflect how staff encouraged and supported consumers to raise their concerns in the form of a complaint.

Management confirmed that staff and volunteers have not received training in how to manage feedback and complaints and the system for complaints resolution.

While management advised consumers are provided with information on how to make a complaint when they commence services; there was insufficient evidence to demonstrate how staff review this information with consumers on a regular basis.

Staff and volunteers could not describe the service’s complaints management processes or how the service actively seeks feedback and supports consumers to make a complaint.

The service has policies and procedures in relation to complaints management however they were due for review in August 2017. Management advised the services policies and procedures are currently under review.

The Assessment Team provided feedback to management who acknowledged some deficiencies in their Feedback and Complaints processes.

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| --- | --- | --- |
| Requirement 6(3)(b) | CHSP  |  Not Compliant |
|  |  |  |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Findings

The service did not demonstrate that appropriate action is taken to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options.

While information is provided to consumers and representatives at the commencement of their service, about alternative complaints handling options and services to support them to make complaints, the service did not demonstrate how they support consumers to understand the information. There was no evidence of this being provided at other key contact points, such as care and services reviews.

Consumers and representatives interviewed did not know how to access advocacy services to support them raise and resolve complaints.

Staff and volunteers were unable to describe how they would identify consumers who may need help to raise a complaint or use an advocate.

The service does not provide consumers and representatives with feedback forms or consumer satisfaction surveys.

Staff and volunteers advised, and management confirmed they have not received training in relation to complaints management or advocacy services.

The Assessment Team reviewed the consumer handbook and identified the information on external complaints mechanisms contained inaccurate information, referring consumers to contact the Aged Care Complaints Commissioner and contained outdated contact details.

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| --- | --- | --- |
| Requirement 6(3)(c) | CHSP  |  Not Compliant |
|  |  |  |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

The service did not demonstrate appropriate action is taken in response to complaints or that an open disclosure process is used when things go wrong. Complaints information reviewed did not show that complaints are promptly responded to and the service did not demonstrate how it monitors, reports and keeps improving its performance against this requirement.

The service could not consistently demonstrate that appropriate actions were taken in response to complaints raised. Consumers interviewed by the Assessment Team said that they remained unsatisfied with the way that their complaint was managed.

Management and staff could not describe the principles of open disclosure or provide examples where open disclosure was practiced. The service does not have a policy on open disclosure and staff have not received training in open disclosure.

Management acknowledged the gaps identified in how the service actions and resolves complaints, and their understanding of open disclosure.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP  |  Not Compliant |
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*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Findings

#### The service did not demonstrate that complaints and feedback received are effectively captured, reviewed and analysed or used to improve the quality of care and services. The complaints management system is not effective in documenting all feedback and complaints from consumers and representatives and as a result the feedback and/or complaints are not reviewed.

Consumers interviewed stated that they did not feel confident that complaints and feedback were used to improve the quality of care and services provided to them.

Staff could not describe how feedback and complaints could be used to improve the quality of care and services provided to them.

Management were able to identify some complaint trends however these were not documented in the complaints register.

The service does not currently have a plan for continuous improvement.

Management and staff could not demonstrate a shared understanding of what constitutes feedback and what would be considered a complaint and how to effectively capture that information in their complaints system. Management acknowledged that this is an area for improvement and training will be provided to staff.

# STANDARD 7 Human resources

#  CHSP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Training is not provided to the workforce, including training in the Quality Standards or in areas relevant to the delivery of services to aged care consumers. There is no regular assessment, monitoring or review of the performance of each member of the workforce, including staff delivering services through brokerage arrangements.

Feedback from consumers and representatives, and interviews with staff, volunteers and management demonstrated workforce interactions with consumers are kind, caring and respectful of the consumer’s identity, culture and diversity.

The service demonstrated that the workforce is planned for to enable, an appropriate number and mix of members of the workforce to deliver and manage safe and quality services. The service has processes in place to calculate workforce numbers and the range of skills required to meet consumer’s needs. Consumers and representatives interviewed were satisfied with the number of staff and volunteers bus drivers to deliver the consumer’s services.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as 2 of the 5 specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | CHSP  | Compliant |
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*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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| Requirement 7(3)(b) | CHSP  | Compliant |
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*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | CHSP  | Compliant |
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*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | CHSP  | Not Compliant |
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*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Findings

The service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. There were no effective processes in place to ensure staff receive ongoing support, training and professional development they require to carry out their roles and responsibilities in delivering services to aged care consumers.

The service could not demonstrate they provide training to staff and volunteers or how they support the workforce to deliver the outcomes required in the Quality Standards.

There is no evidence of a training schedule in place or an understanding by management and staff of the Quality Standards.

Staff and volunteers confirmed they have not received training at the service and advised they rely on their own knowledge when supporting consumers and delivering services. Staff and volunteers stated that they have not been requested to provide feedback about any training and support they may require.

Staff and volunteers described the recruitment and orientation process at the service, including buddy shifts for volunteer bus drivers when they first commence however documentation did not support that orientation had occurred for these staff.

The Assessment Team identified that not all records of police checks were recorded for 3 contracted staff. Feedback was provided to management who acknowledged they were not meeting their regulatory requirements in relation to police checks for contracted staff delivering services to aged care consumers.

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| Requirement 7(3)(e) | CHSP  | Not Compliant |
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*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Findings

The service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. While consumers and representatives interviewed said they are satisfied the workforce providing their care and services perform their roles well, the service did not demonstrate an effective system in place to regularly evaluate how staff are performing their role, including staff contracted through brokerage arrangements.

Most consumers and representatives said they are satisfied the workforce delivering services perform their roles well. However, the service did not demonstrate policies and procedures, or systems in place to review the performance of staff and volunteers.

Staff and volunteers were unable to describe how the service assesses, monitors and reviews their performance and could not describe how this links with their professional development. Staff and volunteers interviewed said they had not had a performance review since they started with the service.

The service was unable to demonstrate how they identify, plan for and support any training and development staff and volunteers require. The service could not demonstrate how they identify training gaps and support continuous improvement and development of their workforce.

# STANDARD 8 Organisational governance

#  CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The service was not able to demonstrate it understands and applies all requirements within the Quality Standards.

The Assessment Team identified that consumers are not engaged in the development, delivery and evaluation of care and services. The governing body could not demonstrate it promotes a culture of safe, inclusive, quality care or is accountable for managing and governing all aspects of care and services. Governance systems relating to information systems, continuous improvement, workforce governance and feedback and complaints were identified as ineffective.

Effective risk management systems are not in place. Key risks associated with the care of the consumers were not adequately identified and addressed through care planning processes.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Compliant as 4 of the 4 specific requirements have been assessed as Not Compliant.

The Assessment Team did not assess Requirement 8(3)(e) as the service does not provide clinical care.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP  | Not Compliant |
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*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Findings

The service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Staff, volunteers and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services.

Consumers and representatives could not describe how the service supports and encourages them to be involved in designing and improving services delivered.

Consumers and representatives stated that the service does engage with them though feedback channels such as surveys to provide feedback, in relation to the quality services they receive.

Staff could not provide examples to the Assessment Team of how the service engages with consumers and representatives regarding seeking feedback to improve care and services.

The service could not demonstrate how it applies effective governance systems to meet the requirements of the Quality Standards where consumers feel they are partners in improving the delivery of care and services.

Management acknowledged they do not have organisational wide systems to engage with their consumers or seek feedback in relation to their experience or the quality of the services they receive through mechanisms such as consumer satisfaction surveys or focus groups

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| Requirement 8(3)(b) | CHSP  |  Not Compliant |
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*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Findings

Staff and volunteers interviewed could not demonstrate that they have a shared understanding of how the governing body operates, or promotes a culture of safe, and quality care. Staff could not describe the service’s vision, aims or strategic objectives that affect their practice in relation to delivering quality and appropriate safe care.

A review of records did not demonstrate staff, volunteers or management have received training or information from the governing body regarding the Quality Standards.

Policies and procedures were observed to be out of date review and did not reflect current legislative requirements or the Quality Standards.

Management acknowledged the policies and procedures had not been updated or reviewed by the governing body.

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| Requirement 8(3)(c) | CHSP  | Not Compliant |
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*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service did not demonstrate it has effective governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints.

Policies and procedures to guide staff and volunteers were observed to be out of date and did not reflect the Quality Standards or current legislative requirements.

Whilst the service has a complaints management system, consumers and representatives said that they do not feel encouraged and supported to provide feedback and make complaints or that timely action is taken to resolve their complaint.

The service did not demonstrate effective information management systems and processes to ensure consumers can access information about their care and services.

The service did not demonstrate effective continuous improvement systems and processes in place to assess, monitor and improve the quality and safety of care and services provided by the service. There was insufficient evidence to demonstrate the service had effective quality systems that assess how well the service’s systems are working to improve the quality of care and services.

Management advised that the service maintains up to date information on legislative, funding and relevant guidelines through various methods, for example correspondence and media releases, funding bodies and associated websites and Australian Government websites. However, the service could not demonstrate effective systems and processes in place to support the service to meet all regulatory requirements as an approved provider.

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| Requirement 8(3)(d) | CHSP  | Not Compliant  |
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*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

 Findings

The service did not demonstrate effective risk management systems and processes that help them identify and assess risks to the health, safety and well-being of consumers.

Care planning processes did not adequately identify, or address risks identified with the care of consumers. There was no evidence of trend analysis to drive continuous improvement.

Management could not demonstrate their understanding of what high impact or high prevalence risks were and how risks are identified and managed for consumers at the service. The Assessment Team identified falls were a risk for some consumers receiving supports and services.

Staff interviewed by the Assessment Team could not demonstrate their understanding of what harm, abuse or neglect looks like and there was no evidence of policies to support the workforce to understand their roles and responsibilities. There was no evidence of training to support staff in the prevention and management of risks, such as falls, responding to abuse and neglect, managing and preventing incidents, open disclosure and infection control.

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| Requirement 8(3)(e) |   |   |
|  | CHSP  | Not Assessed |

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified and listed below in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(e) Not Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 2(3)(a) Not Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(d) Not Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Not Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

### Requirement 4(3)(d) Not Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

###  Requirement 6(3)(a) Not Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Not Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Not Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Not Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

### Requirement 7(3)(d) Not Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Not Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

### Requirement 8(3)(a) Not Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Not Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Not Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | CHSP  | Not Compliant  |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*