Department of Human Services - Riverside Centre

Performance Report

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**Commission ID:** 600597

**Provider name:** Department for Communities and Social Inclusion - T/as Domiciliary Care

**Assessment Contact - Site date:** 10 September 2020

**Date of Performance Report:** 12 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, review of documents and interviews with management.
* the provider’s response to the Assessment Contact - Site report received on 6 October 2020.

# STANDARD 8 Organisational governance

### 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 purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in Standard 8. All other Requirements in this Standard were not assessed.

This Requirement was found Non-compliant following Assessment Contact visits conducted on 11 June 2019 and 23 September 2019. The Non-compliance related to a finding of not met for Expected Outcome 1.2 Regulatory Compliance of the Accreditation Standards. The not met transitioned to the Aged Care Quality Standards and relates to Standard 8 Requirement (3)(c) – Organisational governance.

The Assessment Team recommended Requirement (3)(c) in Standard 8 as not met. The service was unable to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view that the service is Non-compliant with Requirement (3)(c) in Standard 8. I have detailed my reasons for the decision below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-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.*

The Department of Human Services – Riverside Centre (DHS) brokers Commonwealth Home Support Programme (CHSP) transport services to 11 service providers. The transport services are known as Community Passenger Networks (CPN’s). There are 15 services within regional and metropolitan areas of South Australia. Documentation provided to the Assessment Team confirmed the level of funding allocated by DHS to each brokered service provider to provide CHSP transport services. The transport services support approximately 7,000 consumers.

The Assessment Team found the service was unable to demonstrate effective organisational wide governance systems for monitoring and reviewing the performance of the brokered service providers.

The Assessment Team provided the following evidence relevant to my decision, including:

* The service has not implemented improvements as outlined in their Plan for Continuous Improvement following non-compliance identified at the previous Assessment Contacts. The service was unable to provide examples of completed improvements or records of improvements which may have been completed by brokered service providers.
* Management said that due to staffing changes, the Plan for Continuous Improvement was not actioned.

In relation to continuous improvement:

* Management said they do not have a DHS Continuous Improvement Plan and that it was the responsibility of the brokered service providers to ensure they have a Continuous Improvement Plan. The brokered service providers are not required to forward a copy of their Continuous Improvement Plan with their completed Performance Review Worksheets.
* Management said DHS staff identified areas of improvement through the brokered service providers’ Performance Review Worksheets. The Assessment Team viewed the Risk Assessment and Performance Review actions plans which showed improvements were incomplete.
* The Assessment Team viewed the Continuous Improvement Plan submitted in response to the previous non-compliance. Management said they did not develop the plan and were unsure why some of the information was on the plan.

In relation to information management:

* Management were unable to describe the various brokered service providers’ processes relating to feedback and complaints, assessments and re-assessments, risk management and other requirements as outlined in the CHSP Manual. Management said the operation and management of the brokered service was up to the brokered service providers.
* Management said the current manual to support staff and the operation of the service is under review. The document has not been finalised or approved. The current manual is dated 21 October 2012.

In relation to financial governance:

* Management said they do not have accurate data to determine the number of outputs of transports across the various CPN’s. Brokered services input their data into the Commonwealth Department of Health’s data exchange; however, management were not sure whether they enter their data into the DHS Portal or the brokered portals as many may be mixing the data with other CHSP services.

In relation to workforce governance:

* DHS uses a self-assessment Performance Review Worksheet to monitor brokered service providers. Management rely on this information for accuracy; however, this information has not been validated by DHS staff through document reviews and no consumers have been contacted in relation to the provision of transport services.

In relation to regulatory compliance:

* Management said various brokered providers have a contract which outlines they must meet the Standards. However, there is no process to check brokered service providers are meeting the Standards other than through the Performance Review Worksheet. Management said they have not checked the validity of the information provided on the Workbook.
* Management said that two of the 11 brokered service providers are not approved providers under the Commonwealth legislation; however, they are expected to comply with the conditions set out in their contract. Management said they are assisting the two brokered service providers to become approved providers under the Commonwealth legislation.
* DHS does not monitor that consumers are receiving services in accordance with the Standards.

In relation to feedback and complaints:

* Management said DHS does not have a specific process for complaints or feedback for brokered service providers to follow. It is the brokered service providers’ responsibility to manage feedback and complaints in accordance with the Standards.
* Management said they have not received consumer feedback from any brokered service providers; however, they had not asked brokered service providers to report on this.

The approved provider’s response indicates they did not agree with the Assessment Team’s report and provided the following information:

* It is difficult for DHS to gain an accurate picture of CPN outputs given the ‘way the Commonwealth Department of Health has set up the data reporting system. DHS has brought this to the attention of the Commonwealth Department of Health.
* When DHS staff became aware that two brokered service providers were not approved providers under the Commonwealth legislation, this was discussed with their CHSP contract manager. DHS contractually requires CPN providers to meet the Aged Care Accreditation Standards and therefore it is assumed they meet the relevant CHSP obligations.
* DHS undertook a performance review of all CPN services providers in line with DHS policy in August 2020. The first step of the performance review was to undertake a risk assessment. Service providers are asked to complete the Performance Review Worksheet. Information from the risk assessment, Performance Review Worksheet and data analysis form the basis of the performance review meeting. However, this year the performance review process was modified and was on-line rather than a site visit.
* While the Assessment Team noted the action plans were incomplete, DHS said the action plans are complete. All CPN’s on the action plans had performance issues discussed at their performance review meetings and will be reviewed in six months’ time.
* DHS requires CPN providers to contractually meet the Aged Care Standards and therefore they can be assured the providers will meet the CHSP obligations.

From information contained in the Assessment Team’s report and the approved provider’s response, I find the service is Non-compliant with this Requirement.

As the organisation is funded by the Commonwealth Department of Health through the CHSP program to provide transport services, under the Aged Care Quality Standards there is an expectation the organisation has a documented governance framework, including systems to monitor and evaluate how the services are being provided. While it is acknowledged that DHS has brokered responsibility for the provision of the transport services to other organisations, DHS’s governance framework should include regular review and monitoring of the brokered approved providers’ performance to ensure they are meeting the Aged Care Quality Standards.

Currently DHS does not have ongoing monitoring and review systems in place to ensure the services provided to consumers and the performance of each CPN is in line with the Aged Care Quality Standards. In their response, DHS states that contractually they require CPN providers, as approved providers under the Commonwealth legislation, to meet the Aged Care Standards so they can be assured providers meet the current CHSP obligations. Current monitoring and review processes rely on the information in the Performance Review Workbook; however, no documentation review is undertaken, or feedback sought from consumers. From information provided by DHS, it is unclear as to the frequency of the reviews.

As a result, DHS is unable to demonstrate how they ensure all individual CPN service providers are compliant with the Aged Care Quality Standards, including meeting their obligatory responsibilities in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

For the reasons detailed above, I find the approved provider, in relation to the Department of Human Services – Riverside Centre, is Non-compliant in Requirement (3)(c) of Standard 8.

# Areas for improvement

Areas have been identified 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.

**Standard 8 Requirement (3)(c)**

* Ensure DHS has a governance framework for monitoring and reviewing the performance of brokered service providers.
* In relation to information management, ensure the completion of the manual to support brokered service providers and staff in the operation of the service.
* In relation to continuous improvement, implement a Continuous Improvement Plan outlining actions to be taken in response to the deficiencies identified in this report as well as those identified during the Assessment Contact visits in June and September 2019.
* In relation to financial governance, establish a process to obtain accurate data on the number of outputs of transport across the various CPN’s.
* In relation to workforce governance, DHS to ensure information provided on the Performance Review Worksheets is validated for accuracy through document reviews and consumer feedback.
* In relation to regulatory compliance, establish regular and/or ongoing monitoring systems to ensure brokered service providers are meeting the Aged Care Quality Standards.
* In relation to feedback and complaints, ensure there is a process to monitor that brokered service providers are actioning any complaints received in a timely manner.