Access Health and Community

Performance Report

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| **Address:** | 283 Church StreetRICHMOND VIC 3121 |
| **Phone:** | 03 9818 6703 |
| **Commission ID:** | 300235 |
| **Provider name:** | Inner East Community Health Service Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 15 July 2022 to 19 July 2022 |
| **Performance report date:** | 16 September 2022 |

# Performance report prepared by

M Murray 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 2018.

**Services included in this assessment**

**CHSP:**

* Allied Health and Therapy Services, 4-B6HEK7E, 283 Church Street, RICHMOND VIC 3121
* Centre-based Respite - Care Relationships and Carer Support, 4-B6HEKAV, 283 Church Street, RICHMOND VIC 3121
* Flexible Respite - Care Relationships and Carer Support, 4-B6HEKEO, 283 Church Street, RICHMOND VIC 3121
* Nursing, 4-B6HEKJ1, 283 Church Street, RICHMOND VIC 3121
* Social Support Group, 4-B6HEKTI, 283 Church Street, RICHMOND VIC 3121

# Overall assessment of Service/s

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

# 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; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 16 August 2022.

# STANDARD 1 Consumer dignity and choice

#   CHSP 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 said they felt listened to and had not experienced any disrespectful behaviour.

The Assessment Team observed staff treating consumers respectfully.

Review of service information shows a proactive, person centred approach to care and service delivery and a support for cultural diversity.

Consumers/representatives interviewed are satisfied consumers can make and communicate choices and decisions about how services are delivered and who is involved in their care.

While consumers/representatives did not provide examples of risk taking, they are satisfied the service supports consumers to live well.

Information is kept confidential.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all relevant requirements have been assessed as 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) |  |  |
|  | CHSP  | 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 Assessment Team’s report read in its totality demonstrates overall consumers are satisfied with information they receive.

I have considered the Assessment Team’s evidence in this requirement in my consideration of compliance in Standard 4 and Standard 8. I am satisfied based on all the available evidence that the approved provider complies with this requirement.

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

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

#  CHSP Non-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

Consumers/representatives interviewed, for both social support and allied health services, reported being involved in assessment and care planning processes.

All consumers/representatives interviewed reported their care plans are accessible to them.

File reviews evidenced cultural safety is considered when delivering care and services. Care documentation also evidenced care coordination between treating clinicians and summaries from medical practitioners to inform planning.

Allied health documentation was generally complete and comprehensive.

Documentation for consumers receiving social support did not evidence assessment of consumer risks which may impact how services are delivered. Reviews are not undertaken as required and the majority of care plans reviewed for were inaccurate.

Staff demonstrated a familiarity with consumers in relation to their current needs and required supports, however, documentation would not support good care delivery from a staff member do did know the consumer.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two requirement have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) |  |  |
|  | CHSP  | Non-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.*

The Assessment Team’s report outlines assessment and planning for social support programs did not address the assessment and care needs of each consumer. Four of five care plans reviewed did not identify risks associated with diagnoses, declines in function or condition, responsive behaviours, diabetes and falls.

The approved provider’s response accepts the Assessment Team’s report findings and the service has put in place a continuous improvement activity to address the deficit.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) |  |  |
|  | CHSP  | Compliant |

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) |  |  |
|  | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) |  |  |
|  | CHSP  | 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) |  |  |
|  | CHSP  | Non-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 Assessment Team’s report outlines their review of care documentation. Four of the five care files reviewed had inaccurate information. Where care file reviews were dated as having been reviewed, the review document was incomplete. Care directives were generally absent and support needs had not been updated to reflect new needs, goals or preferences. Documentation for consumers who have experienced a recent hospital admission did not contain information on the reason for their admission or evidence that a review of care needs had occurred to consider if changes to the way their care is delivered may be required.

Documents for dietary requirements and evacuation lists for consumer listing mobility requirements and cognitive/sensory impairments are also inaccurate as a result of ineffective care plan reviews.

Management explained the review process has been delayed due to COVID-19 and a tracking sheet is now in place. The tracking sheet is used to identify care plans due for review. Management said reviews are not prioritised by any criteria, such as vulnerable consumers.

The approved provider’s response accepts the Assessment Team’s report findings and has put in place a continuous improvement activity to address the deficit.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

# STANDARD 3 Personal care and clinical care

#  CHSP Compliant

### 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

Consumers/representatives described how allied health supports have been adjusted in accordance with a change in condition and increase in needs. Consumers are satisfied with the delivery of the allied health services and the information provided to them help them to support their own well-being between episodes of care.

Clinicians for occupational therapy, physiotherapy, podiatry and speech pathology described how they tailor care delivery based on each consumer’s need, specific to the scope of their practice.

Interviews with occupational therapists and speech therapists described how initial assessments inform episodic care delivery to manage risks related to their discipline.

Documentation review evidenced a best practice clinical approach for treatments that are more ongoing, for example in wound treatment and falls prevention.

The service demonstrated management of high impact/high prevalence risks through internal referrals.

Management advised due to the episodic care deliver, decline or deterioration is not identified unless they are notified by consumers. However, where a consumer requires a higher level of care, and/or ongoing services, they are referred to My Aged Care, private practices or their general practitioner.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all relevant requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

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

*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  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) |  |  |
|  | CHSP  | Not Applicable |

*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  | Compliant |

*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  | Compliant |

*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  | Compliant |

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

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

*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 Non-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

All consumers/representatives interviewed gave positive feedback in relation to how their services help consumers to maintain their independence and optimise their wellbeing.

All consumers/representatives interviewed described how social support services assist consumer engagement with their community, to connect with other people and participate in activities of interest to them.

Clinicians and support staff demonstrated how they support consumers to remain independent and promote their engagement within their community.

Staff, management and consumer interviews demonstrated how emotional and psychological supports promote the wellbeing of consumers.

The service demonstrated consumers are supported to access supports within the service, or other providers, through the referral system.

The service does not actively engage with consumers on their satisfaction with meals. Feedback on meals at the social support activity was not positive.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| 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  | 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 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  | Non-compliant |

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

Findings:

The Assessment Team’s report outlines the service does not actively engage with consumers on their satisfaction with meals. Feedback on meals at the social support activity was not positive.

Consumers’ input does not inform the menu at the social support centre, consumers said they are not asked for their preferences.

Three of three consumers in the day centre expressed dissatisfaction with the food, two consumers said the menu was repetitive.

Management were not aware of consumer’s opinions on the food and said that sandwich ingredients are available if needed.

The approved provider’s response includes a work instruction to staff at the social support centre. The work instruction directs staff on the processes to undertake in order to ensure clients are provided choices and ensure variety with meal services. It also guides staff on timeframes on ordering and how to engage with the subcontracting organisation who cooks the hot meals.

I acknowledge the prompt action by the approved provider, however, as this is a new process for staff it will take some time to imbed into practice, consumer feedback on the planned improvement will also need to be canvassed.

Based on the evidence (summarised above) I am satisfied the approved provider does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| 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 Non-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

Consumers expressed feeling welcome in the service environment. Consumers attending the day centre described a sense of connection and belonging facilitated through the service environment.

The Assessment Team observed consumers at the social support groups being greeted on arrival, actively engaging with staff and participating in activities.

Consumers expressed satisfaction with the suitability, safety and cleanliness of furniture, fittings and equipment.

Observations confirmed equipment is safely stored, walkways are free from hazards and cleaning procedures are adhered to following use of equipment.

Consumers were not able to move freely through the service without referring to staff to enter / exit

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one requirement has been assessed as Non-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  | Non-compliant |

*The service environment:*

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

Findings

The Assessment Team identified an environmental restraint in place in the form of locked doors to outside areas. Consumers were not able to move about freely. Staff said doors were locked as a safety measure. A consumer who wishes to enter or exit the area needs to find a staff member who can unlock the door from a key stored in a cabinet. The Assessment Team observed the door to be locked on multiple occasions.

The approved provider’s response outlines the physical environment has been adjusted to meet consumer’s individual needs. The exit door has been upgraded to be able to be unlocked from the inside. A sensor alarm has been installed to alert staff when the door is used, as the door opens into a publicly accessible space.

I note the approved provider submission which includes a policy to inform staff of the organisation’s restraint free approach.

I am satisfied based on the evidence (summarised above) that the approved provider did not comply with this requirement at the time of the audit.

|  |  |  |
| --- | --- | --- |
| 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 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

All consumers reported feeling comfortable to make a complaint and those who had made a complaint were satisfied with how the complaint was handled.

Staff and management discussed how consumers are provided with options to make complaints and provide feedback during intake and initial assessments. Staff described how they support consumers with complaints by providing a feedback form which is also available online at the organisation’s website.

Consumer information packs and information provided during the assessment planning process, includes information and contact details for external complaint and advocacy networks.

Management provided examples of how complaints are regularly reviewed and actioned, confirming specific complaints are addressed and rectified through an open disclosure process.

Review of the service continuous improvement plan and feedback and complaint data show improvements have been made from review of feedback and complaints

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all relevant requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) |  |  |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) |  |  |
|  | CHSP  | 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) |  |  |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) |  |  |
|  | CHSP  | Compliant |

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

# STANDARD 7 Human resources

#  CHSP 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

Consumers said the staff there are always enough staff to support them at the centre and with allied health services.

Consumers/representatives interviewed said staff are respectful and they feel they are treated very well.

Documentation included the staff code of conduct and staff ‘work plans’ referencing organisation core values and documenting organisational and service expectations of positive staff interactions.

Staff explained how their qualifications, experience and knowledge enable them to perform their roles effectively. Staff qualifications relevant to their position are required and staff participate in mandatory and ongoing training that promotes their competency to perform their roles

Staff described participating in probationary reviews relevant to their roles. Management interviews evidenced a process to monitor staff performance.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all relevant requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) |  |  |
|  | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) |  |  |
|  | CHSP  | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) |  |  |
|  | CHSP  | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) |  |  |
|  | CHSP  | Compliant |

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

Findings

The Assessment Team’s report outlines training has not occurred on supporting consumers living with dementia. The report outlines some consumers living with dementia attend the day centre. The Assessment Team did not observe any poor practice in relation to staff interactions with consumers.

I have considered other evidence in the Assessment’s Team report under this requirement in my finding in Standard 5.

The service has in place a training matrix and undertakes mandatory training.

The approved provider’s response states that they have updated their training matrix to including specific training on dementia support.

I am satisfied based on all the evidence (summarised above) that the approved provider complies with this requirement. I am satisfied that the service has a system for training staff and accept the approved provider’s assertion that relevant training will occur. While dementia support is an emerging training need for the service, I did not find the lack of this training sufficient to find a systemic failure.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) |  |  |
|  | CHSP  | Compliant |

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

# STANDARD 8 Organisational governance

#  CHSP Non-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 has a Community Advisory Committee and a Community Engagement group who are actively consulted with on planned changes.

Generally, the organisation monitors regulatory compliance through information from legal services, peak bodies and Department of Health. All staff have undertaken probity checks including police checks, drivers' licences and ensuring all staff have had their vaccinations and immunisations.

Organisational risk management focuses on strategic and operational risks. For example, COVID-19 risk management strategies. High impact/high prevalent risks are monitored through the incident management system. Trends are reviewed to inform actions.

In relation to consumers supported to live the best life they can, consumer and representative feedback was positive and they said in various ways how the services they received assisted them to remain as independent and improve their health/wellbeing.

A clinical governance framework is in place.

Governance systems are not fully effective in some areas of the organisation.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) |  |  |
|  | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) |  |  |
|  | CHSP  | Compliant |

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

Findings

The Assessment Team’s report read in its totality demonstrates the governing body informs itself of the quality of care and services. The service demonstrated culturally safe and inclusive care.

I have considered the Assessment Team’s evidence in this requirement in my finding in Standard 5 and Standard 8 Requirement 8(3)(c). I am satisfied based on all the available evidence that the approved provider complies with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) |  |  |
|  | CHSP  | 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.*

The Assessment Team’s report outlines the service did not demonstrate effective governance systems and specifies deficiencies. These include

* Assessment and care planning that does not identify risks to care delivery and inconsistencies in information held on consumers’ needs, goals and preferences.
* A lack of care strategies to inform safe care.
* A lack of review of consumer services in response to a change in condition or circumstance.
* Environmental restraint in place at the social support group and a lack of awareness by staff of how to apply a risk based strategy at an individual level for consumers so that they can move through the environment freely.
* A lack of oversight of services delivered by subcontractors and a general lack of ability to produce information relevant to the Quality Audit in a timely manner.

The Approved provider’s response states that relevant information was available at the time of the audit, however they were unclear that this information was needed to be produced at the time of the audit. Their response includes some additional information which I have reviewed.

The response concedes there has been no formal subcontractor arrangement in place for meals delivery. It also concedes that assessment and care planning is not currently effective,

I acknowledge workforce disruptions as a result of the COVID-19 pandemic has had an impact on information management in regard to care planning and assessment. I accept the approved provider’s argument that the service made reasonable efforts to inform consumers of their audit and that a subcategory of consumers were overlooked due to miscommunication.

The approved provider has accepted to a great extent the findings of the Assessment Team.

Based on the evidence (summarised above) the approved provider does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) |  |  |
|  | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) |  |  |
|  | CHSP  | Compliant |

*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.*

Findings:

The Asssessment Team’s report outlines the service has a clinical governance framework.

I have considered the Assessment Team’s other evidence in this requirement in my finding in Standard 5 and Standard 8 requirement 8(3)(c). I am satisfied based on all the available evidence that the approved provider complies with this requirement.

# 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.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) |  |  |
|  | CHSP  | Non-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)(e) |  |  |
|  | CHSP  | Non-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)(f) |  |  |
|  | CHSP  | Non-compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) |  |  |
|  | CHSP  | Non-compliant |

*The service environment:*

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) |  |  |
|  | CHSP  | 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.*