**Performance**

**Report**

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| Name of service: | ANFE - TORRENSVILLE |
| Service address: | 108 South Road TORRENSVILLE SA 5031 |
| Commission ID: | 600117 |
| Home Service Provider: | Associazione Nazionale Famiglie degli Emigrati Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 17 March 2023 to 21 March 2023 |
| Performance report date: | 18 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for ANFE - TORRENSVILLE (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 23829, 108 South Road, TORRENSVILLE SA 5031
* Community and Home Support, 23830, 108 South Road, TORRENSVILLE SA 5031

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received 6 April 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

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| Requirement 2(3)(a) | 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. | **Non-compliant** |
| Requirement 2(3)(b) | 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. | **Non-compliant** |
| Requirement 2(3)(c) | 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   includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | **Non-compliant** |
| Requirement 2(3)(e) | 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. | **Non-compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Non-compliant** |
| Requirement 8(3)(c) | 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. | **Non-compliant** |
| Requirement 8(3)(d) | 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. | **Non-compliant** |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** |
| Requirement 1(3)(c) | 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. | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** |
| Requirement 1(3)(e) | 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. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Management, staff and volunteers when interviewed spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation analysed by the Assessment Team demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and representatives when interviewed stated staff understand their needs and preferences and deliver services with this in mind. Staff and volunteers when interviewed demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others. Consumers when interviewed confirmed the service involves them, and others if they choose, in making decisions about the services they receive. Staff and volunteers when interviewed described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers when interviewed indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence, safety and live their best life. Staff and management when interviewed demonstrated how they support consumers to make choices and decisions about their services, including activities that may place them at risk, and consultation with consumers about strategies to manage risks to enable them to participate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Most consumers when interviewed confirmed they are provided with timely and relevant information when they first commence services, and when something changes with their services. Staff and management when interviewed described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives when interviewed felt staff and volunteers were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | 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. | **Non-compliant** |
| Requirement 2(3)(b) | 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. | **Non-compliant** |
| Requirement 2(3)(c) | 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. | **Non-compliant** |
| Requirement 2(3)(d) | 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. | **Compliant** |
| Requirement 2(3)(e) | 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. | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to staff at point of care. Most consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them. Management when interviewed confirmed that care plans and services are developed with consumers and are communicated to staff members verbally and through a hard copy which is located where the services are being delivered.

Non-compliant Evidence

In respect to Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and has planned to and/or already implemented corrective action. Additional details, evidence and a detailed Action Plan provided by the Service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations of “Not Met” The Decision Maker is confidant if the corrective action is followed through in its entirety the service should return to compliance.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective services. Evidence analysed by the Assessment Team showed the for some consumers, while key risks had been identified through the initial home visit, these had not been assessed and strategies to manage those risks were not consistently documented. Evidence analysed by the Assessment Team showed care plans provided to staff and volunteers did not include sufficient detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers.

The Assessment Team analysed care plans for four sampled consumers and noted the service has identified some risks to a consumer’s health and wellbeing, for example, falls risk, medical conditions and memory loss. However, assessment and planning documentation did not demonstrate the service is including the consideration and assessment of risks to the consumer’s health and well-being to inform the delivery of safe and effective services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning. Consumers and representatives when interviewed described in various ways how assessment and planning processes identifies consumers’ current needs, goals and preferences and uses this information when planning and delivering their services. However, the Assessment Team noted that information collected was not effectively or consistently documented within the care plan to inform the staff and volunteers when providing services.

Care planning documentation analysed by the Assessment Team for sampled consumers did not effectively identify individualised needs, goals and preferences or provide instructions to staff and volunteers on how to achieve these. The Assessment Team noted of four consumers sampled, while their care plans identified goals for them, they were generic and information about how this would be achieved was not documented.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that advanced care planning had been discussed with consumers. Consumers and management advised advanced care planning were not discussed as part of the intake process at the service. Analysis of documentation provided to consumers at intake did not contain information about, or contacts for assistance with advanced care planning.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Management when interviewed described how they involve a consumer's representative in the assessment process where a consumer requests it, however, were not able to demonstrate this collaboration is ongoing throughout the consumer's time with the service.

The Assessment Team analysed eight consumer files and noted six were not signed by the consumer or their representative. Care planning documentation analysed lists consumers, carers and emergency contacts, but does not document who the care plan was developed with. Evidence analysed by the Assessment Team showed the service has an ‘assessment’ document with outlines the assessment process, however, this document does not include information regarding a representative can be present if the consumer wishes.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation analysed for sampled consumers showed that, when reviews were completed, these were not always effectively identifying risks to consumers, including following incidents or when circumstances changed.

Evidence analysed by the Assessment Team showed the service does not have an effective system to monitor upcoming reviews. Management when interviewed described the manual process of going through each consumers care planning files to identify when a review is due. However, care planning information is kept at two additional sites and the documentation is not returned to the office for monitoring of review dates. Progress notes analysed for sampled consumers did not provide any information regarding the consumers, their condition or any changes.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | 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. | **Not applicable** |
| Requirement 3(3)(e) | 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | 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. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable and therefore were not assessed during the Quality Audit. As a result, Standard 3 in its entirety is not applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | 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. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | 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. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives when interviewed were satisfied that the services provided optimises the consumer’s independence, well-being, and quality of life through the provision of transport, gardening, individual and group social support. Staff and management when interviewed demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives when interviewed felt that staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management and staff when interviewed demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and or representatives when interviewed confirmed they have day-to-day control over what activities they take part in and how the services assist them in accessing the community. Staff and management when interviewed described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and representatives were satisfied that information about their services is shared within the service and with others involved in their service provision. Staff, volunteers and management described communication processes within the service and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. Consumers interviewed felt confident the service would assist them to connect with an external service or My Aged Care (MAC) if their needs and preferences changed. Management advised the processes they follow to provide assistance to consumers to navigate MAC and how they support consumers to connect with other organisations when required.

The service was able to demonstrate that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Staff and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation analysed by the Assessment Team showed that consumers’ dietary needs and preferences are communicated within the service.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the centre-based group sessions. Staff described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Management and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environments to be clean, well maintained and comfortable.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. This was confirmed through observations made by the Assessment Team.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that consumers, representatives are others are supported to provide feedback and make complaints. Staff interviewed demonstrated an awareness on how to support and encourage consumers and representatives to provide feedback and make a complaint.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Management stated, and provided documentation showing that, information about advocacy services is provided to consumers in the consumer handbook.

Evidence analysed by the Assessment Team showed the service demonstrated that appropriate action is taken in response to complaints and an open disclosure approach is followed. Staff and management described how they address consumers’ feedback or complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of services. Staff and management are aware of the processes to respond to feedback and complaints and spoke of how complaints are reviewed and used to improve the quality of care and services to consumers.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | 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. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce enables the delivery and management of safe and quality care and services. Consumers and representatives said that their services are always delivered as planned and they receive continuity of services by workers who know them. Consumers and representatives interviewed said they were happy with the staff who provided services to them and confirmed they always arrive on time.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives said volunteers and staff are kind, caring and respectful. Staff spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the services they provide.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and representatives interviewed said staff are competent in their job. Staff and management described recruitment processes to ensure staff have adequate skills and qualifications, and how management monitor their competency. Management said they observe staff delivering services at the Day Care Social Support Group to identify workforce competency.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and management described, and documentation viewed confirmed, the service’s process to monitor staff performance.

Evidence analysed by the Assessment Team showed the service demonstrated monitoring and review of the performance of workforce members occurs. Staff confirmed they were supported in their performance review process. Management described their process for assessment and monitoring of staff performance. Documentation viewed by the Assessment Team included staff performance self-evaluation reports which identified areas for further training. Board minute meetings viewed, identified these gaps in staff development and training needs addressed.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Non-compliant** |
| Requirement 8(3)(c) | 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. | **Non-compliant** |
| Requirement 8(3)(d) | 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. | **Non-compliant** |
| Requirement 8(3)(e) | 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. | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed stated they have input about services provided. Management and staff described how consumers have input about their experience and services through formal/informal feedback processes. Consumers advised of management and staff engaging them at the individual programs and services to ensure that they were satisfied with the services provided, evidencing the services desire to ensure positive engagement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate financial governance systems and processes, including financial delegations in relation to CHSP services delivery. Evidence analysed by the Assessment Team showed the Governing Body provides governance and oversight to the financial position of the service. Third-party financial auditing is conducted annually in accordance with legislative requirements. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate financial governance systems and processes, including financial delegations in relation to CHSP services delivery. Monthly Board Meeting minutes documented financial oversight.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective workforce governance to ensure 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. The Assessment Team acknowledged the services ability to ensure staffing is available to maintain continuity of services uninterrupted. The service has systems and processes in place to recruit, support, and monitor the numbers of staff and volunteers required to provide the CHSP service. The CEO advised they are currently recruiting for additional volunteers to assist with the provision of support services in their programs. The Assessment Team viewed job descriptions that identified cultural importance to the role, in alignment with its consumer base.

Non-compliant Evidence

In respect to Requirements 8(3)(b), 8(3)(c) and 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and has planned to and/or already implemented corrective action. Additional details, evidence and a detailed Action Plan provided by the Service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations of “Not Met” The Decision Maker is confidant if the corrective action is followed through in its entirety the service should return to compliance.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate how they promote a culture of safe, inclusive, quality care and services, and is accountable for their delivery. However, there was no documented evidence that the Governing Body asks for and receives the information needed from the service delivery team to meet their responsibilities under this requirement. There was no evidence provided to demonstrate that the CEO and the Governing Body understands and sets priorities to monitor and improve the performance of the service against the Quality Standards.

The Assessment Team analysed minutes and agendas from Board Meetings, observing that the Governing Body does not request information from the service to report, trend or analyse indicators of performance against the Quality Standards. While there is a monthly Work, Health and Safety report tabled for each Board meeting, these reports do not capture consumer incidents or near misses, only staff. The services Aged Care CHSP delivery is not a standard agenda item.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, regulatory compliance, and feedback and complaints.

*(i) Information Management:*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective information systems and processes to support staff in their roles or to meet the outcomes required by the Quality Standards. Evidence analysed by the Assessment Team showed the service has a suite of documents that do not reflect the Quality Standards, or information specific to meet the needs of aged care consumers to guide staff and volunteer practice. None of the documents are version controlled or dated.

The Assessment Team analysed eight internally drafted Standards Handbooks, for staff dissemination, referencing the Aged Care Quality Standards. However, the guidance and content within is focused on NDIS consumers and Legislation rather that aged care consumers. Evidence analysed by the Assessment Team showed assessment and care planning information was not always documented, including where risk to consumers were identified. Evidence analysed by the Assessment Team showed care Plans did not consistently document strategies to guide the delivery of individual services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate an effective continuous improvement system and processes in place to assess, monitor and improve the quality and safety of care and services provided by the service. The Assessment Team analysed the services Continuous Improvement & Quality Assurance Policy, which documents steps to monitor continuous improvement strategies, however the CEO and Continuous Improvement Officer acknowledged that information is captured verbally but not documented to drive continuous improvement.

*(v) Regulatory Compliance:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes in place to support the services to meet regulatory requirements in respect of the CHSP and Aged Care Quality Standards. While the CEO was aware of the introduction of the Serious Incident Response Scheme (SIRS) on 1 December 2022, the service has not reviewed their Incident Management System to implement the Scheme and undertaken additional actions, including staff education to ensure compliance against the responsibilities associated with this measure.

*(vi) Feedback and Complaints:*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that there are effective systems and processes in place to capture and use feedback and complaint data to improve the quality of care and services. The service maintains both Feedback and Incident Registers, however management advised they could not demonstrate supporting mechanisms to use that feedback to drive improvement. The services Continuous Improvement & Quality Assurance Policy does not provide information explaining the use of captured feedback/complaints.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, and manage and prevent incidents, including the use of an incident management system.

(i) High impact or high-prevalence risks associated with the care of consumers:

Evidence analysed by the Assessment Team showed the service did not demonstrate risk management processes included a consideration of high impact or high prevalence risks to inform the delivery of safe and effective services for each consumer. Evidence analysed by the Assessment Team showed the service did not demonstrate effective consumer risk assessments are undertaken to identify, assess and manage risks to consumer’s health, safety and well-being, and subsequent documentation of risks and management strategies at point of care for volunteers and staff. The Assessment Team noted that consumer risks were inconsistently identified in initial assessment processes, and this information did not inform the care plan, to enable staff and volunteers to mitigate the risks for consumers at point of service delivery.

*(iii) Consumers being supported to live the best life they can:*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective systems and processes in the identification and management of all risks to consumers to enable them to live their best life. While management and volunteers described how they deliver services to support consumers to access the community and have social interactions for consumers to live the best life they can, the service has no documented processes to support the assessment of consumers who wish to undertake risks, including the discussion and consultation of consequences and possible mitigation strategies.

*iv) Managing and preventing incidents, including the use of an incident management system:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate an effective incident management system is in place to identify where quality and safety is at risk for consumers, and when improvements need to be made. The organisation does not have an Incident Management policy relating to its CHSP consumer cohort, in place to inform staff and volunteers of the processes to manage and prevent incidents for consumers. In addition, the organisation has not introduced an incident management system, since the introduction of SIRS on 1 December 2022, to ensure it will meet the requirements for reporting within the specified timeframes.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)