**Performance**

**Report**

**1800 951 822**

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| Name of service: | Anglicare SA - Elizabeth |
| Service address: | Suite 3 25 Philip Highway Elizabeth SA 5112 |
| Commission ID: | 600060 |
| Home Service Provider: | Anglicare SA Ltd |
| Activity type: | Quality Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 21 October 2022 |

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 Anglicare SA - Elizabeth (**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:**

* Goods Equipment and Assistive Technology, 4-7WGZ3C1, Suite 3 25 Philip Highway, Elizabeth SA 5112
* CHSP - Allied Health and Therapy Services, 4-23PU0OP, Suite 3 25 Philip Highway, Elizabeth SA 5112

# 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 20 October 2022

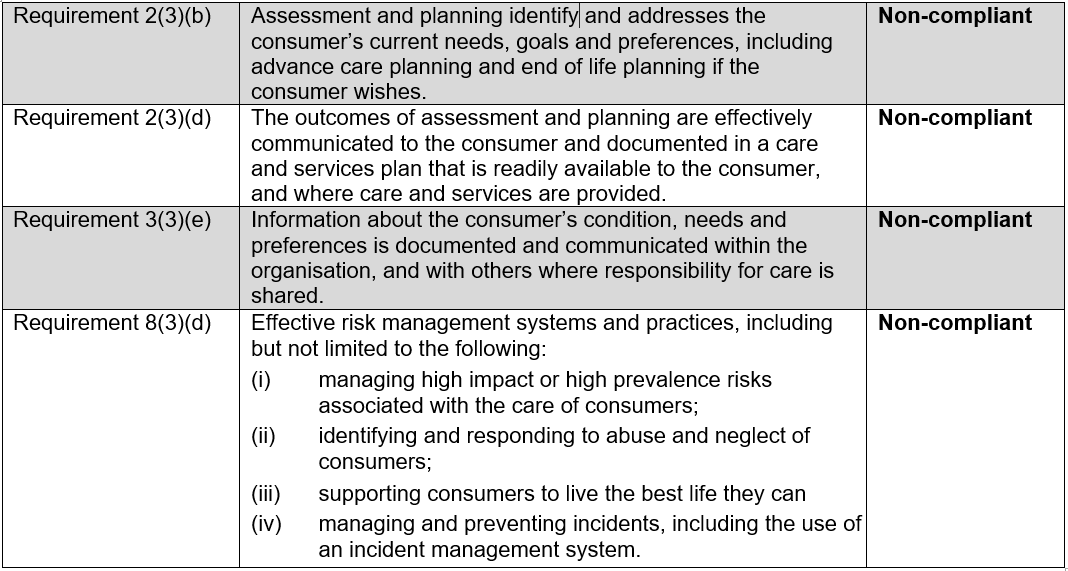
# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Non-compliant** |
| **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.



# 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 each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team described staff as kind, caring and respectful. Management and staff interviewed by the Assessment Team 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 services are culturally safe. Consumers and their representatives interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. Staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team noted documentation included consumers' cultural background and spoken language.

Evidence analysed by the Assessment Team showed 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 interviewed by the Assessment Team confirmed the service involves them, and others if they choose, in making decisions about the care and services they receive. Staff interviewed by the Assessment Team described how they support consumers and their representatives to exercise choice and make decisions about the care and services they receive. Documentation analysed by the Assessment Team showed consumers are supported to make choices as part of the assessment and planning process, and while care and services are being delivered.

Evidence analysed by the Assessment Team showed each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers interviewed by the Assessment Team did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Staff and management interviewed by the Assessment Team demonstrated an understanding of supporting consumers to take risks and are supported by policy and procedures.

Evidence analysed by the Assessment Team showed 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. Consumer interviewed by the Assessment Team confirmed they are provided with timely and relevant information and are able to speak to staff if they require more information. Staff interviewed by the Assessment Team described how they explain information to consumers, when providing care and services, to ensure understanding. Management and staff interviewed by the Assessment Team described how information is provided to consumers, including to consumers with poor cognition and sensory deficits. Observations made and recorded by the Assessment Team demonstrated information displayed is current and accessible to consumers.

Evidence analysed by the Assessment Team showed each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed by the Assessment Team felt staff were respectful of personal information, and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Documentation analysed by the Assessment Team showed that consumers sign a consent form to collect and release information and nominate their representative. The Assessment Team noted organisational documents include a privacy policy and processes to access, collect and manage 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. | **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. | **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. | **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. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed current 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. Consumers and/or representatives interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their clinical services needs were discussed and were planned to meet their health and well-being needs. Staff interviewed by the Assessment Team described how they assess consumer’s needs and risks at commencement of services, reviews and/or as required for example following a change in condition and how assessments inform consumers’ clinical services they receive. Assessment documentation evidenced and analysed by the Assessment Team included comprehensive assessment and planning is undertaken with consumers and/or representatives for individual services being provided.

Evidence analysed by the Assessment Team showed assessment and planning is based on an ongoing partnership with the consumer and those who they wish to be involved, including other organisations and health care professionals. Consumers and/or representatives interviewed by the Assessment Team confirmed they are involved in assessment and planning of the services they receive. Staff interviewed by the Assessment Team described how consumers, representatives and others are involved in assessment, planning and development of an individualised service program.

Evidence analysed by the Assessment Team showed care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives interviewed by the Assessment Team confirmed consumers’ clinical services are reviewed regularly and as required. Assessment documents analysed by the Assessment Team showed that consumers’ reviews had been undertaken as per the service’s process.

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 and end of life planning if the consumer wishes. Consumers and/or representatives interviewed by the Assessment Team described in various ways how assessment and planning processes identify consumers’ current needs, goals and preferences and how the service utilises this information when planning and delivering their services. However, consumers and management stated during interviews with the Assessment Team end of life preferences and advanced care planning were not discussed as part of the intake process at the service.

The Assessment Team analysed evidence which showed documentation provided to consumers at intake did not contain information about, or contacts for, assistance with advanced care planning or end of life preferences.

All consumer files analysed by the Assessment Team did not contain documentation regarding end-of-life preferences or advanced care planning, nor is there evidence in the progress notes that these topics were discussed with consumers.

Management confirmed during interviews with the Assessment Team information about advance care planning or end of life preferences is not provided to consumers.

The Assessment Team noted management acknowledged the Assessment Teams feedback and advised they will seek information and resources to enable the service to have discussions with consumers around their end-of-life preferences and advanced care planning.

The Assessment Team noted while the service was able to demonstrate some understanding and application of requirement 2(3)(b), they were not able to demonstrate they have considered discussing with consumers, or providing information about, advanced care planning or end of life preferences.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the results of assessment and planning are communicated to the consumer and these documents are available to consumers and staff at point of care. While consumers and/or representatives interviewed by the Assessment Team confirmed they agree to their goals at the assessment stage, are continuously informed of their progress and the strategies being implemented to achieve their goals in between regular reviews, Consumers and/or representatives during interviews with the Assessment Team confirmed they do not receive a documented care plan. Documentation analysed by the Assessment Team showed that specific discipline information, including exercise programs is documented and available to consumers when attending wellness classes, however, the Assessment Team noted care plans including all Allied Health (AH) services received by consumers are not documented and available to consumers.

The Assessment Team noted while documentation analysed for sampled consumers confirmed consumers' needs goals and preferences are discussed throughout the assessment and planning process, this information is not captured in a documented care plan.

Evidence analysed by the Assessment Team showed while the service provided care planning policies and procedures including the “Person Centred Care” organisational policy, which states that workers demonstrate person centred care as per a care plan or equivalent for all customer interaction, this was not evidenced for the sampled consumers receiving Health and Wellness services.

During interviews with the Assessment Team management advised they have further developed the Service Goals and Plan Agreement, in consultation with the AH team, which will be provided to consumers and would incorporate all AH services, however, the service was unable to provide the Assessment Team with evidence of this occurring for consumers where there were multiple AH staff involved in their clinical care.

Following feedback from the Assessment Team, management stated that this new process is still in the development stage, and they will continue to refine and implement this process into their systems as part of their continuous improvement process.

The Decision Maker noted the service responded proactively to the assessment teams’ findings and planned and/or already implemented corrective action. The Decision Maker is confidant if this corrective action is followed through with and completed the service in the near future should return to compliance.

# 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. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** |
| 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. | **Compliant** |
| 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. | **Compliant** |
| 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. | **Non-compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| 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. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed each consumer receive safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives interviewed by the Assessment Team confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as physiotherapy, occupational therapy, podiatry and exercise physiologist services. Management and staff interviewed by the Assessment Team provided examples of clinical care provided to consumers tailored to their health and wellbeing needs and reflecting best practice. Documents analysed by the Assessment Team demonstrated that clinical care is based on consumers’ assessments and provided instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Documents analysed by the Assessment Team showed that high prevalence or high impact risks are monitored and reported as required. Consumers and/or representatives interviewed by the Assessment Team confirmed that clinical care provided is safe and right for the consumer. Staff interviewed by the Assessment Team described the processes used to identify high impact and high prevalence risks and could describe management strategies in place.

Evidence analysed by the Assessment Team showed 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. Consumers and/or representatives interviewed by the Assessment Team felt confident that staff would notice if their health changed and would respond appropriately. Staff interviewed by the Assessment Team described the processes to report and respond to changes related to consumers, for example, general deterioration, change in consumer’s mobility, mental health, or level of independence. Documents analysed by the Assessment Team showed evidence of identification and actions taken when consumers’ health changed or deteriorated such as referrals to health professionals and adjustments to their clinical care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed consumers had been referred to health professionals when required. Staff interviewed by the Assessment Team described processes to refer consumers internally, for different AH services and externally to other health professionals or My Aged Care (MAC). This was confirmed through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives interviewed by the Assessment Team advised that staff keep them safe by using personal protective equipment (PPE), cleaning and COVID-19 testing. Staff and management interviewed by the Assessment Team described, in addition to observations and documentation analysed by the Assessment Team showed, that the service has processes for minimising risks of infection including infection prevention and control standards, education and an outbreak management plan.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that information about consumer’s condition, needs, goals and preferences are consistently and effectively communicated within the organisation. The Assessment Team noted there was no evidence sighted that there are processes in place to ensure relevant information about the condition of consumers is communicated between parties involved in their clinical care where consumers are receiving AH services from multiple staff.

The Assessment Team analysed consumer information stored in the electronic system and identified and noted multiple insufficiencies, three of many have been included below:

* The Assessment Team noted there is no formal care and service plan for individual consumers and the services they receive.
* The Assessment Team noted there was limited information on file to support ongoing communication, collaboration and information sharing for internal and external service providers, for consumers receiving multiple services from AH staff.
* The Assessment Team noted individualised reports by Allied Health Professionals (AHP) captured the needs goals and preferences for the consumers in their assessments as it relates to their scope of practice, however, no evidence was provided to the Assessment Team that consumers are assessed for their overall needs, goals and preferences, nor how identified risks are monitored by the service.

An example of how the above points impact some consumers is documented below:

* Consumer A’s file review demonstrated that Consumer A attends Falls and Balance and Clever Thinkers groups, and is reviewed by the Physiotherapist, Podiatrist and OT. A progress note for attendance to a Falls and Balance group for 21 February 2022 stated, ‘no mention of pain, all exercises completed as per log’, however, another note for the same day where Consumer A received a massage stated Consumer A had buttock and leg pain. A progress note written 15 March 2022, showed communication from a Physiotherapist to the Allied Health Assistant (AHA) informing of Consumer A’s current leg pain and stretches to be implemented and a request for more core sessions in exercise groups, this was initially sent as an email before being uploaded into Consumer A’s electronic file. An assessment by an OT on 3 May 2022 documented that Consumer A had noticed a decline in her short-term memory and was having difficulty finding words. A Montreal Cognitive Assessment was completed with a score of 22/30 indicating mild cognitive impairment and the outcome of this was to attend Clever Thinkers. It is unclear from the documentation viewed if this was communicated to other AH staff providing services to Consumer A.

During interviews with the Assessment Team staff advised that communication between AHPs does occur through email, however, communication is not consistently uploaded into the electronic information management system.

Evidence analysed by the Assessment Team showed while the service’s Person-Centred Care organisational policy outlines the requirement for collaboration with other health and social care professionals. However, during interviews with the Assessment Team management confirmed there is no procedure in place for the multidisciplinary team to work together for a holistic approach to individual consumers and the services they receive.

The Decision Maker noted the service responded proactively to the assessment teams’ findings and planned and/or already implemented corrective action. The Decision Maker is confidant if this corrective action is followed through with and completed the service in the near future should return to compliance.

# 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. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers interviewed by the Assessment Team advised they are supported to live independently through the varied services they receive. Staff and management interviewed by the Assessment Team 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 services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers interviewed by the Assessment Team stated the staff at the centre and the services provided promote their psychological wellbeing and support them emotionally. Staff and management interviewed by the Assessment Team demonstrated how they support consumers emotionally 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 attending wellness groups interviewed by the Assessment Team described their enjoyment in attending the groups and how the service enables them to stay connected to their community and do things of interest to them. Staff and management interviewed by the Assessment Team described their processes to assist 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 that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives interviewed by the Assessment Team confirmed provision of daily living support and services is consistent, with staff who know them well. Staff interviewed by the Assessment Team described how relevant information about consumers is documented and communicated within the service and externally.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed that consumers were timely and appropriately referred as required, for example, to AHPs. Staff interviewed by the Assessment Team described processes to refer consumers internally and externally, for example, to external health professionals, social workers or MAC. This was evidenced through documents analysed by the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate, when equipment is provided, it is safe, suitable, clean and well maintained. Consumers interviewed by the Assessment Team confirmed the equipment installed or used was clean, suitable and/or well maintained. Staff and management interviewed by the Assessment Team described the assessment, cleaning and maintenance processes related to equipment, when it is provided.

# 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 environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers interviewed by the Assessment Team confirmed they feel welcome when the attend the centre-based wellness groups and individual sessions. Staff Interviewed by the Assessment Team described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional.

Observations noted by the Assessment Team confirmed the centre environment was bright, well-lit, comfortable and spacious with wide walkways, easy to navigate and well sign posted. The Assessment Team noted staff were observed assisting and interacting with consumers in a respectful and caring manner, and having a social chat when consumers first arrived.

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

During interviews with the Assessment Team Staff described the processes to ensure the service environments remain safe and well maintained, including preventative and reactive maintenance, regular site walkthroughs and external audits. The Assessment Team analysed documents confirming all walkthroughs and audits are up to date, and any identified issues are promptly rectified.

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

# 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 was able to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. All consumers interviewed by the Assessment Team stated they would feel comfortable to provide feedback to the service. Staff and management interviewed by the Assessment Team described multiple mechanisms for encouraging feedback from consumers regarding the services delivered and advised they receive many compliments, and very few complaints.

Consumers interviewed by the Assessment Team who attend groups stated AHPs and AHAs request feedback regarding the programs at every touchpoint to gauge progression towards their goals. In addition, consumers when interviewed stated they feel comfortable to provide feedback to the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff interviewed by the Assessment Team discussed how consumers can be supported to understand the role of advocates. Management interviewed by the Assessment Team has processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

The Assessment Team observed and noted brochures for the Aged Care Quality and Safety Commission, and state based aged care advocacy services, in a range of languages, at the reception area for the Elizabeth and Westbourne Park premises.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. During interviews with the Assessment Team management discussed the service’s processes for managing complaints. Complaint documentation analysed by the Assessment Team demonstrated some aspects of the open disclosure principles are used as part of the complaint management process. Evidence analysed by the Assessment Team showed the Open Disclosure for Aged Care Services operational procedure outlines the elements of open disclosures and provides staff guidance with processes to ensure appropriate action is taken and consultation with the consumer is achieved throughout the resolution process.

The Assessment Team noted the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management interviewed by the Assessment Team described how the service used consumers’ feedback and complaints to inform improvements to the quality of services.

Evidence analysed by the Assessment Team showed complaints and feedback are collated and reviewed for trend analysis at the service level by management and is then reported to the Quality and Clinical Governance Committee on a quarterly basis with commentary regarding trends and continuous improvements identified by the service.

# 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 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. Consumers and/or representatives interviewed by the Assessment Team were satisfied with the number of staff to deliver the consumer’s services and staff interviewed indicated sufficient staffing numbers. Staff and management interviewed by the Assessment Team described how they manage unfilled shifts, due to planned and unplanned leave as required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers interviewed by the Assessment Team confirmed staff treat consumers with respect and are responsive to their needs. All consumers interviewed by the Assessment Team provided overwhelmingly positive feedback regarding the quality of the staff, for example: staff are brilliant, excellent and display a great deal of empathy.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers interviewed by the Assessment Team described confidence in staff knowledge and competence to perform their roles. During interviews with the Assessment Team management and staff described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles.

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 the Quality Standards. Staff interviewed by the Assessment Team described completing relevant training and being supported in their role through regular meetings and access to their Clinical Leads for any consumer related queries and reporting requirements. Management interviewed by the Assessment Team described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support. Management interviewed by the Assessment Team demonstrated a comprehensive onboarding and induction process for staff, which is supported by the organisational Human Resource partners.

The Assessment Team noted the Staff and Training Information register analysed by The Assessment Team showed a comprehensive range of staff training and other requirements, with completions being monitored by the service. In addition, the Assessment Team noted a targeted schedule of education sessions and meetings for the Physiotherapy and Exercise Physiology team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored and reviewed. Evidence analysed by the Assessment Team showed the service has a performance appraisal and development process for staff. Staff interviewed by the Assessment Team confirmed they were supported in their ongoing performance through regular clinical supervisions and through the performance development plan process. Management interviewed by the Assessment Team described their process for regular assessment and monitoring of staff performance.

# 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. | **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. | **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. | **Compliant** |

Findings

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 by the Assessment Team described how they have input about services provided. Management and staff interviewed by the Assessment Team described how consumers have input about their services through formal and informal feedback processes. During interviews with the Assessment Team management described an organisational Customer Experience journey mapping project to highlight innovative customer engagement strategies, which has involved interviews with Health and Wellness consumers to inform outcomes, moving forward.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management when interviewed by the Assessment Team described the organisation’s governance framework and how the governing body monitors the delivery of aged care services through a hierarchy of reporting mechanisms.

The Assessment Team analysed and noted various documents including Safety, Quality and Risk Committee meeting minutes and reports; risk management plans and risk registers to demonstrate a robust risk management system is in place to mitigate clinical, organisational and reputational risks and appropriate monitoring and oversight of the Health and Wellness service is undertaken by the organisation and Board.

Evidence analysed by the Assessment Team showed the Clinical and Social Care policy outlines the organisational commitment to ensure systems, processes and resources required for safe, effective and quality care and services are in place, and to ensure the consumer is at the centre of their activities as an organisation.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

***(i) In relation to information management***

Evidence analysed by the Assessment Team showed the organisation demonstrated effective information management systems and processes. Evidence analysed showed all consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Evidence analysed showed policies, procedures and other documentation are available on the organisation’s electronic systems and are reviewed regularly.

***(ii) In relation to continuous improvement***

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective continuous improvement processes, at the service level, to improve the quality of service delivery for consumers accessing the Health and Wellness program.

***(iii) In relation to financial governance***

Evidence analysed by the Assessment Team showed the organisation demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an approved provider of CHSP services.

***(iv) In relation to workforce governance, including the assignment of clear responsibilities and accountabilities***

Evidence analysed by the Assessment Team showed the organisation demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements.

***(v) In relation to regulatory compliance***

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective systems and processes in place to track and implement legislative changes into their systems.

***(vi) In relation to feedback and complaints***

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that it has systems and processes which support consumers, representatives, staff, contractors, and other stakeholders to provide feedback including complaints in accordance with the requirements of the Quality Standards and it uses feedback to inform continuous improvements.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate they have a documented Clinical Governance Framework, and that systems and processes are effective to maintain the reliability, safety and quality of the clinical care consumers receive. Staff and management when interviewed by the Assessment Team had a shared understanding of antimicrobial stewardship, minimising the use of restraint and open disclosure and there was evidence of training for staff.

During interviews with the Assessment Team management described how the organisation is currently in the process of reviewing their Clinical Governance Framework to provide greater clarity regarding the five identified domains for effective clinical oversight and leadership and to inform staff practice. During interviews with the Assessment Team management advised the organisation ensures clarity of clinical roles and responsibilities within the organisation through position descriptions, scope of practice, and through professional body registrations.

Evidence analysed by the Assessment Team showed the organisation 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. Evidence analysed by the Assessment Team showed while the service demonstrated consumer assessments are undertaken, and subsequent documentation of risks and management strategies are implemented for the individual AH disciplines, the service does not have a process to identify and monitor consumers with high impact and high prevalence risks at a holistic level to ensure the safety and quality of services to the consumer.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate it has an effective incident management system. While the service demonstrated they record, review and report individual incidents, they were unable to demonstrate how consumer incidents are investigated and analysed, with appropriate open disclosure actions undertaken in consultation with the consumer.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate how the service identifies and responds to abuse and neglect of consumers and supports consumers to live the best life they can.

***High impact or high prevalence risks associated with the care of consumers is managed.***

Evidence analysed by the Assessment Team showed while the service has a High Risk and Complex Customer Support organisational standard that requires the service to assess consumers’ strengths and vulnerability risk factors, the Assessment Team noted there was no evidence that there was appropriate monitoring and oversight of the AH services for these high risk and complex consumers.

During interviews with the Assessment Team when asked to identify consumers with high impact and high prevalence risks, management described their difficulty in identifying these consumers through the consumer database, as in their opinion the database is not fit for purpose and they undertook a manual process of liaising with individual AHPs to identify these consumers for the purpose of the Quality Audit.

During interviews with the Assessment Team management advised that all AHPs work with the consumer to address any risks associated within their individual scope of practice, however, the service could not demonstrate to the Assessment Team how the service delivery is monitored for consumers with vulnerability risk factors and where consumers receive multiple AH services. Management when interviewed by the Assessment Team advised that Clinical Leads may undertake case reviews with their staff at clinical supervision to monitor individual risks for consumers, however, there is no process for AHPs to review these consumers holistically to ensure that appropriate action occurs to ensure the safety of these consumers.

Following feedback from the Assessment Team, management acknowledged the identified gaps and advised they would investigate a process to ensure a multidisciplinary approach is implemented to monitor consumers identified with high impact and high prevalence risks.

***Managing and preventing incidents, including the use of an incident management system.***

Evidence analysed by the Assessment Team showed while the service demonstrated they record, review and report individual incidents, they were unable to demonstrate how consumer incidents are investigated and analysed, with appropriate open disclosure actions undertaken in consultation with the affected consumers and/or their representatives.

For two incidents reviewed by the Assessment Team, there was no evidence effective incident management processes were completed to ensure appropriate actions were undertaken to understand the root cause of the incident, apply risk mitigation strategies to minimise the recurrence of future incidents, and communicate findings back to the consumers or their representatives. Evidence analysed by the Assessment Team showed for Consumer A who tripped on some carpet and fell while attending a wellness class at the Playford clinic in May 2022, no environmental hazards were identified as present to have caused the fall. The Assessment Team completed a review of the evidence which showed follow up action by the AH manager which identified no remedial actions required to the environment.

Following feedback from the Assessment Team, management acknowledged the service is cognisant of the identified gaps and is continuing to embed systems to ensure a systemic approach is taken to investigate incidents and minimise the risk of incidents occurring for their consumers.

The Decision Maker noted the service responded proactively to the assessment teams’ findings and planned and/or already implemented corrective action. The Decision Maker is confidant if this corrective action is followed through with and completed the service in the near future should return to compliance.

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