Arts Access Victoria

Performance Report

222 Bank St   
SOUTH MELBOURNE VIC 3205  
Phone number: 03 9699 8299

**Commission ID:** 300540

**Provider name:** Arts Access Victoria

**Quality Audit date:** 2 May 2022 to 4 May 2022

**Date of Performance Report:** 14 June 2022

# Performance report prepared by

M Murray, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Services included in this assessment

**CHSP:**

* Social Support Group, 4-AYUGJEK, 222 Bank St, SOUTH MELBOURNE VIC 3205

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | CHSP | | | Compliant |
| Requirement 1(3)(b) | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | CHSP | | | Compliant |
| Requirement 1(3)(f) | | CHSP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | CHSP | Compliant | | |
| Requirement 2(3)(a) | CHSP | | Compliant | |
| Requirement 2(3)(b) | CHSP | | Compliant | |
| Requirement 2(3)(c) | CHSP | | Compliant | |
| Requirement 2(3)(d) | CHSP | | Compliant | |
| Requirement 2(3)(e) | CHSP | | Compliant | |
| Standard 3 Personal care and clinical care | | | CHSP | Not Applicable | | |

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| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | CHSP | Compliant | |
| Requirement 4(3)(a) | CHSP | | Compliant |
| Requirement 4(3)(b) | CHSP | | Compliant |
| Requirement 4(3)(c) | CHSP | | Compliant |
| Requirement 4(3)(d) | CHSP | | Compliant |
| Requirement 4(3)(e) | CHSP | | Compliant |
| Requirement 4(3)(f) | CHSP | | Not Applicable |
| Requirement 4(3)(g) | CHSP | | Not Applicable |
| Standard 5 Organisation’s service environment | | | | |
|  | | CHSP | Not Applicable | |
| Standard 6 Feedback and complaints | | CHSP | Compliant | |
| Requirement 6(3)(a) | CHSP | | Compliant |
| Requirement 6(3)(b) | CHSP | | Compliant |
| Requirement 6(3)(c) | CHSP | | Compliant |
| Requirement 6(3)(d) | CHSP | | Compliant |
| Standard 7 Human resources | | CHSP | Compliant | |
| Requirement 7(3)(a) | CHSP | | Compliant |
| Requirement 7(3)(b) | CHSP | | Compliant |
| Requirement 7(3)(c) | CHSP | | Compliant |
| Requirement 7(3)(d) | CHSP | | Compliant |
| Requirement 7(3)(e) | CHSP | | Compliant |
| Standard 8 Organisational governance | | CHSP | Not Compliant | |
| Requirement 8(3)(a) | CHSP | | Compliant |
| Requirement 8(3)(b) | CHSP | | Compliant |
| Requirement 8(3)(c) | CHSP | | Not Compliant |
| Requirement 8(3)(d) | CHSP | | Compliant |
| Requirement 8(3)(e) | CHSP | | Not Applicable |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the social support group was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the quality audit report received on 31 May 2022.

# STANDARD 1 Consumer dignity and choice

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers interviewed said they are treated with dignity, respect and their identity, culture and diversity is valued.

Consumers said that staff know some information about their background, culture and what is important to them and are satisfied with the support they receive to exercise choice when attending the arts program.

Consumers attending the arts program are supported and when risks are identified they are documented and shared with the relevant facilitators.

The Assessment Team identified information provided to consumers does not include interpreting or translation services, an explanation of advocacy and how consumers can provide feedback. In addition, not all consumers receive a copy of the Charter of Aged Care Rights. However, the Assessment Team also found consumers are satisfied with information they receive about the program, which consumers understand, enabling them to exercise choice. Following the quality audit, the approved provider evidenced consumer website information does include advocacy information.

Consumers said their personal privacy is respected. Staff outlined how consumer records are stored electronically and how confidentiality is maintained.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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

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

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

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

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

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

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

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

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

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| Requirement 1(3)(e) | CHSP | Compliant |

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

The Assessment Team identified information provided to consumers does not include interpreting or translation services, an explanation of advocacy and how consumers can provide feedback. In addition, not all consumers receive a copy of the Charter of Aged Care Rights.

The Assessment Team also found consumers are satisfied with information they receive about the program, which consumers understand, enabling them to exercise choice. Following the quality audit, the approved provider evidenced consumer website information does include advocacy information.

Based on the evidence (summarised above), on balance, I am satisfied the approved provider complies with this requirement, as consumers said in various ways they have sufficient information to make informed choices.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The approved provider facilitates an in-reach arts program at various locations, usually in supported residential accommodation, where consumers have expressed an interest in joining an arts based group.

Management was able to describe the assessment process using information from My Aged Care, consumer and supported residential services (SRS) staff. A basic assessment (a participation information form) is conducted by the art program coordinator in the SRS house where the consumer resides.

Assessments and planning identified consumers’ basic needs, goals and preferences. Assessments did not include advanced care plans or end of life planning, which the arts facilitator said is outside of the scope of the arts program service offering.

Consumers were able to discuss their involvement in the running of the program. A creative plan is developed with input from the consumers and/or staff from the SRS where the consumer resides. Facilitators have access to consumers creative plans.

Management discussed and consumers’ files reviewed confirmed consumer goals are reviewed during each session and a rating is given by the facilitator that identifies whether working towards the goal was achieved or partly achieved during the session.

The Quality Standard for the Commonwealth home support programme is assessed as Complaint as 5 of the 5 specific requirements have been assessed as compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP | Compliant |

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

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

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

The Assessment Team found while assessments and planning identified consumers’ basis needs, goals and preference, advanced care planning and end of life planning is not provided or discussed with consumers accessing the program.

Based on the evidence (summarised above), on balance, I am satisfied that the facilitator of the arts program captures sufficient relevant information to support consumers to meet their goals in relation to the service that the approved provider delivers.

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

*The organisation demonstrates that assessment and planning:*

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

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| Requirement 2(3)(d) | CHSP | Compliant |

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

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| Requirement 2(3)(e) | CHSP | Compliant |

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

# STANDARD 3 Personal care and clinical care

# HCP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The program does not provide personal care and clinical care to consumers. This Standard is Not Applicable.

# STANDARD 4 Services and supports for daily living

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers accessing the program have input into their goals and preferences whilst attending the program.

Consumers felt supported by the program. Facilitators described how they recognise when a consumer is feeling low and how they support them. Creative plans provided details as to what the consumer wanted to get from the program.

Consumers described being supported to do the things that interest them and discussed participating in the community.

The art program communicates the goals, preferences and needs of the consumer within the organisation and with others where care is shared. Consumers were not directly asked about referrals to other programs.

The art program does not provide meals or equipment.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant all the relevant requirements have been assessed as Compliant. Two requirements are Not Applicable to this program.

**Assessment of Standard 4 Requirements**

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

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

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

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

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

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

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

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| Requirement 4(3)(d) | CHSP | Compliant |

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

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

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

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| Requirement 4(3)(f) | CHSP | Not Applicable |

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

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| Requirement 4(3)(g) | CHSP | Not Applicable |

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The arts program is an in-reach program held in various supported residential services (SRS) located in West Footscray, Brunswick, Melton, North Essendon, Reservoir and Lalor. The SRS’s buildings are privately owned and maintained by each individual SRS owner.

Standard 5 is Not Applicable.

# STANDARD 6 Feedback and complaints

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers demonstrated an awareness of how to raise a concern with the program. Information is available about complaints in the consumer handbook.

Consumers are provided with minimal written information about an advocate in the consumer handbook and there is no reference to language services in the handbook. However, the approved provider evidenced advocacy information is provided to consumers through their website information. In addition, management were able to provide an example of using interpreter services to support a consumer who required these supports.

The organisation’s consumer complaints procedure has no reference to open disclosure and there is no open disclosure reference in the consumers’ handbook.

As management have not received any consumers’ complaints to date, an open disclosure approach was not able to be demonstrated. However, management were able to discuss open disclosure and the process they would take if things go wrong. Management advised that if feedback was received, they would use it to improve and make adjustments to the program.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

The Assessment Team identified while consumers’ information handbooks referred to advocacy services, there was no description of what an advocate is or can do. There was no information on language or translation services for consumers.

In response to the quality audit report, the approved provider evidenced advocacy information is provided to consumers through their website information. In addition, management were able to provide an example of using interpreter services to support a consumer who required these supports.

Based on the evidence (summarised above), on balance, I am satisfied the approved provider complies with this requirement.

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| Requirement 6(3)(c) | CHSP | Compliant |

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

The Assessment Team identified the organisations consumer complaints procedure does not reference open disclosure and consumers’ information does not include use of open disclosure.

In response to the quality audit report, the approved provider supplied a register of consumers’ (named) feedback. The monthly feedback from July 2021 to April 2022 reflected consumers’ satisfaction. While the feedback relevance does not apply to this requirement, for example demonstrate open disclosure, management were able to discuss open disclosure and the process they would take if things go wrong. As management have not received any consumers’ complaints to date, an open disclosure approach is not able to be demonstrated.

Management advised that if feedback was received, they would use it to improve and make adjustments to the program.

Based on the evidence (summarised above), on balance, I am satisfied the approved provider complies with this requirement.

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

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

# STANDARD 7 Human resources

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The arts program workforce is planned to enable the number and mix of facilitators to deliver the program. Management advised the program is resourced appropriately. Whilst facilitators are part time they are provided with a schedule and generally allocated an ongoing role at the same supported residential service.

Consumers stated staff interactions are kind, caring and respectful. Consumers were satisfied with the competency and knowledge of facilitators. Management advised all facilitators are artists and have relevant qualifications and experience.

Consumers did not specifically comment about the monitoring and review of the performance of staff.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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

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

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

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

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

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

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers are encouraged to participate in the development, delivery and evaluation of the program.

The organisation demonstrated that the organisations governing body promotes a culture of safe, inclusive and quality service and is accountable for its delivery. The organisation has governance systems in place for information management, continuous improvement, financial governance and workforce governance.

In relation to regulatory compliance, the Assessment Team identified not all Board Members hold a current police check.

The Charter of Aged Care Rights is not routinely provided to consumers of the CHSP funded arts program.

The Assessment Team identified the service does not have a risk management policy or procedure to guide staff. However, the service does have incident reporting processes for staff and management advised staff have completed trauma training which covers abuse and neglect of consumers.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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| Requirement 8(3)(c) | CHSP | Not Compliant |

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

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

The Assessment Team noted some gaps in information management, in its response the approved provider submitted further information to demonstrate information management systems are in place.

Following the quality audit, the approved provider advised they have developed a memorandum of understanding between themselves and the supported residential services at which they provide the arts program. This clearly outlines roles and responsibilities of both parties.

In relation to regulatory compliance, the Assessment Team identified some members of the Board do not have a current police clearance, the approved provider’s response accepts this is the case.

Based on the evidence (summarised above) the approved provider does not comply with this Requirement as it has failed to comply with sub Requirement (v) in relation to police clearances.

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| Requirement 8(3)(d) | CHSP | Compliant |

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

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

The Assessment Team identified the service does not have a risk management policy or procedure to guide staff. However, the service does have incident reporting processes for staff and management advised staff have completed trauma training which covers abuse and neglect of consumers.

Based on the evidence (summarised above) I find, on balance, the approved provider complies with this Requirement

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

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

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

# Areas for improvement

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

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

* Effective organisation wide governance systems relating to regulatory compliance