**Performance**

**Report**

**1800 951 822**

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| Name of service: | Arts Access Victoria |
| Service address: | 222 Bank St SOUTH MELBOURNE VIC 3205 |
| Commission ID: | 300540 |
| Home Service Provider: | Arts Access Victoria |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 6 October 2022 |
| Performance report date: | 31 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 Arts Access Victoria (**the service**) has been prepared by M Cooper, 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:**

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with senior managers
* the provider’s response to the assessment team’s report received 28 October 2022
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -20230

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | CHSP |
| 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 |

Findings

The Assessment Contact was conducted by telephone as the result of a non-compliance with the requirements of Standard 8 from a Quality Assessment audit conducted on 2 May 2022. At the time of the audit the Quality Assessment found that the Approved Provider had not fully complied with requirement 8(3)(c)(v) regulatory compliance in that the Provider had not recorded the Police Check Certificate number for a member of its Board. It is noted that the Provider is supplying CHSP services to consumers and as such has entered into a ‘grant agreement’ (the agreement) with the Department of Social Security. Clause 3.2(e) of the agreement states the Approved Provider must comply with the Commonwealth Home Service Programme Manual guidelines (the guidelines), any operational guidelines, Departmental Policy or Commonwealth policy notified to you in writing.

Further to this, clause 2 of the Guidelines states that the Approved Provider must undertake thorough background checks…As part of this, the Provider must ensure that national criminal history record checks not more than three years old, are held by

* staff who are reasonably likely to interact with clients
* volunteers who have unsupervised interaction with clients
* executive decision makers

### Clause 4.6 Definition of an executive decision maker

An executive decision maker is:

* a member of the group of persons who is responsible for the executive decisions of the entity at that time
* any other person who has responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time
* any person who is responsible for the day-to-day operations of the service, whether or not the person is employed by the entity.

In determining who are executive decision makers, service providers need to consider the functional role individuals perform rather than their job title. I note that the person who did not have a current Police Check is a member of the board of Directors for the Provider and therefore I have reasonable grounds to believe that this person’s activities falls into the definition of an executive decision maker and therefore is captured by this requirement.

Due to the relatively minor nature of this non-compliance contact was made with the Provider who stated that the Police Check had been applied for but there was a delay. On 28 October 2022 the Provider sent had email to the Commission confirming that all the current board members had current Police checks. I have reasonable grounds to believe that the Provider has now complied with its obligations under Standard 8(3)(c)(v)

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)