**Performance**

**Report**

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| Name: | Bribie Respite and Support Services Association |
| Commission ID: | 700371 |
| Address: | 96 - 108 Arcadia Avenue, WOORIM, Queensland, 4507 |
| Activity type: | Quality Audit |
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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.

**Service included in this assessment**

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7503 Bribie Respite and Support Services Incorporated  
Service: 24233 Bribie Respite and Support Services Incorporated - Care Relationships and Carer Support  
Service: 24234 Bribie Respite and Support Services Incorporated- Community and Home Support

**This performance report**

This performance report for Bribie Respite and Support Services Association (**the service**) has been prepared by K Jarvie, 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.

**Material relied on**

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

* the assessment team’s report for the Quality Audit report, which 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 15 April 2024.

**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 | Not Compliant |
| **Standard 3** Personal care and clinical care | Compliant |
| **Standard 4** Services and supports for daily living | Compliant |
| **Standard 5** Organisation’s service environment | Compliant |
| **Standard 6** Feedback and complaints | Not Compliant |
| **Standard 7** Human resources | Compliant |
| **Standard 8** Organisational governance | 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.

Requirement 2(3)(a)

* Ensure assessment and planning includes consideration of risk and assessment and planning results in clearly documented support plans.

Requirement 2(3)(b)

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

Requirement 2(3)(d)

* Ensure outcomes of assessment and planning is clearly documented and effectively communicated to the consumer and is readily available where care and services are provided.

Requirement 2(3)(e)

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

Requirement 6(3)(d)

* Ensure all feedback and complaints (including informal feedback) is documented centrally to allow for full review and assessment to improve the quality of care and services.

**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**

Consumers and representatives confirmed consumers feel valued and they are treated with dignity and respect. Staff described how they enquire, listen and act respectfully in response to each consumer’s diverse needs and preferences. Staff and management demonstrated knowledge of consumer preferences, lived experiences and how they respect and value each consumer’s dignity. Documentation evidenced the service provides information to consumers about their rights.

Consumers confirmed staff understand their individual needs and preferences and treat them in a way which makes the consumer feel safe and valued. Staff and management demonstrated an understanding of cultural safety for individual consumers, including those with culturally diverse backgrounds. Management explained cultural awareness is discussed with each staff member during induction. Documentation showed cultural awareness training is provided to staff and cultural and spiritual preferences are discussed with consumers and recorded.

Consumers and representatives confirmed consumers are supported by staff and management to make informed decisions about their care and services and the services provided enable the consumer to maintain relationships of choice. Staff and management described how they help consumers make everyday choices and how they support consumers with communication barriers or consumers experiencing cognitive decline. Documentation evidenced consumer involvement in decision making, consumer choice to nominate who is involved in their care and ongoing communication with staff about how the consumer’s care and services are provided. The service has guidance documents for staff to ensure they work in partnership with consumers and support consumer choice.

Consumers and representatives confirmed staff support consumers to make decisions about things that affect their lives. Consumers stated staff understand what is important to the consumers and they support their decisions. Management and staff provided examples of how they provide care and services safely without limiting consumer independence and responsibility in making their own choices. Management explained how staff use problem solving solutions to minimise harm where consumer choice may involve risk. The service applies and documents a dignity of risk approach to support consumer decisions.

Consumers and representatives confirmed involvement in discussions about the consumer’s care and services and they are encouraged to ask questions. Management discussed the various ways communication materials are designed and provided to enable consumer understanding and accessibility by a diverse consumer group. Documentation showed consumers are provided with various information and documentation which clearly presents the consumer’s rights and responsibilities, the assessment and care planning process, feedback and complaints mechanisms and advocacy services.

Consumers and representatives confirmed consumer privacy is respected during care and service delivery and they are satisfied the consumer’s personal information is kept confidential by the service. Staff demonstrated the importance of confidentiality and not discussing consumer information outside of relevant work environments. Staff described how they respect consumers’ privacy and preference during the provision of care and services. Management advised consumer information is shared with staff on a need-to-know basis and the service’s information management system will only allow staff access to consumer personal information during the staff members’ rostered period. Documentation evidenced consumer records include informed consent for the sharing of information with relevant parties, with the service applying a privacy and confidentiality policy which is included in the consumer welcome pack.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

**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. | Not 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. | Not 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. | Not 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. | Not Compliant |

**Findings**

Requirement 2(3)(a)

The Assessment Team assessed this Requirement not met, as care planning documentation did not consistently capture information from all available sources, with consumer risk factors and strategies to manage or minimise risks not documented for all consumers. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed being involved in the assessment process, and staff take the time to listen to them.
* Staff and management were conversant with individual consumer’s circumstances, care and support needs, how these were being managed and by whom.
* While staff and management demonstrated sound knowledge about each consumer’s needs and risks, there was variability in assessment and planning documentation and the documentation lacked detail about the consumer’s assessed needs and risk management strategies.
* Care plans did not contain detailed information to guide practice at the point of care and service delivery, with inconsistencies in how much information is captured to identify consumer functional capacity and level of assistance required.
* Staff and management acknowledge assessment and care planning required improvement. Staff stated additional educational courses on assessment and care planning had been identified and management indicated this training would be supported.
* While there were deficiencies in documentation, there was no evidence that this had impacted on the quality of the care and services provided for consumers.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* Acknowledgement that detail in the support plans could be improved and updated as each consumer’s conditions change.
* Explanation the service will review existing support plans and modify them to capture more information and allow opportunity to record in more detail than recorded in the past.
* Explanation the service will use other information which is available through the My Aged Care portal along with reviewing consumers regularly for changes in assessments that relate to the consumer such as through incident reports, observations through support staff, consumer and their families and representatives.
* Explanation the review of existing documentation will take until the end of August 2024 to complete.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which acknowledges a deficit in assessment and planning, including consideration of risks.

I have considered the intent of the Requirement which is about making sure that assessment and planning are effective, to deliver safe and effective care and services. I find this did not occur, as the service was not consistently documenting relevant information about consumers, including risks and strategies to mitigate those risks, in care planning documentation.

I acknowledge actions taken by the provider to address the identified deficits. However, the service is yet to complete a review of all support plans to ensure risk is considered and documented. I have placed weight on the Assessment Team’s evidence inconsistent documentation of assessment and planning, including the consideration of risk.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(b)

The assessment team assessed this Requirement not met, as each consumer’s current needs were not consistently reflected in care planning documentation. The assessment team provided the following evidence relevant to my finding:

* Consumers and representatives describe how care and services are provided to meet the consumer’s current needs and preferences and confirmed consumers can request changes to the care and services they receive, including additional services.
* Staff described each consumers’ current circumstances. Care needs and preferences and case notes demonstrated the service monitors each consumer’s health and welfare and action is taken to respond to and address any changing or emerging needs.
* While staff demonstrated knowledge of individual consumer’s needs, goals and preferences and this aligned with information provided by consumers, this was not reflected through the assessment and care planning process.
* Management undertook to review the consumer welcome pack and include information of advance care planning and/or statement of choice for consumers to consider.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* Acknowledgement that detail in the support plans could be improved and updated as each consumer’s conditions change.
* Explanation the service will review existing support plans and modify them to capture more information and allow opportunity to record in more detail than recorded in the past.
* Explanation the review of existing documentation will take until the end of August 2024 to complete.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the assessment team’s report and the provider’s response, which acknowledges a deficit in assessment and planning, including ensuring current needs, goals and preferences are assessed, including advance care planning and end of life planning.

I have considered the intent of the Requirement which expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. I find this did not occur, as the service was not consistently documenting relevant information about consumers, including current needs, goals and preferences and was not providing information to consumers about advance care planning and end of life planning.

I acknowledge actions taken by the provider to address the identified deficits. However, the service is yet to complete a review of all support plans to ensure current needs, goals and preferences are recorded and the service has not yet provided consumers with information about end of life and advance care planning. I have placed weight on the Assessment Team’s evidence of inconsistent documentation of assessment and planning to identify and address the consumer’s current needs, goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(c)

Consumers and representatives stated the consumer can choose who they wish to be involved in their care and services and assessment processes. Staff described the service’s partnership approach to supporting the consumer to make informed choices about their care and working collaboratively with the consumer, their representative, medical professionals and other service providers to meet the consumer’s needs and preferences. Documentation showed ongoing communication involving the consumer and their representative and collaboration and arrangements with others involved in the consumer’s care.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

The Assessment Team assessed this Requirement not met, as the service did not demonstrate each consumer’s care needs were consistently documented on the care plan, with care plans not consistently capturing all relevant information to guide practice at the point of care and service. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed their assessed needs are discussed with the consumer, including how care and service will be provided to meet the consumers individual needs and preferences. Where any changes to the consumer’s needs, goals and preferences are identified, the consumers care, and services are adapted accordingly.
* Staff reported having access to the consumer’s record and being able to view the consumer’s care plan, assessments and case notes and described how they use the information to guide care and service provision though noted that access to more information on the consumer would benefit service delivery.
* Documentation demonstrated ongoing communication and sharing of information with the consumer, staff and those involved in consumer care.
* The Assessment Team determined the deficits in assessment and planning documentation impacts on the service’s capacity to meet this requirement.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* Acknowledgement that detail in the support plans could be improved and updated as each consumer’s conditions change.
* Explanation the service will review existing support plans and modify them to capture more information and allow opportunity to record in more detail than recorded in the past.
* Explanation the review of existing documentation will take until the end of August 2024 to complete.

In coming to my finding, I have considered the assessment team’s assessment, evidence in the assessment team’s report and the provider’s response, which demonstrates a deficit in assessment and planning, and sharing of up to date information with those who need to know.

I have considered the intent of the Requirement which expects care and service plans to be documented and reflect the outcomes of assessment and planning for each consumer. This information must be accurate and up to date. I find this did not occur, as the service was not consistently documenting relevant information about consumers. I acknowledge the service shares information with those who need to know. However, the information shared is not necessarily up to date and accurate.

I acknowledge actions taken by the provider to address the identified deficits. However, the service is yet to complete a review of all support plans to ensure current needs, goals and preferences are recorded. I have placed weight on the Assessment Team’s evidence of inconsistent documentation of assessment and planning to identify and address the consumer’s current needs, goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(e)

The Assessment Team assessed this Requirement not met, as, although each consumer’s care and service is reviewed every 12 months, reassessment is not triggered in response to changes in the consumers condition, care needs and functional capacity nor following an incident, to ensure current or emerging risks for the consumer are safely managed and mitigated. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed staff consult with them and adapt care and services to meet any changed needs and preferences.
* Documentation showed multiple falls for a consumer did not trigger a reassessment to inform development of a new care plan including documented fall prevention strategies.
* Displayed behaviours did not trigger reassessment to inform development of a new care plan including documented behaviour management strategies.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* Explanation the service will review existing support plans and modify them to capture more information and allow opportunity to record in more detail than recorded in the past.
* Explanation the review of existing documentation will take until the end of August 2024 to complete.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the assessment team’s report and the provider’s response, which acknowledges a deficit in assessment and planning when circumstances change or when incidents impact on the needs, goals, and preferences of the consumer.

I have considered the intent of the Requirement which expects organisations to regularly review the care and services they provide to consumers with additional reviews when the consumer’s condition changes, situations change, or incidents or accidents happen. I find this did not occur, as incidents and changes in behaviours was not triggering a consumer’s review. However, the service is conducting regular 12-monthly reviews.

I acknowledge actions taken by the provider to address the identified deficits. However, the service did not address the need for reviewing consumers when circumstances change. I have placed weight on the Assessment Team’s evidence of a lack of review when circumstances change.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

**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. | 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. | 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. | 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**

Staff described how consumers are assisted with personal care, with monitoring and review of individual consumer care needs occurring regularly. Staff are familiar with each consumer’s individual needs and described how they approach providing safe personal care which is right for each consumer. Staff advised if they have any concerns, they contact the service and are provided with guidance.

Staff demonstrated an understanding of risk management, including high impact and high prevalence risks associated with the care of individual consumers. Staff provided examples of how individual consumer risk is managed in practice, including risks relating to falls, medication management, skin integrity, behaviours and overall health and welfare.

Consumers and representatives stated staff know the consumers well and they would identify changes in the health or function of the consumer. Staff described the action they take when they notice a change in a consumer and provided examples of how the service has responded to deterioration and emerging risks. The service has processes in place for staff to respond to deterioration.

Staff described the communication pathways, how information is gathered, shared and reported and provided examples of communication with others involved in the care of consumers. Documentation reflected communication with others involved in consumer care. Where others are involved in the consumer’s care, information is shared, and ongoing consultation occurs to support optimum outcomes for the consumer.

The service consults with the consumer and their representatives and supports appropriate referrals for other services, including assistance to access further assessment through My Aged Care. Documentation showed assistance with accessing additional services is provided when appropriate and in a timely manner.

Consumers and representatives confirmed the service keeps them informed about infection control measures. The service has strategies in place for monitoring and managing safety for older consumers who are prone to infections. Staff demonstrated an understanding of the practical ways to minimise the transmission of infections and how to identify signs which may indicate an infection.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

Requirement (3)(c) in Standard 3 is not applicable to the funded CHSP service types and did not form part of the Quality Audit.

**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. | Compliant |

**Findings**

Consumers and representatives confirmed the services and supports the consumer receives help them to maintain their quality of life and independence. Staff demonstrated an understanding of what is important to individual consumers and described how they help consumers to do as much as they can for themselves if this is their preference. Staff and management have implemented practical strategies to manage risks associated with consumers’ conditions and support them to be as independent as possible.

Consumers and representatives stated the services the consumer receives, and the personal attention provided by staff, supports the consumer’s emotional and psychological well-being. Staff demonstrated an understanding of what is important to the consumer and provided examples of how they have supported consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives confirmed services and supports for daily living are provided flexibly, enabling consumers to participate in the community and to do things of interest to them. Consumers confirmed they are provided with opportunities for social interaction and social connection through the services and supports they receive. Staff provided examples of being flexible in providing social support based on what the consumer’s preference is for the day. Consumers were observed actively participate in the social group activities or initiate activities of their choice.

Consumers and representatives expressed satisfaction that information about their needs and preferences is shared within the service and with others involved in their care. Staff confirmed information about the consumer’s services and supports is shared between them and is used to deliver services and supports in line with the consumer’s needs and preferences. Documentation confirmed the service communicates information about the consumer’s condition, needs and preferences within the service and with others where responsibility for services and supports for daily living is shared.

Consumers and representatives expressed satisfaction with the service’s approach to supporting consumers with referrals to other services and supports. Staff described the process for ensuring consumers can access the services and supports they require to meet their changing needs. The service consults with consumers, ascertains whether they require additional assistance or supports and provides further information to enable consumer choice and independence.

Consumers confirmed they like the variety of meals and they were impressed with the quality and quantity of the meals provided. Staff discussed how each consumer is provided with meals and refreshments in line with the consumer’s needs and preferences. Documentation confirmed the service ensures food allergies and special dietary requirements are considered to ensure individual consumers receive the meals and drinks which are safe and right for them.

Consumers who use mobility aids and attend the social club are provided with mobility aids on arrival which are tailored to their needs and assigned to them for their individual use while at the service. Where additional equipment is required, staff consult with the consumer and their representative, and assist with information and access to My Aged Care for further assessment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

**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**

Staff described aspects of the service environment which help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation. Staff demonstrated in practice the strategies they use to support consumers to move around the service environment at their own pace, how they support consumers requiring mobility aids to mobilise safely and how consumers with cognitive impairments are supported to navigate the service environment. Consumers were observed using the service environment in different ways to support their independence and ability.

Consumers were observed moving freely around the service environment, with signage to assist them to find their way. The service environment was observed to be safe, clean and well maintained. Documentation showed the service regularly conducts environmental safety assessments and maintenance issues identified are reported and actioned.

Furniture and fittings were observed to be safe, clean and well maintained. Staff described how equipment provided is suitable for individual consumers. Mobility aids are cleaned and sanitised daily, monitored and checked to ensure they remain in good working order.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

**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. | Not Compliant |

**Findings**

Requirement 6(3)(d)

The assessment team assessed this Requirement not met, as the service did not demonstrate it is collating and reviewing all feedback and complaints in a centralised location. The Assessment Team provided the following evidence relevant to my finding:

* Although the service supports consumers to provide feedback and complaints, not all feedback is captured on the feedback and complaints register to inform continual improvement of the quality of care and services.
* Management stated feedback and complaints are only added to the complaints register when a consumer or representative completed and lodges a formal complaint or feedback form. Management advised only feedback and complaints logged on the complaints register are reported to the management committee and used to inform continuous improvement.
* However, management and staff advised feedback is gathered through ongoing verbal communication through informal conversations with consumers, carer and representatives. When the service receives informal feedback, it is documented in the consumer’s case notes and escalated and responded to accordingly. However, informal feedback is not transferred to the feedback and complaint register.
* Management was receptive to recording all feedback centrally and stated a software change would be explored with the software developer to allow categorisation of case notes for feedback and complaints to allow reports to be generated from the system.

The provider’s response includes the following additional information and/or evidence relevant to my finding:

* Acknowledgement the existing process for obtaining feedback and complaints limits the service’s opportunity for identifying and recording all feedback and complaints information.
* Explanation the service has implemented a feedback and complaints case note option to select, identify and maintain records of the information, whether it is verbal, email or over the telephone.
* Explanation staff are being trained to ensure they capture this informal feedback appropriately. On a weekly basis, this information will be collated and actioned through the relevant team leader or manager. This information will be communicated to the management committee.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the assessment team’s report and the provider’s response, which acknowledges a deficit in reviewing and using all feedback and complaints to improve the quality of care and services.

I have considered the intent of the Requirement which expects organisations to have a best practice system to manage feedback and complaints and use this information to improve how they deliver care and services. I find this did not occur, as informal feedback and complaints are not included in the service’s feedback and complaints central system. Therefore, not all feedback and complaints are reviewed and used to improve the quality of care and services.

I acknowledge actions taken by the provider to address the identified deficits. However, there was no further evidence submitted in the providers response that would further influence a finding that practices which would satisfy this requirement have been implemented and embedded into practice. I have placed weight on the Assessment Team’s evidence that informal feedback and complaints are not included in the service’s feedback and complaints review processes.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

Requirements 6(3)(a), 6(3)(b) and 6(3)(c)

Consumers and representatives stated they know how to provide feedback and feel comfortable to raise issues if they are not satisfied with the quality of the service. Management and staff explained how they actively seek and support consumers to provide feedback, inclusive of encouraging feedback when providing in-home services, verbal feedback at the social support group welcome meeting and when designing the monthly program. Documentation evidenced the service encourages feedback and complaints through the general feedback and complaints form, an annual satisfaction survey and a complaints policy.

Representatives stated they can communicate feedback to the service on behalf of the consumer where cognitive impairment may cause communication barriers. Management and staff provided examples of how they support consumers to provide feedback or make a complaint through various communication methods, including translation services and advocacy services. Documentation showed consumers and representatives are provided with information on how to access advocacy services and how to contact the Commission to make a complaint, should they wish to.

Consumers and representatives confirmed when providing feedback, the service listens to their concerns, responds promptly and maintains honest and transparent communication. Management and staff explained the complaints handling process and demonstrated an understanding of open disclosure. Management and staff described specific examples of where they have taken an open disclosure approach in response to feedback and complaints. Documentation showed the service provides training to staff on complaints management processes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 6, Feedback and complaints.

**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**

Consumers and representatives confirmed staff are not rushed when delivering services. Staff stated they have sufficient time to enable a quality experience for the consumer every time. Management explained how the service implemented processes to effectively manage the workforce and ensure continuity in service delivery. Consumers are encouraged to choose a minimum of 2 staff members to form a small team based on their preferences.

Consumers and representatives described staff and management as kind, respectful and caring, with staff respecting the consumer’s individuality. Staff and management spoke about consumers in a caring and compassionate manner and were familiar with the consumer’s needs and preferences and described what respectful behaviour looks like in their day-to-day practice. Staff interactions with consumers were observed to be kind and gentle with clear staff knowledge of each consumer’s identity. The service’s mission statement and policies and procedures set out the service’s approach to respecting each individual consumer.

Consumers and representatives confirmed they have confidence in staff abilities. Staff and management were familiar with individual consumer’s health conditions and care needs and showed they understand how this information relates directly to their role. The service engages qualified professionals to provide appropriate care and services to consumers. Management regularly reviews workforce roles and responsibilities and the knowledge, qualifications and competencies required.

Management and staff explained training is provided at commencement of employment through induction processes and provided throughout employment, with staff completing training in line with the service’s training matrix. Management and staff confirmed staff are supported to obtain relevant competencies. Documentation showed staff induction is completed and staff complete relevant training programs including incident management and incident reporting requirements.

Consumers and representatives expressed satisfaction with the workforce and a high level of confidence in staff to provide care and services to the consumers. Staff stated they receive sufficient support from management and confirmed they complete performance appraisals. Management advised feedback sessions are held with staff and additional training needs are identified and addressed. Documentation showed performance appraisals are completed regularly and additional training is arranged when the need is identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

**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. | 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**

Consumers and representatives confirmed the service regularly seeks input into the services received by consumers and they stated the feedback is considered by the service. Staff stated they seek feedback from consumers during group and individual social support services and report feedback to management. Management stated the service seeks input through a range of feedback processes, including conversations, regular review of care and services, daily social support group feedback meetings and satisfaction surveys. Documentation showed the service uses formal feedback from various sources to inform service improvements.

Consumers, representatives and staff confirmed their confidence the service is well run and responsive to consumer needs and preferences. The management committee remains informed of the service’s operations through formal governance frameworks, leadership and reporting pathways. The management committee considers incidents, risks and feedback regularly, with detailed reports on risks and incidents presented to the committee and the outcomes and consideration of improvements are recorded.

While there are improvements to be made with consumer information management and the review of information feedback and complaints (see Standards 2 and 6), the service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has an appropriate risk management framework, with policies and procedures and an established incident management system which is used to identify, evaluate and manage risks. Consumers and representatives confirmed decisions about their care are heard, risk is considered by staff and the service responds promptly when an incident occurs. Staff and documentation demonstrated identification and response to consumer neglect and abuse and general well-being is monitored through ongoing face to face contact. Consumers and representatives described the ways the service supports consumers to live their best life, while respecting the consumer’s dignity of risk. The service has an established incident management system which is effective in supporting the identification, response actions and the reporting of incidents, near misses and hazards.

The service is supported by an organisational practice governance framework, which includes clinical aspects of care relevant to the scope of service provision. Staff are trained in infection prevention and control and are required to carry personal protective equipment. Minimisation of the use of restrictive practices is included in the clinical governance framework. Staff are guided by the organisation’s restrictive practices policy and procedure. Consumer and representatives confirmed when something goes wrong, the service apologises and takes steps to mitigate future risk.

# Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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)