Bridges Connecting Communities Ltd

Performance Report

6 Griffith Street
KNOXFIELD VIC 3180
Phone number: 03 9753 4577

**Commission ID:** 300561

**Provider name:** Bridges Connecting Communities Ltd

**Quality Audit date:** 6 April 2022 to 8 April 2022

**Date of Performance Report:** 6 June 2022

# Performance report prepared by

G. McNamara, 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-AZ3DTCW, 6 Griffith Street, KNOXFIELD VIC 3180
* Social Support - Individual, 4-AZ3DTG5, 6 Griffith Street, KNOXFIELD VIC 3180
* Transport, 4-AZ3DT11, 6 Griffith Street, KNOXFIELD VIC 3180

# 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  | Not Compliant |
|  |  |  |
| Requirement 2(3)(a) | CHSP  | Compliant |
|  |  |  |
| Requirement 2(3)(b) | CHSP  | Not Compliant |
|  |  |  |
| Requirement 2(3)(c) | CHSP  | Compliant |
|  |  |  |
| Requirement 2(3)(d) | CHSP  | Compliant |
|  |  |  |
| Requirement 2(3)(e) | CHSP  | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP  | Not Applicable |
| 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 | Compliant |
|  |   |  |
| Requirement 4(3)(g) | CHSP  | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment |
|  | CHSP  | Not Compliant |
|  |  |  |
| Requirement 5(3)(a) | CHSP  | Compliant |
|  |  |  |
| Requirement 5(3)(b) | CHSP  | Not Compliant |
|  |  |  |
| Requirement 5(3)(c) | CHSP  | Compliant |
|  |  |  |
| 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 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; and
* the provider’s response to the Quality Audit report received 3 June 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 reported they are treated with dignity and respect by staff. Volunteers, staff provided examples of how they understand consumers’ culture and diversity.

Consumers reported the services meet their needs, staff know them and are respectful for their backgrounds. Consumers stated they communicate their decisions to the service about their services and maintain relationships and connections through social support groups. Consumers also reported that staff consult with them on how the service can support them to participate in activities they are interested and assist them to live independently.

Staff and volunteers receive education on protecting consumer privacy, included as part of their code of conduct.

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

**Assessment of Standard 1 Requirements**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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 Not 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

All consumers interviewed across the range of services said in various ways that care has been assessed and planned to meet their needs. Assessment and planning documentation was consistent with the services consumers receive. Assessment documentation considered individual risk and strategies to deliver safe and effective care. Staff described assessment and planning processes which, while impacted by program suspensions during the pandemic and staff changes, considered risk to inform safe and effective care.

The service demonstrates that assessment, planning and review of the consumer’s care and services are based on ongoing partnership with the consumers and others, including other organisations, individuals and service providers involved in the care of the consumer. Consumers were satisfied that they, and others as appropriate had been consulted about the services the consumer wished to receive. Staff described how they work collaboratively with consumers, representatives and others to assess and plan consumer care and services.

The outcomes of assessment and planning are generally communicated to the consumer in a goal directed care and service plan that is readily available to the consumer. While consumers sampled did not recall any care and service plan or any offer of a copy, they said in various ways that staff had explained the outcomes of assessment and planning to them. Staff described processes to provide a copy of the care plan on request.

However, the service did not adequately demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers do not recall discussions with staff about care plans and goals. The service did not identify if consumers wish to address advance care planning and end of life planning.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | CHSP  | Compliant |
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*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  | Not 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 that the service did not adequately demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers do not recall discussions with staff about care plans and goals. The service does not identify if consumers wish to address advance care planning and end of life planning. The Assessment Team identified that for one consumer there were inconsistencies between their assessment and planning documentation and their current care needs in relation to their need for a soft diet and use of a mobility aid, and for another their attendance at a craft group

The Assessment Team reported that management acknowledged assessment and planning did not identify and address the consumer’s current needs, goals and preferences. Management said they have ‘moment in time’ records but no strategies or processes to ensure care plans reflect current needs, goals and preferences.

Relevant staff responsible for assessment and planning said they do not provide advance care planning information resources or address the planning with consumers and they do not have training in advance care planning.

In its written response the approved provider stated it accepted the findings of the Assessment Team at the time of the Quality Audit that its assessment and planning processes did not fully identify and address consumer’s needs, goals and preferences. To address this it stated its system now prompts periodic and annual review, it has scheduled regular staff training and that reports to its Board includes information on the status of assessment and planning processes.

These improvements are acknowledged but will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit this requirement was Not Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | CHSP  | Not Compliant |
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*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.*

The service did not demonstrate care and services are regularly reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Not all care plans are reviewed on the annual review date, as per the service’s policy, and care plans are not always updated when there is a change. There is no system for scheduling regular reviews and alerting staff when reviews are due and staff are not clear about responsibilities for the review of the consumer’s care and services.

In its written response the approved provider stated it accepted the findings of the Assessment Team at the time of the Quality Audit that not all its care plans had been reviewed on the annual date or earlier as per its policy. It identified that the COVID lockdowns had impacted its normal operations, and noted that its normal review schedules have resumed.

These improvements are acknowledged but will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit this requirement was Not Compliant.

# STANDARD 3 Personal care and clinical care

#  CHSP 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.

The organisation does not provide personal and clinical care therefore 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 interviewed provided feedback about how the services they receive support their independence and wellbeing. Staff described how they modify the programs to ensure consumers can be independent and continue to do things of interest to them. Records including progress notes reflect strategies to meet consumer needs and preferences to enable them to stay active and to safely participate in service programs.

Consumers said they felt supported by the service to participate in activities of interest to them. Staff and volunteers described how they support consumers’ wellbeing while in attendance at programs. Records including progress notes and program plans show activities are organised to respond to consumer interest and promote emotional, spiritual and psychological wellbeing.

Consumers interviewed described satisfaction with the services and supports to interact with others, attend appointments within the community and participate in programs that interest them. Staff and volunteers provided examples of how they support consumers to connect with others and adapt programs to assist consumers to participate and do things of meaning to them.

Consumers sampled were satisfied their services and supports are consistent and staff know how to deliver their services. Staff said they have access to consumer information. The service showed evidence of a system to manage consumer information and share it with others with consumer consent only as needed where responsibility for care is shared.

Consumers said in various ways referrals occur as needed. Staff said referrals occur as needed and gave examples of ways they help organise someone else to provide care and services to the consumer when needed. Management advised that while this area of service delivery is developing, the service makes appropriate referrals as required. Consumer care documentation confirmed that timely and appropriate referrals, although infrequent, are made as needed to individuals, other organisations and providers of care and services.

The service currently provides barbeque meals prepared by a staff member and volunteer for a small social support group. Consumers in attendance were satisfied with the meal arrangement. Staff said the barbeques had recently commenced. The meals was observed to be adequate in quality and quantity.

The service does not provide equipment to consumers but has a small stock of mobility aids to use if needed when transporting consumers. Consumers sampled said they did not access service equipment. Management interview and review of service records show equipment is safe, suitable, clean and well maintained.

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

**Assessment of Standard 4 Requirements**

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| --- | --- | --- |
| Requirement 4(3)(a) | CHSP  | Compliant |
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*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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | CHSP  | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 4(3)(g) | CHSP  | Compliant |
|  |  |  |

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

# STANDARD 5 Organisation’s service environment

#  CHSP Not Compliant

### 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

Consumers interviewed said the service environment is welcoming and they feel they belong. Services are offered in multipurpose community facilities within the local area. Service facilities maximise consumer independence and function, with environments that accommodate consumer needs.

While the service environment is clean, comfortable and enables consumer free movement indoors and out, it is not yet safe and there is potential risk to consumers in attendance. Risk assessment has not occurred but some known risks have been reported to the responsible organisation but not yet corrected. Management said risk assessments had not yet occurred, they plan to assess risk in the near future and they will follow up to ensure corrective actions occur.

Consumers said the furniture, fittings and equipment are safe, well maintained, clean and comfortable. Consumers said they can go outside when they choose. Staff are satisfied furniture, fittings and equipment is clean, fit for purpose and a maintenance system operates. Observation showed the service furniture, fittings and equipment were clean and consumers were able to access outdoor areas. Actions to improve fixture safety in the built environment are in process.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one (1) of the three specific requirements has been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | CHSP  | Compliant |
|  |  |  |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | CHSP  | Not Compliant |
|  |  |  |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that while the service environment is clean, comfortable and enables consumer free movement indoors and out, it is not yet safe and there is potential risk to consumers in attendance. Risk assessment has not occurred but some known risks have been reported to the responsible organisation but not yet corrected. Management said risk assessments had not yet occurred but they planned to assess risk in the near future and they will follow up to ensure corrective actions occur.

During a visit to a multipurpose centre operated by the local council, the Assessment Team visited the woodwork group where participants were in attendance. The Assessment Team observed:

* A large metal air vent in the centre of the room had dislodged and was hanging out of its aperture at an angle, with only one edge fully embedded in the ceiling. Consumers were seated at a table underneath the vent.
* The room’s smoke detector was open, hanging from the ceiling and had no batteries.

Staff said they had previously reported these matters to management.

Management said they knew about the vent but not the smoke detector, and loose ceiling tiles in the woodwork room have also been reported. Management said they had reported the vent and tiles to Council but corrective action had not occurred.

The Assessment Team reported that on 7 April 2022, after it had informed management about the smoke detector, management said they had again telephoned Council and requested that the safety issues, including the smoke detector, be remedied. Management further stated that on 8 April 2022, they had visited the woodwork room, checked the metal ceiling vent and were satisfied it would not detach from the ceiling. On 8 April 2022 the Assessment Team observed that the smoke detector and loose ceiling tiles had not been remedied.

In its written response the approved provider stated it accepted the findings of the Assessment Team at the time of the Quality Audit that assessments by its organisation had not been completed in addition to those undertaken by the building owner, a Local Government Authority (LGA). It noted that there was no risk of the vent falling as it was stable. It stated the smoke detector was an oversight of the LGA and has now been fixed. It has completed induction of staff, volunteers and consumers on access and operation of machinery.

These improvements are acknowledged as is the role of the LGA, however this does not demonstrate that at the time of the Quality Audit the service environment was safe or that measures had been taken to assess any risk in the service environment.

I find that at the time of the Quality Audit this requirement was Not Compliant.

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| --- | --- | --- |
| Requirement 5(3)(c) | CHSP  | Compliant |
|  |  |  |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# 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 reported they are encouraged to provide feedback during activities, directly to staff and volunteers and on telephone calls. Staff and volunteers described the steps they take to ensure feedback is escalated accordingly.

Consumers indicated they would have access to advocacy and language services if required. Staff provided examples of when they engage translation services. Consumer information packs include advocacy details.

Management, staff and volunteers could explain how open disclosure is used when something goes wrong and complaints are responded to in a timely manner.

Consumers are satisfied the service listens to their concerns and takes action as necessary.

Management advised complaints are documented, and improvements actioned to ensure quality services.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as four of the four specific requirements have been assessed as Non-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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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

Consumers indicated staff and volunteers were competent and deliver satisfactory services.

Consumers reported staff and volunteers to be kind, caring and know what they are doing. The organisation has developed material to support and promote diversity within the community and aged care sector.

Consumers reported staff and volunteers to be competent in their roles. Training records reflect appropriate training is delivered for tasks undertaken. However, staff and management reported recent organisational restructure has resulted in a confusion of roles and responsibilities between staff, as new roles are assumed.

Induction for volunteers ensures they are aware of their responsibilities in delivering services. Staff and volunteer files reflect relevant training and education delivered for the services they are delivering.

Staff, volunteers and management confirmed performance appraisals occur annually.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as five of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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

The organisation did not demonstrate effective organisation wide governance systems relating to information management and regulatory compliance. Information management deficiencies, associated with the organisation’s recent restructure, is reflected through staff confusion regarding their roles and inconsistent processes to manage data. The service did not notify consumers or staff of the quality review prior to commencement.

Staff have not been assigned clear responsibilities and accountabilities, however management provided evidence of planned corrective actions.

Consumers are encouraged to participate in the development, delivery and evaluation of services. The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, promotes quality services and is accountable for their delivery. The organisation has a risk framework for identifying high impact and high prevalence risks, predominately identified as falls risks for the consumer cohort and services provided.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-Compliant as one (1) of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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 identified that there were not effective organisation wide governance systems relating to information management and regulatory compliance. In relation to workforce governance it found that a recent restructure of staff positions has resulted in interim confusion between staff over their roles and responsibilities. I have considered that information in relation information management.

No concerns were identified in relation to continuous improvement, financial governance and feedback and complaints and I agree with those findings.

In relation to information management, deficiencies associated with the organisation’s recent restructure is reflected through inconsistent processes to manage data. Staff confirmed they have challenges accessing information, particularly if another staff member is on leave. Staff reported information is stored in various documents, accessible to one staff member and not another. Staff and management described current information systems as time consuming and challenging to navigate. File reviews identified information systems do not prompt staff to review consumer care plans or update their files in response to a change in their condition. Care planning information evidenced inconsistencies in how information is collected, documented and monitored. Management said the implementation of new processes with staff training in systems will improve the issues currently faced with information management. Board meeting minutes evidence the organisation’s implementation plan toward streamlined information systems.

In addition, the Assessment Team found that a recent restructure of staff positions has resulted in interim confusion between staff over their roles and responsibilities. The CEO provided evidence, included in a report to the Board, of the assignment of responsibilities for each role, to be implemented by the end of April 2022. Staff confirmed clarity of assigned responsibilities is yet to be confirmed, but acknowledged this as a temporary circumstance while the organisation realigns in accordance with the restructure.

In relation to regulatory compliance, the organisation remains informed of regulatory changes and compliance requirements through their membership with Peak bodies and alerts received from the Department of Health and the Aged Care Quality and Safety Commission. However, the service did not comply with the regulatory requirement to notify consumers/representatives of the Quality Audit or Notice of Collection Information. The CEO advised during their handover regulatory obligations were scheduled, however they encountered some confusion around expectations for the Assessment and acknowledged the scheduled Quality Audit was overlooked. Management advised they had prepared a flyer to distribute to consumers with the newsletter.

In relation to workforce governance, management advised that a recent restructure of staff positions, including senior positions has resulted in interim confusion between staff over their roles and responsibilities. Staff/volunteer training and regulatory compliance checks remain current, including full compliance with vaccination mandates. I have considered this information under information management, and find that at the time of the Quality Audit the approved provider was compliant with this sub-requirement.

In its written response the approved provider stated it accepted the findings of the Assessment Team at the time of the Quality Audit that there was staff confusion regarding roles and processes, including at senior levels. It set out the measures it had or would implement to address the issues identified, including consultation on and distribution of a staff responsibilities matrix, improvements to information management, and allocation of responsibility for differing regulatory responsibilities to senior staff. It also identified continued improvements in areas in which the Assessment Team did not identify concerns, and I acknowledge the approved provider’s engagement with these issues.

While I acknowledge the improvements in relation to information management and regulatory compliance, I consider these sub-requirement to be Not Compliant at the time of the Quality and accordingly this requirement Not compliant at the time of the Quality Audit.

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

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| Requirement 8(3)(e) | CHSP  | Not applicable |
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*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.*

The organisation does not provide clinical care therefore this requirement is Not Applicable.

# Areas for improvement

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

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| Requirement 2(3)(b) |   |  |
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*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.*

* Ensure that, on an ongoing basis, assessment and planning adequately 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)(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.*

* Ensure that care and services are regularly reviewed for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer as required and/or in accordance the organisation’s policy.

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| Requirement 5(3)(b) |   |  |
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*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure that the service environment is safe through prompt and effective identification and management of risks and an effective system of risk assessment.

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| Requirement 8(3)(c) |   |  |
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*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.*
* Embed current improvements to effective organisation wide governance systems relating to information management and regulatory compliance, in particular, implementing a staff responsibilities matrix, improvements to information management, and allocation of responsibility for differing regulatory responsibilities to senior staff.
* Monitor the effectiveness of these improvements.