**Performance**

**Report**

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| Name of service: | Caddies Care Aged & Disability Support |
| Service address: | 19/33 South Street JIMBOOMBA QLD 4280 |
| Commission ID: | 700646 |
| Home Service Provider: | Able Australia Services |
| Activity type: | Quality Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 22 December 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 Caddies Care Aged & Disability Support (**the service**) has been prepared by M Abjorensen, 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:**

* CHSP - Goods Equipment and Assistive Technology, 4-7YC3N4C, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Meals, 4-7YCKJPN, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Social Support - Group, 4-7YCKJSJ, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP - Social Support - Individual, 4-7YBMQHT, 19/33 South Street, JIMBOOMBA QLD 4280
* CHSP Transport, 4-7Y96V7K, 19/33 South Street, JIMBOOMBA QLD 4280

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 16 December 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

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| Requirement | | 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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(d) | 1. The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. workforce governance, including the assignment of clear responsibilities and accountabilities; | Non-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. | Non-compliant |

# 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

Consumer and representatives provided feedback to the Assessment Team describing the ways they are treated with dignity and respect, including the respectful conduct of staff and volunteers. Staff and volunteers interviewed by the Assessment Team demonstrated a familiarity with each consumer’s background, preferences and an understanding of what is important to them. Policies and procedures evidenced the organisation has a consumer-centred approach to delivering services.

The Assessment Team conducted interviews with consumers and representatives, feedback from these interviews described how the service workforce understands consumer needs and preferences which is demonstrated in the way their service is delivered. Consumers described feeling valued and safe in the way their care and services are delivered and provided examples of how the service has supported them to engage and connect, in meaningful ways, to their cultural heritage. Staff and volunteers provided the Assessment Team with examples of how services are delivered to meet the needs and preferences of individuals through an understanding of each consumers diversity and background. The service supports staff to deliver culturally safe care through cultural awareness training. Documentation reviews showed the service has policies and procedures to promote the delivery of inclusive, culturally safe care and services.

The Assessment Team reported consumers and representatives are supported to make their own decisions about the services the consumer receives. Consumer feedback described how the service makes it easy for them to be involved and stay involved with those important to them. Interviews conducted with management and staff demonstrated how the service operates to support consumers to make informed decisions about their care and services. For example, one consumer described their favourite activity which involves exercise and socialising with others. Staff and volunteers described strategies used to support this consumer to connect with others, such as, arranging transport services to collect this consumer first and drop them off last, to maximise the consumer’s time spend enjoying their interaction with others.

Through evidence collected by the Assessment Team, the service demonstrated how they support consumers to live the best life they can. Consumers described how the service supports them to feel safe and engage in activities that they may not have felt safe to do so. Staff and volunteers were able to describe some instances where they offer alternatives to minimise risk and help the consumers live the life they choose. Whilst not consistently recorded in documentation the service identifies risks or hazards and discusses strategies with consumers and representatives to manage and support for consumers to live the life they choose.

Through evidence collected by the Assessment Team, the service demonstrated how information provided supports consumers to make informed choices with information that is accurate, timely and easy to understand. Feedback from consumers and representatives described how they receive written information that enables them to make informed choices. This includes statements, pricing structure, complaints information, menus and activities available. Consumers advised the Assessment Team they can easily make changes to their schedules by calling the service or speaking directly with volunteers. Staff interviewed were able to describe the numerous ways that they provide information to consumers regarding their services which enables them to exercise choice.

The service demonstrated how they protect the privacy and confidential information of consumers. Consumers advised the Assessment Team that they feel their personal information is protected by staff and volunteers within the service. Staff demonstrated an understanding of their responsibilities in relation to maintaining confidentiality and respecting consumer’s privacy. Management showed how service systems work to protect consumer information, for example, electronic database store consumer information and access to electronic information is determined by the staff position. Volunteers described actions they take to respect consumer privacy, including knocking on doors and announcing to themselves to obtain consent prior to entering consumer homes.

# 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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

The service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. While the Assessment Team reported the service has assessment and planning process to capture relevant consumer information for safe and effective care and services, file reviews identified inconsistencies in the assessment and planning documentation. For example, a file review of four sampled consumers did not contain evidence of service care planning documents or evidence of how risks, including cognitive decline or visual impairments, are recorded to inform safe and effective care delivery. The Assessment Team identified, where risk were identified through assessment and planning, documented information was not always sufficient to inform safe and volunteers in delivery of care and services.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and commenced corrective actions to review assessment and care planning processes, deliver training to relevant staff and implement internal monitoring of compliance through audits. While a period of time is required to determine whether the corrective actions will be effective to return the service to compliance, the Decision Maker is confident that completion of the corrective actions with ongoing monitoring, the service should return to compliance in the near future.

For end of planning and advanced care directives, the service provides consumers the opportunity to respond to questions about palliative care and end of life planning and record end of planning preferences as directed by consumers and/or their representatives. In relation to assessment and planning to identify current needs, goals and preferences, the Assessment Team reported that care documentation did not include strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers, however, consumers and representatives advised the Assessment Team, they get the care and services they need. Additionally, staff and volunteers demonstrated an understanding of each consumer and described how they tailor service delivery to meet consumer needs. The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and commenced corrective actions to address care documentation inconsistencies. On this occasion, the planned implementation of corrective actions is not sufficient to overturn the Assessment Team recommendation. However, once the corrective actions are completed, the Decision Maker is confident the service will soon return to compliance.

The Assessment Team reported that while, not always documented, the service demonstrated assessment and planning occurs in partnership with consumers and involves others, as requested or indicated by the consumer. The Assessment Team interviewed consumers and representatives, the feedback received was that consumers can choose who is involved in their care and services. Consumers receiving meal delivery services described how weekly calls from the volunteer support her to make meal planning decisions. Through interviews with the Assessment Team, staff and management advised how, in practice, assessment and planning occurs in partnership with consumers.

The service did not demonstrate that 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. Consumers and representative interviewed could not recall being offered a care plan, or having access to a care plan. Volunteers advised the Assessment Team that they are informed of consumer needs through the run sheet, but this does not always contain specifics relating to the care and service needs for each consumer. However, volunteers reported they receive relevant information verbally from staff. The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and commenced corrective actions. On this occasion, the Decision Maker acknowledges the reliance on staff sharing consumer information with volunteers through verbal communication as a means of protecting consumer privacy. However, as the documented care and services plan is not readily available to each consumer, on this occasion the Decision Maker will not overturn the Assessment Team recommendation. The Decision Maker is confident that the actions recorded on the continuous improvement plan related to assessment and planning will be sufficient to return the service to compliance in the near future.

The service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team provided examples of five sampled consumers that have not had their services reassessed in the last 12 months or in response to a change in condition or circumstance. For example, reassessment did not occur in response to a consumer who sustained a fall, two consumers experiencing a mobility decline and or in response to the death of a consumer’s spouse. The Decision Maker acknowledges the proactive response and planned corrective actions the service has commenced implementing. The Decision Maker is confident, once the corrective actions are complete, the service will soon return to compliance.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The service does not provide personal care or clinical care to consumers, as a result Standard 3, and each individual Requirement, was not applicable to the service and not assessed by the Assessment Team.

# 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 provided examples of how the services and supports consumers receive, help to maintain their independence and quality of life. Consumers described how transport and social support services increase their social engagement, boosts their mood and improves their independence by reducing their reliance on family members. Staff and volunteers demonstrated, through interviews conducted by the Assessment Team, an understanding of what is important to individual consumers and described how they support consumers to do as much as they can for themselves, if this is their preference, to optimise their wellbeing and independence.

The Assessment Team collected evidence which demonstrated how consumers receive emotional, psychological supports through services received. For example, feedback from consumers and representatives described the emotional support staff provide to consumers, one consumer described how the services have supported them through grief and loss of a spouse and friend. Staff and volunteers described actions they take to support consumers, even when they are absent from group activities, for example, sending flowers and/or a card or taking time for one on one interaction for consumers who are feeling low.

The Assessment Team reported the organisation delivers services that support consumers to maintain their social networks and do things that are important to them. Consumers and representatives advised the Assessment Team, that the flexible service enables consumers to maintain their socialise and engage in meaningful activities. For example, the service facilitated a consumer’s access to view a family member’s memorial. The service calendars activities is informed through consumer input and suggestions. In addition, monthly activities calendars include local community events, to which the service arranges transport for consumers wishing to attend.

Consumers and representatives advised the Assessment Team they are satisfied that information about their care and services is shared appropriately. Feedback received from consumers reported they that both staff and volunteers understand their needs they usually have consistent staff and volunteers engaged in their services. Despite care documentation inconsistencies identified by the Assessment Team, the service demonstrated how the verbal information communicated between staff and volunteers is sufficient to ensure consumer needs and preferences are being communicated.

The service demonstrated that timely and appropriate referrals to providers of care and services, including individuals or organisations, occur with respect to consumer needs and preferences. The Assessment Team reported instances where consumers have been referred to My Aged Care for additional assessments in response to an increase in need or changes in their condition.

Consumers representatives provided the Assessment Team with positive feedback about the meals delivered to their home, reporting sufficient choice and options available to meet their individual needs and preferences. Consumers stated the meals were sufficient in size and quality. The food service also provides meals within the service centre each Tuesday, with a freshly cooked main meal being served every second week. The Assessment Team reported, while the service informs consumers that the kitchen does not cater to texture modified dietary requirements, the kitchen does cater for allergies and other dietary requirements. The service regularly seeks feedback on meals through feedback forms.

The Assessment Team reported the service provides equipment to consumers which is safe, suitable, clean and well maintained. For example, consumers who have personal safety alarms installed, described the service as simple and easy to use. Consumers reported being provided an option for personal safety alarms related to the function and preference of neck or wrist to wear their alarm. The Assessment Team reported the service is responsible for the installation of the alarms, while an brokered service is responsible for the functional monitoring of the alarms. The brokered service has equipment to detect if information has not been received which alerts their staff to review and troubleshoot. Staff advised they are a part of the troubleshooting process and will replace batteries in devices for consumers to identify if this is the issue. If the issue is still not resolved, they will install a new device for the consumer

# 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

The Assessment Team observed the service environment and reported the area is welcoming, with a lot of natural light, it is easy to understand and accessible to consumers, regardless of their mobility requirements. The service has space that is sufficient to host the activities conducted on site. Consumers interviewed by the Assessment Team reported that they are made to feel welcome and comfortable at the service facilities.

The Assessment Team observed the service environment and reported facilities were clean and well-maintained. Consumer feedback, received by the Assessment team, was consistent with observations. Staff described the roles and responsibilities for maintenance of the service environment and prioritisation of safety related maintenance actions. The Assessment Team provided examples of recent repairs recorded through the maintenance register and confirmed, at the time of the Quality Review, there were no outstanding maintenance issues.

The Assessment Team observed safe, clean, and well-maintained furniture, fittings and equipment in the service environment. The Assessment Team received feedback from consumers which described, in various ways, how the furniture, fittings and equipment is maintained and meets their needs. Staff described the process for cleaning equipment and maintaining the service environment, including designated staff responsible for service cleanliness.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team reported the service encourages and supports consumers, and others involved in their network, to provide feedback and make complaints. Interviews with consumers and representatives confirmed they are aware of how to provide feedback or make a complaint and felt supported to do so. They advised the Assessment Team they generally provide feedback by speaking directly to staff. Management and staff described ways they support consumers and representatives to provide feedback. Feedback methods include feedback forms, speaking with staff directly and client engagement surveys. Upon commencement with the service, consumers and representatives are provided with an information pack which provides details on the various ways to make a complaint or provide feedback. The service has policies and procedures on complaints handling to guide staff in responding to feedback and escalating concerns should the consumer or representative want to make a complaint.

Through evidence collected by the Assessment Team, the service demonstrated they have made consumers aware of, and have access to, advocacy and language services, including external complaint bodies. Feedback received from consumers and representatives demonstrated their awareness of external avenues of complaints, however they advised they prefer to communicate directly with the service. Staff interviewed described how they would be able to identify and support consumers who may need help to raise a complaint or use an advocate, including those consumers who may require language services. The Assessment Team reviewed documentation including the information pack, provided to consumers and organisational policies and procedures, which identify external supports available to consumers for raising and resolving complaints; details of internal and external complaints mechanisms; advocacy and interpreter services, and the National Relay Service for consumers who have difficulties communicating.

The Assessment Team found the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Feedback from sampled consumers and representatives evidenced they are satisfied the service acts appropriately and promptly when responding to feedback and have been satisfied with the action taken. The Assessment Team interviewed consumers who had provided feedback to the service or made a complaint, consumers advised complaints are promptly responded to and consumers are informed of the outcome. Organisational feedback and complaints handling process guide staff and management in capturing and responding to feedback and complaints, that includes an open disclosure process. The Assessment Team reported staff and management consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly.

A review of the complaints data demonstrates how the service monitors, reports and uses feedback to improve their services. The Assessment Team reviewed the complaints register and reported feedback is recorded in the electronic complaints register and actions taken by the service to resolve the complaint are documented, including communication with the consumer and representative. The organisation has policies and procedures for the reporting and trending of complaints information at management and board meetings. The Assessment Team provided an example of how consumer feedback is used to improve services:

* Following consumer feedback regarding direct debit payment options, management followed up with the accounts department on the benefits of this option to both consumers and the service and this will now be available to consumers.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team reported consumers and representatives are satisfied the workforce is sufficient to ensure they receive their services in accordance with their individual needs and preferences. Consumers reported staff arrived when expected and if they are going to be late, they are notified. Staff and volunteers advised the Assessment Team of having sufficient time and information to undertake services in a safe and efficient manner. Management advised unfilled shifts are covered by paid staff due to the decrease in volunteer numbers related to the pandemic. Management reported the service continues ongoing volunteer recruitment activities to ensure sufficient volunteers are available to deliver safe quality care and services.

The Assessment Team reported consumers and representatives provided positive feedback in relation to their interactions with the workforce and said staff and volunteers are kind, caring and respectful. Staff interviewed demonstrated knowledge of each consumer’s individual identity, preferences and cultural requirements. The Assessment Team observed staff interacting with consumers at the centre and reported staff were respectful and caring in how they approached and engaged with consumers.

Consumers and representatives expressed confidence in management, staff and volunteers and advised the Assessment Team that staff/volunteers know what they are doing. For example, consumer feedback described how the instructor for exercise activities observes participants and guides them not to do anything they cannot do. Another consumer described volunteers rotate their delivered meals so they eat them in the correct order. The Assessment Team reported staff and volunteers hold qualifications, registrations and competencies relevant to their role. These include food safety certificates, relevant transport authorisations; first aid accreditations; yellow card (disability worker clearance) for working with vulnerable people. Qualifications and competencies are monitored by the service to ensure currency. Induction processes support new volunteers through buddy-shifts until competency is achieved.

The service was not able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver all of the outcomes required by these Standards. While the service delivers training relevant to role requirements, such as how to operate wheelchair hoists on the busses and mandatory modules, staff and volunteers described training needs related to dementia care. Staff and volunteers described instances where they have not felt equip to support consumers experiencing cognitive decline. The Decision Maker notes the service has provided a detailed plan of continuous improvement to address training needs including engagement of organisations specialising in dementia training. The Decision Maker is confident the planned corrective actions will support the service to return to compliance in the near future.

The Assessment Team reported the service demonstrates that regular assessment, monitoring and review of the performance of the permanent workforce is undertaken. While volunteers do not undertake formal performance reviews, management described how feedback from consumers and representatives is used to assess the performance of the volunteers. Staff advised how volunteer performance is assessed at three months following commencement with the service to determine their suitability to the role. Additionally, bi-monthly volunteer meetings provide a platform to discuss any issues or concerns raised. Management advised the Assessment Team performance concerns are raised with staff promptly.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

The service demonstrated that consumers are engaged to evaluate their services and inform the development and delivery of services. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The service seeks input from consumers and representatives through feedback processes, including the annual engagement survey, quarterly newsletters and feedback forms. Management described how feedback from consumers/representatives feed into broader service improvements. For example:

* The food services coordinator explained how they seek consumer feedback every 3 months to identify needs and preferences and this information is used to inform the next menu choices.
* Consumers described how their suggestions inform the activities calendars

The service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation’s different divisions. Management identified consumers who may be vulnerable as consumers experiencing social isolation, have mobility issues and consumers who are unable to advocate for themselves. Management explained to the Assessment Team how results from internal and external audits, incident data including vehicle incidents, survey results, complaints and feedback, and workforce information is provided to the governing body monthly. The governing body uses this information to oversee the delivery of safe, inclusive and quality care. Management described how the ‘no blame’ culture within the organisation supports feedback mechanisms and encourages staff to provide ideas or feedback relating to their work.

The service did not demonstrate effective governance systems relating to information management and workforce governance. The service did demonstrate effective systems in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints.

In relation to information management,

The Assessment Team found information management systems are not always effective to meet the outcomes required by the Quality Standards. For example:

* Assessment and care planning information was not always documented, including where risk to consumers were identified. Information was incomplete and care plans did not consistently document strategies to guide staff practice in the delivery of care and services.
* The service has an electronic consumer record system, however there is limited information contained in the system to support staff and volunteers in their roles. The service uses the electronic consumer record to guide transport services to consumers via the use of a run sheet.

In relation to continuous improvement,

The Assessment Team found continuous improvement plans effectively document identified improvements, planned actions and planned completion dates. Examples of improvement activities being implemented include:

* An increase in cultural activities and celebrations are to be added to the events calendar in 2023.

In relation to financial governance,

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service. This includes providing consumers with a fee schedule and individual monthly statements.

In relation to workforce governance,

The Assessment Team found the service was not able to demonstrate that staff and volunteers receive the ongoing support and training to meet the needs of all aged care consumers. This is further discussed in Standard 7 Requirement 7(3)(d).

In relation to regulatory compliance,

The Assessment Team reported Management receives updates from relevant regulatory bodies and the information is distributed to staff and consumers as appropriate. Policies and procedures are updated to reflect legislative or regulatory change, as necessary and are available to all staff via the organisation’s intranet page.

In relation to feedback and complaints,

The service has systems and processes which support consumers, their representatives, staff and other stakeholders to provide feedback including complaints in accordance with the requirements of the Quality Standards.

The Decision Maker acknowledges the service has responded with a detailed plan to implement corrective actions to improve the information management systems and workforce governance. The Decision Maker is confident, once these are completed, the service will soon return to compliance.

The organisation has a risk management framework and policies and procedures to guide staff and management practices in identifying and responding to risk. The service has an incident management system (IMS) and staff have received training on incident management policies and procedures, including the reporting requirements and responsibilities of individual roles. The Assessment Team interviewed staff and reviewed training records which evidenced staff receive training in identifying neglect and abuse in consumers. Management and staff understood their responsibilities in relation to reporting abuse and neglect and management were aware of the soon to be introduced Serious Incident Response Scheme (SIRS).

However, the Assessment Team identified, through interviews, that management and staff did not have a shared understanding of the risks to the service’s consumer cohort. For example, management stated that the service only takes on consumers who are able to make decisions for themselves about their care and services, therefore not catering to consumers with a cognitive impairment or living with dementia. However, staff and volunteers interviewed provided examples of 5 consumers who are living with dementia, or whom they have noticed cognitive changes such as memory loss or inability to hold instructions.

While consumers and representatives interviewed said they feel the service supports them to live the best life they can, the service did not demonstrate they have processes to identify, manage and mitigate high impact high prevalent risks associated with the care of the current consumer cohort. For example:

* Key risks associated with aged care consumers were not adequately identified, addressed or monitored nor documented through assessment and care planning processes, for example cognitive decline. Refer to Standard 2 Requirement (3)(a).
* While volunteers described how they report incidents or concerns about individual consumers to the service staff, changes in consumer wellbeing or identified deterioration was not always consistently reported to staff or recorded to ensure prompt communication with the consumer’s representative and reassessment of the consumers care needs.
* The service did not demonstrate staff and volunteers have received training on the identification and reporting of risks associated with aged care consumers at the service such as dementia, or how these risks could be mitigated to ensure the safety of the consumers.

The Decision Maker acknowledges the service has responded proactively with detailed improvement actions planned which include an analysis of processes in relation to key risk areas in Home Services, the implementation of a risk assessment for aged care consumers and the development of risk assessment training. The Decision Maker is confident, once these actions are completed, the service will return to compliance in the near future.

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