Canberra Seniors Centre Inc

Performance Report

Canberra Seniors Centre, 10 Watson St
TURNER ACT 2612
Phone number: 02 6248 9509

**Commission ID:** 200963

**Provider name:** Canberra Seniors Centre Inc

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

**Date of Performance Report:** 20 June 2022

# Performance report prepared by

J Taylor, 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:**

* Flexible Respite, 4-81BN41Y, Canberra Seniors Centre, 10 Watson St, TURNER ACT 2612
* Social Support - Group, 4-7XV3MSZ, Canberra Seniors Centre, 10 Watson St, TURNER ACT 2612

# Overall assessment of Service/s

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

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| --- |
| Standard 4 Services and supports for daily living |
|  | CHSP | Not Compliant |
| Requirement 4(3)(a) | CHSP | Not Compliant |
| Requirement 4(3)(b) | CHSP | Not Compliant |
| Requirement 4(3)(c) | CHSP | Compliant |
| Requirement 4(3)(d) | CHSP |  Not Compliant |
| Requirement 4(3)(e) | CHSP | Not Compliant |
| Requirement 4(3)(f) | CHSP |  Compliant |
| Requirement 4(3)(g) | CHSP | Not 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 | Not Compliant |
|  |  |  |
| Standard 6 Feedback and complaints |  |  |
|   | CHSP | Not Compliant |
| Requirement 6(3)(a) | CHSP | Not Compliant |
| Requirement 6(3)(b) | CHSP | Not Compliant |
| Requirement 6(3)(c)  | CHSP | Not Compliant |
| Requirement 6(3)(d)  | CHSP | Not Compliant  |
|  |  |  |
| Standard 7 Human resources | CHSP | Not Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c)  | CHSP | Not Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e)  | CHSP |  Not Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Not Compliant |
| Requirement 8(3)(b) | CHSP | Not Compliant |
| Requirement 8(3)(c)  | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e)  | CHSP | Not Applicable |
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# 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 Assessment report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

#   CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers interviewed expressed satisfaction with the service and felt they are treated with dignity and respect. Consumers interviewed also said they are supported to make independent choices and decisions and are provided with information on new activities and services through the regular newsletter.

Staff were observed by the Assessment Team to treat all consumers with respect.

The service demonstrated limited policies, forms, processes and procedures supporting delivery of services focused on consumer dignity, respect and choice. The service could not evidence consumer care planning documentation for consumers.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as four of the six specific requirements have been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | CHSP  |  Compliant |
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*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Findings

The Assessment Team found this Requirement was not met at the time of the quality review. I have reviewed their evidence base for this finding and note it was largely connected to the identified lack of record keeping by the service and unawareness of specific policies in place. In my view, the examples of record keeping and policy awareness is better placed against Standards 2, 7 and 8 rather than this Requirement. As such, I will add these examples to the evidence against the later Standards when making my determination.

Under this specific Requirement, I need to be satisfied that consumers are treated with dignity and respect at all times regardless of ability, gender, background, ethnicity and sexual orientation and that the service workforce can show how they respect each consumer and value them as individuals.

I note the Assessment Team’s evidence that of sampled consumers, all described in various ways that they felt treated with respect by the staff and volunteers. Staff and volunteers interviewed described how they interact with consumers in a respectful manner and demonstrated they knew consumers. This was observed by the Assessment Team at the time of the quality review.

I therefore find that the evidence supports a finding of Compliant against the elements of this Requirement.

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| Requirement 1(3)(b) | CHSP  | Not Compliant |
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### *Care and services are culturally safe.*

Findings

Consumers interviewed reported that staff know what is important to them, but said that they have shared limited information with staff as they felt it wasn’t necessary due to the limited access they have with the service.

Management interviewed spoke about the diversity of consumers attending the service, and that the board members came from diverse backgrounds. The Assessment Team noted activities supported by the service include Russian language classes and Mah-jong, with one session of Mah-jong run in Mandarin.

Review of Membership Forms included information such as country of origin and languages spoken by consumers however, did not identify if interpreter services may be required. Undated policies on the use of interpreters and cultural awareness were sighted by the Assessment Team however, staff were unaware of these policies.

Under this specific Requirement, I need to be satisfied that the consumers are provided care and services in a culturally safe way. In considering the evidence provided by the Assessment Team, I consider that while consumers reported they feel staff know what is important to them, the service did not evidence that staff and volunteers are trained to deliver culturally safe care.

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

Findings

The Assessment Team found this Requirement was not met at the time of the quality review. I have reviewed their evidence base for this finding and note it was largely about advocacy service information. This concern is better placed against Standard 6 which I will address later in this report.

Under this specific Requirement, I need to be satisfied that consumers feel they can make decisions about their care and services.

I note the Assessment Team observed consumers positively interacting and enjoying the activities underway at the time of the quality review and consumer interviewed spoke about how they were able to exercise choice over when and which activities they participated in based on the service newsletter detailing the activity timetable. Information provided stated that consumers join the service as Members and therefore can nominate to the board and have input into activities presented by the centres.

I therefore find that the evidence supports a finding of Compliant against the elements of this Requirement.

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| Requirement 1(3)(d) | CHSP  | Not Compliant |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

Findings

Under this specific Requirement, I need to be satisfied that consumers are supported to take risks and are informed about any subsequent identified risk mitigation activity.

Consumers interviewed spoke in various ways about how they undertake a variety of activities at the service including exercise classes however, the service could not evidence how risks to consumers are identified or provide strategies to staff and volunteers on how to mitigate any identified risk to a consumer.

The Assessment Team identified that health information for consumers undertaking the exercise classes was the responsibility of the instructor who worked independently of the provider in a brokered arrangement. The service could not demonstrate that information was shared between the instructor and the service or documentation of possible risks to consumers was held by the service.

The Assessment Team sighted a Risk Management Policy for the service however, staff, management and board members sampled were unaware of this policy.

In considering the information provided, the service could not demonstrate effective collection and sharing of information to ensure consumers were supported to take appropriate risks. Therefore, I find this Requirement Not Compliant.

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| Requirement 1(3)(e) | CHSP  | Not Compliant |
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*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.*

Findings

During the quality review, the Assessment Team identified problems with the service’s ability to maintain up-to-date information. Review of the information pack provided to consumers on entry to the service highlighted information that required updating. I note that management interviewed stated that they would review the information contained within the pack and are also implementing information sessions with external providers to present relevant and up-to-date information to consumers.

In contrast, the consumers interviewed by the Assessment Team spoke about receiving information from the service; such as regular newsletters which enabled them to exercise choice and support their decision making about services.

While acknowledging the service intends to review the information pack provided to consumers and that consumers interviewed described how the service provides information about services to them, at the time of the quality review the service could not demonstrate current, timely and accurate information was provided to consumers. Therefore, I find this Requirement Not Compliant.

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| Requirement 1(3)(f) | CHSP  | Not Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

Findings

Consumers interviewed said they were satisfied their privacy and confidentiality are respected, however the Assessment Team located confidential consumer information contained within procedure documentation when seeking other information including a signed Charter of Aged Care rights and consumer information from My Aged Care.

The service evidenced a Privacy Policy that was reviewed in April 2021 which informs members of the information collected and when the information is used. Currently staff, members, or volunteers do not have access to the policy, however management spoke about how this will be loaded onto the internet for access, and printed copies will be available and accessible for those without internet connection.

Membership forms for the service reviewed state that personal information that is gathered or photographs taken will only be used for Centre business and will not be provided to any third party unless by law. The Assessment Team sighted consumer names announcing birthdays and photos of consumers in the newsletter which is loaded on the service’s internet site and publicly available. While no consumers sampled reported concerns with privacy, the Assessment Team did not sight signed privacy consent letters.

Management interviewed stated that confidential consumer information is stored on a secure server with password access, and the current membership form and other documentation is currently being assessed.

In considering the evidence provided, it is concerning that consumer information was sighted in procedure documentation and that the staff and volunteers did not have access to the Privacy Policy nor did the Assessment Team sight signed privacy consent letters. I therefore find this Requirement a Not Compliant.

# 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

While staff and volunteers interviewed were able to describe the services and activities they provide to consumers, the service did not have documentation to capture consumer information, and there is no evidence of consumer records to inform ongoing assessment and reviews, including goals and current activities.

I acknowledge that management interviewed identified gaps in the current methodology for capturing information, recording and storage and advised that a reassessment activity is underway looking at potential system supports and fixes.

In considering the lack of evidence presented to the Assessment Team during the quality assessment in support of initial and ongoing assessment of consumer needs and goals, I support the Assessment Team decision for the reasons outlined in the Requirements below.

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

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP  | Not 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.*

Findings

At the time of the quality assessment, the service did not evidence that information requested from consumers was sufficient to demonstrate consideration of risk to consumers nor did the Assessment Team sight service documentation relating to planning and assessment.

Review of the membership forms for the service identified specific details pertaining to dietary and overall physical conditions such as allergies, diabetes or intolerances had been replaced with a generic health disclosure. Management interviewed stated that the membership form is currently under review and will be amended.

The Assessment Team noted validated assessment tool information in files such as how to conduct cognitive evaluations using a mini mental examination, however there was no evidence these tools were required or had been used.

The external provider conducting the exercise classes described how information regarding falls and ongoing medical conditions forms part of the care planning process for consumers taking the class. The external provider also gave examples where risks to a consumer had been identified, exercises were modified to accommodate the consumer. The Assessment Team noted that information gathered by the external provider is not kept on record by the service.

While acknowledging the external exercise class provider described how risks are identified and mitigated, it is concerning that the service does not maintain documentation detailing risk to consumers nor utilises recognised assessment tools to assist with risk identification for consumers. I therefore find this Requirement a Not Compliant.

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| Requirement 2(3)(b) | CHSP  |  Not Compliant |
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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.*

Findings

At the time of assessment, the service could not demonstrate that care plan assessments or reviews occurred nor was care planning documentation for consumers evidenced.

Advanced Care and End of Life planning was not applicable as the services provided are activity based without personal or clinical care provided.

Management interviewed stated that the current methodology for capturing information and storage is currently being reassessed and new systems developed.

In considering the service was not able to demonstrate assessment, planning and documentation occurred, I consider this Requirement Not Compliant.

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

Findings

Membership documentation reviewed did not incorporate other providers care such as advocates or home care providers who may also be involved in consumer care.

The service confirmed no care planning documentation is created or maintained for consumers with the exception of the limited information contained on the membership forms.

Management interviewed stated the current methodology for capturing information and storage is currently being reassessed and new systems developed.

In considering the service was not able to demonstrate assessment, planning and documentation occurred including consumer participation and information for others providing care, I consider this Requirement Not Compliant.

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

Findings

The service demonstrated there is no care planning documentation for consumers and this was confirmed by consumers interviewed who confirmed they did not receive a copy of care planning documentation. The current membership form reviewed had missing information and did not provide a complete picture of individual consumers.

Management interviewed stated the current document and information to be discussed and supplied to consumers is currently being reassessed and developed.

In considering the service was not able to demonstrate assessment, planning and documentation occurred or was communicated, I consider this Requirement Not Compliant.

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

Findings

The Assessment Team noted that while consumer membership is renewed annually, there was no indication that goals and services were discussed with consumers, and no review is undertaken when circumstances change.

A Re-assessment and Review policy dated October 2019 was identified by the Assessment Team that requires the regular review of activity plans based on reassessment of consumer needs that is responsive to the current situation, goals and preferences; however, the service could not demonstrate this was implemented.

Management interviewed stated the current document and information to be discussed and supplied to consumers is currently being reassessed and developed.

In considering the service was not able to demonstrate assessment, planning and documentation occurred outside of annual membership forms, I consider this Requirement 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.

## Assessment of Standard 3

This Standard was deemed Not Applicable as the service does not provider personal or clinical care.

# STANDARD 4 Services and supports for daily living

#   CHSP Not 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers during the site audit – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of the Requirements. The Assessment Team also examined relevant documents.

The service demonstrated that consumers get the services and supports for daily living that are important for health and well-being and enable them to do the things they want to do as:

* Consumers interviewed by the Assessment Team provided examples of how the service supports them to do the things of interest to them. For example, one consumer said they attend the service several times a week and participates in physical activities such as yoga and exercises. They said they believe this improves their wellbeing.

Interviews with management and staff confirmed there are no formal policies and procedures that support their roles however staff were able to describe how they provide services according to the consumer’s preferences and in a way that ensures consumers feel respected.

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

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP  | Not 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.*

Findings

All consumers interviewed reported that the service is flexible and accommodating to their’ needs and preferences, and optimises their independence and quality of life.

Staff and volunteers interviewed demonstrated a good understanding of what was important to individual consumers and described how the social support activities are tailored to support each consumer.

While consumers interviewed provided positive feedback regarding the services delivered, it was noted that the service does not document consumer needs, goals, preferences or what is important to the consumer.

Management interviewed stated that systems and processes are being developed to capture the information to enable review of supports and services to ensure they meet consumer needs.

In considering the information provided, I note the service was not able to demonstrate consumer documentation which could potentially impact the services ability to analyse and review supports and services provided to consumers. I find this Requirement Not Compliant.

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| Requirement 4(3)(b) | CHSP  |  Not Compliant |
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*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

Findings

All consumers interviewed reported that the service is flexible and accommodating to their’ needs and preferences, and optimises their independence and quality of life. For example, two consumers provided spoke about the positive social interaction the service provides between both staff and consumers more broadly.

The Administration Officer, when interviewed, advised they greet consumers on entry to the service and that they know the consumers well. They described how they have advised management when they have noted a consumer was feeling low.

The service advised that contact with consumers was maintained over COVID-19 lockdowns via phone to ascertain consumers wellbeing however no record of contact with consumers was found in care planning documentation. Review of care documentation did not include information relating to consumers physical, emotional, spiritual and psychological wellbeing.

While consumers indicated satisfaction with the service that their needs and preferences were considered, it is concerning that the service was not able to demonstrate care plan documentation contained information regarding consumers wellbeing. I consider this Requirement Not Compliant.

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| Requirement 4(3)(c) | CHSP  |  Compliant |
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*Services and supports for daily living assist each consumer to:*

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

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| --- | --- | --- |
| Requirement 4(3)(d) | CHSP  |  Not Compliant |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Findings

The Assessment Team found that while staff, including brokered staff, could describe how information is gathered from consumers about other providers of care, for the service this information is verbal and relies on the memory of individuals as the service was unable to demonstrate how this information is recorded.

One consumer interviewed advised that the exercise instructor had asked them about services they receive from another provider and described how the exercise instructor monitors their participation and adjusts exercises when required to suit their needs. The exercise instructor described their understanding of this consumers’ needs and further described how they gather information from other consumers to ensure individual needs are met.

The Assessment Team was not provided with evidence the service documents information about the consumer’s condition, needs and preferences however the Assessment Team observed staff and volunteers are aware of consumer needs and preferences.

Management interviewed acknowledged the lack of documentation about consumers and advised improved shared communication about the wellbeing of consumers is listed on the services Continuous Improvement Plan. The Assessment team observed the Continuous Improvement Plan and noted this action recorded.

In considering the evidence provided, I find that while verbal communication occurs it is reliant on memory, the lack of documentation relating to consumers potentially impacts the effective communication both within and outside of the service. I find this Requirement Not Compliant.

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| Requirement 4(3)(e) | CHSP  | Not Compliant |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Findings

The nature of supports at the service is predominantly social support in a group setting with one consumer receiving respite at the centre. Consumers and staff interviewed, including brokered staff, described how they would recommend referrals where applicable, for example through My Aged Care (MAC) portal.

The management interviewed described the process of contacting representatives if deterioration or change is recognised in a consumer’s condition.

The service was unable to provide any policy or procedure documentation to guide staff on the process of referrals.

While all staff and volunteers described caring and helpful advice to provide consumers there was no formal process to guide best practise.

In considering the evidence provided, I find that while the service provided focuses on social activities, there is a lack of policy or procedure documentation to guide and support staff to ensure best practice is demonstrated. I find this Requirement Not Compliant.

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| --- | --- | --- |
| Requirement 4(3)(f) | CHSP  | Compliant |
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*Where meals are provided, they are varied and of suitable quality and quantity.*

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| --- | --- | --- |
| Requirement 4(3)(g) | CHSP  | Not Compliant |
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*Where equipment is provided, it is safe, suitable, clean and well maintained.*

Findings

Consumers interviewed reported equipment is well maintained and the service manager advised the kiln had been serviced about six months ago however they advised this is not documented anywhere.

The Assessment Team observed:

* Equipment provided to be clean and maintained;
* Cards with enlarged font were being used by consumers;
* The exercise equipment was clean and stored appropriately; and
* The porcelain painting group were using a kiln, and this was reported to the Assessment Team to be working.

Management interviewed advised there is no formal documentation for the maintenance of supplied equipment.

In considering the evidence provided, I find that while consumers reported the equipment is well maintained, the lack of documentation relating to maintenance activity is concerning. I find this Requirement Not Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with consumers and staff at the centre, observed consumers participating in group activities and also reviewed maintenance and policy documentation pertaining to the service environment.

All consumers interviewed report they enjoy attending the centre and they feel welcome. Consumers described how attending activities at the centre has enhanced their sense of belonging, independence and enjoyment.

The Assessment Team noted monitoring and review of maintenance was not recorded by the service.

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

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | CHSP  | Compliant |
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*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

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

Findings

Consumers interviewed said they felt comfortable at the service commenting that the service is clean and well maintained and easy to move around in.

The Assessment Team observed consumers moving freely both indoors and outdoors, including those using mobility aides.

The Assessment team observed the service to be safe, clean and well maintained. The wooden sprung floor was observed to be polished each morning. The kitchen benches were clear and the storage of food and equipment was tidy. Amenities included a disability specific bathroom. The service had plentiful supply of soaps, hand sanitiser and toilet paper and paper towels.

The Assessment Team noted that any maintenance issues are reported verbally to management who then authorise external contractors to be sourced if the fix is outside of the skill set of the Maintenance Officer. The Maintenance Officer, when interviewed, stated they had noticed improvements at the service since new management commenced in early 2022.

Management interviewed advised there is currently no formal building maintenance reporting, work health and safety checks and reporting including fire blanket and fire extinguisher reviews or fire drills undertaken.

The Assessment team discussed with management how they were monitoring the fire blanket and fire extinguisher check due date and they advised they have no formal records of the last review date and would be relying on the service provider for contact.

Management and board members interviewed stated the Board is currently planning for a new building to be constructed on a new site which will include permanent ramps.

I note the Assessment Team acknowledged the cleanliness and maintenance of the service, the ease with which the consumers navigated the building both indoors and outside and the responsive way the service addresses maintenance of the building however, the service could not demonstrate records or reporting for health and safety and not monitoring or review of emergency equipment checks. I find this Requirement Not Compliant.

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| --- | --- | --- |
| Requirement 5(3)(c) | CHSP  | Not Compliant |
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*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Findings

Consumers interviewed stated in various ways that the furniture, fittings and equipment are safe, clean, well maintained and suitable for use.

Staff interviewed demonstrated they take pride in keeping equipment clean and safe and any maintenance issues are reported to management for resolution. Kitchen staff interviewed described which specific cleaning products are used for individual tasks and a cleaning chart was observed on the kitchen wall listing the colour coded cleaning products guide.

The Assessment Team observed all rooms were well lit, all rooms including the amenities were clean and free of clutter and while a daily and weekly kitchen cleaning schedule was sighted, there was not dates added to confirm all tasks completed.

While the furniture and fittings were observed to be clean and maintained, management interviewed advised a daily schedule developed for cleaning had not been formally embedded in practice and there was no documentation. I find this Requirement Not Compliant.

# STANDARD 6 Feedback and complaints

#   CHSP Not 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 interviewed reported they would feel comfortable in raising concerns or providing feedback to the service, however the service does not have a system for capturing feedback or complaints, monitoring how complaints were resolved, or how feedback and complaints aided the delivery of activities and services.

Management, staff and volunteers interviewed were unable to explain open disclosure, but described they would acknowledge when something went wrong. The service currently has no mechanism for gathering or collating feedback, concerns and complaints, or ensuring these are responded to in a timely manner.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-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  | Not Compliant |
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*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Findings

Consumers interviewed said in various ways they would feel comfortable informing management if they had feedback or a complaint and they were confident that action would be taken by management.

The service currently has no mechanism to capture feedback and complaints such as forms or a register and there is no system to monitor trends. Management interviewed acknowledged the concerns raised and advised a feedback and complaint form is being developed which will be available to consumers in conjunction with a suggestions box to be placed in the foyer. Management also confirmed that all written and verbal feedback and complaints will be documented and captured in a register for future trending.

While I acknowledge the work the provider has committed to in improving the management of feedback and complaints, at the time of the quality review these were not in place and will take time to embed into the service’s frameworks. Therefore, I find this Requirement Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | CHSP  | Not Compliant |
|  |  |  |

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

Findings

While the service had an extensive information display, information for advocacy services was located in an information pack for consumers that had not been distributed. Management interviewed recognised the need to implement a methodology for raising complaints and has identified strategies currently being implemented. These strategies include:

* Inviting advocacy services as guest speakers;
* Publishing information in the newsletter;
* Placing feedback and complaints forms and suggestion box in the foyer; and
* Incorporating additional information in the membership form to identify if a consumer requires an interpreter.

The Assessment Team noted the service has an undated policy for the use of interpreting services and both the feedback and complaints and advocacy policies are dated 2015 and should be reviewed.

While I acknowledge the work the provider has committed to in improving the access to information for consumers, at the time of the quality review these were not in place and will take time to embed into the service’s frameworks. Therefore, I find this Requirement Not Compliant.

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| --- | --- | --- |
| Requirement 6(3)(c) | CHSP  |  Not Compliant |
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*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Findings

The Assessment Team found that while consumers interviewed stated they raise issues with management and action is taken to resolve them, the service currently has not method for recording or documenting how complaints are resolved nor does the service have a current feedback or complaint register.

Consumers interviewed expressed in various ways their satisfaction with the new management of the service and their confidence that management now listen to concerns and act.

While staff and volunteers interviewed were unable to define open disclosure, further discussion with the Assessment Team identified they could demonstrate they use open disclosure principles when responding to concerns.

Management interviewed acknowledged the omission of recording feedback and complaints was an identified gap along with documenting the service response, and this had been identified as part of ongoing improvements. I therefore find this Requirement Not Compliant.

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| Requirement 6(3)(d) | CHSP  | Not Compliant |
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*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Findings

The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team viewed the continuous improvement register which noted the service is developing a questionnaire to garner feedback from consumers. In addition, ongoing suggestions will be sought from feedback and complaints forms lodged in a suggestion box located in the foyer. All verbal communication will also be documented.

Acknowledging the work the service has committed to in relation to better management of feedback and complaints, at the time of the quality review these changes were not in place. I therefore find this Requirement Not Compliant.

# STANDARD 7 Human resources

#   CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The workforce at the service consists of employees, sub-contractors and volunteers made up of a full-time employee as the service manager, four part time staff providing cooking, bookkeeping, administration and cleaning/maintenance services. A team of volunteers support the workforce and include CHSP recipients. Brokering arrangements are in place for the provision of some activities delivered at the service.

While consumers interviewed advised in various ways they felt staff are kind, caring and respectful of their identity, culture and diversity and staff demonstrated they are competent in their roles, there is no record keeping detailing qualifications and regulatory requirements to enable roles to be monitored and reviewed for currency.

Staff interviewed confirmed they feel they have enough time to fulfil their duties. Management interviewed confirmed the small number of staff and their reliability has negated the need for a structured rostering system to be implemented.

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

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | CHSP  | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 7(3)(c) | CHSP  | Not Compliant |
|  |  |  |

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

Findings

While consumers interviewed said they were satisfied that staff have the skills and knowledge to effectively provide the services they attend, the service was unable to locate any formal qualifications for staff or contractors. Management interviewed stated they were confident staff at the service are performing their roles satisfactorily however were reliant on consumers telling the service if this wasn’t the case.

Two contracted activity officers interviewed described their qualifications, including ongoing refresher courses relevant to their roles to the Assessment Team.

Management interviewed confirmed there are no formal processes to monitor and review competencies of the workforce however, were informally observed to be fulfilling the requirements of their roles.

The Assessment Team discussed with management and members of the Board the lack of documentation pertinent to staff qualifications and therefore the inability for the service to monitor and review currency of qualifications. Management acknowledged the poor record keeping of staff information and they would require additional support to complete this task. I therefore find this Requirement Not Compliant.

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| Requirement 7(3)(d) | CHSP  | Not Compliant |
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*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Findings

Staff interviewed demonstrated they have sufficient skills and knowledge to perform their roles and the Assessment Team observed staff performing their roles in a professional and friendly manner pertaining to the social setting. However, the service does not maintain a register or record of training that has been undertaken by staff or volunteers. The service has not conducted cultural awareness training for staff, volunteers or board members.

Staff and volunteers interviewed said they had noted many improvements at the service over the last five months that has enabled them to perform their roles more effectively and efficiently.

The Assessment Team identified through interviews with staff and volunteers the following training has not occurred:

* Cultural awareness for staff, volunteers or board members;
* Infection control, first aid or Personal protective equipment training for staff and volunteers; and
* Chemical or occupational health and safety training for staff and volunteers.

This was acknowledged by management, and opportunities will be investigated for staff to receive accredited first aid certification.

Management interviewed raised concerns about support provided and access to systems to enable them to effectively undertake their role. Management interviewed indicated that poor filing practices and limited electronic data currently exists to enable effective monitoring and review of staff regulatory requirements against the Aged Care Quality Standards.

The Assessment Team noted the poor record keeping practices currently in place at the service include recruitment information and brokering arrangements. The service did not evidence staff had received training specific to their role nor were qualifications noted. While there was evidence staff have completed a WWVP and a National Police Check there was no evidence that these requirements are being monitored and reviewed for currency.

Staff and management interviewed stated they were either unsure or had not completed a Code of Conduct form on commencement with the service.

In considering the information collated by the Assessment Team at the time of the quality review, I find this Requirement Not Compliant.

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| Requirement 7(3)(e) | CHSP  | Not Compliant |
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*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Findings

All staff, volunteers and sub-contracted staff interviewed said they are confident they are delivering services to the highest standard and they monitor their own performance by seeking feedback from consumers.

The Assessment Team reviewed a Performance Monitoring Policy for the service however, this policy did not include a date of endorsement or list a review date and Board meeting minutes reviewed for the previous three-month period did not include an agenda item relating to staff assessment and performance.

Management interviewed advised informal interactions are used to monitor and guide staff practices and are ongoing, however there are no formal procedures in place to monitor, document and review staff performance nor are there mechanisms in place to track staff attendance. Management advised that they have not received any feedback from consumers or other staff members or volunteers relating to poor performance.

Management interviewed acknowledged opportunities for development of better practices to include up-to-date role/duty statements and annual performance reviews for staff.

In considering the information collated by the Assessment Team at the time of the quality review, I find this Requirement Not Compliant.

# STANDARD 8 Organisational governance

#   CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers interviewed expressed in various ways their satisfaction with the quality of care and services provided and have confidence with the new management of the service however, it is not clear how consumers have direct input into the types of services provided and how they are provided.

The organisation currently has not feedback or complaint mechanisms that effectively capture information to identify trends or direct improved services and while the Board are accountable for the delivery of safe and quality care and services, the Assessment Team were unable to establish how incidents, feedback and complaints were used by the Board to inform improvements.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as four of the four specific requirements have been assessed as Non-compliant. One requirement is deemed Not Applicable.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP  |  Not Compliant |
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*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Findings

Consumers join the service as members and, as members, are entitled to nominate for membership of the Board. Consumers have been invited to join various Standing Committees relating to education, technology and publications and membership and work alongside Board members. The Assessment Team noted that the plans for the acquisition of land and building plans for a new centre were shared with consumers in the March 2022 newsletter.

The service currently does not undertake surveys with consumers to evaluate care and services, however this has been identified by management and included in the continuous improvement plan.

Acknowledging the improvements identified by management interviewed are included in the continuous improvement plan and the invitation to consumers to work with the Board on improvements, the lack of feedback mechanisms in place indicate this Requirement is Not Compliant as of the time of the quality review.

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| Requirement 8(3)(b) | CHSP  |  Not Compliant |
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*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Findings

While the service demonstrated delivery of a culture of safe and effective care and services; the service’s governing body did not access or receive sources of information and data that could be used to formulate and guide care and delivery. For example:

* The service evidenced a Cultural Awareness and Diversity Policy which was reviewed in April 2021, however staff interviewed were unaware of this policy.
* No formal building maintenance reporting.
* No formal work health and safety checks and reporting, including fire safety blanket and fire extinguisher reviews.
* The Assessment Team found that a fall of a consumers had not been documented. Board members were questioned on this incident and while the consumer sustained no significant injuries, board members were not aware that the incident had occurred.
* A risk assessment for all consumers undertaking exercises, is undertaken by an external provider, however a copy of this information is not kept by the service.
* Policies sighted by the Assessment Team such as privacy; feedback and complaints; advocacy; maximising independence, and records management; were undated or not reviewed since 2015.

Based on the evidence provided, I find this Requirement Not Compliant.

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

Findings

The Assessment Team’s findings demonstrated issues with the service’s ability to demonstrate effective organisation wide governance systems, given the strong ties that this Requirement has with all other standards, some of which were found to be not compliant in this report. The service demonstrate financial governance systems are in place and keeps abreast of regulatory compliance.

More specifically, the following issues were identified:

* Information is currently dispersed, and individualised care planning documentation was not evident for consumers. The service is does currently have information management systems to access information on consumers, staff or volunteers. Where electronic consumer information exists, it is stored on a secure server with password access known only by management.
* Development of up-to-date role/duty statements and annual performance reviews for staff.
* The constitution is outdated and set to be reviewed as it was implemented in 1928.
* The service does not have has systems and processes which support consumers, staff, and other stakeholders to provide feedback including complaints in accordance with the requirements of the Quality Standards. Refer Standard 6 – Feedback and Complaints.

I have taken into account the services response to these issues, which has been discussed in previous standards.

In essence, while I acknowledge the services commitment to improving across the Standards generally, it remains that the service did not have effective strategies in place at the time of the quality review. As such, I find this Requirement Not Compliant.

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| Requirement 8(3)(d) | CHSP  | Not 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.*

Findings

In relation to high impact or high prevalence risks associated with the care of consumers the Assessment Team found:

* Management stated key risks to consumers include access to the building and consumers participating in activities. Access to the building is mitigated by temporary ramps and safety mats and the physical activity instructors were observed to identify and mitigate risks.
* No established process for the capture and review of risk such as a risk register.
* The Board identified Covid-19 as the most prevalent risk for consumers and members to the service. To mitigate this, the service initiated a number of activities including closing the service, creating a new role on the service reopening to check consumers in and record their vaccination status and consumers were also updated in the services newsletter on the requirement for proof of vaccination.

In relation to abuse and neglect of consumers, the Assessment Team found:

* Staff interviewed said they are confident they would notice if any consumers displayed signs of abuse or neglect and would respond by asking after their health and if appropriate report this to management.
* Management advised they are not aware of any training provided to staff relating to the identification and reporting of abuse and neglect.

In relation to consumers supported to live the best life the can, the Assessment Team found:

* All consumers interviewed confirmed the activities they participate in improve their physical and emotional well-being.
* The Assessment Team observed consumers engaging in activities in a friendly social environment. Refer to Standard 4 requirements (a - c)

In relation to incidents are managed and prevented, the Assessment Team found:

* Staff and volunteers interviewed spoke about how some consumers had had minor falls while at the service however, the Assessment Team were not able to locate documented instances of these falls occurring.
* Management advised there has been no incidents reported to them in the previous five months.
* The Board advised the service manager provides the Board with a report on incidents.
* The Assessment Team was not provided with any evidence of incident reporting policy or procedures.

Considering the evidence provided above, I find this Requirement Not Compliant.

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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.*

# 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 1(3)(b)** | **CHSP**  | **Not Compliant** |
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*Care and services are culturally safe.*

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| **Requirement 1(3)(d)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 1(3)(e)** | **CHSP**  | **Not Compliant** |
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*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.*

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| **Requirement 1(3)(f)** | **CHSP**  | **Not Compliant** |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

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| **Requirement 2(3)(a)** | **CHSP**  | **Not 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** |
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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.*

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| **Requirement 2(3)(c)** | **CHSP**  |  **Not Compliant** |
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*The organisation demonstrates that assessment and planning:*

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

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| **Requirement 2(3)(d)** | **CHSP**  |  **Not Compliant** |
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*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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| **Requirement 2(3)(e)** | **CHSP**  |  **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.*

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| --- | --- | --- |
| **Requirement 4(3)(a)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| **Requirement 4(3)(b)** | **CHSP**  |  **Not Compliant** |
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*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| --- | --- | --- |
| **Requirement 4(3)(d)** | **CHSP**  |  **Not Compliant** |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| **Requirement 4(3)(e)** | **CHSP**  | **Not Compliant** |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| **Requirement 4(3)(g)** | **CHSP**  | **Not Compliant** |
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*Where equipment is provided, it is safe, suitable, clean and well maintained.*

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| **Requirement 5(3)(b)** | **CHSP**  | **Not Compliant** |
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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.*

|  |  |  |
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| **Requirement 5(3)(c)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| **Requirement 6(3)(a)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Requirement 6(3)(b)** | **CHSP**  | **Not 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**  |  **Not 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**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 7(3)(c)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 7(3)(d)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 7(3)(e)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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| **Requirement 8(3)(a)** | **CHSP**  |  **Not Compliant** |
|  |  |  |

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

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| --- | --- | --- |
| **Requirement 8(3)(b)** | **CHSP**  |  **Not Compliant** |
|  |  |  |

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

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

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

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

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| --- | --- | --- |
| **Requirement 8(3)(d)** | **CHSP**  | **Not Compliant** |
|  |  |  |

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

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