**Performance**

**Report**

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| Name of service: | Catholic Church Endowment Society Incorporated |
| Service address: | 45 Wakefield Street ADELAIDE SA 5000 |
| Commission ID: | 600628 |
| Home Service Provider: | Catholic Church Endowment Society Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 3 March 2023 |

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 Catholic Church Endowment Society Incorporated (**the service**) has been prepared by A. Grant, 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:**

* Community and Home Support, 27705, 45 Wakefield Street, ADELAIDE SA 5000
* Care Relationships and Carer Support, 27706, 45 Wakefield Street, ADELAIDE SA 5000

# 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 23 February 2023.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

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| 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 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. | **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers when interviewed by the Assessment Team described staff as kind, caring and respectful. During interviews with the Assessment Team Management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation analysed by the Assessment Team demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers when interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. During interviews with the Assessment Team staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation analysed by the Assessment Team included consumers' cultural background and spoken language.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/or representatives when interviewed by the Assessment Team confirmed the service involves them in making decisions about care and services. Staff when interviewed by the Assessment Team described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services. This was substantiated through documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers, and/or their representatives when interviewed by the Assessment Team, indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence and make decisions in their day-to-day life including activities that involve risk.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. During interviews with the Assessment Team consumers confirmed they are provided with a service booklet when they first commenced at the service, and ongoing verbal communication. Staff and management when interviewed by the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives interviewed by the Assessment Team felt staff were respectful of personal information, and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# 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. | **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. | **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. | **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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate that 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer’s care and services were well planned, and the service understood how to support the consumers’ risks, needs, goals and preferences. During interviews with the Assessment Team Coordinators described how they generally assess consumer’s needs and risks at commencement of services, reviews and/or as required. The Assessment Team noted care planning documents evidenced that assessment and planning generally included consideration of risks to inform safe care and services delivery.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current needs, goals and preferences. During interviews with the Assessment Team Coordinators described how they generally assess consumer’s needs, goals and preferences at commencement of services and reviews. The Assessment Team noted care planning documents evidenced that assessment and planning were generally conducted, including consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in planning and making decisions about consumers’ care and services. During interviews with the Assessment Team Coordinators described how consumers and their family are involved in assessment and planning of care and services. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers and/or representatives when interviewed by the Assessment Team could recall being provided a support plan. During interviews with the Assessment Team Coordinators described how outcomes from assessment and planning are documented in the service’s electronic systems, which is accessible by staff on a tablet at point of care, and an individual support plan provided to consumers. Care planning documentation analysed by the Assessment Team for sampled consumers confirmed that, when assessments and planning, and/or reviews had been undertaken, information about consumers’ needs, goals, preferences and risks were documented in the service’s electronic systems to inform safe and effective care and services.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that 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. Consumers and/or representatives interviewed by the Assessment Team could not always recall a review of the consumer’s care and services had been undertaken, this was confirmed through care planning documentation analysed by the Assessment Team.

Consumers and/or representatives when interviewed by the Assessment Team could not always recall that a review of the consumer’s care and services had been undertaken, however, all confirmed they were satisfied that consumers are provided with care and services in line with their needs, goals and preferences.

The Assessment Team noted for fifteen of the seventeen consumers attending the Aboriginal Elders groups, care and services were initially assessed or reviewed regularly, including when their circumstances changed and/or following incidents. During interviews with the Assessment Team Management and Coordinators advised consumers attending the Elders groups:

* Were grandfathered from another provider about fourteen months ago and, at the time, intake processes for new consumers including risk assessments, conversations about consumer’s needs, goals and preferences, and development of individual support plans were not undertaken or documented.
* Consumer’s hard copy files were available at the time, however, aside for general information such as consumer’s names, contact details and emergency contacts, the information was not documented in the service’s electronic system.
* Two of seventeen consumers have since required additional services, which prompted a review of their care and services, risk assessments and development of a care plan. This was confirmed through care planning documentation analysed for Consumer A and Consumer B However, for the other fifteen consumers, the service has not undertaken reviews of care and services in the last fourteen months.

# 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

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and was not assessed.

# 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. | **Non-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. | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives when interviewed by the Assessment Team were satisfied that the services provided help support the consumer’s independence, wellbeing and quality of life. During interviews with the Assessment Team Coordinators and staff described what is important to consumers and how they adapt services according to consumer’s needs and preferences this was confirmed through care planning documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives when interviewed by the Assessment Team confirmed that staff understand their cultural needs and preferences and enhances the consumer’s emotional and psychological wellbeing. During interviews with the Assessment Team Coordinators and staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives when interviewed by the Assessment Team confirmed that services enable them to participate in their community and maintain relationships. During interviews with the Assessment Tea Coordinators and staff described how the services actively support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed by the Assessment Team in relation to this requirement confirmed they were referred as required. Coordinators when interviewed by the Assessment Team described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers when interviewed by the Assessment Team in relation to this requirement described how staff prepare meals, assisted by consumers if they wish, and expressed satisfaction with the meals provided. During interviews with the Assessment Team Coordinators described how meals are provided to consumers attending social support groups.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that information about consumer’s condition, needs, and preferences are consistently and effectively communicated and documented within the organisation, and with others where responsibility for care is shared.

As previously documented within Standard 2, the service was not able to demonstrate that assessments and reviews had been completed as required for fifteen of the seventeen consumers attending the Elders social support groups. Furthermore, the Assessment Team noted service was not able to demonstrate that, for these seventeen consumers, staff and coordinators make records or notes about services provided to the consumers and/or any information about their conditions, needs and preferences.

The Assessment Team noted two consumers who attend the Elders groups felt they are provided safe and quality and services and confirmed they can bring up any issues or concerns with the coordinator. Furthermore, management and coordinators demonstrated to the Assessment Team they know these consumers well, including risks to their health and wellbeing, and advised that the service maintains ongoing oversight of the consumers through verbal communication and observations when they attend the Elders groups. However, the Assessment Team noted the service was not able to demonstrate that verbal communication effectively enables the organisation to maintain appropriate oversight and monitoring of consumer’s conditions, needs and preferences.

The Assessment Team discussed with management and program coordinator the Aged Care Standards requirement for maintaining effective consumer records and documentation, for example, should the coordinator leave the organisation, the service would not have any documented information about the consumers. Management and coordinators acknowledged this is a gap in their process and advised they will enable the case notes feature in the service’s electronic system so the group coordinator can record consumer’s information.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming, easy to navigate, and optimise consumers’ sense of belonging, independence, interaction and function. The Assessment Team noted they were not able to observe the service environment as no social support groups were running during the Quality Audit. Consumers and staff when interviewed by the Assessment Team described the process to ensure the service environment is welcoming and optimises consumer’s sense of belonging when attending social support group activities. The Assessment Team noted the coordinator providing social support activities for Aboriginal Elders understand and share consumer’s cultural needs. The coordinator advised the Assessment Team that the consumer’s recently chose a new name for each group at Enfield and Playford, which are of cultural significance to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Consumers attending group activities and provided transport as part of their social support services felt the service environments are safe and clean. Staff, coordinators and management when interviewed by the Assessment Team described the site processes for cleaning, safety and maintenance. During interviews with the Assessment Team the group coordinator advised they conduct risk assessments for each venue, the rooms are professionally cleaned and they ensure that surfaces are wiped clean this was confirmed through risk assessment documentation including fire and emergency, access to toilet facilities, and hygiene and cleanliness assessments.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. During interviews with the Assessment Team Management described processes to ensure equipment is safe, clean and well maintained.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers and their representatives are encouraged and supported to provide feedback and make complaints. All consumers when interviewed by the Assessment Team stated they would feel comfortable to provide feedback to the service. Staff and management when interviewed by the Assessment Tram described their policies and procedures for obtaining feedback from consumers regarding the services delivered.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. During interviews with the Assessment Team Management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

Evidence analysed by the Assessment Team showed 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. Consumers interviewed by the Assessment Team who had made a complaint discussed actions taken and use of open disclosure when they contacted the service with feedback. During interviews with the Assessment Team Management discussed the service’s processes for managing complaints. Complaint documentation analysed by the Assessment Team demonstrated open disclosure principles are used as part of the complaint management process.

The Assessment Team noted they observed that feedback and complaints are captured in consumers files and actioned promptly, as well as documented in an overarching feedback register, with information able to be extracted to assist in driving continuous improvement. Evidence analysed by the Assessment Team showed the staff and home care workers can access the services Feedback and Complaints Policy and Procedure.

Evidence analysed by the Assessment Team showed the service were able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team noted Management were able to demonstrate the service has a process for tracking and responding to feedback and complaints and using this information to make service improvements.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 services. During interviews with the Assessment Team Management confirmed there were no services cancelled or rescheduled in the last month and described processes where home care workers will cover shifts where necessary to ensure consumers do not miss any services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The assessment team analysed staff probation reviews, which contained feedback and notes from management relating to performance measures specific to customer service, and examples given that reflected workforce interactions with consumers. During interviews with the Assessment Team Consumers and/or their representative's stated staff were kind and caring. Staff and management when interviewed by the Assessment Team spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives when interviewed by the Assessment Team, described in various ways that staff are competent in their job. During interviews with the Assessment Team Management described robust recruitment processes to ensure staff and have adequate skills and qualifications, and how management monitor their competency ongoing through supervision, regular meetings and consumer feedback, with identified training gaps actioned. Management when interviewed by the Assessment Team advised they assess competence at the interview stage and monitor this ongoingly through a variety of ways including mandatory and other training, observations, feedback from staff and consumers, incidents, and performance reviews. The assessment team analysed copies of relevant certification in conjunction with training outcomes to deliver services competently and effectively.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and management when interviewed by the Assessment Team described completing relevant training and being supported in their role. Evidence analysed by the Assessment Team showed the service has policies and procedures to guide staff in recruitment and induction. Consumers and representatives during interviews with the Assessment Team indicated they were satisfied with the level of training provided to staff.

During interviews with the Assessment Team Management explained how their recruitment process, onboarding of home care workers, including buddy shifts, training modules, access to comprehensive policies and procedures, and regular performance discussions support staff to deliver safe and effective care and services to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. During interviews with the Assessment Team staff advised they receive regular informal performance discussions with their managers. Staff during interviews with the Assessment Team confirmed they were supported in their performance review process, with any identified needs addressed. During interviews with the Assessment Team management described their process for regular assessment and monitoring of workforce performance.

During interviews with the Assessment Team Management spoke of the ongoing engagement with staff after recruitment, in conjunction with the standard three and six-month reviews and feedback sessions, as well as on-shift and supervised visits, for continuous monitoring and oversight.

The Assessment Team analysed documentation relating to a formal performance review process in place for one home care worker after previous complaints from consumers. The notes, in conjunction with the issue and escalation process as documented in the annual professional review policy and procedure were clear and provided ongoing guidance to resolution of the identified issue.

Evidence analysed by the Assessment Team showed Management monitors their staff performance with regular informal and formal feedback sessions and maintain workplace discussion records which are available in staff files.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Compliant** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed by the Assessment Team stated they have input about services provided through responsive feedback mechanisms. During interviews with the Assessment Team Management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion. Evidence analysed by the Assessment Team showed the Aboriginal Elders Group consumers have direct involvement with the activities chosen, and foods prepared and consumed, and are encouraged to shape the group based on their cultural significance and desires.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the services governing body is aware and accountable for the delivery of care and services.

The assessment team analysed meeting minutes in which management discussed how communication from the organisation is disseminated to all staff, consumers, representatives and other stakeholders regarding COVID-19 restrictions, vaccinations and outbreaks, and their Serious Incident Response Scheme. The assessment team analysed meeting minutes containing information regarding CHSP and SIRS updated information for distribution to management, via the Quality Improvement and Strategic Committee.

Evidence analysed by the Assessment Team showed the service was able to demonstrate established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed all consumer information is stored securely across multiple platforms, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Evidence analysed by the Assessment Team showed policies, procedures and other documentation are freely available to staff as required, and the Assessment Team observed all policies and procedures have been reviewed recently.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the services continuous improvement plans include improvements informed by staff feedback, actions identified by system improvements, policy and procedure review, and opportunities to upskill staff.

*Financial governance:*

Evidence analysed by the Assessment Team showed the service has an established financial management document which outlines Board and management responsibilities. Management advised the Director and board receive monthly reports from the finance team, enabling oversight and governance, incorporating CaSS.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. Evidence analysed by the Assessment Team showed there are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

*Regulatory compliance*:

Evidence analysed by the Assessment Team showed the service has effective systems to track staff accreditation and compliance across national standards. The Quality Improvement and Strategic Committee ensures oversight of program compliance, in addition to the Client Services Quality Team and Quality Implementation Team, in accordance with the services Audit framework.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes to encourage and support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team showed staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure. – *End of Feedback and complaints heading*.

During interviews with the Assessment Team consumers advised of program coordinators contacting them periodically to ensure that consumers were satisfied with the services provided, evidencing the services desire to ensure positive engagement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

The assessment team analysed consumer file notes, in conjunction with staff and management interviews, which demonstrated there are processes in place to manage high impact and high prevalence risks for consumers.

During interviews with the Assessment Team Management advised the service has an incident hazard reporting and management procedure, in conjunction with infection control guidelines, responding to falls procedure.

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)