City of Marion Home Assist - STURT

Performance Report

245 Sturt Road   
STURT SA 5047  
Phone number: 08 8375 6649

**Commission ID:** 600129

**Provider name:** Corporation of the City of Marion

**Quality Audit date:** 8 March 2022 to 10 March 2022

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

# Performance report prepared by

M Murray 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:**

* CHSP - Transport, 4-23PMXAR, 245 Sturt Road, STURT SA 5047
* CHSP - Meals, 4-23PMWXB, 245 Sturt Road, STURT SA 5047
* CHSP - Social Support - Group, 4-23PMX3C, 245 Sturt Road, STURT SA 5047
* CHSP - Social Support - Individual, 4-23PMX7R, 245 Sturt Road, STURT SA 5047
* CHSP - Domestic Assistance, 4-23PIAD0, 245 Sturt Road, STURT SA 5047
* CHSP - Home Maintenance, 4-23PIAY3, 245 Sturt Road, STURT SA 5047
* CHSP - Home Modifications, 4-23PIAZ6, 245 Sturt Road, STURT SA 5047
* Other Food Services, 4-G4YJN9P, 245 Sturt Road, STURT SA 5047

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | CHSP | | | Compliant |
|  | |  | | |  |
| Requirement 1(3)(b) | | CHSP | | | Compliant |
|  | |  | | |  |
| Requirement 1(3)(c) | | CHSP | | | Compliant |
|  | |  | | |  |
| Requirement 1(3)(d) | | CHSP | | | Compliant |
|  | |  | | |  |
| Requirement 1(3)(e) | | CHSP | | | Compliant |
|  | |  | | |  |
| Requirement 1(3)(f) | | CHSP | | | Compliant |
|  | |  | | |  |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | CHSP | Not Compliant | | |
|  | | |  |  | | |
| Requirement 2(3)(a) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 2(3)(b) | CHSP | | Not Compliant | |
|  |  | |  | |
| Requirement 2(3)(c) | CHSP | | 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 Assessed | | |
|  | | |  |  | | |
|  | |  | | |  |
| Standard 4 Services and supports for daily living | | | | | | |
|  | | | CHSP | Not Compliant | | |
|  | | |  |  | | |
| Requirement 4(3)(a) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 4(3)(b) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 4(3)(c) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 4(3)(d) | CHSP | | Not Compliant | |
|  |  | |  | |
| Requirement 4(3)(e) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 4(3)(f) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 4(3)(g) | CHSP | | Compliant | |
|  |  | |  | |
| Standard 5 Organisation’s service environment | | | | | | |
|  | | | CHSP | Compliant | | |
|  | | |  |  | | |
| Requirement 5(3)(a) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 5(3)(b) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 5(3)(c) | CHSP | | Compliant | |
|  |  | |  | |
| Standard 6 Feedback and complaints | | | CHSP | Not Compliant | | |
|  | | |  |  | | |
| Requirement 6(3)(a) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 6(3)(b) | CHSP | | 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 | | Not Compliant | |
|  |  | |  | |
| Requirement 7(3)(b) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 7(3)(c) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 7(3)(d) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 7(3)(e) | CHSP | | Compliant | |
|  |  | |  | |
| Standard 8 Organisational governance | | | CHSP | Not Compliant | | |
|  | | |  |  | | |
| Requirement 8(3)(a) | CHSP | | Compliant | |
|  |  | |  | |
| Requirement 8(3)(b) | CHSP | | Not Compliant | |
|  |  | |  | |
| Requirement 8(3)(c) | CHSP | | Not Compliant | |
|  |  | |  | |
| Requirement 8(3)(d) | CHSP | | Not Compliant | |
|  |  | |  | |
| Requirement 8(3)(e) | CHSP | | Not Assessed | |
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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 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 quality audit report received 13 April 2022.

# STANDARD 1 Consumer dignity and choice

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives sampled are satisfied they are treated with dignity and respect, supported to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers confirmed that they are treated with respect and their culture and diversities are valued.

Consumers and representatives stated they receive information about the consumers’ services and can easily understand this information.

Consumers felt their privacy is respected and their personal information is kept confidential.

The service was able to demonstrate they have effective policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and service delivery; including supporting consumers to take risks and how the service protects their confidentiality and privacy.

Staff were able to describe how they support consumers to make informed choices about their services and make decisions about when others should be involved in their supports and decision making.

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

**Assessment of Standard 1 Requirements**

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

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| --- | --- | --- |
| Requirement 1(3)(b) | CHSP | Compliant |
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### *Care and services are culturally safe.*

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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.*

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| Requirement 1(3)(d) | CHSP | Compliant |
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### *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 | 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 | Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found requirements (3)(b), (3)(c), (3)(d) and (3)(e) were not met in relation to Standard 2 Ongoing assessment and planning with consumers.

The service was not able to demonstrate that assessment and planning consistently identifies and addresses the consumer’s current needs, goals and preferences, including supports for consumers to achieve their wellness and reablement goals. Additionally, consumers’ advance care and end of life planning wishes were not consistently identified.

The service was not able to demonstrate effective assessment and planning includes partnership with others who are involved in the delivery of care.

Outcomes of assessments and planning are not effectively communicated to consumers or adequately documented in their care planning documents.

The service was not able to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The service was able to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services.

Consumers and/or representatives interviewed confirmed they have input into their services needs and preferences, which informs the assessment and care planning process and the safe and effective delivery of their care and services. Consumers felt they were receiving the services they need.

Staff and management described the service’s assessment and planning processes, and how they involve consumers, to inform the delivery of safe and effective care.

Documentation viewed in relation to sampled consumers showed consumers had been assessed on admission, including consideration of risks, and service plans developed to inform delivery of supports.

The service has policies and procedures to guide staff in relation to assessment and planning, including in relation to risks.

The Quality Standard for the Commonwealth home support programme services are assessed as not compliant as four of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP | Compliant |

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

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

Findings

The service was not able to demonstrate that assessment and planning consistently identifies and addresses the consumer’s current needs, goals and preferences, including in relation to supporting consumers achieve their wellness and reablement goals. Consumers’ advance care and end of life planning wishes were not being consistently identified.

Management acknowledged, and care documentation reviewed showed, the service does not effectively gather and document individual goals and preferences tailored for each consumer, nor consistently discuss advance care planning wishes with consumers at entry to service.

Consumers interviewed in relation to this requirement felt they were receiving the services they need; however, care planning and service documentation viewed for four consumers showed goals documented were generic, not individualised to the consumer’s needs, and did not identify how consumers were supported to achieve their goals.

The Assessment Team noted that the intake process details a discussion about advance care planning and that consumers should be provided an information brochure about advance care planning; however, this information was not consistently reflected in intake documentation within consumer files. Advance care planning was also not discussed at client annual reviews.

At the time of assessment, management acknowledged the service was not effectively documenting individual goals and preferences tailored to the needs of each consumer, nor consistently discussing and documenting advance care planning wishes with consumers at entry to service. They reported they had also identified a gap in staff knowledge in relation to identifying achievable and personalised goals for consumers and an intention to resume training for staff in this area.

In response to the Assessment Team’s report, and as part of their continuous improvement, the service has developed a form specific to goal planning which will now accompany the service agreement. All current service agreements have been updated to reflect the new document and staff procedures updated to reflect the new process. Staff training in goal planning is also scheduled in April 2022. Review forms have been updated to include a question around advanced care planning and a plan is in place to review this information for existing clients. A quad-council initiative has also commenced to promote the importance of Advanced Care Directives to the community and recruit interested individuals to become peer educators and support community members in this area.

It is noted that the service responded proactively to the Assessment Teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*The organisation demonstrates that assessment and planning:*

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

Findings

The service was not able to demonstrate assessment and planning is based on ongoing partnership with others who are involved in the care of consumers. The Assessment Team identified assessment and planning processes were not consistently effective, specifically when other external organisations were involved.

Care planning documents viewed for two consumers attending a fitness program provided by an external provider showed assessment and planning was not coordinated and communicated between the service and the other organisation. Staff and management acknowledged the external fitness program provider does not involve or update the service when they complete assessment and planning for a consumer, nor is that information requested by the service.

The Assessment Team viewed the service’s Assessment Planning Policy and Care Plan Development and Delivery Procedure; however, these documents do not describe arrangements or responsibilities in relation to assessment and planning when external providers are involved in care and services.

The service was able to demonstrate some understanding and application of this requirement, for example:

Care planning documents viewed for other sampled consumers showed partnership with consumers and/or their representatives at commencement of services or review. Additionally, roles and responsibilities of all involved in the consumer’s services were documented, including how consumers participate in the service delivery, for example, organising transport or completing some domestic duties.

Staff were able to describe how consumers are involved in the development of their services as part of the admission and review process, or as required, for example, when they wish to attend group activities.

The service’s policies and procedures related to assessment and planning show the process is based on partnership with consumers.

In response to the Assessment Team’s report and as part of their continuous improvement, the provider has confirmed they have met with brokered agencies to identify strategies to increase their oversight of supports delivered through brokered agencies. The service’s Care Planning Development and Delivery Procedure has also been reviewed to reflect responsibilities when working in partnership with external provider to deliver consumer care. Support planning documentation for all current consumers has also been requested and provided.

It is noted that the service responded proactively to the Assessment Teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Findings

The service was not able to demonstrate outcomes of assessment and planning are effectively communicated to consumers or adequately documented in a care plan that is readily available to consumers. Care planning documents viewed showed care plans were not consistently provided to consumers.

The service advised outcomes of assessment and planning are documented on Service Agreements for each service provided, which are provided to consumers to sign and retain a copy. However, care planning documents viewed for three of seven sampled consumers showed they had not been provided service agreements.

Consumers interviewed in relation to this requirement felt outcomes of assessment and planning had been discussed with them, one of these consumers confirmed they had been provided a service agreement.

The service has processes in place to enable outcomes to assessment and planning to be communicated to consumers and documented. However, the Assessment Team identified this was not consistently implemented to ensure all consumers are provided with up-to-date service agreements.

In response to the Assessment Team’s report the service acknowledged the issue and confirmed that a plan was in place to remedy annual client reviews that were behind. The service detailed that in lieu of formal reviews in the 18 months prior to assessment, the service had been conducting informal reviews with some clients by way of a scripted wellbeing call to ensure each client’s safety and wellbeing.

It is noted that work has commenced to bring service reviews up to date which will enable care plans to be readily available to consumers and where care and services are provided however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

*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 service was not able to demonstrate care and services are reviewed regularly. Care planning documentation for five consumers showed their support needs were not reviewed in accordance with schedule or at least annually. Management acknowledged consumers’ annual reviews are not up to date and advised they have developed a plan to complete outstanding consumer annual reviews.

Four consumers interviewed in relation to this requirement could not remember a recent review of their services, however, they advised there has not been any recent changes to their care and support needs.

Management advised the service identified 6 months prior, that some consumer reviews were overdue. They provided records showing, 305 of 2500 consumer’s reviews are outstanding.

At the time of assessment, the service has implemented an overdue reviews management plan and ran monthly reports to monitor progress. Management advised additional resources had been allocated to the process and all liaison officers’ targets for reviews have been increased. It was anticipated all overdue reviews and current planned reviews will be up to date by end of April 2022.

The service was able to demonstrate some understanding and application of this requirement, for example:

Care planning documents viewed for one consumer showed the service reviewed her support needs following a fall, when the consumer expressed fear of falls whilst showering.

In response to the Assessment Team’s report and as part of their continuous improvement, the service advises that strategies have been developed and work had commenced to ensure reviews are up to date by the end of April 2022.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 3 Personal care and clinical care

# CHSP Not Assessed

### 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 Quality Standard for the Commonwealth home support programme services was not assessed as personal and clinical care is not delivered.

# 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

The service was not able to demonstrate information about consumers’ condition, needs and preferences is consistently and effectively communicated, specifically when other external organisations were involved in delivery of services.

Consumers were satisfied with the services delivered and considered that they receive supports for daily living that optimises their independence, wellbeing and quality of life, and that enable them to do things they want to do.

Staff described how they were supporting consumers with their activities of daily living and participate in their community, such as participating in social groups, fitness classes, providing meals and transport services.

Documents viewed for sampled consumers showed they received safe and effective services and supports for daily living which were in line with their needs, goals and preferences, and that optimised the consumer’s independence, health, well-being and quality of life.

Consumers confirmed they enjoy the meals provided by the service and staff described how menus are developed taking into consideration consumers’ dietary needs and preferences.

The service was able to demonstrate, and consumers confirmed that, when equipment is provided, it is safe, suitable, clean and well maintained.

The Quality Standard for the Commonwealth home support programme services are assessed as not compliant as one of the seven specific requirements have been assessed as not compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP | 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 | Compliant |

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

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

*Services and supports for daily living assist each consumer to:*

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

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| Requirement 4(3)(d) | CHSP | Not Compliant |

*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 service was not able to demonstrate information about consumers’ condition, needs, goals and preferences is consistently and effectively communicated, specifically when other external organisations were involved in delivery of services. The Assessment Team viewed care planning documents for three consumers attending fitness programs and identified the service was not provided updates from the external providers. Additionally, there is no evidence to show these services are monitored to ensure they are meeting consumers’ needs.

At the time of the quality review, management acknowledged the service does not seek ongoing communication or updates from external organisations providing fitness programs. The Assessment Team however, did view documented evidence of communication within the organisation related to the delivery of services, and consumers interviewed were overall satisfied with the services delivered.

Management reported brokered agencies are expected under the contractual agreement to report any concerns to them. The Assessment Team was not provided documented policies and procedures related to monitoring and review of consumers’ services when these are shared with other organisations. The Client Monitoring and Review Procedure viewed did not demonstrate the service had effective processes to monitor services such as fitness programs delivered by external organisations.

In response to the Assessment Teams’ report and as part of their continuous improvement the provider has clarified and strengthened the expectations of both themselves and brokered agencies in relation to communication.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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

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

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

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

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

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

# STANDARD 5 Organisation’s service environment

# CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers sampled confirmed they feel welcome and safe at the centre, which is well maintained and clean.

Staff and management described processes to ensure the service environment and equipment are clean, safe and maintained, including to reduce the risk of infections. They advised the service has reactive and preventative maintenance processes.

Observations of the service environment showed it was welcoming, clean and well maintained. The service’s processes to minimise the risk of infections include regular cleaning, mandatory masks, social distancing and health related screening of visitors.

Documents viewed showed the service has reactive and preventative processes in place to ensure the service environment and equipment is safe, clean and maintained.

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

## Assessment of Standard 5 Requirements

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

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

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| Requirement 5(3)(b) | CHSP | Compliant |

*The service environment:*

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

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

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

# STANDARD 6 Feedback and complaints

# CHSP 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

The service was not able to demonstrate how they work with consumers to resolve their individual complaints to a satisfactory resolution and open disclosure principles were not consistently applied in the resolution of complaints.

While the service has a complaints management system and policies and procedures in relation to management of feedback and complaints, the complaints and feedback procedure does not reference nor provide any guidance regarding the principles of open disclosure.

The service did not demonstrate how they use the input and feedback to inform continuous improvement. Feedback and complaints were not consistently recorded, reviewed and used to improve the quality of services for consumers receiving aged care services.

Consumers and representatives confirmed they feel safe, encouraged and supported to give feedback and make complaints. Consumers and representatives are given information regarding access to advocacy, language services, and methods of raising complaints both internally and externally.

Management discussed processes to ensure consumers are made aware of other methods for raising and resolving complaints and have access to advocates and language services if required.

The Quality Standard for the Commonwealth home support programme services area assessed as not compliant as two of the four specific requirements have been assessed as not compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | CHSP | Compliant |

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

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| Requirement 6(3)(b) | CHSP | Compliant |

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

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| 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.*

Findings

The service was not able to demonstrate how complaints are adequately addressed and that an open disclosure process is used when things go wrong. Four consumers provided feedback that the service did not respond to and resolve complaints that have been raised. The service does not consistently record and resolve complaints as per their policies and procedures.

The Assessment Team reviewed progress notes that detailed consumers were raising concerns via the phone and in emails to the coordinators, however, these had not been recorded in the online complaints system or actioned as per the service’s policies and procedures.

Staff interviewed were unable to confirm if they had received complaints and feedback training.

Progress notes viewed for consumers who had made complaints did not demonstrate any details about actions taken to resolve complaints or if any detail about outcomes were communicated to the consumer or their representative.

While consumers stated staff were apologetic and helpful when things go wrong, the complaints and feedback procedure does not reference nor provide any guidance regarding the principles of open disclosure.

The service has policies and procedures in place to action complaints, however, the service was not able to demonstrate how they work with consumers to resolve their individual complaints to a satisfactory resolution and open disclosure principles were not consistently applied in the resolution of complaints.

In response to the Assessment Team’s report and as part of their continuous improvement, the provider has scheduled complaints management refresher training to be delivered in May 2022; updated the complaints and feedback procedure to include open disclosure principles and provide information and guidance to staff; have revised reporting schedules and; is exploring the extension of the organisations client record management system to the Positive Aging and Inclusion team to allow for improved end to end complaint management for CHSP consumers.

It is noted that the service responded proactively to the assessment teams’ findings and has planned improvements and corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 6(3)(d) | CHSP | Not Compliant |

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

Findings

The service was not able to demonstrate it has used feedback and complaints to improve the quality of care and service it delivers.

Three consumers interviewed regarding the resolution of their complaints could not describe changes made to their services because of their feedback.

While the service has policies and procedures outlining the requirement for monitoring, reporting and analysing trends in feedback and complaints, the service could not demonstrate they were implemented. Feedback and complaints have not been consistently captured, reviewed, analysed or used to improve the quality of care and services for consumers. At the time of assessment, the service did not have effective systems and processes in place for reporting to the Executive Management team regarding feedback and complaints, including trends and improvements made that have come out of feedback and complaints received.

In response to the Assessment Team’s report and as part of their continuous improvement, the service acknowledged that in the 18 months prior to assessment, complaints had been resolved on a case by case basis and that continuous improvement based on complaints and feedback was not being considered. The service has committed to increasing oversight and reporting of complaints by way of implementing a system upgrade and improving reporting templates.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# 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 service was not able to demonstrate that 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.

The service demonstrated that the workforce receives ongoing support, training, professional development and feedback to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

Consumers and representatives advised consumers receive quality services when they need them and from people who are kind, capable and caring.

The service demonstrated they regularly assess, monitor and review the performance of each member of the workforce through an effective human resources system. The service demonstrated they regularly evaluate how staff are performing their role, including staff subcontracted through brokerage arrangements.

The Quality Standard for the Commonwealth home support programme services are assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | CHSP | Not Compliant |

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Findings

The service was not able to demonstrate that the workforce is planned, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality services. The service was also not able to demonstrate how it utilises its monitoring systems for gathering intelligence, via cancelled services reports or through the review of the feedback process to inform if the numbers of the workforce deployed, are sufficient for meeting consumer's needs and preferences.

At the time of assessment, documentation showed ongoing brokered staff shortages and progress notes showed sampled consumers and representatives' dissatisfaction with staffing levels, which impacted on the continuity of services being delivered in a timely manner. Where consumers had been impacted by the workforce shortage, some consumers and staff confirmed difficulties in communicating with the brokered service providers.

Brokered service providers advised that current staff shortages were in most part due to the mandating of COVID-19 vaccinations and furloughing of staff and acknowledged the impact on consumers’ services when shifts needed to be cancelled.

The Assessment Team viewed reports for cancelled services for the period 1 July 2021 to 9 March 2022 which detailed 239 cancelled services from 5 brokered cleaning services because of worker availability. In addition, consumers cancelled over 300 services due to COVID restrictions and hesitancy to have workers in their homes during this period of uncertainty. The service provided an assurance that contact was made with all consumers to ensure safety and offer support when services were cancelled by consumers.

At the time of assessment, the service had already identified that additional domestic assistance service providers were required to meet the needs of consumers and advised that nominations for the contract panel were soon to be actioned for the next 5-year period, commencing 1 July 2022.

In response to the Assessment Team’s report the service provided information to demonstrate variations have been made to contracts clarifying expectations of brokered services when services cannot be provided. Contractor schedules have also been reviewed to affirm responsibilities of contractors to provide comprehensive details to the service in relation to the number of staff available, qualifications and skills and that mandatory training for staff is complete and up to date.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| 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 | 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 | 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 | Compliant |

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

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Standard 8 requirement 8(3)(e) was not assessed as the service is not funded for and does not provide clinical or personal care.

The organisation was not able to demonstrate that the organisation’s executive team and governing body ask for, and receive the information it needs from the service, to meet its responsibilities to promotes a culture of safe, inclusive and quality services and is accountable for their delivery.

The organisation does not have effective organisation wide governance systems in place for managing and governing all aspects of the provision of services in relation to workforce governance, feedback and complaints, continuous improvement, and incident management.

The organisation was in part able to demonstrate effective governance systems in relation to information management, financial governance, regulatory compliance and risk management systems and practices, including but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

The organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers and representatives said they have input about services provided to consumers. Management and staff described how consumers have input about their experience and services through feedback processes and consumer surveys.

The Quality Standard for the Commonwealth home support programme services is assessed as not compliant as three of the four relevant requirements have been assessed as not compliant.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Compliant |

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

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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.*

Findings

The organisation did not demonstrate the organisation’s executive team and governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery.

The City of Marion has a framework for robust reporting and monitoring processes in place for the range of services it delivers to its community, with 6 sub-committees reporting to the governing body. However, there was no evidence that the executive team or governing body asks for, and receives the information it needs from the service, to provide oversight of service delivery of CHSP services or to satisfy itself that the Quality Standards are being met within the service.

Executive management confirmed that the executive leadership team and the governing body does not receive data or information from the service through reporting mechanisms to enable them to monitor the quality of CHSP services delivered, apart from monthly budget reviews.

At the time of assessment, Executive Management acknowledged this is an area for improvement and advised they would consider what reporting mechanisms can be implemented from the service and would commence this as soon as possible.

The organisation did demonstrate some understanding and application of this Requirement.

Staff, management and executive management described how the governing body has driven the organisation’s response to the COVID-19 pandemic and provided examples of improvements implemented to minimise infection-related risks for aged care consumers and the general community, that have been driven by the governing body.

In response to the Assessment Team’s report and as part of their continuous improvement the service advised they have reviewed their schedule of reports to address the deficiencies identified, with the intention to improve performance.

It is noted that the service responded proactively to the assessment teams’ findings and planned corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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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.*

Findings

The organisation did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of the provision of services in relation to workforce governance, feedback and complaints, and continuous improvement, however, could demonstrate effective systems in relation to information management, financial governance, and regulatory compliance.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The organisation did not demonstrate effective workforce governance to ensure 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.

As outlined in Standard 7, requirement (3)(a), the service could not demonstrate brokered service providers have deployed the required numbers of staff and have the capacity to undertake the services that has been contracted to them.

Evidence demonstrated, and the executive team acknowledged they do not request or analyse data of missed services by in house staff, volunteers or brokered service providers to enable an analysis of sufficiency of staff to deliver safe and quality services to consumers. The executive acknowledged that they have not been active in monitoring this and are aware of PAI management having to manage issues and find a solution for consumers on an individual basis.

Management advised that the COVID-19 pandemic and the subsequent mandating of vaccinations has greatly impacted on the brokered service providers’ ability to deliver the services.

**Feedback and complaints**

#### While the service has policies and procedures describing feedback and complaints contributing to continuous improvement, the organisation was unable to demonstrate how they effectively monitor, analyse and use feedback and complaints data to improve the quality of care and services.

As outlined in Standard 6, requirements 6(3)(c) and 6(3)(d), the service does not consistently capture feedback, and complaints have not been reviewed, analysed or used to improve the quality of care and services for consumers. The service does not have effective systems and processes in place for reporting to Executive Management regarding feedback and complaints, including trends and improvements that have stemmed from feedback and complaints received.

Executive Management acknowledged they only receive information on the number of complaints received and that there is no level of interrogation of complaints data to make informed decisions regarding the safety and quality of services to consumers.

**Continuous improvement**

The organisation did not demonstrate an effective continuous improvement system and processes in place to assess, monitor and improve the quality and safety of services provided by the service. While the service implements an effective continuous improvement process, the organisation has no monitoring or evaluation processes to identify and respond to any risks to the quality and safety of CHSP services.

Executive management advised they have not overseen the continuous improvement process for CHSP services to date with responsibility of CHSP services sitting with the PAI Team leader. No reporting from the service to the Executive team against the continuous improvement plan was in place at the time of assessment.

Executive Management advised they oversee larger City of Marion improvements that will lead to improvements in service provision for CHSP consumers such as the implementation of a new communication systems.

**Information management**

The service was unable to demonstrate information about the consumer’s outcomes of assessment and planning are documented and communicated within the service and with other organisations, including staff delivering brokered services. This is discussed further in Standard 2, requirement 2(3)(d).

Staff interviewed stated they can readily access the information they need including policies and procedures, staff communications and resources which informs best practice service delivery. Volunteers interviewed described the information they require to enable them to provide the services to the consumers.

Management advised service staff are guided by the assessments received from My Aged Care and will liaise with and support consumers to access information for additional external services, where identified.

The assessment team confirmed that all consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems and are reviewed regularly.

**Financial governance**

The Governing body provides governance and oversight to the financial position of the organisation. There is an annual budget for the PAI service, and this is monitored monthly with the finance team who meet with the manager of Community Connections and the PAI Team Leader. Any variances to budget are explained and may be escalated to the Chief Financial Officer who reports to the governing body on a quarterly basis.

The organisation has a range of policies and procedures to inform practices regarding financial management of consumer services in CHSP.

**Regulatory compliance**

Management advised there are no adverse findings by another regulatory agency or oversight body in the last 12 months.

The organisation has systems and processes in place to ensure the organisation is complying with all relevant legislation, regulatory requirements, professional standards, and guidelines. Information regarding any changes are communicated through various methods, for example through membership with aged care peak bodies, Local Government Association, monitoring of Australian Government websites, correspondence and media releases.

Management demonstrated the oversight of legislative requirements for brokered services, including undertaking annual desktop audits and providing reports of areas of concern to be addressed by the brokered service provider.

In response to the Assessment Team’s report and as part of their continuous improvement, the provider has added items to their meeting agenda to review complaints trends and increase the efficacy of reporting. Additionally, continuous improvement work instructions have been updated to ensure the continuous improvement spreadsheet is updated in a timely manner with intention to ensure action, monitoring and review of added items.

It is noted that the service responded proactively to the assessment teams’ findings and planned some corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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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.*

Findings

At the time of assessment, the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. However, the service was unable to demonstrate it has an effective incident management system, which includes policies and procedures to ensure a systemic approach is taken to minimise the risk of incidents occurring.

At the time of assessment, consumer incidents were not consistently logged in one system, with incidents occurring on council property entered into the corporate incident management system and all other incidents recorded in the services consumer information system.

Executive Management stated they do not request or review incident data from the service to identify trends and drive continuous improvement to improve the quality of the services and to prevent similar incidents from occurring.

While the service demonstrated they record and respond to individual incidents, they were unable to demonstrate how consumer incidents are investigated, analysed and reported to prevent incidents from occurring for other consumers.

In response to the Assessment Team’s report, the service confirmed an incident management procedure was in place which outlines organisation wide incident reporting and agency contractual obligations. The service advised that planned quarterly reports to the Executive Management Team moving forward will include reporting on incident management for CHSP consumers.

It is noted that the service responded proactively to the assessment teams’ findings and has planned corrective action to address deficiencies, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 8(3)(e) | CHSP | Not Assessed |

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

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

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*The organisation demonstrates that assessment and planning:*

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

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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)(d) | CHSP | Not Compliant |

*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 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.*

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| 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)(a) | CHSP | Not Compliant |

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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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.*