City of Playford Home Assist

Performance Report

The Civic Centre, Playford Boulevard   
ELIZABETH SA 5112  
Phone number: 08 8256 0333

**Commission ID:** 600201

**Provider name:** City of Playford

**Quality Audit date:** 22 April 2022 to 26 April 2022

**Date of Performance Report:** 15 June 2022

# Performance report prepared by

S Bickerton 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

**Commonwealth Home Support Programme (CHSP):**

* CHSP - Domestic Assistance, 4-23Q6IJR, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Home Maintenance, 4-23Q6ILW, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Home Modifications, 4-23Q6IMO, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Meals, 4-23Q6INJ, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Personal Care, 4-23Q6IOB, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Social Support - Group, 4-23Q6IP3, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Social Support - Individual, 4-23Q6IQZ, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Transport, 4-23Q6ITW, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CRCS - Centre-based Respite, 4-27M6B8W, The Civic Centre, Playford Boulevard, ELIZABETH SA 5112
* CHSP - Social Support - Group, 4-23Q6IP3, John McVeity Centre, 182 Peachey Road, SMITHFIELD SA 5114
* CHSP - Social Support - Group, 4-23Q6IP3, Virginia Institute, Old Port Wakefield Road, VIRGINIA SA 5120
* CHSP - Social Support - Group, 4-23Q6IP3, One Tree Hill Institute, Black Top Road, ONE TREE HILL SA 6114
* CHSP - Social Support - Group, 4-23Q6IP3, Playford Men's Shed, 14 Bishopstone Road, DAVOREN PARK SA 5113

# Overall assessment of Service/s

#### Standard 1 Consumer dignity and choice Compliant

Requirement 1(3)(a) Compliant

Requirement 1(3)(b) Compliant

Requirement 1(3)(c) Compliant

Requirement 1(3)(d) Compliant

Requirement 1(3)(e) Compliant

Requirement 1(3)(f) Compliant

#### Standard 2 Ongoing assessment and planning with consumers Not Compliant

Requirement 2(3)(a) Not Compliant

Requirement 2(3)(b) Not Compliant

Requirement 2(3)(c) Compliant

Requirement 2(3)(d) Not Compliant

Requirement 2(3)(e) Not Compliant

**Standard 3 Personal care and clinical care** **Not Assessed**

#### Standard 4 Services and supports for daily living Not Compliant

Requirement 4(3)(a) Compliant

Requirement 4(3)(b) Compliant

Requirement 4(3)(c) Compliant

Requirement 4(3)(d) Compliant

Requirement 4(3)(e) Not Compliant

Requirement 4(3)(f) Compliant

Requirement 4(3)(g) Compliant

#### Standard 5 Organisation’s service environment Compliant

Requirement 5(3)(a) Compliant

Requirement 5(3)(b) Compliant

Requirement 5(3)(c) Compliant

#### Standard 6 Feedback and complaints Not Compliant

Requirement 6(3)(a) Compliant

Requirement 6(3)(b) Compliant

Requirement 6(3)(c) Not Compliant

Requirement 6(3)(d) Compliant

#### Standard 7 Human resources Not Compliant

Requirement 7(3)(a) Compliant

Requirement 7(3)(b) Compliant

Requirement 7(3)(c) Compliant

Requirement 7(3)(d) Not Compliant

Requirement 7(3)(e) Not Compliant

#### Standard 8 Organisational governance Not Compliant

Requirement 8(3)(a) Compliant

Requirement 8(3)(b) Not Compliant

Requirement 8(3)(c) Not Compliant

Requirement 8(3)(d) Not Compliant

Requirement 8(3)(e) Not Assessed

# 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 considered in developing this performance report:

* the assessment team’s report for the quality audit; the quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the quality audit report received 24 May 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

Overall, consumers and representatives interviewed considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed described that they are encouraged to do things for themselves, maintain relationships and that staff know what is important to them.

Consumers and representatives described they receive information about care and services, and they can easily understand this information.

Consumers were satisfied their personal privacy is respected and their personal information is kept confidential.

The service has policies and procedures in place that have an inclusive, consumer-centred approach to organisational practices and service delivery; including how the service protects privacy and supports consumers to take risks. Staff described how they support consumers to make informed choices about their services and invite others to be involved in their decision making.

The Quality Standard for CHSP is assessed as compliant as six of the six specific requirements have been assessed as compliant.

**Assessment of Standard 1 Requirements**

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

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

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

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

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service did not demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective services. Assessment and planning did not consistently identify and address the consumer’s current needs, goals and preferences. Consumers advanced care and end of life planning wishes were not consistently identified, discussed or recorded.

While the service demonstrated that service plans are readily available and provided to consumers, staff interviews revealed consumer information is provided verbally for staff and volunteers supporting consumers who attend social support groups and are accompanied shopping. Information to contracted service providers is communicated by email only.

A review of consumer files evidenced care and services are not reviewed regularly, including when circumstances change, or when an incident impacts on the needs, goals or preferences of the consumer.

The service did demonstrate assessment and planning is based on ongoing partnership with others who are involved in the care of consumers, however this practise was not evidenced to be consistently effective, particularly when external services were involved.

Consumers and representatives described having input into their services by being able to communicate their needs and preferences. Consumers described feeling they received services from staff and volunteers who know them well.

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

The Quality Standard for CHSP is assessed as not compliant as four of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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

Findings

The service was not able to demonstrate assessment and planning considers risks to consumer’s health and well-being, to inform the delivery of safe and effective services. Care planning documentation did not evidence comprehensive assessment and planning is undertaken for all consumers. The lack of risk assessments for consumers was evidenced by an absence of documented strategies to support staff and volunteers to deliver safe and effective services. Staff advised critical consumer information is mostly communicated verbally, however stated they have a comprehensive knowledge of the consumers they support.

Care planning documentation reviewed by the assessment team indicated that while some consumers have emergency plans and home environment risk assessments completed by the service, assessment and planning did not demonstrate all risks are considered for consumers receiving supports, including those with risks associated with mobility and falls.

One consumer file evidenced information linked to consumer with a fall’s history from July 2021. The service plan developed for this consumer in December 2021 did indicate consideration and assessment of falls risk, however did not include information or strategies to reduce risk in relation to the use of the consumers 4-wheeled walker, when supporting the consumer to access transport, whilst at social and community services or if the consumer experiences dizziness.

Other consumer care plans did not evidence include detail about the assessed needs and risks of consumers living with cognitive impairments; to guide staff in the safe delivery of services.

Documentation for one consumer with a diagnosis of dementia and significant short-term memory loss (STML) did not include any evidence that assessment and planning had been completed by the service. The consumers care plan did not include any strategies for staff to assist in managing the consumer’s STML and dementia behaviours. Staff were able to describe the strategies they use to support this consumer; however, these strategies were not recorded in the service plan.

Care plans reviewed by the assessment team did not include individualised procedures in the event of a consumer’s non-response to a scheduled visit. At the time of the assessment, management advised that staff are expected to contact the office or the coordinator who will follow the service’s general work instruction regarding consumers non-response.

In response to the assessment team’s report, the service advised they had acted to address issues relating to specific consumers raised in the report. As part of their continuous improvement, the service has stated it will be implementing a new care planning tool to guide staff in the collection of relevant information relating to consumer needs, goals, preferences. The service has committed to undertaking a review and completing individual risk assessments for all CHSP consumers and will be developing a new care planning tool to assist with this process. Handbooks for staff and contractors are also to be updated to include information and process to follow in the event of non-response at a consumer visit.

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

|  |  |  |
| --- | --- | --- |
| 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 did not demonstrate that assessment and planning consistently identifies and addresses consumer’s current needs, goals and preferences, including in relation to supporting consumers achieve their wellness and reablement goals. While service plans included generic consumer goals, the plans reviewed did not demonstrate they were consistently reflective of consumer’s current needs and preferences and did not include enough information to guide staff practice. At the time of the quality review, management explained, and care documentation evidenced, the service does not effectively gather and document consumers tailored needs, goals, and preferences, nor consistently discuss advance care planning wishes with consumers at entry to service.

While the services “community inclusion services for older people” handbook provided to consumers at entry to service outlines that service plans will include personal information, goals, agreed services, any special support needs, costs and linkages to other services, the assessment team noted service plans do not include consumer information regarding special support needs.

For consumers attending social support groups, service plans contained generic goals with staff utilising templated forms. Consumer information added to the service plan included personal details and type of service received but did not include individualised information to guide staff and volunteer practice.

The service plan for one consumer showed ticks against 5 generic goals regarding their attendance at social groups 4 days per week with no information regarding support needs when attending these groups or being supported to complete shopping with a volunteer. The consumer advised the volunteers know and support them well. At the time of the assessment, management acknowledged the service plan is not individualised and could detail more information.

Two consumer service plans evidenced generic goals which did not include information about frequency of attendance or strategies for staff and volunteers when managing consumer behaviours. The assessment team noted that information such as identifying culturally and linguistically diverse (CALD) needs and preferences was not recorded.

Coordinators and staff described the assessment and care planning process and explained that assessment and planning is based on information provided in the My Aged Care (MAC) Support plan, in addition to discussions with the consumer or their representative about what services they have identified that they might need. Staff confirmed outcomes of these discussions are not always documented to inform care planning. Staff advised information on allergies or dietary requirements is not recorded for consumers receiving meal services.

Staff advised the “advanced care planning” brochure is provided at entry to service and some social support groups have had presentations from external organisations, however, discussions regarding advanced care planning does not form part of their intake or review processes. One consumer confirmed they have an advanced care directive, and they explained that the service had not requested this information as part of their information gathering.

The assessment team identified that service plans were not reflective of the outcomes of the assessments and reviews of the consumer’s needs, goals or preferences. At the time of the quality review, management said staff listen to, and have discussions with, consumers and their representatives to understand what is important to consumers and to work out how their goals and preferences can be met. Most consumers and representatives explained they felt listened to by the service, and their services are planned around what is important to them.

In response to the assessment team’s report and as part of their continuous improvement plan, the service has taken remedial action to address the concerns raised for the individual consumers reported on. They have adjusted the consumer’s service plans to reflect individual needs, risks, personal vulnerability indicators and mitigating strategies. In addition to immediate action taken for individual consumers, the service intends to implement additional staff training for Care Planning and Assessment. The planned action date for this item is 30 August 2022.

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | CHSP | Compliant |

*The organisation demonstrates that assessment and planning:*

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | CHSP | 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 did not demonstrate outcomes of assessment and planning are consistently documented in a care plan that is readily available to the consumer, and where services are provided. While most consumers and representatives said they have a copy of their service plan, the service plan is not available at point of service for staff and volunteers to access.

While the service has policies and procedures in relation to assessment and planning, the assessment team noted these guiding documents do not provide direction to staff and volunteers regarding the documentation, communication and access of critical information to enable delivery of services, including social support groups and accompanied shopping.

A review of care documentation for eight sampled consumers identified outcomes of assessment and planning are not documented in consumers service plans, or available at the point of service to guide staff practice on individualised strategies to minimise risks and inform consumer needs and preferences.

While most consumers and representatives interviewed said they have a copy of their service plan, one consumer said they did not know if they have a service plan (or where it is kept). Consumers and their representatives stated staff and volunteers know them well and know how to meet their needs when delivering services.

Staff, volunteers and contractors overseeing social support groups could describe how they support consumers to engage in the groups and described that information regarding consumers is shared verbally with service coordinators.

Two staff members cited privacy issues for not having information documented and readily available for staff and volunteers to access at point of service delivery. They explained that as the service environments are mostly publicly accessible, they do not think folders with consumers service plans and information would be secure.

Service staff explained that consumer information relevant to domestic assistance, transport, and home maintenance is communicated by email to the relevant personnel. All intake processes and service plan reviews are conducted over the phone or face to face. Information is entered into the electronic care planning system and a manual service plan is developed with the consumer, who is offered the opportunity to sign it before a copy is given to them. Volunteer staff do not have access to the care planning system.

During the quality review, service management advised most consumers receiving services for an extended period are known by staff and volunteers well. Service management explained a system gap is known and a holistic service plan is under development for all consumers to capture preference information and strategies for service delivery. This will be available at points of service delivery.

While most consumers and representative said they have a copy of their care plan, staff and volunteers confirmed most information is communicated verbally and there is no care planning information at point of service to guide staff practice. Following feedback during the quality review, service management acknowledged there are areas for improvement and advised they would action identified gaps as part of their continuous improvement process.

In response to the assessment team’s findings and as part of their continuous improvement the service has committed to making all care plans available (as of 31 May 2022) at point of service for staff, volunteers and contractors to guide safe and individualised delivery of services. Additionally, the service has advised they will be exploring electronic alternative for care plans at point of service.

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

|  |  |  |
| --- | --- | --- |
| 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 did not demonstrate services are reviewed regularly, when consumer circumstances change, or when incidents impact on consumer needs, goals or preferences.

Care planning documents for two consumers evidenced their needs were not reviewed, with both reviews on file exceeding 12 months of age.

Care planning documents for two consumers did not demonstrate services being reviewed or adjusted in response to changes in consumer condition, including when incidents occur.

At the time of the quality review, the service had 118 outstanding consumer reviews in its electronic care planning system. Service management explained this was due to conflicting priorities associated with the management of consumer wellbeing during the COVID-19 pandemic. The service evidenced implementation of a plan to manage this and is working towards completing all consumer reviews by the end of June 2022.

In response to the assessment team’s report, the service advised they have completed reviews for two consumers identified as having overdue service plans. As part of their continuous improvement, the service intends to develop a holistic client assessment, planning and review procedure to guide staff in their discussions with all consumers and compliment the new care planning tool.

It is noted that the service responded proactively to the assessment team’s 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

The Quality Standard for CHSP was not assessed as the service does not provide personal care or clinical care.

**Assessment of Standard 3 Requirements*.***

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | CHSP | Not Assessed |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | CHSP | Not Assessed |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | CHSP | Not Assessed |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | CHSP | Not Assessed |

*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.*

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

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | CHSP | Not Assessed |

*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.*

# 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 did not demonstrate that referrals to individuals, organisations and other providers of care are appropriate and completed in a timely manner. The service did not evidence effective systems and processes imbedded to ensure timely referrals to MAC when staff become aware of a consumer’s changed needs.

The service did demonstrate that consumers receive safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life. Services and supports cover a wide range of options for consumers to support them to live as independently as possible.

Feedback from consumers and representatives demonstrated that consumers receive services and supports that are important for their health and well-being and that enable them to do the things they want to do. Consumers described being supported by the service to undertake a range of lifestyle activities and participate in their broader community.

Consumers and representatives were satisfied that their information is shared within the service as required. Care documentation demonstrated regular communication with others internally and externally, about the services and supports provided to consumers as part of the home assist program.

Consumers who receive meals said they are satisfied with the meals provided and that they meet their nutrition and hydration needs and preferences.

Although the service is not funded to provide equipment to consumers, they do assist consumers with equipment in the context of home modifications, transport and social support. Where there is a responsibility to clean and maintain equipment, consumers expressed satisfaction and staff interviewed were able to describe processes which ensure compliance with this obligation.

The Quality Standard for CHSP is assessed as not compliant as one of the seven specific requirements have been assessed as not compliant.

**Assessment of Standard 4 Requirements**

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

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

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

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

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

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

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

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | CHSP | Not Compliant |

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

Findings

The service did not demonstrate referrals to individuals and other care providers are undertaken appropriately and in a timely manner. The service did not demonstrate effective systems and processes to ensure timely referrals back to MAC when staff become aware of changed needs for consumers.

The assessment team spoke with a representative for one consumer who was experiencing a marked decline in cognitive ability and exhibiting behaviours associated with a diagnosis of dementia. The representative described experiencing strain and requested to additional support. Carer and dementia support referrals were provided to the representative, but no referral was made to MAC to assess whether further funding for additional services was available for the consumer.

An advocate for one consumer explained that although the service referred the consumer to the Aged Rights Advocacy Service following some concerns disclosed by the consumer to a staff member, the service did not make a referral to MAC following the consumer’s recognised health decline. This action was undertaken by the advocate and the consumer was subsequently allocated a home care package.

In relation to the services responsibility to make appropriate and timely referrals, management advised if staff or volunteers recognised deterioration, a report would be made to a coordinator who would speak to the consumer or representative and work together for a possible referral back to MAC for assessment and consideration of additional services. Interviewed staff explained their understanding of the process to be consumer and representative actioned.

The service has a work instruction to guide staff to ‘conduct home assist client review’ which provides information to identify any notable changes in health or medical conditions affecting activities of daily living, including recent falls or balance issues. However, the work instruction does not provide staff guidance to action referrals back to MAC, as outlined in the CHSP Manual which states that ‘CHSP service providers must refer clients back to MAC when their needs have changed through support plan review request functionality’.

In response to the assessment team’s report, the service has advised of remedial action to address the concerns regarding individual consumers identified in the assessment team’s report. As part of their continuous improvement, the service has committed to developing a new referral template to ensure all appropriate actions are undertaken at the time of referral and the inclusion of additional information in the services access, intake and exit procedure and conduct client review instruction, to ensure effective and timely referrals to MAC and other organisations for consumers when needs, goals or preferences change.

It is noted 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.

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

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

|  |  |  |
| --- | --- | --- |
| 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 and described it as being clean and well maintained. One consumer commented on the cleanliness of the environment, stating ‘It shines like a mirror’.

Observations of the service environment showed it was welcoming, clean, well maintained and accessible. The service has processes to minimise the risk of infections including regular cleaning, mandatory masks for staff, social distancing and health related screening of visitors.

Staff and management described processes to ensure the service environment and equipment are clean, safe and maintained and how they minimise the risk of infections. They advised the service has reactive and preventative maintenance processes and the assessment team reviewed documentation that supported this statement.

The Quality Standard for CHSP is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | CHSP | 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 complaints are consistently addressed and documented. An open disclosure process, used when things go wrong, was not evidenced by the service.

The service’s policy and procedures did not reflect best practice for managing and resolving complaints, specifically in relation to open disclosure.

The assessment team viewed the service’s feedback and complaints register for a seven-month period. It showed that some consumer feedback had been documented and addressed, although outcomes of complaints were not always documented in the services complaints register.

Consumers and representatives interviewed felt supported to provide feedback regarding their services and stated they would feel comfortable to speak with staff to raise issues. Consumers attending the social support groups advised they are frequently asked to provide feedback and make suggestions to continuously improve their experiences at the groups.

Staff and management described how they support and assist consumers to raise their concerns through feedback forms, surveys and reviews. They described how consumers’ feedback is responded to, including to inform improvements to their services, for example, in relation social support group activities and meals.

The service’s consumer information pack and handbook provides consumers with both internal and external feedback and complaints mechanisms.

The Quality Standard for CHSP is assessed as not compliant as one of the four specific requirements have been assessed as not compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | CHSP | 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 consistently addressed and documented, and that an open disclosure process is used when things go wrong.

The assessment team reviewed the complaints of several consumers whose feedback had been promptly responded to, with action taken on each occasion within the service to address issues of concern. However, the assessment team was not provided evidence that consumers had been included in the process or to demonstrate that consumers were formally advised of the outcome. Outcomes of complaints were not consistently recorded in the register with management advising that consumers are usually advised verbally of outcomes and the information recorded in the consumer’s case notes.

The service was unable to provide examples when the service had used an open disclosure approach when addressing feedback and complaints.

The assessment team viewed the council’s Complaints Handling Policy and Procedure, and the service’s Work Instruction for documenting complaints and feedback. These documents did not reference open disclosure processes and were not effective in guiding staff and management about management of complaints, including open disclosure practices, in line with best practice.

In response to the assessment team’s report, the service’s continuous improvement plan has been updated to include several actions to address non-compliance in relation to this requirement, especially in relation to open disclosure principles. The plan will also be aligned with the feedback and Complaints register to allow the service to track outcomes and service improvements that stem from customer complaints and feedback.

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP | Compliant |

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

# STANDARD 7 Human resources

# CHSP 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 enough, 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 the workforce is recruited, trained, equipped and supported to deliver services, specifically in relation to workforce education and training to deliver outcomes for consumers. The service was not able to provide evidence of recent workforce training and, when mandatory training had been provided, records showed that staff and volunteers had not always completed the training as required.

Additionally, evidence indicated workforce performance is not regularly assessed, monitored and reviewed. Management advised that the service does not have a formal process for performance review, and the service did not demonstrate a system is in place to effectively evaluate how the workforce is performing their role, including services provided by contractors.

Overall sampled consumers considered that they get services when they need them and as planned, and from people who are knowledgeable, capable, caring and respectful.

Members of the workforce interviewed confirmed there are enough skilled and knowledgeable staff, volunteers and contractors to provide services. They advised the service has not provided recent training, however, they felt supported to competently perform their role.

Management described how the service ensures there are enough workforce members to ensure delivery of services. They demonstrated recruitment and induction processes, including mandatory requirements, to ensure the workforce is competent to perform their role.

The assessment team observed staff and volunteers interacting in a kind, caring and respectful manner with consumers.

The Quality Standard for CHSP is assessed as not compliant as two of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

Findings

The service did not provide evidence to demonstrate service staff and coordinators were provided with sufficient training and education to effectively perform their roles in line with the Quality Standards, specifically in areas such as consumer assessment; identification and consideration of risk; management of feedback and complaints and; incident management. In circumstances where training had been provided, it had not always been completed by all relevant staff and volunteers.

Management confirmed provision of training in the 18 months prior to the quality audit had been limited, stating this was in most part due to COVID-19 and the inability of many volunteers to complete training online.

Sampled consumers did not express specific concerns in relation to this requirement and were satisfied with the services they received, however, staff, volunteers and contractors interviewed stated that the service did not always provide them with the relevant training to perform their role such as training on elder abuse, incident reporting, identifying changes and deterioration, fire and emergency, feedback and complaints, or COVID-19.

Prior to the quality audit, the service had identified training gaps through a training needs analysis (TNA) and documented mandatory and essential training according to staff and management positions, including safe food handling, risk management, work health and safety, dementia, person-centred care, reablement, manual handling, incident management, fire and emergency, infection control COVID-19, first aid and CPR. At the time of assessment, training requirements had not been identified for volunteers and contractors providing community and in-home services to consumers.

In response to the assessment team’s report, the service has engaged with an external education and training provider to deliver a full learning schedule to address gaps in training needs for staff and volunteers. All staff will receive training in line with their individual Training Needs Analysis and under the service’s continuous improvement plan. Additional modules identified for delivery include Care Planning and Assessment; Minimising Risk of Falls; Recognising Changes in Client Needs; Risk Assessment in the Home; Advanced Care Planning; Elder Abuse and, various training modules relating to Dementia.

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

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

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

Findings

The service did not demonstrate or evidence that the performance of its workforce is regularly assessed, monitored and reviewed. Management advised that the service does not have a formal process for reviewing and monitoring the performance of staff and explained this is conducted informally. While consumers sampled did not express any specific concerns in relation to this requirement and were satisfied with the services provided by staff, the service did not demonstrate there is a system in place to effectively evaluate how the workforce is performing their role.

Service management explained that when performance issues are identified, the service approaches staff management through coaching and communication with the workforce member. Expectations of staff performance is explained when staff are initially employed by the service.

Management did explain recent performance issues had been identified linked to a staff member, however information and records of performance management where not provided to the assessment team to evidence this.

As noted in standard 2, service staff did not effectively assess, plan and review consumer’s services. Management explained to the assessment team they do not provide initial training or ongoing supervision in relation to consumer assessment and planning.

Service staff described feeling supported by their line managers, and explained they meet with them every 2 months.

The service did not demonstrate the presence of effective systems to regularly assess, monitor and review workforce performance. Evidence of ongoing informal workforce monitoring processes was not provided.

It is noted that the service responded proactively to the assessment team’s 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 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate, or evidence effective governance systems and processes are embedded to enable the governing body to consistently and systematically promote a culture of safe, inclusive and quality care and services, and be accountable for service delivery. This included systems relating to information management, workforce governance, regulatory compliance, and feedback and complaints.

The service did demonstrate and evidence effective systems embedded in relation to continuous improvement and financial governance. Additionally, evidence demonstrated consumers are engaged in the development, delivery and evaluation of their care and services.

The service did not demonstrate effective risk management systems and practices are embedded to identify, assess and manage risks to consumer’s health, safety and well-being. The assessment team found the evidence did not identify effective consumer risk mitigation strategies are documented when they are identified. While the service does have some policies and procedures, it was not demonstrated that staff had been provided guidance and education to identify, assess and manage risks to consumers.

## Assessment of Standard 8 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | CHSP | 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

At the time of quality audit, the service recently implemented monthly reporting to the governing body. The assessment team reviewed documentation and interviewed management staff in relation to the relevant systems and process.

Service management described the service as having defined strategic planning and decision-making processes, policies and reporting mechanisms to report to all levels of service operations. However, the service did evidence consistent and effective reporting to the governing body. For example:

* Evidence of the service’s quarterly performance reports and human resources meetings related to human resourcing was not provided to the assessment team
* Evidence of executive team oversight of a serious incident related to a member of the public becoming injured behind a service building was not provided to the assessment team, including any subsequent informed decisions linked to this service building and CHSP consumers attending group activities there.
* As noted in the findings in other standards and requirements within this report, the service was not always able to demonstrate effective and safe delivery of services to consumers, including assessment and planning, risk management, and workforce recruitment and education. It was not demonstrated or evidenced that matters of this nature had been reported to the governing body to inform effective decision making.

The service did not demonstrate effective oversight of sub-contracted services delivery. For example:

* Management advised that, in 2020, the Australian Tax Office (ATO) raised concerns about the service’s procurement processes. The ATO had identified that the council used purchase orders with terms and conditions, and some contractors had not signed a service agreement.
* The Assessment Team noted this had been documented in the Community Inclusion Continuous Improvement Register in July 2020, including implementing performance management processes and including requirements in contracts to ensure compliance with legislation.
* However, as described under requirement (3)(c) of this Standard, the service did not demonstrate that all contractors providing services to consumers had signed service agreements, and that the service had effective processes to oversee services provided by contractors to consumers.

The service did evidence some reporting to, and oversight by, the governing body. For example:

* The Assessment Team viewed the service’s Community Inclusion CHSP reports dated February and March 2022 including performance against CHSP outputs, business development and regulatory compliance, continuous improvement plan, workforce governance, and consumers’ incidents, feedback and complaints. These reports included reporting of challenges, for example: Workforce and volunteers attrition and recruitment, services at funding capacity and strategies to manage new referrals, and consumer services review status.
* The Assessment Team viewed information to and from the governing body in relation to CHSP services related to the COVID-19 pandemic, and strategies implemented for the safety of consumers receiving CHSP services.
* The service was able to demonstrate monthly reporting to the governing body had recently been implemented and oversight by the governing body in relation to COVID-19 pandemic impacts on the delivery of CHSP services.

|  |  |  |
| --- | --- | --- |
| 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 service was able to demonstrate effective service-wide governance systems in relation to continuous improvement and financial governance, however, was not able to demonstrate effective governance systems in relation to information management, workforce governance, regulatory compliance, and feedback and complaints.

#### *Information management:*

* The service did not demonstrate effective information management, relevant to the workforce and service management having relevant guidance and instruction to enable them to perform their role. As documented under Standard 2 and 4, relevant information about consumers including outcome of assessment and care planning, risks, and individual needs, goals and preferences, are not always documented by the service. Service staff at all levels advised critical information is mostly communicated verbally within the service.
* As documented under requirement (3)(b) of this Standard, the service did not evidence consistent and effective information management processes to ensure the governing body received relevant information to provide oversight of service delivery.
* The service did not evidence or demonstrate effective information gathering and documentation to enable effective governance systems in relation to workforce, regulatory compliance, and feedback and complaints.
* The service did not demonstrate relevant policies and procedures have been implemented to effectively support staff and management in their roles and meet the requirements of the Quality Standards. The service has policies and procedures in relation to assessment and planning, however, the assessment team noted the Work instructions did not guide staff in line with Quality Standards.
* The assessment team viewed the council’s Complaints Handling Policy and Procedure, and the service’s Work Instruction for documenting complaints and feedback and noted these documents did not reference open disclosure processes and were not effective in guiding staff and management about management of complaints, including open disclosure practices, in line with best practice.

*Continuous improvement*

* Service management demonstrated improvements have been identified and documented on the service’s continuous improvement register (CQI register). This included implementation of a vulnerable consumer register, a register to monitor consumers annual reviews and overdue reviews, completion of a training needs analysis, a consolidated system for recording and managing all incidents, Implementation of mandatory first aid training for CHSP volunteers in direct care roles, and consumer assessment and planning, including identification and documentation of person-centred goals.
* Whilst these improvements have been documented and implemented, the assessment team did not evidence effective or consistent service staff uptake and utilisation. Service management did not provide an example of improvement informed by consumer’s experiences and feedback and advised improvements have mainly been identified at organisational and management level and they could not recall an improvement which has originated from a consumer.

#### *Financial governance*

* The service was able to demonstrate financial governance systems and processes, including financial delegations and reporting to the governing body in relation to CHSP services delivery.

#### *Workforce governance*

* The service did not demonstrate effective workforce governance systems and processes, including workforce planning, recruitment, training and performance management processes.
* The service did not evidence compliant workforce governance systems. The assessment team evidenced these to be ineffective in ensuring clear responsibilities and accountabilities, including ensuring the service has established policies and procedures in relation to workforce management such as workforce planning, recruitment, training and performance management.
* Service management explained the service does not have a systematic process to monitoring staff and volunteer levels. Documents evidenced a shortage of staff being addressed as required to ensure delivery of services to consumers.
* Service staff and management explained consumers 12 annual reviews had not been conducted as required, due to staff vacancies. Service management advised recent recruitment processes had been unsuccessful as the service was waiting on CHSP funding for 2022-2023.
* The service did not evidence effective learning and development systems to ensure staff have required education to perform their role in line with the Quality Standards requirements.
* The service did not evidence systematic and effective processes to monitor workforce performance.
* The service did not demonstrate effective oversight of sub-contracted services delivery. The contractor register evidenced 10 out of 14 contractors do not have a signed service agreement.
* Service management advised they do not have a systematic and formal monitoring process of contractor’s performance in delivering services to consumers.

#### *Regulatory compliance*

* The service did not demonstrate effective systems and processes to ensure monitoring of workforce regulatory requirements, in relation to police checks, mandatory training and COVID-19 vaccination. For example, the Assessment Team viewed the service’s volunteers register used to monitor compliance with mandatory requirement which showed mandatory training such as COVID-19 and infection control, food safety, first aid and Cardiopulmonary Resuscitation (CPR) had not always been completed.
* Volunteers were not always up-to-date with mandatory COVID-19 vaccination and police checks.
* Service management and staff advised volunteers might be up to date with these requirements, but the service has not been provided evidence. It was explained that due to vacant staffing positions, staff do not have the time to monitor the register and follow up with volunteers.

#### *Feedback and complaints*

* The service did not demonstrate effective systems and processes to ensure consumers’ feedback and complaints are consistently documented, to enable trends and analysis, and to inform improvements to the services. The service’s policies and procedures do not effectively guide staff and management to gather, document, review and analyse feedback.
* The assessment team evidenced that, for the period September 2021 to April 2022 (7 months), 3 consumer feedback/complaints had been documented in the register. Management confirmed that consumer informal feedback, for example, feedback during group activities or meetings, are addressed as required, however, this is not documented in the service’s feedback and complaint register.
* Service documents evidenced surveys conducted with consumers to identify their satisfaction with meals, group activities and services. However, the service did not demonstrate that outcomes of the surveys had been analysed and documented, to identify possible trends and inform continuous improvement. Service management advised that as consumer feedback was mostly positive, outcomes had not been documented in the feedback register or continuous improvement register.
* The service did not demonstrate that consumer feedback had consistently been addressed to a satisfactory outcome for consumers and could not provide examples when the service used an open disclosure approach. Additionally, organisational policies and procedures did not effectively guide staff and management in relation to applying open disclosure processes when things go wrong.

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

*Managing high impact or high prevalence risks associated with the care of consumers*

* Service management described organisational governance in relation to risk management, however, did not demonstrate effective management of risks to consumers’ health, safety and well-being. The service did not demonstrate comprehensive assessment and planning is undertaken for all consumers, including in relation to risks. Inconsistent assessment of risk for consumers resulted in a lack of documented strategies to support staff and volunteers to deliver safe and effective services. The service did not demonstrate staff had been provided education in relation to assessment and planning, including in relation to consumer risks.
* Service management explained vulnerable consumers are identified utilising a risk matrix and documented in an electronic care planning system. Evidence of this information did not include the factors for determining consumers vulnerability, or strategies to support them to mitigate their identified risks and vulnerabilities.
* The service recently implemented a vulnerable tool in their consumer electronic system, in conjunction with the new wholistic approach to consumer reviews. The assessment team was advised consumer care plans will be updated over time to reflect the consumers vulnerability and risks.

*Identifying and responding to abuse and neglect of consumers*

* The service did evidence a procedure to prevent and respond to abuse, neglect and exploitation of elders and/or People with a Disability is in place to guide staff. The service did not however evidence that staff had been provided education in relation to elder abuse.
* Service documents evidenced the service had identified suspected elder abuse of one consumer, by a family member. This document guided staff not to contact the family member but did not alert staff about the risks associated with elder abuse.

*Supporting consumers to live the best life they can*

* The service demonstrated customer dignity and choice procedures are in place to guide staff in supporting consumers to exercise choice, including taking risks if they wished to. However, the service was not able to demonstrate effective assessment and planning in relation to risk and did not demonstrate that staff had been provided dignity of risk education.
* Although the service has systems in place to support consumers, they were not able to provide evidence of consumers currently or previously supported to take risks.

*Managing and preventing incidents, including the use of an incident management system.*

* The service did not demonstrate the comprehensive documentation of incidents through its incident management system.
* One consumer attended to by paramedics for dehydration had not been recorded in the electronic incident system. Service management acknowledged this incident should have been recorded and explained this must have been an oversight.
* The service did not demonstrate consistent investigations had been undertaken. Two consumers incidents dated March 2021 had not been subject to investigation. Service management explained the relevant information would be documented in the consumer’s care file, however could only evidence a client incident form linked to one consumer incident.

|  |  |  |
| --- | --- | --- |
| 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.

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | CHSP | Not Compliant |

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

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

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

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

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

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

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

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