**Performance**

**Report**

**1800 951 822**

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| Name of service: | City of Salisbury - SALISBURY |
| Service address: | 34 Church St SALISBURY SA 5108 |
| Commission ID: | 600156 |
| Home Service Provider: | City of Salisbury |
| Activity type: | Quality Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 21 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for City of Salisbury - SALISBURY (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* CHSP - Transport, 4-23S6L7M, 34 Church St, SALISBURY SA 5108
* CHSP - Social Support - Individual, 4-23S6L42, 34 Church St, SALISBURY SA 5108
* CHSP - Domestic Assistance, 4-23S4WN4, 34 Church St, SALISBURY SA 5108
* CHSP - Home Maintenance, 4-23S4WQ5, 34 Church St, SALISBURY SA 5108
* CHSP - Home Modifications, 4-23S4WSC, 34 Church St, SALISBURY SA 5108
* CHSP - Meals, 4-23S4WTZ, Jack Young Centre, 2 Orange Avenue, SALISBURY SA 5108
* CHSP - Social Support - Group, 4-23S6L39, Jack Young Centre, 2 Orange Avenue, SALISBURY SA 5108
* CHSP - Meals, 4-23S4WTZ, Para Hills Centre, 1 Wilkinson Road, PARA HILLS SA 5096
* CHSP - Social Support - Group, 4-23S6L39, Para Hills Centre, 1 Wilkinson Road, PARA HILLS SA 5096
* CHSP - Meals, 4-23S4WTZ, Pine Lakes Centre, 16 Homestead Avenue, PARAFIELD GARDENS SA 5107
* CHSP - Social Support - Group, 4-23S6L39, Pine Lakes Centre, 16 Homestead Avenue, PARAFIELD GARDENS SA 5107

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 15 December 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

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| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | **Non-compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Non-compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Non-compliant** |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. During interviews with the Assessment Team consumers stated they felt respected and valued by staff and management. Staff and management when interviewed by the Assessment Team described how they ensure each consumer's identity is respected, and how they are treating consumers with dignity and respect. All consumers interviewed by the Assessment Team described in various ways that they are well treated by the service, for example, one Social Support Group (SSG) volunteer stated staff were respectful of their knowledge of the program and groups and sought and valued their input into program development and activities.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. During interviews with the Assessment Team consumers confirmed in various ways that the service considers consumer’s background, culture and what is important to them to inform services. Staff and management when interviewed by the Assessment Team demonstrated understanding and application of consumer’s needs, goals and preferences to inform culturally safe service delivery. During interviews with the Assessment Team staff and management described the process to understand consumer’s cultural needs and preferences and discuss with consumers how the service can provide services that are culturally safe for them as an individual. The Assessment Team noted an example relating to the service offering a variety of culturally specific groups such as the Vietnamese and Bosnian groups.

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team consumers indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence, safety and live their best life. Staff and management when interviewed by the Assessment Team demonstrated how they support consumers to make choices and decisions about their services, including activities that may place them at risk, and consultation with consumers about strategies to manage risks to enable them to participate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. During interviews with the Assessment Team consumers confirmed information is provided to them verbally and in writing when they first access the services and ongoing. Staff and management when interviewed described how they provide information to consumers at commencement of services and ongoing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. During interviews with the Assessment Team consumers stated they felt the service and workforce are respectful of the consumer’s privacy and personal information. Staff and management when interviewed by the Assessment Team described how consumer’s privacy and confidentiality is respected.

# Standard 2

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current needs, goals and preferences. During interviews with the Assessment Team staff described how referrals from MAC and conversations with consumers and/or their representatives about what is important to them informs the planning of services. Care planning documents analysed by the Assessment Team showed that consumers’ needs, goals and preferences had been discussed with them and documented, including in relation to advanced care directives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and those who they wish to be involved, including other organisations and health care professionals. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in assessment and planning of the services they receive. During interviews with the Assessment Team staff described how consumers, representatives and others are involved in assessment, planning and development of an individualised service program.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Evidence analysed by the Assessment Team showed for some consumers, while some home environment risks had been identified through a home and safety inspection, these had not been assessed and strategies to manage those risks were not consistently documented. Evidence analysed by the Assessment Team showed service plans and/or referrals provided to the workforce did not include detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers.

During interviews with the Assessment Team the Home Assist Management described the process of initial assessments with a support worker and consumer, and how the My Aged Care (MAC) referral is the source of information used to inform the delivery of care. During interviews with the Assessment Team staff described the processes they undertake when initially meeting a consumer, however, the Assessment Team noted staff could not demonstrate that they are considering and/or assessing risk to the consumers to identify individualised risks to a consumer's health and wellbeing or using this information to inform the delivery of the consumer’s services. Evidence analysed by the Assessment Team showed while the service does have a guide for New Consumer Home Visits, the Assessment Team noted it does not include information regarding assessments to be completed to determine risks to the consumers’ health and well-being.

Evidence analysed by the Assessment Team showed documentation did not demonstrate the service collects sufficient information to ensure the delivery of safe and effective service, for example: medical history, allergies, mobility issues and aids required, history of falls, dietary requirements and cognitive status.

The Assessment Team analysed service plans, level of vulnerability screening documentation and referrals for sampled consumers and noted the service has identified some risks to a consumer’s health and wellbeing, for example, falls risk, medical conditions and memory loss. However, evidence analysed by the Assessment Team showed assessment and planning process and documentation did not demonstrate the service is including the consideration and assessment of risks to the consumer’s health and well-being to inform the delivery of safe and effective services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and workforce at point of care. During interviews with the Assessment Team consumers, representatives, staff, and a review of care documentation identified that, the service does not provide a comprehensive care plan that captures all aspects of a consumer’s health and wellbeing including emotional, spiritual and psychological.

Evidence analysed by the Assessment Team showed goals are identified through MAC assessments and the information documented in care plans, and communicated to consumers, was generic, did not include consumer’s needs and preferences, and did not detail how the services are to be provided to support consumers achieve their goals. Evidence analysed by the Assessment Team showed service plans did not include information on the outcomes of assessment and planning including the consideration of risk, The Assessment Team noted based on evidence analysed that when risks have been identified this information is not documented within the care and services plan or the referral for workers

The Assessment Team noted they interviewed a program coordinator who provided an in-depth knowledge of each consumer within the group and their individual needs, goal and preferences; however, the Assessment Team noted the staff member confirmed this information is not documented within a care plan/s.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate they have an effective process to review consumers care and services regularly, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. An example to substantiate this claim is documented below:

* Consumer A during interviews with the Assessment Team stated he/she used to attend group activities, however, due to the pandemic Consumer A stopped attending. During interviews with the Assessment Team Consumer A advised his/her care need had increased and he/she did not know how to get help.
* The Assessment Team analysed evidence and identified that the service failed to contacted Consumer A when they ceased to attend and did not conduct a review of Consumer A’s care needs.

Evidence analysed by the Assessment Team showed the service has a schedule to monitor upcoming reviews and is currently at the time of the Quality Audit sending a survey to consumers and using the information provided in the survey as a review. However, upon further analysis by the Assessment Team it was noted the survey does not capture all aspects of a consumer’s health and wellbeing including emotional, spiritual and psychological, and the process does not effectively identify when consumer’s care and service’s needs, goals and preferences have changed or increased. Evidence analysed by the Assessment Team showed the review surveys do not include a holistic review of the consumer’s needs, goals and preferences, including to identify if there had been a change in needs or condition, or if they would like additional services to be provided.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented improvements and corrective action. Additional information and evidence provided by the service in their response, while detailed, on this occasion did not exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation in its entirety. The Decision Maker is confidant if the improvements and corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

All individual Requirements within Standard 3 are not applicable, therefor Standard 3 is not applicable and as a result was not assessed by the Assessment Team.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers gets safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. During interviews with the Assessment Team consumers were overwhelmingly positive and felt they are supported to be independent when attending community centres. Staff and management when interviewed by the Assessment Team demonstrated services provided to consumers are tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. During interviews with the Assessment Team consumers stated staff are attentive to consumer’s wellbeing and provide meaningful activities and services. Staff and management when interviewed by the Assessment Team demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. During interviews with the Assessment Team consumers and volunteers advised the multiple social support groups on offer, and how they volunteer to lead groups, enables them to take part in their community and do things of interest to them. Staff and management when interviewed by the Assessment Team described how the service assists consumers to participate in their community, have social relationships and do the things meaningful to them. During interviews with the Assessment Team staff described how they support consumers stay connected with their community, for example, when a consumer first attends an activity centre they are invited to stay for lunch and are seated with consumers who enjoy socialising to ensure the new consumer feels included.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is communicated within the organisation, and with other organisations where responsibility for care is shared. During interviews with the Assessment Team Consumers and representatives were satisfied that information about their services is shared within the service and with others involved in their service provision. Staff and management when interviewed by the Assessment Team described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated. Staff and volunteers interviewed by the Assessment Team demonstrated a sound knowledge of consumers within their groups and explained any change in condition would be promptly identified and reported to staff for investigation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. During interviews with the Assessment Team management advised the processes they follow to provide assistance to consumers to navigate MAC and how they support consumers to connect with other organisations when required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed by the Assessment Team at the Jack Young centre confirmed they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. The Assessment Team noted the service provides café style dining in two centres, five days a week in addition to take away options. During interviews with the Assessment Team staff interviewed described how they assist consumers when choosing their meals and how the menu provides gluten free and vegetarian options.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, when equipment is provided, it is safe, suitable, clean and well maintained. One consumer when interviewed by the Assessment Team advised they had handrails installed at their front door and their home modification needs were assessed by an occupational therapist. During interviews with the Assessment Team management advised they are not currently providing home modification services as My Aged Care is not currently sending referrals due to the lack of Occupational Therapy professionals availability to conduct assessments.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

The Assessment Team noted the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers when interviewed by the Assessment Team confirmed they feel welcome when they attend the centre-based wellness groups and individual sessions. During interviews with the Assessment Team staff described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional. The Assessment Team observed staff at Jack Young centre welcoming consumers on entry and interacting with them in a caring and respectful manner. The Assessment Team noted the service environments were bright, well-lit, comfortable and spacious, and easy to navigate.

The Assessment Team noted the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. During interviews with the Assessment Team management and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environments to be clean, well maintained and comfortable. Staff and management when interviewed described processes to ensure the service environments are safe, clean and well maintained, including to reduce the risk of infections.

The Assessment Team noted the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. During interviews with the Assessment Team Staff described processes to ensure equipment is safe, clean and well maintained, this was confirmed through observations made by the Assessment Team. Consumers when interviewed by the Assessment Team in relation to this requirement confirmed furniture and equipment are safe and suitable for their needs. During interviews with the Assessment Team staff and management described processes to ensure service equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be reported to the Salisbury council for action.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to provide feedback and make complaints. During interviews with the Assessment Team some consumers stated they could not remember information being provided to them about feedback and complaints processes, however, all consumers confirmed they ring the service when they have a concern about their services. During interviews with the Assessment Team members of the workforce and management described how they encourage and support consumers to provide feedback and make complaints. This was substantiated through documentation analysed by the Assessment Team. The Assessment Team noted management advised, and provided documentation substantiating the fact that the Charter of Aged Care Rights, and feedback and complaints processes are provided to consumers in their pack including a compliments, comments and complaints form in their consumer service guide.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Management when interviewed by the Assessment Team described how they inform consumers about external support including advocacy services to make complaints. The Assessment Team observed and noted through complaints documentation analysis multiple examples of representative feedback provided to the service on behalf of consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. One consumer when interviewed by the Assessment Team stated the service had followed up when they had raised a concern, however, the Assessment Team noted most consumers stated they had not had to provide feedback about their services. During interviews with the Assessment Team management described, and provided documentation showing, how they address consumers’ feedback and complaints. Management advised, and provided documentation substantiating, that feedback and complaints are documented in the service’s register and open disclosure processes applied when applicable.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of services. During interviews with the Assessment Team management advised that the key areas of complaints are related to service availability and contractors' quality of service, however, the number of complaints have decreased. Documentation analysed by the Assessment Team showed that improvements to consumers’ services were informed by feedback and complaints.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is planned to enable the delivery and management of safe and quality services. Most consumers when interviewed by the Assessment Team stated that their home services are delivered as planned, and they generally receive continuity of services by regular contractors. The Assessment Team noted consumers attending social support group stated that the services are provided by regular coordinators and volunteers who know them. Management when interviewed described how the service manages challenging contractor availability and new consumer referrals to ensure that services are delivered to their consumers as planned. During interviews with the Assessment Team staff interviewed described staff, volunteers and contractors’ allocated tasks to ensure consumers are provided regular services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Twelve consumers interviewed by the Assessment Team confirmed in various ways that staff, contractors and volunteers are very kind and caring. Workforce and management when interviewed by the Assessment Team spoke about consumers in a kind and respectful way to the Assessment Team. Eleven consumers when interviewed by the Assessment Team stated they felt respected and listened to by people providing their services and staff at the office.

Evidence analysed by the Assessment Team showed the service was able to demonstrate its workforce is competent and has the skills and knowledge to effectively perform their roles. Eleven consumers when interviewed by the Assessment Team confirmed in various ways that staff, contractors and volunteers know how to do their job when providing services. Workforce interviewed by the Assessment Team confirmed that they have years of experience in their role, and advised they are supported by the service as required. During interviews with the Assessment Team management described the service’s processes to determine volunteers and contractor’s competency and capability at recruitment and ongoing.

Management when interviewed by the Assessment Team advised they recruit staff, volunteers and contractors with desirable criteria related to their role such as Certificate 3 in aged care, proven experience or ability to speak consumer’s language, and verify their competency during the recruitment process. Evidence analysed by the Assessment Team showed the service monitors workforce competence through consumer feedback and ongoing supervision. The Assessment Team noted newly employed workforce undertake organisational and role related induction including mandatory training relevant to their role.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Workforce in various roles when interviewed by the Assessment Team described completing relevant training and being supported in their role by the service. Management when interviewed by the Assessment Team described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. This was substantiated through documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed staff position descriptions and operational manual including policies and procedures; and training and education completed by staff and management including Aged Care Quality Standards, privacy and confidentiality, inclusion and diversity, person centred care, dignity and risk, reporting abuse and incidents, incident management, advanced care directives, falls prevention, Elder abuse, understanding dementia, first aid, feedback and complaints management, emergency training, Covid-19 and infection control, and aged care reforms including Serious Incident Response Scheme (SIRS).

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular monitoring and review of the performance of workforce members. Workforce and management when interviewed by the Assessment Team described the service’s process to monitor their performance. During interviews with the Assessment Team staff and management described staff performance review processes including six-monthly reviews, and consumer feedback. This was substantiated through documentation provided to the Assessment Team. Management when interviewed by the Assessment Team advised that performance monitoring is ongoing through direct supervision at the community centre, feedback and complaints processes, and annual review surveys completed by consumers.

# Standard 8

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of services. Consumers attending social support groups when interviewed by the Assessment Team confirmed they have input into the services provided at the centres. Management advised the Assessment Team that consumers are involved in the services through feedback processes and Advisory Committee. During interviews with the Assessment Team management advised, and provided documentation showing that consumers have input into services through feedback and complaints processes, annual reviews and surveys, and monthly Advisory Committee meetings.

The Assessment Team analysed the Advisory Committee Terms of Reference showing that memberships include group consumer representatives and volunteer representatives. Meeting minutes analysed by the Assessment Team confirmed that agenda items include discussions of program activities, special events, meals and menus, aged care reforms updates, and general information such as Advanced Care Directives, Covid-19 or WHS issues.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards.

During interviews with the Assessment Team management advised, and provided documentation showing, that the governing body has oversight of CHSP services through regular meetings and reporting processes. The Assessment Team analysed documentation including:

* Regular informal and documented CEO, GM and manager meetings in relation to CHSP services including reports on CHSP service delivery outputs and financial reports, workforce (staff, volunteers and contractors) management, Aged Care Quality Standards, aged care reforms, regulatory requirements, diversity and inclusion strategic planning.
* Executive group meetings minutes related to CHSP services including aged care reforms and its implications on the CHSP program and Council, CHSP funding agreement extension, and quarterly financial reports including CHSP services output and variances against funding.

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

Information management:

Evidence analysed by the Assessment Team showed the organisation has an established records management framework including policies and procedures related to collecting, sharing and storing information. Evidence analysed by the Assessment Team showed all consumer information is stored securely in the service’s electronic system which is password protected and accessed with relevance to staff position and role.

Continuous improvement:

Evidence analysed by the Assessment Team showed the organisation has an established continuous improvement process, including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback and improvements identified by the service related to application of the Aged Care Quality Standards.

Financial governance:

Evidence analysed by the Assessment Team showed the organisation has an established financial governance framework including planning, decision making, accountability and reporting processes. financial policies outlining accountabilities and responsibilities. The Assessment Team noted the organisation’s Executive group includes a Budget and Finance Committee reporting to the CEO.

Workforce governance:

Evidence analysed by the Assessment Team showed the organisation has an established workforce governance framework including policies and procedures in place in relation to workforce management. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective workforce planning, recruitment, induction, training and development, and performance review and management to enable delivery and management of safe and quality services to consumers.

Regulatory compliance:

Evidence analysed by the Assessment Team showed the organisation has effective processes to track changes to aged care legislation and regulatory requirements and implement relevant changes. Management when interviewed by the Assessment Team provided examples of recent changes related to Covid-19 requirements and demonstrated that the organisation is keeping up-to-date with upcoming aged care reforms including Serious Incident Response Scheme (SIRS) requirements from 1 December 2022.

Feedback and complaints:

Evidence analysed by the Assessment Team showed the organisation has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints. Including policies and procedures, consumer surveys, a complaint register which enables the service to record, monitor and action consumer feedback.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices, including in relation to managing high-impact or high-prevalence risks associated with the care of consumers.

Evidence analysed by the Assessment Team showed the organisation has an established risk management framework including policies and processes related to organisational risk management and incident management. However, the Assessment Team noted based on evidence analysed the organisation did not demonstrate effective processes to identify and assess consumer’s safety and well-being such as high-impact or high-prevalence risks associated with services provided to CHSP consumers. Furthermore, the Assessment Team noted the organisation did not demonstrate understanding or application of organisational governance related to monitoring and oversight of high-impact or high-prevalence risks for their cohort of consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate to a sufficient level, that consumer assessment and planning included consideration and assessment of risks to the consumer’s health and wellbeing to inform the safe and effective delivery of their services. (Previously documented in Standard two of this document)

During interviews with the Assessment Team support staff and team leaders demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities, and the organisation provided a list of consumers who have been identified as living with vulnerabilities such as living alone, medical conditions, and/or physical or cognitive impairment. However, based on evidence analysed the organisation was not able to demonstrate how this informed safe and effective delivery of services for these consumers or enabled the service to monitor the consumers to effectively mitigate and manage risks.

Evidence analysed by the Assessment Team showed the organisation does not currently have governance processes to monitor, analyse and report on consumer’s high-impact or high-prevalence risks at service or organisational level. For example, the Assessment Team noted the service does not have systematic monitoring and reporting of consumer risks impacting their services delivered such as falls risks, mobility, cognitive or other impairments, medical and health conditions.

Evidence analysed by the Assessment Team showed the organisation was not able to provide evidence of policies, procedures and/or training related to consumer high-impact or high-prevalence risks to support effective and systematic identification, assessment and management of consumer risks by the management team at service level, or organisational level.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented improvements and corrective action. Additional information and evidence provided by the service in their response, while detailed, on this occasion did not exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation in its entirety. The Decision Maker is confidant if the improvements and corrective action is followed through with and completed, the service in the near future should return to compliance.

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