Performance

Report

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| Name of service or service group: | Performance report date: |
| Communities@Work Limited | 23 August 2022 |
| Commission ID: | Activity type: |
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| Communities@Work Ltd | 18 July 2022 to 20 July 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 Communities@Work Limited (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:**

* Personal Care, 4-7XVFLSH, 172 Dixon Drive, HOLDER ACT 2611
* Transport, 4-7XW73SC, 172 Dixon Drive, HOLDER ACT 2611
* Domestic Assistance, 4-7XW73VP, 172 Dixon Drive, HOLDER ACT 2611
* Social Support - Group, 4-7XW73YJ, 172 Dixon Drive, HOLDER ACT 2611
* Social Support - Individual, 4-7XW7444, 172 Dixon Drive, HOLDER ACT 2611

# 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 22 August 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-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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| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| 1(3)(b) | Care and services are culturally safe | Non-compliant |
| 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 |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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 |
| 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 |
| 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. | Non-compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |
| 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. | Non-compliant |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-compliant |
| 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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 |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| 1(3)(b) | Care and services are culturally safe | Non-compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers interviewed reported the service supports them to make decisions in relation to their services. The Assessment Team noted consumer feedback indicated consumers were confident to take risks. Consumers interviewed said they receive written information in a way they can understand, that enables them to make informed choices and consumers confirmed that information is readily available from the service when they need. Consumers said the staff are very caring and polite.

The service demonstrated they encourage consumers to keep independent and active, which is usually in relation to mobility and support consumers received to participate in activities.

While staff were able demonstrate knowledge about consumers lives and what’s important to them, the Assessment Team analysed documentation evidence on consumers care and support plans and noted the support plans did not include the consumers personal circumstances, what is important to them, or the consumers background and goals. For example:

Review of a consumers support plan, which was completed in 2019, did not included information in any of the following areas:

What was important to the consumer;

No communication and alert summary indicating a language other than English;

No allergy and dietary requirement; and

The goals section was crossed out.

Review of care and support plan documents showed consumers’ ethnicity, religious interests and language, are not noted or considered in the initial commencement assessment. Evidence in care plans reviewed showed information missing and parts of the support plans crossed out with pen and signed by a service staff member. Care and support planning documents for all consumers sampled by the Assessment Team did not describe care planning strategies or contain relevant documents.

Management interviewed were unable to provide staff training records for modules completed regarding inclusivity, cultural diversity, delivery of culturally safe care. Management interviewed reported, and the Assessment Team observed, consumer information is stored on an electronic database. Staff demonstrated an understanding of their responsibilities in relation to maintaining confidentiality.

In response to the report, the service acknowledged more information is required to be captured in support plan documentation. The service advised the procedure will be revised to ensure the team understand what is required. The service confirmed review of consumer support plans has commenced and the manager will undertake ‘spot checks’ to ensure the required standard is achieved.

The service advised the Initial Assessment document will be reviewed to ensure all appropriate information is documented with existing consumer information to updated on review of individual support plans.

The service will monitor staff completion of cultural awareness training via the services Human Resource system and will include training as an agenda item at staff team meetings. The service will also engage the brokered providers to ensure all training completed by brokered staff.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as two of the six specific requirements have been assessed as Non-compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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 |
| 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

Consumers and representatives interviewed said they are satisfied with the care and services they receive, and that staff know them well. Some consumers and representatives sampled spoke about ongoing partnerships with others. For example:

A consumer, who receives care via a brokered service, said they were able to select their carer from the brokered service. The brokered service was able to demonstrate communication with the service to ensure the appropriate care is provided.

The brokered service provider demonstrated how care and services are delivered to consumers, and how they communicate changes to the consumer to the service via email. The service did not have a centralised email address with emails from the brokered providers being sent to individual staff email addresses and not filed in the consumer files. As a result, the service could not demonstrate care plans were reviewed as an ongoing partnership with brokered providers and could not demonstrate current consumer information was shared internally amongst staff.

While the service is currently undertaking care plan views and new assessments to include individualised goals and states the consumers medical history, the care planning documents reviewed by the Assessment Team did not evidence the plans were individualised, current or comprehensive. Therefore, plans reviewed did not demonstrate consumers current needs, goals and preferences. The Assessment Team did note that while the majority of care planning documentation was not updated and communicated with the consumer, the service had undertaken a number of recent care plan reviews that listed individualised consumer goals and current medial information which was communicated to the identified consumers via a letter that documented the consumers goals.

In relation to risk, the Assessment Team noted that a comprehensive home safety checklist is completed by the service and provided to the brokered provider. The service did not evidence policies or procedures to guide staff practice in relation to conducting assessments and developing care plans however, the service has developed good practice guidelines for home and community visiting which includes WHS assessments.

The service did not demonstrate that care plans are monitored for ongoing review. While the current client management system has the capability to record this function, it not being utilised. A number of care plans sampled had not been reviewed regularly or as care needs changed. For example:

A number of consumer plans were last reviewed in 2018 and November 2020.

A consumer care plan was reviewed in May 2022. Although the plan lists activities the consumer liked, the goals had been crossed out.

A consumer was hospitalised for a heart condition and had cognitive decline which did not appear in the care plan. This plan was last reviewed in November 2020.

In response to the report, the service acknowledged access to documentation was an area for improvement and advised a system review across the organisation should address duplication and access concerns identified by the Assessment Team. This will include digital review of care plan information and identification of a key source of information including broker email accounts. The expected completion of the Information and Communication Technology (ICT) review is December 2023 with support plan and communication process review to be completed by October 2022.

In relation to addressing consumers current needs, goals and preferences including advance care planning and end of life planning, the service advised guest presenters will invited to provide information to consumers as part of health and wellbeing presentations.

The service advised a procedure will be developed to guide staff practice in relation to conducting assessments and developing care plans. The service acknowledged further information should be captured in consumer care plan documentation and, while conversations occur between consumers and staff, support will be provided to staff to ensure care plan documentation is updated to reflect these conversations. Review of care plan documentation has commenced and will include individual consumer information relating to social, cultural, language, religious, spiritual, psychological and medical needs that may affect the care and services required.

The service stated that while the current client management system has a number of functions that are not currently in use, further investigation will look at cost and efficiency of enabling these functions.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Compliant |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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 |
| 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. | Compliant |
| 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. | Compliant |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

## Findings

The Assessment Team noted the service was providing personal care to a single consumer via a brokered provider. This consumer was receiving personal care tailored to their needs and optimised their wellbeing.

High impact or high prevalence risks associated with the care of this consumer was documented in the support plan including specific health issues.

The service demonstrated effective systems and processes in place with regard to the changes identified for this consumer regarding cognitive and physical function. For example:

Updating the consumer support plan and home safety check.

Working closely with the consumer and representative to continue services until a home care package is received.

Working closely with the brokered provider undertaking this consumers personal care and supports.

Where a concern has been reported by staff to the brokered service, or the brokered service has a concern regarding consumer care, these are rung through to the service, and information discussed forwarded in an email.

The service demonstrated it is working with the consumer, her carer, the brokered service provider, and the Aged Care Assessment Team (ACAT) to ensure this consumers current needs are being met until her transfer to a home care package has taken place.

The brokered provider demonstrated that it had processes to ensure consumers and staff are safe and infection related risks are minimised.

In response to the report, the service advised an update to the broker checklist to enhance service policies and procedures will occur.

Based on the evidence sighted by the Assessment Team and further information provided by the service, the Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant. One requirement was deemed Not Applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Non-compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| 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 |
| 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

## Findings

Consumers interviewed reported the service made them feel safe, and that they were able to receive supports and services that enabled them to remain at home. A number of consumers commented staff would know when they are feeling low and ask how they are. All consumers sampled said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. All consumers sampled attending group activities, reported the meals to be tasty and there was generally enough.

Care planning documentation sighted by the Assessment Team did not demonstrate that goals and care plans were reviewed, or that goals were individualised to meet the consumer’s needs. The Assessment Team noted that for some consumers sampled, goals had been erased from the support plan.

Brokered providers interviewed said staff report changes to consumers either through progress notes on mobile ‘apps’ or on daily feedback forms. Concerns are relayed to the service by phone or email. The service was unable to locate all emails sent by the brokered services relating to consumer care or concerns as emails were sent to multiple email addresses within the service and had not been saved into a centralised management system.

Management reported that consumers are supported to ensure activities are appropriate to their mobility or cognition. For example, activities such as yoga are modified to enable consumers to partake sitting on their chair.

While the Assessment Team sighted emails from the brokered providers, they were not saved or stored in consumer files. Information located was incomplete due to it being stored on individual staff computers rather than being sent to a generic email address for filing.

The service was able to demonstrate that although there are limited referrals for individual consumers to other providers of care, these referrals were timely.

# While the Assessment Team acknowledged the food is enjoyed by consumers and is varied, the Assessment Team noted the documentation of consumer needs and care was missing. For example:

The Assessment team sighted an updated version of a consumer’s dietary requirements onsite which indicated allergies to shellfish and beestings, with staff instructed to call an ambulance in the event of an allergic reaction. The dietary requirements also note that the consumer suffers from reflux; is not to consume tomatoes and citrus, and staff are to monitor food amounts consumed. While staff ensure the consumer is provided with suitable meals, updated dietary requirement information was not recorded on the electronic file or in the support plan.

In response to the report, the service acknowledge further information should be included in care plan documentation and committed to reviewing all care plans to update and include additional information. While the service advised the Director is included in all emails from the brokered service provider, these were not able to be accessed at the time of the quality audit as the Director was on leave. The service committed to investigating a centralised system where all emails can be access by all staff.

The service advised it is very diverse with many different program areas and systems for collecting data in line with funding bodies and reporting requirements. The CHSP team are able to share and access information that is relevant to the consumers and service provision within their own team. The CHSP team will work together to ensure all team members have the ability to access to up to date data.

Based on the evidence sighted by the Assessment Team and further information provided by the service, the Quality Standard for the Home care packages service is assessed as Non-Compliant as four of the six specific requirements have been assessed as Non-compliant. One requirement was deemed Not Applicable.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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. | Non-compliant |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers interviewed attending the service centre said they enjoy the interaction with staff and other consumers. Consumers interviewed said they feel they belong at the centre; the staff make them feel welcome whenever they attend, and they felt it was safe and easy to move around. Consumers and staff were seen to be interacting with one another in a positive manner.

The Assessment Team observed the entrance to be welcoming and easy for consumers to move around however, access to the centre was difficult with the Assessment Team noting the doors were locked from the inside and an exit button was located above average head height.

Staff interviewed demonstrated some awareness of restraint however, when asked about environmental restraint, they confirmed they have not received training or been provided policies and procedures from the service to address this.

Staff interviewed said any maintenance issues raised are attended to promptly. Staff who facilitate activities at the social support centre said they personally take responsibility to ensure the centre is clean, tidy, safe and comfortable for consumers. The Assessment Team sighted maintenance records via an electronic system. Furniture, fittings and equipment in the social support centre were observed to be clean and suitable for consumers to use.

In response to the report, the service advised the services Work Health and Safety Manager will visit the centre and provide recommendations on appropriate changes that need to be made to the lock and door to enable ease of exit for consumers. The recommendations will be provided to management to undertake identified changes immediately.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as one of the three specific requirements have been assessed as Non-compliant.

**Standard 6**

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

## Findings

Consumers interviewed advised they are aware they may provide feedback or make a complaint verbally to any staff member or in writing by completing a ‘Get In Touch’ form. Most consumers interviewed said they had recently undertaken a survey from the service where they were able to provide their preferences and suggestions on activity types they would like to have in their social gatherings. The Assessment Team sighted the recorded survey feedback register which showed consumers providing preferences of the group activities.

Staff interviewed advised the Assessment Team most complaints they receive are informal and, depending the nature of the complaint or feedback, the service only records notes electronically when there is a concern.

The service did not provide evidence of feedback and complaints policies or procedures to inform continuous improvement for individual consumers or the organisation as a whole.

The Assessment Team sighted the welcome pack provided to consumers and noted it contained information including: accessing advocacy services, interpreter, and hearing services information.

While staff interviewed stated consumer support plans provide staff with information regarding any requirement for an interpreter or to have family members present, a support plan reviewed did not evidence this information. For example:

Review of support plan documentation for a consumer diagnosed with dementia, poor hearing and difficulty communicating showed an incident involving this consumer, recorded in the incident register, noted a language barrier and that an interpreter would be required. This requirement was not noted in the consumers care documentation.

The Assessment Team noted the only incident identified was recorded on the Incident Register however it was not included in further complaint analysis or reported to the Board.

Management and staff interviewed demonstrated some awareness of open disclosure however, staff confirmed there were no policies or procedures regarding open disclosure or feedback and complaints management. Staff interviewed advised they have not received training in identifying elder abuse and neglect or in feedback and complaint management.

While the service advised there are feedback and complaint management policies and procedures in place, they were unable to locate these and therefore the Assessment Team were unable to analyse this evidence.

In response to the report, the service advised the feedback system is accessed via the services website and feedback received is allocated to the appropriate area for action within 24 hours. Information contained within the system and reports can be filtered so information can be used to inform continuous improvement. The service advised there is a policy however this was not able to be provided to the Assessment Team at the time of the quality audit.

The service advised that Open Disclosure and Elder Abuse training is to be scheduled for the end of 2022 to enhance staff knowledge. The service will also explore online training opportunities and ensure topics are included in induction activities and recorded against staff records. The service advised the current Lifestyle Policy will be reviewed to include open disclosure and elder abuse in the aged care environment with a separate policy developed as needed.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as four of the four specific requirements have been assessed as Non-compliant.

**Standard 7**

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| Human resources | | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers and representative interviewed said that staff arrive on time and are not rushed when they arrived. Consumers and representatives sampled said that the service and staff are caring and respectful at all times and they are treated in a kind and caring manner.

Where external service providers have been used, the service reviews consumer satisfaction by maintaining contact with consumers.

While the service provides cultural awareness training for staff on commencement, staff interviewed reported they have not received refresher training regarding cultural awareness or diversity. The service did not demonstrate that members of the Board had undertaken cultural awareness training nor did the service evidence policies relating to culture or diversity for the elderly.

The Assessment Team sighted position descriptions and duty statements for all roles which are provided to staff on commencement with the service.

The service advised staff must undertake annual performance development however, management interviewed confirmed that this has not been done. The service evidenced a suite of mandatory training for all staff on commencement delivered during induction. Apart from manual handling, the service does not provide regular training, and could not provide evidence of future scheduled training.

The service stated mandatory qualifications and compliance, such as criminal check documentation is tracked with staff sent notifications to renew when required. Staff non-compliance is then managed via performance management processes.

Feedback on staff performance is received from a number of sources including consumers, representatives, or observations of daily tasks. Where issues are identified, or an incompetency identified, management said that they provide guidance to staff. The Assessment Team were unable to identify if this was recorded in staff files.

In response to the report, the service advised it has not included refresher training for Cultural awareness in the past however, will include this in future development plans for all staff. The service has an internal Registered Training Organisation that delivers a professional development calendar and has included this training on the calendar. The service advised there are some Board members who have completed the training however there is no evidence this has been completed. The service advised they will create a list of evidence required in terms of training for the Board.

The service advised work has commenced to develop and roll out Individual Development Plans for staff to enable the ongoing development of staff and include identified training for staff and enable annual performance reviews.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-compliant.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Non-compliant |
| 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. | Non-compliant |
| 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 |
| 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

While consumers and representatives interviewed said they did not believe that they have ongoing input into how care and services are delivered, the Assessment Team sighted a completed consumer survey seeking information on what they wanted and how services would be delivered.

The Assessment Team sighted Board minutes for a six-month period. Standing agenda items included financials and risk and compliance. The Assessment Team noted that vaccination policies and reference to ACT government requirements were minuted under risk and compliance however, the Assessment Team could not find evidence that aged care services featured in the minutes apart from a profit statement and one entry for the 4 May 2022 regarding transport commissioning opportunities. As such, there was no evidence that the Board promoted a culture of safe, inclusive, and quality care for CHSP services.

The service did not demonstrate effective organisation wide governance systems relating to the following:

**Information Management**

The service captures consumer information on a number of separate systems, and did not demonstrate the ability to identify trends or complete information. This includes separate systems used by transport and the office with neither system interacting. Care planning documentation is located on a centralised computer drive however databases contained varied information.

Communication from the brokered provider were sent to individual email addresses and not added to consumer care plans.

**Continuous improvement**

The Assessment Team noted the Board is not presented with, nor do they discuss compliance issues such as identifying potential changes to policies or procedures.

Board meeting minutes sighted by the Assessment Team do not indicate the Board is presented with continuous improvements based on risks, feedback or complaints.

**Financial governance**

The service demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers.

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

The Assessment Team sighted the service’s organisation chart, job descriptions and statements.

The service advised staff are provided with a copy of a program handbook on commencement, and must sign an employee contract on commencement which lists the role and responsibilities of staff.

**Regulatory compliance**

The Assessment Team noted regulatory compliance is managed by individual directors. The service advised policies and procedures requiring review are sent to the relevant Director, who assesses the document for relevancy and accuracy.

The Assessment Team were unable to determine which sources a Director uses to update or prepare new documentation as they were unable to be interviewed. Most policies and procedures sighted by the Assessment Team were not relevant to aged care services, and were targeted to child or disability services.

**Feedback and complaints**

The Assessment Team noted consumers and representatives provide feedback by ringing the service or informing volunteers of their concerns or feedback. The service has a register of complaints and feedback.

The Assessment Team found information collated by the service is not passed to the Board as an agenda item, and is therefore not discussed at Board level to ensure compliance is being maintained or improvements made to service delivery based on feedback and complaints.

The organisation evidenced use of a paper-based incident management form to record incidents, and these are then entered into electronic risk management system. The Assessment Team sighted an example of an incident report and pathway used by the service to record and investigate an incident concerning a consumer and found the report to be complete, injury diagrams marked, and investigation undertaken.

The service demonstrated a risk matrix in use to classify the severity of the incident which then notifies relevant staff, including the Risk and Compliance committee. The service has developed an incident tracker which enables the board to have big picture, however no report is tabled at Board meetings to alert the Board to trends.

In response to the report, the service advised the CEO meets with the Director of Lifestyle Services fortnightly and all operational concerns are discussed. The CEO prepares a report for each Board meeting which will now include a paper from the Director of Lifestyle Services with an update on any continuous improvement activity base on risks and feedback or complaints.

The service advised all policies and procedures will have review dates to ensure appropriate reviews occur.

The service has developed an incident reporting and monitoring reporting tool which will be used to provide the Risk and Compliance Board sub-committee with an overview of incidents and trends. The minutes of these meetings will be presented at Board Meetings.

Based on the evidence sighted by the Assessment Team and further information provided by the service and acknowledging the work commenced by the service since the quality audit, the Quality Standard for the Home care packages service is assessed as Non-Compliant as three of the four specific requirements have been assessed as Non-compliant. One of the requirements was deemed Not Applicable.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)