Community Outreach Physiotherapy South

Performance Report

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| **Address:** | Ground Outreach Bldg, 90 Davey Street HOBART TAS 7000 |
| **Phone:** | 03 6166 1615 |
| **Commission ID:** | 300797 |
| **Provider name:** | Tasmanian Health Service |
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# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Commonwealth home support programme (CHSP):**

* CHSP - Allied Health and Therapy Services, 4-227GUG6, Ground Outreach Bldg, 90 Davey Street, HOBART TAS 7000
* CHSP - Allied Health and Therapy Services, 4-227GUG6, Level 7, Block A, 48 Liverpool Street, HOBART TAS 7000
* CHSP - Allied Health and Therapy Services, 4-227GUG6, Ground Outreach Bldg, 90 Davey Street, HOBART TAS 7000

# Overall assessment of Service/s

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| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Not Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Not Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Not Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | CHSP | Not Compliant |
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| Requirement 2(3)(a) | CHSP | Not Compliant |
| Requirement 2(3)(b) | CHSP | Not Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Not Compliant |
| Requirement 2(3)(e) | CHSP | Not Compliant |
| Standard 3 Personal care and clinical care | CHSP | Compliant |
| Requirement 3(3)(a) | CHSP | Compliant |
| Requirement 3(3)(b) | CHSP | Compliant |
| Requirement 3(3)(c) | CHSP | Not Assessed |
| Requirement 3(3)(d) | CHSP | Compliant |
| Requirement 3(3)(e) | CHSP | Compliant |
| Requirement 3(3)(f) | CHSP | Compliant |
| Requirement 3(3)(g) | CHSP | Compliant |
| Standard 4 Services and supports for daily living | CHSP | Not Assessed |
| Requirement 4(3)(a) | CHSP | Not Assessed |
| Requirement 4(3)(b) | CHSP | Not Assessed |
| Requirement 4(3)(c) | CHSP | Not Assessed |
| Requirement 4(3)(d) | CHSP | Not Assessed |
| Requirement 4(3)(e) | CHSP | Not Assessed |
| Requirement 4(3)(f) | CHSP | Not Assessed |
| Requirement 4(3)(g) | CHSP | Not Assessed |
| Standard 5 Organisation’s service environment | CHSP | Not Assessed |
| Requirement 5(3)(a) | CHSP | Not Assessed |
| Requirement 5(3)(b) | CHSP | Not Assessed |
| Requirement 5(3)(c) | CHSP | Not Assessed |
| Standard 6 Feedback and complaints | CHSP | Not Compliant |
| Requirement 6(3)(a) | CHSP | Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c) | CHSP | Compliant |
| Requirement 6(3)(d) | CHSP | Not Compliant |
| Standard 7 Human resources | CHSP | Not Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e) | CHSP | Compliant |
| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Not Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c) | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e) | CHSP | Compliant |

# Detailed assessment

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

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

The following information has been considered in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 2 June 2022

# STANDARD 1 Consumer dignity and choice

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Several consumers and their representatives were interviewed by the assessment team. Overall, consumers described in different ways that they felt the service treated them with dignity and respect.

The assessment team reviewed the services documents, processes, and interviewed the services staff. The service evidenced and demonstrated limited embedded processes to support the delivery of culturally safe services to consumers.

Consumers described different ways they can exercise choice, independence and make their own decisions regarding their service delivery. The service has limited processes embedded to ensure information is consistently provided to consumers in clear and easy to understand terms.

The service has procedures in place to identify consumer risks, to support them to live the best life they can. Service staff described how they identify strategies to support consumers to take risks where they wish to.

Consumers overall indicated that they felt service staff respect their privacy and kept their personal information confidential.

In their response to the assessment team report, the service provided statements refuting non-compliance with this standard, however, did not submit supporting evidence to demonstrate how it is compliant with all requirements of this standard.

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

**Assessment of Standard 1 Requirements**

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

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

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| Requirement 1(3)(b) | CHSP | Not Compliant |

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

Findings

The assessment team found the service has limited processes and procedures to support the delivery of culturally safe services to consumers. Consumers did however describe that they felt the service was respectful and supportive to them.

At the time of the quality audit, the service did not evidence or demonstrate how it supports consumers in culturally safe ways. Service staff explained that while they are aware of the need to ensure services are culturally safe, they were unable to provide specific examples to the assessment team.

* One consumer representative explained the consumer being of a religious faith. This information was not found to be assessed or recorded in the consumers service records.
* The service initial physiotherapy assessment/checklist does not collect culturally specific or diverse consumer information, to inform staff of consumer needs and preferences.
* Some consumers explained that the service does not collect, know, or use consumers preferred names.
* The assessment team found some consumer records identified consumer language and religion when they had been referred the My Aged Care (MAC) portal. This was not consistent with all consumer records.
* The service has a community intervention risk assessment that includes identification of preferred language, interpreter requirements, and religious or cultural sensitivities. This was not evidenced to be routinely completed in consumer records.
* Service staff explained participating in Aboriginal and Torres Strait Islander cultural training and this was evidenced by service documentation. The service does not provide specific training to support consumers from culturally diverse or LGBTQI backgrounds.

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

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

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

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

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

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| Requirement 1(3)(e) | CHSP | Not Compliant |

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

Findings

The service did not evidence robust processes to ensure information is provided to consumers in clear and consistent way that is easy to understand. Consumers and their representatives described ways service staff consulted with them about their needs and preferences verbally.

Service staff did not describe robust or consistent processes for providing information to consumers that is clear and easy to understand.

* Service staff explained they do not routinely provide written information to consumers regarding their service options, including their agreed exercise regime or equipment and lifestyle modifications. Service staff described a preference for verbal communication and explained that sometimes it is written on a piece of paper. Some service staff indicated they provide a falls prevention flow chart and information booklet to consumers. The assessment team found this approach was not consistent practise.
* The service did evidence a consumer information booklet for the assessment team to review and assess, as service staff could not access a copy at the time of the quality audit.
* The assessment team found that information was not consistently or routinely provided to consumers and their representatives. The service evidenced a staff orientation document, guiding staff practise to provide documents to consumers and representatives including: Environment risk assessments, Charter of Aged Care Rights, home visiting information booklets, consent forms, assessment forms, and progress sheets. Staff practise did not demonstrate consistent adherence to service policy and guidance.
* When asked about this by the assessment team, some service staff explained that they do not routinely provide all this information to consumers as it is too much information, and they will just throw it away.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The assessment team reviewed the services documents, processes, and interviewed the services staff. The service evidenced and demonstrated limited embedded processes to provide timely assessment and planning for consumers.

Some consumers and representatives explained being unaware of participating in an assessment with the service. Evidenced assessment documentation from the service was found not to reflect completion of individual consumer assessments or the planning of safe and effective services.

The service was found not to have robust assessment and planning processes to identify consumer goals. While consumers and representatives expressed satisfaction with their services, consumer records held by the service did not consistently identify and record the needs or goals of consumers. Service staff did not demonstrate consistent practises in applying consumer assessment and planning to achieve consumer goals.

Consumers and their representatives described in different ways they felt the service treated them with dignity and respect and expressed satisfaction with being involved in the planning of their care. Service care planning documents reflected involvement of consumer representatives and other organisations.

The service did not evidence consumer assessment and outcomes are recorded in care delivery plans. Consumers and their representatives described staff explaining their services to them but were not aware of being provided with a care plan.

The service did not evidence consumer review or re-assessment processes. Consumers and their representatives described staff explaining changes in their services but were not aware of having been reviewed or re-assessed.

Service staff indicated they do not develop a care and services plan for consumers and do not routinely re-assess consumers.

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

**Assessment of Standard 2 Requirements**

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

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

Findings

The service did not evidence robust processes around consumer assessment and care planning. Some consumers and representatives described being unaware of participating in an assessment with the service. Service staff did not describe consistent practises in consumer assessment and care planning.

* The service evidenced the use of a triage system to schedule consumer contacts and visits. The service provides an orientation document to staff, highlighting the need to triage consumers in line with this system. The service demonstrated this is inconsistently adhered to by staff.
* The service evidenced documentation and consumer records are incomplete and do not consistently reference their triage system to guide the scheduling of consumer care.
* The service evidenced individual consumer assessments are not consistently completed by service staff and noted several records are partially completed.
* The service did not demonstrate routine use of community intervention risk assessments, including assessments of consumer manual handling and behaviours.
* The assessment team reviewed the services outreach staff orientation, which includes a list of documentation to be completed and provided when conducting initial consumer home visits. Service staff did not demonstrate adherence to this guidance and did not describe completing consistent assessment and planning process.
* One service staff member described using their professional expertise to determine consumer’s physiotherapy needs and preferences and explained relying on their own memory instead of recording discussions held with consumers.
* Several consumer records held by the service evidenced deficiencies and inconsistencies in consumer prioritisation, assessment, and care planning. Detailed examples of this evidence are linked to individual consumers and their care and are recorded in the assessment report provided to the service.

The service responded to the assessment teams findings with a constructive demeanour and acknowledged opportunities to improve their service to consumers. The service described several continuous improvement initiatives would be implemented promptly to align the service with compliance.

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

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

Findings

The service did not evidence robust assessment and planning processes to identify consumer goals. While all consumers and representatives expressed satisfaction with the service, consumer records did not consistently identify consumer needs or goals. Service staff did not demonstrate consistent practises in the identification and recording of consumer goals.

* While the service has an embedded assessment checklist and a range of individual physiotherapy assessments, these are not routinely completed by service staff.
* Several consumers do not have any personal goals recorded in service documentation.
* One service staff member said they do not refer to consumer needs as goals, and do not record them, instead preferring to ask clients what they would like to achieve from the service. This was not evidenced to be documented.
* Service staff did not demonstrate an understanding of the purpose of identifying and recording consumer goals or the need to review and re-assess consumer goals.
* The service does not provide consumers with brochures or information regarding advanced care or end of life planning, however does refer consumers to external services as required.

The service responded to the assessment teams findings with a constructive demeanour and acknowledged opportunities to improve their service to consumers. The service described several continuous improvement initiatives would be implemented promptly to align the service with compliance.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

Findings

The service does not document consumer assessments and outcomes in care and services plans, and subsequently does not provide this to consumers and their representatives. Consumers and their representatives explained that staff explain their services to them, but indicated they are aware care plans from the service. Service staff explained they do not develop care plans for consumers.

* The assessment team did not evidence consumer files containing consumer care plans.
* The service did not evidence policies or procedures embedded to guide staff in developing consumer care plans.
* The service utilises an electronic progress note system. Consumers treatments, exercise regimes, and the lease or purchase of equipment are recorded in consumer progress notes, however the assessment team found this was not consistent staff practise.
* Service staff explained they do not routinely provide a copy of instructions or proposed treatments to consumers. Where it is requested, staff write instructions on a piece of paper.
* Some staff indicated they provide an exercise chart and instruction booklet to consumers, however the assessment team found this was not consistently practise.

The service responded to the assessment teams findings with a constructive demeanour and acknowledged opportunities to improve their service to consumers. The service described several continuous improvement initiatives would be implemented promptly to align the service with compliance.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service does not have consumer review or re-assessment processes and does not consistently utilise assessment tools to determine changes in consumer needs and preferences. Consumers and representatives explained in different ways that while staff explain changes in their services to them, they were not aware of having been reviewed or re-assessed.

* The service does not have embedded policies or procedures to guide staff in conducting regular reviews of consumers for treatment effectiveness, when circumstances change, or when incidents impact on their needs, goals or preferences.
* The service does not use a system for scheduling regular consumer reviews or re-assessments. Service staff are not made aware of consumers reviews or re-assessments being due periodically.
* The service evidenced an electronic progress note system. Discussions with consumers regarding changes to treatments were found to be recorded in the progress note system, although this information was not recorded consistently by service staff.
* The service does not have processes to respond where consumers do not respond to scheduled home visits. Service staff could describe what actions they may take, but this was inconsistent and not guided by a process used by the service.

# STANDARD 3 Personal care and clinical care

# CHSP Compliant

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### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives expressed satisfaction in different ways when speaking about the services they receive, including the management of high impact risk as it relates to the treatment of physiotherapy needs.

The service demonstrated that consumers receive services that meet their needs to optimise their health and well-being.

Consumers described different ways that changes to their physiotherapy needs are responded to. Consumer progress notes held by the service demonstrated identification and introduction of adjustments to physiotherapy services when changes in a consumer occurs.

Consumers and representatives said the service is responsive to any changes they require. The service demonstrated it documents in progress notes and makes changes, in conjunction with other services responsible for the consumers care, when they are notified.

Consumers and representatives are satisfied referrals occur, where applicable, to other services in a timely manner.

Consumers said staff demonstrate a good understanding of infection control practices during initial discussions and when delivering a physiotherapy consultation and treatment.

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

**Assessment of Standard 3 Requirements**

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

*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.*

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

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

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

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

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

*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.*

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

*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.*

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# CHSP Not Assessed

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard for CHSP is not assessed for this service.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP | Not Assessed |

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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| Requirement 4(3)(b) | CHSP | Not Assessed |

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

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| Requirement 4(3)(c) | CHSP | Not Assessed |

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

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

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

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

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| Requirement 4(3)(e) | CHSP | Not Assessed |

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

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| Requirement 4(3)(f) | CHSP | Not Assessed |

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

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| Requirement 4(3)(g) | CHSP | Not Assessed |

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

# STANDARD 5 Organisation’s service environment

# CHSP Not Assessed

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard for CHSP is not assessed for this service.

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | CHSP | Not Assessed |

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

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| Requirement 5(3)(b) | CHSP | Not Assessed |

*The service environment:*

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

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| Requirement 5(3)(c) | CHSP | Not Assessed |

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

# STANDARD 6 Feedback and complaints

# CHSP Not Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service did not demonstrate how feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

Service management did not demonstrate that consumer feedback, including complaints, was documented in the feedback management system. While service management described how information entered into this system was investigated and resolved, it was not evidenced to the assessment team.

The service did not evidence that consumers are encouraged and supported to give feedback and make complaints, including the provision of information to consumers at service commencement.

When interviewed by the assessment team, consumers and their representatives explained feeling supported to provide feedback regarding their services, and whilst not having been required to make any complaints, they felt comfortable at the prospect of speaking with staff to raise any issues.

Service staff described how they support consumers to raise concerns and described how they respond to and resolve consumers feedback in a timely manner. This was not evidenced as feedback and complaints were not documented in the service's feedback management system.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

Findings

The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. The service has a system to make improvements based on feedback and complaints, however feedback and complaints are not evidenced as being captured in this system. Service staff explained that feedback and complaints are resolved immediately and are not documented unless serious in nature.

* Consumers and their representatives explained being satisfied with the service, and no examples were forthcoming of consumers providing feedback or make a complaint.
* Service staff explained that feedback from consumers is generally resolved on the spot, and no documentation of the feedback, or subsequent action, is made. Service staff explained they not report feedback or complaints in the services system designed for this purpose.
* The service’s consumer feedback protocol process states all complaints, comments, suggestions, feedback and complaints are to be entered into the appropriate system.
* In response to feedback from the assessment team at the time of quality review, service management acknowledged the consumer feedback protocol process was not being followed and explained that staff training will occur.
* Service management explained that when recorded in the system, all complaints and feedback is investigated and resolved within set timeframes, depending on the risk. Management explained open disclosure principles form part of the response to feedback and complaints, and further advised that various service changes are made because of consumer feedback, including staff training.
* Service management explained that no feedback or complaints were listed in the corresponding system for the past 6 months, relating to CHSP consumers, and did not evidence or demonstrate changes to the service that had resulted from consumer feedback.

# STANDARD 7 Human resources

# HCP Not Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service did not demonstrate that its workforce receives training and support to meet the requirements of this Quality Standard. Service staff training, particularly in relation to consumer assessment, care planning, identification of risks, consumer feedback, and complaints management was found to be deficient at the time of the quality audit.

Consumers and their representatives did consider that they receive quality care and services when they need them, from people who are kind, capable and caring.

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

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

## Assessment of Standard 7 Requirements

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

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

Findings

The service demonstrated that whilst contending with a range of external factors, the workforce is overall planned to manage the delivery of safe and quality care to consumers.

Service documentation evidenced a series of staff shortages, and service management making reasonable adjustments to cover staffing gaps including the allocation of staff to CHSP services to reduce consumer impact.

Consumers and their representatives described being satisfied with the staffing levels of the service. Some mention was made of staff shortages; however, this was not evidenced to impact on consumers care and services.

Whilst the assessment team recommended a finding of not compliant in relation to this requirement, I have considered the response of the provider in making my decision, and on balance I find the service compliant.

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

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

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

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

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

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

Findings

Consumers and their representatives did not express any specific concerns in relation to this requirement when interviewed by the assessment team.

The service did not demonstrate that their workforce is recruited, trained, equipped and supported to deliver services, specifically in relation to workforce education and training to deliver outcomes for consumers in line with the Aged Care Quality Standards.

The Assessment Team identified training deficiencies in assessment and planning, identification of risks, and complaints management.

* Service staff did not demonstrate a consistent approach to care planning, consumer assessments and documenting service provisions to consumers.
* Through several interviews with the assessment team, service staff demonstrated they had not been provided with the training relevant to elder abuse, feedback and complaints, or the Aged Care Quality Standards. At the time of quality audit, service management explained to the assessment team that these topics would be included in future staff training.
* Service staff described feeling supported to complete training and continue their professional development. Service management explained each staff member has a budget to support and development their professional knowledge.
* The assessment team evidenced through training records that not all service staff have completed mandatory training, including life support basic training, hand hygiene training, and COVID-19 training.

While service management was found to promote and supportive staff development, the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver services, specifically in relation to workforce education and training to deliver outcomes for consumers in line with the Aged Care Quality Standards.

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| Requirement 7(3)(e) | CHSP | Compliant |

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

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. Service management and staff did not demonstrate how they engage consumers in the delivery and evaluation of care and services.

The service demonstrated effective organisation-wide governance systems in relation to financial governance, workforce governance, and regulatory compliance, however, did not demonstrate effective governance systems in relation to information management, continuous improvement, or feedback and complaints.

#### The service demonstrated compliance in supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. The service did not demonstrate compliance in relation to managing high impact or high prevalence risks or identifying and responding to abuse and neglect of consumers.

The service demonstrated and evidenced an effective clinical governance framework including anti-microbial stewardship, minimising the use of restraint and open disclosure.

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

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Not Compliant |

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

Findings

The service did not evidence the engagement of consumers in the development, delivery and evaluation of care and services. Consumers and their representatives did not describe providing input into the care and services they were provided. Service management did not demonstrate how the service engages with consumers in delivering and evaluating care and services.

Consumers and their representatives explained overall that they were satisfied with the care provided, however could not provide any examples of where they were engaged in the development, delivery or evaluation of their services.

* Some consumers and representatives said they were unaware of participating in an assessment or re-assessment with the service provider.
* Service staff could describe their process of care delivery, development and evaluation, but did not explain how consumer input is involved in this process.
* Consumer feedback and complaints are not evidenced to be documented by the service, and subsequently service management has limited oversight of the consumers experience of the service.
* Service management explained that due to the service having few consumers using the services over a long period of time, ongoing consumer satisfaction surveys are not undertaken.
* The service did not demonstrate that assessment documentation reflects individual consumer assessments or planning. At the time of quality audit, service management described that improvements could be made to the service relevant to involving consumers in the development, delivery and evaluation of care.
* The organisation did not evidence or demonstrate that feedback from consumers is sought, and additionally it does not document consumer feedback and complaints.

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

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Findings

The service demonstrated that it has an effective organisational governance system, including processes to enable the governing body to consistently and systematically promote a culture of safe, inclusive and quality care and services, and be accountable for their delivery.

* Service management explained regular meetings occur with the parent organisation where information including staffing, service delivery, incidents and feedback is discussed and addressed.
* Minutes from meetings with the parent organisation, evidenced the governing bodies involvement with, and accountability for, the operations of the service.

Whilst the assessment team recommended a finding of not compliant in relation to this requirement, I have considered the response of the provider in making my decision, and on balance I find the service compliant.

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

#### The service demonstrated effective organisation-wide governance systems in relation to financial governance, workforce governance, and regulatory compliance, however, did not demonstrate effective governance systems in relation to information management, continuous improvement, or feedback and complaints.

*Information management*

#### The service did not demonstrate effective information management, including to ensure workforce and management have relevant information to enable them to perform their role:

* Service staff do not use consistent methods of gathering consumer information and inconsistency was evidenced in consumer records.
* The service did not evidence effective information gathering and documentation, specifically around consumer feedback and complaints. Processes embedded at the service in relation to feedback and complaints are evidenced to not be followed by service staff.

*Continuous improvement*

* The service did not demonstrate an effective continuous improvement system, including processes in place to assess, monitor and improve the quality and safety of care and services provided by the service.
* Consumer feedback and complaints are not documented in the services feedback management system and consequently management have limited oversight of the consumer experience and are unable to make improvements in line with this.
* The services continuous improvement register contained two line items. One item was noted to have no planned completion date.

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

* The service demonstrated effective workforce governance is in place to ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. The service evidenced effective practises in challenging circumstances, through the re-allocation of staff to acting positions when vacancies arise.

*Feedback and complaints*

* The service did not demonstrate effective systems and processes are embedded to monitor, analyse and use feedback and complaint data to improve the quality of care and services.
* Service management explained that all consumer complaints and feedback is recorded in appropriate system and is investigated and resolved. The assessment team evidenced that service staff do not use this system to record consumer feedback and complaints.
* The services consumer feedback protocol guides service staff to enter all complaints, comments, suggestions, feedback and complaints into the corresponding system. This process is not followed by service staff.

*Regulatory compliance*

* The organisation demonstrated systems and processes are used to ensure monitoring of workforce regulatory requirements, in relation to police checks, mandatory training and COVID-19 vaccination.
* These systems evidenced that staff mandatory training (Basic life support, hand hygiene, fire and safety, and COVID-19) had not been completed by all staff.

*In relation to financial governance*

* The organisation demonstrated effective financial governance systems and processes, including financial delegations and reporting to the governing body in relation to CHSP services delivery.

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| Requirement 8(3)(d) | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Findings

#### The service demonstrated compliance in supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. The service did not demonstrate compliance in relation to managing high impact or high prevalence risks or identifying and responding to abuse and neglect of consumers.

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

* Service management could describe organisational governance in relation to risk management, however, did not evidence effective management of risks to consumers health, safety and well-being.
* The service did not demonstrate that assessment and planning is undertaken for all consumers, including in relation to risks. Inconsistent assessment practises by service staff was evidenced, as was the absence of documented strategies to support staff to deliver safe and effective services.
* The service did not demonstrate that staff are provided education and training in relation to assessment and planning, including in relation to consumer risks.

*Identifying and responding to abuse and neglect of consumers*

* Service management and staff described how they would identify and respond to any neglect or abuse of consumers. The service did not however, evidence a process in place to guide staff in relation to this. Additionally, the service did not demonstrate that staff are trained and educated in relation to elder abuse.

*Supporting consumers to live the best life they can*

* Service management and staff described how they deliver services to support consumers to increase mobility, and to live the best life they can. Management advised they assist consumers to live their best life and provide individualised choices and preferences, which are evidenced in consumer progress notes.

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

* Service management explained the service experienced no recent incidents involving any CHSP consumers. Service records of a non-CHSP consumer incident were reviewed by the assessment team and demonstrated the effectiveness of the incident management system at the service.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

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| Requirement 1(3)(b) | CHSP | Not Compliant |

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

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| Requirement 1(3)(e) | CHSP | Not Compliant |

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

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

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

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

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

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

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

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

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

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

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

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

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| Requirement 8(3)(a) | CHSP | Not Compliant |

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

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

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| Requirement 8(3)(d) | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*