Deception Bay Meals on Wheels

Performance Report

|  |  |
| --- | --- |
| **Address:** | Cnr Ewart St and Bayview TerraceDECEPTION BAY QLD 4508 |
| **Phone:** | 07 3203 2800 |
| **Commission ID:** | 700439 |
| **Provider name:** | Deception Bay Meals on Wheels Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 11 May 2022 to 13 May 2022 |
| **Performance report date:** | 2 August 2022 |

# Performance report prepared by

M Murray delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**CHSP:**

* CHSP - Meals, 4-226QSPE, Cnr Ewart St and Bayview Terrace, DECEPTION BAY QLD 4508

# Overall assessment of Service/s

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; 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 7th July 2022

# STANDARD 1 Consumer dignity and choice

#   CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers/representatives said they are treated with dignity and respect by the volunteers.

Consumers/representatives said in various ways the volunteer run service understands their needs, preferences and backgrounds including any special requirements. They felt supported to exercise choices that supported them to remain independent and take risks.

Within the context of the meal delivery service the Assessment Team evidenced the service identifies and records risk to the consumer such as allergy status and dietary requirements, and this information is provided to the volunteers delivering the meals.

The Assessment Team’s review of the information provided to consumers identified it was current, accurate, timely and communicated in a manner easy to understand to facilitate consumer choice.

The service demonstrated how they are flexible to the needs of consumers such as changing meal delivery times to suit the needs of the consumers.

The service demonstrated how it respects consumer privacy and keeps personal information confidential with the use of secured filing cabinets. Electronic files are protected through levels of access based on staff role and are password protected.

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

**Assessment of Standard 1 Requirements**

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

#   CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service did not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. Key risks for each consumer such as risk of falls, were not consistently identified or assessed, therefore strategies to manage those risks were not documented.

Assessment and planning did not consistently identify and address consumers current needs, goals and preferences.

The service does not consistently seek all relevant information from each consumer or their representative, and others involved in the consumer’s care.

Not all consumers are provided with a copy of a documented plan setting out the agreed services they can expect to receive and how these services will be provided to meet their assessed needs.

The service did not demonstrate each consumer’s care and services are regularly reviewed for effectiveness and to ensure referrals are made for other services and supports in response to changing needs.

The Assessment Team provided feedback to volunteer committee members who acknowledged the deficiencies identified. They advised they would update their plan for continuous improvement and action identified gaps as part of their continuous improvement process.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as all specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

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

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

Findings

A comprehensive assessment had not been conducted for each consumer that takes into account all relevant information. Key risks for each consumer were not consistently identified or assessed, therefore strategies to manage those risks were not documented such as the consumers ability to operate kitchen equipment and reheat meals.

Consumer assessments do not identify and record specific risks impacting on each consumer’s functional capacity. Other information related to nutritional and dietary risks have not been identified through the assessment process. Information available from other sources was not consistently sought.

Volunteers demonstrated they know the consumers well and were conversant with each consumer’s circumstances, characteristics and overall wellbeing, which they had learned over time, this information was not documented.

Other information available to the service, such as the My Aged Care (MAC) assessment summary was not sourced to inform planning each consumers service.

The approved provider’s response states the MAC assessment summaries have now been included in each consumers file and the client assessment form has been updated.

Based on the evidence (summarised above) I am satisfied at the time of the audit the service was not conducting comprehensive consumer assessments. The service does not comply with this requirement.

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

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

Findings

Consumers and their representatives confirmed the service asked them about their needs and preferences and said they are happy with the service provided.

While assessments generally identify consumers’ preferences, care and service needs, consumers’ needs, and goals are not effectively captured.

Volunteers described consumer’s individual needs, and this aligned with the information provided by consumers however, the information is not consistently documented or reflected on the consumer’s record.

Consumer records did not set out strategies to guide volunteers on how to provide service tailored to the individual needs of the consumers and support their functional abilities.

Advance care planning and end of life planning was not assessed as the service delivers a meal service only.

Based on the evidence (summarised above) I am satisfied that consumers goals needs and preferences are not sufficiently tailored and documented. The service does not comply with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

Findings

While feedback from consumers and representatives confirmed they are involved in the planning of their meal service, the service does not proactively consult with them on a regular basis to review their service needs. For example, a consumer representative discussed with the Assessment Team concerns about the safe storage of the fresh meal delivered to the consumer on a particular day of the week as they are not at home during the day. The service was unaware of the concern however, did respond promptly and appropriately following identification and discussion with the Assessment Team.

Although initial assessments are completed, and planning is in partnership with the consumer, the service did not demonstrate that ongoing assessment and planning is consistently occurring between the consumer, representatives and others involved in the care of the consumer.

I acknowledge the service response includes a copy of the client and carer guide that includes information for consumers and their representatives about the need to be at home when the meal is delivered and to eat the meal immediately, and a quality improvement activity to visit all consumers and ensure they receive a copy. However, information provided in the response does not include detail of how the service will evidence the inclusion of the consumer and other organisations and individuals and providers of care and services that are involved in the care of the consumer.

Based on the evidence (summarised above) I am satisfied that others involved in the consumer’s care are not sufficiently engaged in assessing the consumer’s needs. The service does not comply with this requirement.

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

Some consumers/representatives said they had received a copy of the care plan. However, the information contained within care plans is not always reflective of the consumer’s current care requirements.

Volunteers readily demonstrated how they knew what meals each consumer required on a daily basis and how these were to be prepared and delivered to meet the consumer’s needs and preferences.

Not all consumer files included signed assessor checklists that verifies the information provided to consumers/representatives and records that a copy of the assessment has been provided to the consumer.

The approved providers response included confirmation of the addition of a quality improvement action to attend each consumer’s home to provide the consumer/representative with a copy of the updated client assessment and planned completion date of 30 September 2022.

Based on the evidence (summarised above) I am satisfied at the time of the audit the outcomes of assessment and planning were not effectively communicated to the consumer/representative. The service does not comply with this requirement.

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

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

Findings

Consumers/representatives interviewed felt the consumers’ services are reviewed but this process was informal.

The service demonstrated they have a process for annual care plan review and provide the consumer/representative with the client information update form. The service confirmed they rely on the consumer/representative to complete and return the form and advised they do not follow up with consumers who do not complete the form.

Care documentation evidenced care plans are not always updated when a consumer’s condition or situation changes. The home safety checklist is not reviewed annually or in response to changes. For example, the file review of a consumer whose health had recently declined and required a hospital admission did not evidence a review of needs and preferences over time or following hospital discharge to check their nutritional status, any weight loss, any changed in ability to eat.

The service advised they will commence face to face annual reviews with consumers to ensure their plans are current and effective in meeting the consumer’s needs, goals and preferences.

The approved provider’s response evidenced the inclusion of a quality improvement plan action to ensure all consumers care plans have been reviewed with a planned completion date 30 September 2022.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement. Re-assessments are not proactive and have not been occurring. The service does not comply with this requirement.

# STANDARD 3 Personal care and clinical care

#   CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme services is Not Applicable. The service does not provide personal and/or clinical care.

# STANDARD 4 Services and supports for daily living

#   CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers/representatives are satisfied consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and assists them to optimise their independence.

Consumers/representatives provided examples, including how the service provides flexible delivery of meals to accommodate them maintaining their social connections and participation in the local community.

The volunteers at the service were able to demonstrate they understand the emotional, spiritual and psychological well-being of the consumers. Consumers/representatives interviewed provided feedback that reflected the volunteers understanding and support.

The service demonstrated that the meals provided are varied and of suitable quality and quantity. While the service does not provide a menu for consumers to choose their meals, the kitchen menu rotates, and consumers/representatives said in various ways they enjoy the meals they receive. Such as one consumer who was initially wary due to her food preferences but has found the meals enjoyable.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as all relevant requirements have been assessed as Compliant. The service does not provide equipment to consumers.

**Assessment of Standard 4 Requirements**

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | CHSP  | Not Applicable |

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

# STANDARD 5 Organisation’s service environment

#  CHSP Not Applicable

### 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 the Commonwealth home support programme services is Not Applicable. The service does not operate a location that consumers attend to receive meals or other services.

# STANDARD 6 Feedback and complaints

#   CHSP 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

Consumers/representatives expressed they feel supported to make complaints and provide feedback.

The service demonstrated they provide information on how to provide feedback or make a complaint on entry to service and the information is explained to the consumer/representative. Information provided to consumers includes translating and interpreting services and advocacy services.

The service provided evidence to support how they seek feedback via a satisfaction survey. Volunteers explained the process to report consumer feedback sought during meal delivery.

The service demonstrated how they practice open disclosure and review complaints and feedback to improve the quality of the service. Consumers/representative interviewed confirmed the services’ response to feedback is appropriate, timely and follows an open disclosure process.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 Human resources

#   CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers/representatives said the volunteers are kind, caring and respectful and treat each consumer as a unique individual.

Consumers/representatives said they are confident the volunteer workforce have the knowledge to perform their roles. However, while the volunteer workforce receives training relevant to their roles in providing meals to consumers, the service did not demonstrate each volunteer had the knowledge to effectively perform their role.

Volunteers are provided with information on individual consumer’s needs and preferences. Information and training is provided to volunteers and includes how to monitor for and report signs of deterioration, confusion or any change in the consumer’s circumstances.

Management advised that training needs are identified through observation of volunteers’ performance, feedback from consumers and annual survey information.

Documentation evidenced volunteers receive formal induction, training that includes safe food handling, managing and reporting consumer non-response to a scheduled visit and current Covid-19 infection prevention measures.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the volunteer workforce.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

Findings

The service did not demonstrate the knowledge required to ensure assessment and planning, including the consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. While staff were able to demonstrate sound knowledge of individual consumer’s circumstances and service needs, they were not able to demonstrate effective assessment and planning.

I acknowledge the Approved provider has now included MAC (My Aged Care) support plans in consumer files and updated their client assessment form to better assess consumer risk however the changes to the client assessment form are in response to the Assessment Team feedback and are not yet embedded into practice.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement. Staff at the service did not demonstrate competencies in assessing the nutritional needs and risks of consumers.

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

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

|  |  |  |
| --- | --- | --- |
| 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 there are effective systems to ensure regulatory compliance, including understanding and applying all requirements in accordance with the Quality Standards.

Effective risk management systems were not in place. While consumers are encouraged to participate in the development, delivery and evaluation of their services, key risks associated with the care of the consumers are not adequately identified and addressed through the assessment and care planning processes.

The service seeks input into service improvement from consumers/representatives. The service reviews the menu and incorporates meal suggestions made by consumers/representatives.

The service demonstrated effective information systems and processes and maintains an electronic software program to manage consumer information that is password protected to ensure consumer records are securely stored. Information and updates are provided through ongoing communication, reporting by volunteer delivery drivers and regular meetings.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

Findings

Management did not demonstrate effective systems and processes to support the service to meet Standard 2.

The service does have an effective information system to support the management committee and the other volunteers in their roles and understand risks to the consumer gained through effective assessment and planning.

The service has a continuous improvement plan in place and updated this during the quality review to include the issues identified by the Assessment Team.

Management acknowledged the deficiencies brought forward by the Assessment Team and advised they will address the issues as a priority.

The service complies with sub requirements (ii) to (vi).

Based on the evidence (summarised above) I am satisfied that the service does not comply with sub requirement (i) and as such does not meet the requirement overall. The service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| 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 did not demonstrate effective risk management in identifying high impact or high prevalence risks associated with providing services to consumers.

Key risks associated with the care of the consumers were not adequately identified, addressed or monitored through assessment and care planning processes.

The service does not ensure all incidents are recorded on the incident register.

The assessment and planning process is not effective in ensuring that risks to the consumer’s health and wellbeing are identified as part of the service-level assessment. How such risks will be managed is not reflected in the consumer’s service plan.

While the management committee members and volunteers were able to describe individual consumers circumstances and how they monitor their overall health and wellbeing, this information is not captured in the service-level assessment for each consumer nor reflected in their service plan.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | CHSP  | Not Applicable |

*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.

**Standard 2 Ongoing assessment and planning with consumers**

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

**Standard 7 Human resources**

Requirement 7(3)(c)

**Standard 8 Organisational governance**

Requirement 8(3)(c)

Requirement 8(3)(d)