**Performance**

**Report**

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| Name of service: | Dementia Australia - ACT |
| Service address: | Endeavour House, Level 3/2-10 Captain Cook Cres GRIFFITH ACT 2603 |
| Commission ID: | 200967 |
| Home Service Provider: | Dementia Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 20 December 2022 |

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

**This performance report**

This performance report for Dementia Australia - ACT (**the service**) has been prepared by G.McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Flexible Respite, 4-87XUTZ9, Endeavour House, Level 3/2-10 Captain Cook Cres, GRIFFITH ACT 2603
* Social Support - Individual, 4-87Z8DWU, Endeavour House, Level 3/2-10 Captain Cook Cres, GRIFFITH ACT 2603
* Specialised Support Services, 4-87Z8E9P, Endeavour House, Level 3/2-10 Captain Cook Cres, GRIFFITH ACT 2603
* Transport, 4-87Z8EHQ, Endeavour House, Level 3/2-10 Captain Cook Cres, GRIFFITH ACT 2603
* Centre Based Respite, 4-87WOTQM, Endeavour House, Level 3/2-10 Captain Cook Cres, GRIFFITH ACT 2603

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

I have found this Standard Compliant as six of the six requirements are Compliant.

Consumers and/or representatives interviewed consistently provided positive feedback regarding staff treating them with dignity and respect. They stated that staff understand their background, knew their preferences and what was important to them, and felt that the service supported them to make choices and supported them to take risks which enabled them to live the life they choose. They explained that service agreements and fees were explained before commencing with the service, and their right to privacy and confidentiality was respected and maintained by the service.

Support workers demonstrated knowledge and understanding of providing culturally safe care and services by articulating various strategies used. For example, finding common ground, getting to know what is important to them, being observant and reminiscing with them about their country or culture. The Team Leader verbalised that through the assessment and planning process they capture consumers' culture and background which enabled staff to gain a better understanding of the consumer and enabled them to provide individualised culturally safe care and services.

The service staff described practical ways they support consumers to make choices. These included giving consumers options and supporting their choice, using concise and simple sentences, acknowledging their need to process information and allowing consumers plenty of opportunity to respond to the questions. Support workers articulated that incorporating frequent rests and breaks when walking with consumers living with dementia who were unsteady on their feet was essential. A support worker stated that part of their role was to ensure that consumers had a safe space to operate in. They assessed risks and ensured that parameters were set to prevent harm or injury while letting consumers express themselves through their choices. Support Workers cited some examples of ways they ensured consumers' information was kept private and confidential. These were locking or logging off work computers, gaining consumer consent before sharing information, and ensuring the work desk didn't have consumer personal information when unattended. Management explained that all staff undertake a module on privacy as a mandatory training.

Management reported that the service had a new cultural awareness training which will be made mandatory for all consumer facing staff. The service also implemented a National Diversity and Inclusion Coordinator as a commitment to its consumers. It described how it supported a consumer with diabetes to adopt a safer way to manage their intake of soft drinks.

Management reported that the consumers and/or representatives were sent emails or normal mail, depending on their preferred method of communication. They were also given the option to ring the service or meet staff in person if they wanted more information. A sample of the email sent to the consumers was sighted by the Assessment Team.

The service's Diversity, Equity and Respect policy outlined the expected standard of conduct for all its employees in the workplace to ensure that consumers and staff alike are treated with respect and dignity. The Service User Rights and Responsibilities ensured that consumers were made aware that they had a right to be treated with dignity and respect as this was given to all consumers commencing with the service. Its ‘Your Rights and Responsibilities brochure’, which is included in the welcome pack, informed consumers that they had a right to access services that respected their culture, beliefs and sexuality. In addition, the service also had LGBTI+ ageing and aged care inclusivity training booked for staff at the end of November 2022.

The service's Practice Guidelines for CHSP programs included a client-centred program in which consumers were encouraged to take as much responsibility as possible for their own lives, choices and participation in activities based on consumers’ self-determination. The service's Risk of Harm policy indicated that with appropriate information and support, individuals were encouraged to make their own decisions. The Assessment Team sighted various documentation contained in the service's welcome pack (e.g., Your Responsibilities, Our Responsibilities, How to Provide Feedback). The font size used demonstrated that the service had considered the audience's diverse sensory impairments.

The documentation reviewed demonstrated that the service was committed to protecting consumers' privacy and confidentiality. The Privacy and Confidentiality policy showed the service's commitment to complying with the Privacy Act and the Australian Privacy Principles concerning the collection, use and management of personal information.

# Standard 2

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

Findings

I have found this Standard Compliant as five of the five requirements are Compliant.

All consumers and representatives provided positive feedback on assessment and care planning processes and the support and services they receive. They confirmed they received an assessment that included discussions of their needs, goals and preferences. A risk assessment is completed for each consumer during the development of support plans. All consumers and representatives said that the staff knew them well and provided support that met their expectations. All consumer notes sampled were updated regularly and when consumer needs changed. All notes sampled demonstrated that the consumer’s current needs and goals were addressed. Consumers and representatives provided positive feedback when asked about their involvement in assessment and care planning processes. They also confirmed they received ongoing reviews of their needs, and where they have indicated they wish family or others involved in discussions this always occurs. Consumers and representatives interviewed confirmed they participated in initial assessments, with those receiving services for more than six months confirming they had also been involved in the review process. They felt they were well informed by team leaders and support workers of the services they could access. They were able to provide details of what services they receive, including frequency and relevant support staff and these were noted to match with support plans sighted in their files. They also stated that they felt that they can change the services currently being used, and that they felt that if their needs changed, then the service would respond.

All staff and management interviewed were able to identify each consumer’s individual needs and support and services unique to each consumer. A support worker articulated the importance of allowing a consumer to express themselves and how that was achieved. Support staff said they are allocated to a specific consumer, as consistency for people living with dementia is key, and can identify if a consumer has any deterioration in their physical and mental well-being and are able to update team leaders who follow up and keep the wider support team informed of any changes. Documentation sighted on consumer files by the Assessment Team showed consumer and representative involvement in assessment and care planning processes. They also note where other agencies are providing services. The support staff when interviewed were able to identify each consumer’s preferences verbally and this was corroborated by each consumer or representative interviewed.

Support staff are provided with support plans, which identify each consumer’s individual risk based on the assessment attended by a team leader. The risks identified on each support plan includes mobility risk, sensory impairment; hearing, vision, speech, communication impairment; writing, speech and orientation. Each support plan is tailored to individual needs, goals and preferences. Assessment and planning documents reviewed by the Assessment Team identified goals and needs of each consumer well noting the support plans are updated six monthly or as needs, goals and preferences change. Documentation reveals ongoing and updated outcomes of the My Goals planning documentation and conversation between staff and consumers and their representatives. Care planning documentation reviewed by the Assessment Team captured consumer information which was detailed, current, and included individualised goals and needs.

Management reported that consumers are matched to staff delivering their services as it was important to ensure the mix is right; and provided examples where consumers have asked for gender specific workers due to cultural needs or past experiences. Management confirmed that they hold weekly CHSP meetings where consumers’ current needs, goals and preferences are discussed. They are identified and actioned if any changes are required. This is supported by meeting minutes viewed by the Assessment Team. Management explained at an initial assessment the consumer is provided with a service agreement which is signed by the consumer and or representative. An initial assessment is conducted, and support plans are developed by team leaders, in consultation with consumers and representatives, based on consumers’ goals, needs and preferences. Management and staff said that care planning documentation is reviewed every six months or as consumer needs change.

Relevant policies were also sighted around assessment and planning processes.

# Standard 3

The organisation does not provide clinical or personal care therefore this Standard is Not Applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

I have found this Standard Compliant as five of the five applicable requirements are Compliant.

All consumers and representatives reported they are encouraged to participate in groups that they choose. Choices are offered, and consumers can choose based on their needs, goals and preferences. Consumers and representatives advised they enjoy services and feel comfortable, happy and safe with their support staff while attending activities. They said support workers check how they are on each visit and if they have any concerns will report this to the team leaders. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular support worker, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. All consumers and representatives provided feedback on the opportunities they have been given to build and maintain relationships, to pursue activities of interest to them and participate in their community. They were satisfied the service had good communication systems in place to ensure support workers knew their needs and when changes occurred with their care.

Staff provided examples of individual consumers needs and preferences and how they assist consumers in daily living. Staff and management interviewed knew consumers well including their needs, goals and preferences. Staff and management interviewed knew consumer’s needs; and reported the strategies, techniques, and referral processes that are used to assist consumers.

Management and staff spoke of how consumers often experience grief and confusion with a diagnosis of dementia, and how assistance was provided to support consumers and their families with this process. Support workers were able to describe relationships important to their consumers, such as family and friends, social activities they enjoyed, attending shopping centres, and going for walks or drives in the local community. They felt they were given enough information to meet the needs of their consumers and build a good relationship to meet their emotional needs. Support staff reported when there are changes to a consumer’s condition, needs or preferences they are satisfied with the information they receive, as it helps them identify consumers who may need additional support, such as help while mobilising in the community. Staff said they are provided with updated information as care needs change, and update team leaders of any concerns and document them. Support workers and management were able to provide examples of referrals to other services.

Support plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. The Assessment Team reviewed support plans and progress notes which documented any changes with regards to individual needs and preferences and supports for daily living. Sampled new support plans identified the assessment of emotional, and psychological needs. Support plans are updated every six months or as needed, and changes occurred for an individual consumer. Notes sighted on consumers files by the Assessment Team documented changes in relation to emotional, spiritual and psychological well-being, as support plans were updated as changes occurred. Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities. The Assessment Team sighted updated notes from staff and recent correspondence to consumer representatives regarding follow-up for additional services and a plan of action. Emails are sent to other services and the service assists with introductions for consumers to new services where support workers introduce the consumer to the new service. The Assessment Team reviewed documentation which noted on consumer files information, referrals and assistance to access other services such as Palliative Care ACT services. This was evidenced in progress notes sighted on electronic consumer files.

Management reports that consumers are supported to choose activities of interest to them after being offered many choices. Consumers are encouraged to participate in activity groups, where consumers with a diagnosis of dementia can talk about their journey, seek information, seek a sense of community belonging and find support from specialists and other members. Management reported that consumers in their support programs and respite programs are included as part of the community, the programs are aimed at ensuring consumers are having a great day, as it impacts their mental health and confidence.

Dementia support specialists and team leaders gather information on consumers’ life stories and social needs upon entry to the service. They said this was important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf, assisting with accessing other services and providing transport to activities.

# Standard 5

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

Findings

I have found this Standard Compliant as three of the three requirements are Compliant.

Consumers interviewed attending the centre for craft group provided positive feedback about their experience with the service and the environment. All consumers interviewed felt welcomed and a sense of belonging to the group. Consumers and representatives said the service was clean and well maintained and accessibility to all areas was not a problem. Consumers interviewed also said they felt safe at the centre. They said that the group activity area, along with the cars and buses they travel in are clean and well maintained. Consumers said the chairs are comfortable and having tables of good height is important when doing craft activities.

Staff advised they ensure the environment is easy for consumers to navigate and lay out the craft activities before consumers arrive, so they have the independence to choose which activity they may like to undertake. Staff also advised they always ensure the space is easily accessible for consumers, and the area, chairs, tables and equipment is wiped clean before and after each session. If they noticed any issues regarding safety they would notify the team leader, who would follow up and action as necessary. Support workers were satisfied that equipment is cleaned and checked regularly. Staff advised that chairs, tables and equipment was cleaned before and after each use. Staff advised that cars are inspected quarterly, and any concerns are dealt with in a timely manner. They advised that consumers have not raised any concerns regarding furniture, equipment at the centre or in the cars or bus utilised for transport.

The Assessment Team observed the group activity room to be a large light filled open space. Bathrooms were in close proximity to the activity room and were well signposted. The Assessment Team observed interactions between staff and consumers which were welcoming and optimised consumer’s independence. The activity room was well signposted with tea and coffee facilities and a chilled water dispenser easily accessible to consumers at all times to allow for independence. Cleaning is undertaken by an external provider daily, emergency lights, exit sign lights and fire equipment inspections are undertaken every six months. Fire extinguishers were tested and inspected on 19 September 2022. Records of these inspections were observed by the Assessment Team.

The Assessment Team also observed the service area to be safe, clean and well maintained. No safety issues were observed. Consumers were able to move about freely. Doors remained open, access to the service was via a lift, and all consumers are checked in upon arrival and a head count is performed every half hour to ensure clients are all present. All areas are well signposted, including fire evacuation signs and exit doors, the water dispenser is labelled hot/cold with caution signs and large arrows indicate the path to bathrooms.

The Assessment Team observed one car used by the service to transport consumers to be clean, with PPE, a first aid kit, blood and vomit spill kit all in date and emergency procedures instructions in the vehicle. The Fleet bus was observed clean with a fold out step and large yellow handrails for ease of use, PPE, First Aid kit, blood and vomit spill kit and fire extinguisher all in date. Monthly inspection records were viewed by the Assessment Team.

All furniture and equipment sighted at the centre by the Assessment Team were observed to be clean and well-maintained. Chairs and tables were of a suitable height for use during craft activities.

# Standard 6

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

Findings

I have found this Standard Compliant as four of the four requirements are Compliant.

Consumers and/or representatives reported that the service had multiple avenues that they could utilise to provide feedback and make complaints. None of the consumers interviewed had made a complaint or felt the need to make a complaint. Consumers and/or representatives confirmed that they were aware of advocacy services such as Older Persons Advocacy Network and The Office of the Public Advocate as the service provided this information in the welcome pack. The staff were also aware of Translating and Interpreting Services and can support consumers to access this when needed.

Staff demonstrated knowledge of the services' various feedback pathways available for consumers and would support the consumers in this process if required. The staff interviewed articulated the service's process for handling and documenting feedback. Staff demonstrated awareness of the open disclosure process and would apologise if things go wrong. Management described that complaints were escalated, addressed promptly, regularly trended and reported monthly to the executive team.

The service's Your Feedback is Important To Us poster near the reception area described various means consumers could provide feedback. This could be in-person, online through the website, emails and 1800 number hotline. This also included information on external organisations that they can make a complaint such as the Commission. The welcome pack also had a How to Provide Feedback brochure which reflected the same information. The Your Feedback is Important To Us poster also included information on several advocacy services. This was also reflected in the How to Provide Feedback brochure. Consumers also received a copy of the Charter of Aged Care Rights in the welcome pack.

The service's bi-annual consumer survey in May 2022 corroborated that consumers were happy with the care and services provided. The service demonstrated that the open disclosure process is followed.

The service's Feedback and Complaints Management Policy and Procedure outlined principles such as open disclosure, natural justice and procedural fairness, equity and transparency, confidentiality and recording and resolutions. The service's code of conduct included a provision for whistle-blower protection.

The service showed that the positive feedback they received resulted in continuous improvement activity. The staff commenced sharing positive outcomes during team meetings to celebrate wins. This had become a regular agenda item and feedback from staff was that they enjoyed highlighting positive consumer outcomes and it provided a learning opportunity for others. The team meeting minutes was sighted by the Assessment Team.

The Client Services Monthly Report for October 2022 was sighted by the Assessment Team. The report included collated information for incidents and feedback (compliments and complaints). This report gets escalated to the executive-level management. The executive-level management meeting held in August 2022 to discuss Trend Analysis Reporting for the financial year 2021/22 and July 2022 was also sighted. This included trend analysis information on incidents, hazards and feedback.

# Standard 7

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

Findings

I have found this Standard Compliant as five of the five requirements are Compliant.

Consumers and/or representatives reported that missed services were few and far in between and that the service communicated and worked with them to reschedule services. None of the consumers and/or representatives interviewed reported any concerns about their treatment by staff. They expressed their confidence that staff were skilled and competent to effectively perform their roles.

Support workers interviewed stated that rosters provided sufficient time to provide effective quality care and services. Support workers explained that typically they get to spend a few hours with consumers so there was plenty of time to do things that interested consumers. Support workers described that they treated consumers the way they would want to be treated. They articulated that with people living with dementia establishing rapport was very important to make that initial connection and constantly building that relationship every time they meet. Staff described that the service assessed their competencies through annual performance appraisals and supervision sessions with the team leader. At the time of the assessment, staff were 100% compliant with first aid/CPR certification, vaccinations, police checks and driver's licenses. The Assessment Team also sighted position descriptions for various roles. The staff interviewed reported undergoing an induction process, completing mandatory training, probation reviews and performance appraisals. In addition, they articulated that they underwent a buddy system, learning various applications used and short courses were available such as accidental counselling and defensive driving courses. They remarked that training support was provided by the service within reason and dependent on their roles.

Management reported that they had one unfilled shift a week due to an unexpected staff injury. Management explained their process to fill the shift, was to assess the risk to the consumer and offer an alternative arrangement. Management explained that the service utilised a particular learning platform to provide all training with additional resources that are non-mandatory for staff. Staff accessed the learning platform through the service's intranet. Management stated that through a case notes review undertaken by the service, a training need was identified in proper documentation. A professional development day was then arranged for all staff to promote self-awareness in their documentation.

The service demonstrated that the workforce was planned through consideration of service demands from referrals, analysis of current and projected budget, involvement of executive level management and launching of recruitment campaigns. This was evident in multi-level reports sighted by the Assessment Team.

The service had not received any complaints concerning staff behaviour. The May 2022 Survey report also reflected that 100% of consumers felt safe with staff and felt they had a trusting relationship with staff. The service demonstrated its commitment to treating consumers respectfully through various documents such as the Code of Conduct, Diversity, Equality and Respect Policy and Rights and Responsibilities.

In addition to the service’s mandatory training, staff also had access to the module Communication and Dementia, Younger Onset Dementia and Dementia Essentials which were highly encouraged by management.

The service's mandatory training modules included equal opportunity, fire safety, bullying and harassment, manual handling, privacy, workplace health and safety and what is dementia. The service's annual performance review process was a 3-part system. This included a review of the staff's previous years' goals, goal setting for the next year and goals and development planning to achieve set goals. This process was supported by the service's foundational, operational and leadership Capability Frameworks.

# Standard 8

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

Findings

I have found this Standard Compliant as four of the four applicable requirements are Compliant.

Although most consumers and/or representatives interviewed were unable to recall if the service had asked them to provide input for improvements, most stated that they had been asked to complete surveys regularly. The Assessment Team sighted the Dementia Australia Client Survey May 2022 results. The service had a completion rate of 81.6%. The consumers and/or representatives rated the service very highly. The survey also included a question on how the service could be improved and responses were collated. The results were then discussed with executive-level management to identify areas of improvement.

The service also had a Dementia Australia Advisory Committee. This group was formed in response to people living with dementia around Australia wanting to advocate for the needs of people living with dementia and their families. There were 10 members in this group that come from all over Australia with most having a diagnosis of cognitive impairment or dementia. The service saw improvements in standards for dementia care, training and stigma in the community through the work of this group.

At the time of the assessment, the service identified consumers who were a fall risk, had challenges managing diabetes, recently returned from the hospital, anxious and wandering. The service's National Client Services Dementia and Diversity Framework identified a focus on the certain special needs group.

The Assessment Team sighted case notes from an incident, incident report, appropriate escalation to reporting lines and continuous improvement plan arising from the incident. As a result of the incident improvements were implemented.

The Assessment Team also sighted the charter for its Finance, Audit and Risk Management Committee and its Governance Manual which outlined its purpose, roles and responsibilities, size, composition and meeting details among others. The report that was tabled at the June 2022 board meeting was also sighted and this included workplace health and safety trends and incidents.

The workforce described how various information was readily accessible from consumer-related information through their client management system to learning and development training information to forms, policies, and procedures through the intranet which enabled them to perform their roles effectively and efficiently. Staff added that systems were always password-protected and some applications required multifactor authentication. The service's internal controls maintained consumer privacy. Staff received privacy training as a mandatory module. Staff access to various applications and systems was delegation based and on a need to know basis.

The staff interviewed confirmed that improvements were discussed at staff meetings and during the once a quarter all staff meeting. The service also confirmed that it engaged in an external audit of its IT systems. The service demonstrated that it had an effective organisation-wide governance system concerning continuous improvement.

Staff interviewed confirmed that the service's systems alerted them when compliance documentations were due via email and through their supervisor. The service provided adequate oversight during recruitment, onboarding, monitoring, and evaluation of its workforce through various documents reviewed.

The service demonstrated adequate oversight of regulatory and legislative changes. The review of the feedback and complaints governance process revealed that consumers and/or representatives were given several opportunities and various methods to provide feedback or raise concerns. Information on the supports available to do so was made accessible to consumers and/or representatives.

The service's Code of Conduct had a provision of protection for whistle-blowers. It also outlined how to report any fraud, corruption or suspected misconduct anonymously via an email address. These reports were then directly handled by the service's board chairperson.

The service identified consumers who were a falls risk, having challenges managing diabetes, hospitalisation, anxious and wandering in their consumer list. Consumers were discussed during the CHSP monthly team meeting where support workers provided updates on consumers. The Assessment Team sighted meeting minutes held on 12 September 2022.

The service's Risk Management Policy and Procedure were sighted by the Assessment Team. This detailed the service's approach to identifying, managing/mitigating and reporting risks. This policy is based on Risk Management guidelines.

The staff interviewed demonstrated knowledge and understanding of identifying and responding to abuse and neglect. Staff stated that they were confident in identifying signs and symptoms which may indicate abuse and neglect. The service had a Risk of Harm (including Elder Abuse) Policy and Procedure. It outlined abuse indicators, the procedure for staff to follow, containing the risk, making referrals and reporting requirements. The policy also included a link to a national education resource on elder abuse.

The Assessment Team sighted the service's Incident Management Policy and procedure which outlined how to identify, respond and report incidents. It provided detailed instructions on completing the incident form in the Folio Incident Management system. The service's incident matrix was also included along with the notification process. Additionally, SIRS and the Commission's compulsory reporting requirements had also been included.

The service's board meeting minutes held in June 2022 were sighted by the Assessment Team. Tabled at this meeting were the Finance, Audit and Risk Management - Risk and Compliance Report. The report contained detailed trending and analysis of WHS and incidents across the organisation.

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