**Performance**

**Report**

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| Name of service: | Dementia Australia - Tas |
| Service address: | Respite Cottage - The Old Vicarage, St Johns Ave NEW TOWN TAS 7008 |
| Commission ID: | 300336 |
| Home Service Provider: | Dementia Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 28 October 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 - Tas (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* CHSP – Social Support – Group, 4-2DJ5KKB, Respite Cottage - The Old Vicarage, St Johns Ave, NEW TOWN TAS 7008
* CHSP – Social Support – Individual, 4-2DJ5KVL, Respite Cottage - The Old Vicarage, St Johns Ave, NEW TOWN TAS 7008
* CHSP – Allied Health and Therapy Services, 4-87S9BH9, Respite Cottage - The Old Vicarage, St Johns Ave, NEW TOWN TAS 7008
* CHSP – Specialised Support Services, 4-23PEYM9, Respite Cottage - The Old Vicarage, St Johns Ave, NEW TOWN TAS 7008
* CHSP – Transport, 4-87Z8EHQ, Respite Cottage - The Old Vicarage, St Johns Ave, NEW TOWN TAS 7008

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 20 October 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

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| Requirement 1(3)(b) | Care and services are culturally safe |
| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| 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. |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. |
| 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. |
| 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. |
| 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. |
| 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. |

# 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 | **Non-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

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated they felt consumers are respected and valued by the service staff and described how their interactions with the service were always respectful and they are valued. Evidence analysed by the Assessment Team showed the service has a range of policies that guide staff in their approach to consumer dignity and respect, in addition to a staff code of conduct that specifies the organisation’s expectations regarding staff interactions. Evidence analysed by the Assessment Team showed consumer documentation demonstrated respectful language is used by staff. During interviews with the Assessment Team staff consistently spoke about consumers in ways that conveyed respect, staff clearly outlined in these interviews what dignity and respect means to them and how they support consumers in achieving what’s important to them.

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated the service supports them to make decisions in relation to their services. Evidence analysed by the Assessment Team showed the service documents clearly outline who the consumer has elected to be involved in decisions about their care. Evidence analysed by the Assessment Team showed consumers and representatives are provided with a copy of the Charter of Aged Care Rights, and the services internal consumer rights and responsibilities brochure. Evidence analysed by the Assessment Team showed policies include the involvement of nominated representatives and consumers in making decisions regarding their services. Staff when interviewed by the Assessment Team described the processes to support consumers to make decisions about their care and services.

Consumers and/or representatives interviewed by the Assessment Team stated the service supports them to live their best life and encourages them to maintain their independence. Evidence analysed by the Assessment Team showed where the service is unable to accommodate a care need or service, referrals are made on behalf of the consumer to My Aged Care (MAC), where applicable. Staff when interviewed by the Assessment Team described how they identify any potential risks to consumers, including the importance of supporting them in their choices and how they have the right to take managed risks in doing what they like to do, where applicable.

Consumers and/or representatives when interviewed by the Assessment Team stated they have sufficient information that is clear and easy to understand and enables them to make choices regarding the services available to them. Some representatives interviewed by the Assessment Team were able to recall receiving information when the consumer commenced with the service, including the Charter of Aged Care Rights. Consumers and representatives when interviewed by the Assessment Team stated if they had any questions they would always contact the office to explain things to them. Evidence analysed by the Assessment Team showed the service has access to an interpreter service if required. The Assessment Team observed and noted staff interacting with consumers in a positive way. Staff when interviewed by the Assessment Team described how they communicate with consumers who exhibit cognitive decline, and demonstrated a sound understanding of consumer communication needs and preferences.

Consumers and/or representatives when interviewed by the Assessment Team stated staff respect consumer’s privacy when delivering services and they are confident the consumer’s personal information is kept confidential. Evidence analysed by the Assessment Team showed the service policiesoutline protocols to protect consumer information. Evidence analysed by the Assessment Team showed secure information systems enable the safe storage of electronic consumer information within the service. Evidence analysed by the Assessment Team showed the consumer agreement includes the service permission to share information with relevant parties. Staff when interviewed by the Assessment Team demonstrated how they manage personal information, the systems used by the service and showed understanding and respect for consumer privacy and confidentiality.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate consumers care and services are culturally safe. Evidence analysed by the Assessment Team showed the service does not conduct routine consumer assessment, care planning or reassessment, and therefore does not collect information to identify and subsequently support consumers from cultural and/or diverse backgrounds.

The Assessment Team noted during initial documentation analysis, documents provided by the service indicated they did not have any consumers who identify with cultural and/or diverse backgrounds. During interviews with the Assessment Team staff stated that two consumers have identified to the service as Aboriginal. Evidence is documented below to substantiate these findings.

Evidence analysed by the Assessment Team showed Consumer A identifies as Aboriginal, upon analysis of her file the Assessment Team noted there is reference to the fact that she identifies as Aboriginal. The Assessment Team noted there is no information recorded to ensure Consumer A’s care and services are provided in a culturally safe way. Staff when interviewed by the Assessment Team stated they do not typically seek and therefore record any consumer cultural needs and preferences.

Evidence analysed by the Assessment Team showed the service does not have processes and procedures to gather information for those consumers who identify with the LGBTQI cohort. Evidence analysed by the Assessment Team showed while the services electronic documentation system has an LGB (which is incomplete of the cohort and does not include TQI), identification and assessment function, however staff when interviewed by the Assessment Team stated this is not populated. Staff when interviewed by the Assessment Team stated they are aware of two consumers who identify with the LGBTQI cohort.

Staff When interviewed by the Assessment Team stated they have not been provided with information and/or training on how to address culture and diversity with consumers.

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

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. Care planning documents analysed by the Assessment Team for sampled consumers showed that the service does not currently complete assessments, including related to risks to consumers’ safety, health and wellbeing, to inform delivery of safe and effective care. Evidence analysed by the Assessment Team showed for some consumers sampled, although risks had been identified from My Aged Care Support Plans and documented in the service’s Snapshot Sheet and/or Support Plan, the risks had not been assessed by the service, which resulted in a lack of effective documentation of risk management strategies to guide staff.

Staff when interviewed by the Assessment Team advised that the service’s process at commencement of consumer services includes consideration of the consumer’s referral and support plan from My Aged Care, including consumer’s risks relating to mobility, falls and dietary requirements, however, staff stated during interviews the service does not complete their own assessment of those risks. The Assessment Team analysed evidence and noted the organisation does not currently have processes or procedures to guide staff in relation to assessing consumers’ needs, goals, preferences and risks, this was confirmed by management and staff when interviewed by the Assessment Team.

Evidence analysed by the Assessment Team showed care planning documents for two consumers attending the service’s Hobart Day Club (Day centre) for Social Support Group (SSG) activities showed risks related to mobility, vision impairment and diabetes. Evidence analysed by the Assessment Team showed those risks had not been assessed to inform safe care while attending the group, and documentation analysed by the Assessment Team did not consistently reflect current risk management strategies. Evidence is documented below to substantiate these findings.

Evidence analysed by the Assessment Team showed Consumer B commenced attending the day centre for SSG activities in March 2019. Evidence analysed by the Assessment Team showed information documented in the service’s electronic consumer database included the consumer’s diagnosis showing Alzheimer’s Disease, increasing cognitive deficits, and falls risk due to poor peripheral vision. The Assessment Team noted the support plan from My Aged Care indicated type 1 diabetes and diabetic retinopathy. Evidence analysed by the Assessment Team showed the service had not completed an assessment of the consumer’s risks including in relation to mobility, vision impairment, nutrition and hydration to inform the safe delivery of meals and activities at the day centre. Furthermore, evidence analysed by the Assessment Team showed the consumer’s support plan dated September 2020 indicates that Consumer B uses a white cane when mobilising, however, the Assessment Team observed Consumer B walking with a support worker in a street near the day centre and noticed Consumer B was not using a white cane and was holding onto the staff’s arm. Staff interviewed by the Assessment Team confirmed Consumer B has not been utilising his/her white cane for a long time due to his declining cognition, Consumer B was confused in relation to how to utilise the cane. Evidence analysed by the Assessment Team showed the service could not demonstrate that a review and/or reassessment had been completed following the consumer’s mobility changes.

Management when interviewed by the Assessment Team acknowledged that the current organisational processes are not effective to assess and plan consumer’s care and services, including in relation to consumer risks.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning processes, including in relation to risks to consumer, inform the delivery of safe and effective services, and specifically related to risks for consumers sampled such as mobility and vision impairments, falls, continence, nutrition and hydration.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that 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. Care planning documents analysed by the Assessment Team for sampled consumers showed anecdotal evidence of discussion with consumers and representatives as part of the intake process, and prior to commencing services, about their needs and preferences to inform services delivery. However, the Assessment Team noted based on evidence analysed the service could not demonstrate an established assessment and care planning process, including discussion with consumers and/or representatives to identify and address consumer’s needs, goals and preferences for all services provided to consumers.

Care planning documents analysed by the Assessment Team for three consumers showed the service had developed snapshot sheets and/or support plans documenting consumer likes, dislikes, needs and goals. However, the Assessment Team noted the service advised these documents were completed by staff from their knowledge over time of the consumer, and they did not systematically involve consumers and/or representatives in the identification of their needs, goals and preferences, to inform development of their support plans. Furthermore, evidence analysed by the Assessment Team showed for consumers receiving dementia advisory services, the service does not complete support plans, nor documents consumers’ needs, goals and preferences.

The Assessment Team analysed evidence which showed that information about types of services to be provided to consumers and its frequency were not documented in the consumers’ care planning documentation. The Assessment Team noted the service advised this is discussed with consumers and/or their representatives as part of the intake process. The Assessment Team noted an example is following the consumer’s initial visit to the day centres, the service discusses with consumers and/or representatives the group to be attended, day and times, however, the Assessment Team noted this is not documented in the consumer’s care file or support plan.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning consistently and effectively identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the service carries out assessment, planning and reviews based on ongoing partnership with consumers and others that the consumer wishes to involve. As documented above, evidence analysed by the Assessment Team showed the service does not have an established and systematic process to carry out assessment, planning and reviews. While the Assessment Team analysed evidence of ongoing involvement of consumers and/or representatives, it was mostly related to the delivery of care and services, and did not inform assessment, planning and reviews of services.

During interviews with the Assessment Team the service advised that due to the service’s cohort of consumers living with dementia, they generally have representatives involved in their care and services. The Assessment Team noted this was confirmed through the Assessment Team’s interviews with consumers and representatives, however, consumers and representatives interviewed stated they could not recall being involved in an assessment or review of consumer’s needs, goals and preferences.

The Assessment Team analysed organisational documents such as the Client Services Policy and Consumer Agreements which include aspects of consultation with consumers and their representatives about their services at intake and ongoing, support plans and annual reviews. However, the Assessment Team analysed evidence which showed the organisation did not demonstrate these documents have been implemented or are in use for consumers currently receiving services. Furthermore, the Assessment Team noted based on evidence analysed the organisation does not have established procedures to guide staff in how and when to involve consumers and representatives in assessment, planning and reviews of consumers’ care and services, including in relation to risks or when their circumstances change.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, where care and services are provided. The Assessment Team identified and noted through analysis of consumers’ care documentation that the service does not systematically develop a care plan, and when they do, it is not informed by assessment and planning in consultation with consumers and/or representatives. Consumers and/or representatives interviewed by the Assessment Team could not recall being offered a support plan.

During interviews with the Assessment Team the service advised the Assessment Team that support plans are not systematically developed and, when support plans are developed, for example, for consumers attending the Hobart day centre, it is based on staff’s knowledge of the consumers but not informed by assessments or consultation with consumers and/or representatives. During interviews with the Assessment Team the service confirmed that consumers and representatives are not offered the consumer’s support plan. Further evidence is documented below to substantiate these findings.

Evidence analysed by the Assessment Team showed support plans for consumers attending the day centres do not effectively guide staff in relation to mobility and/or falls risk management strategies. The Assessment Team found in some cases, such as Consumer B’s, staff relied on their own knowledge of the consumer to deliver services at the day centres, as the support plan available to staff had not been updated following a change in Consumer B’s mobility aids.

Evidence analysed by the Assessment Team showed for consumers receiving dementia advisory services, the service does not complete support plans, nor documents consumers’ needs, goals and preferences. Evidence gathered through interviews showed staff access information about consumers through case notes.

Evidence analysed by the Assessment Team showed information relating to type of services to be provided to consumers and its frequency was not documented in the consumers’ care planning documentation.

Evidence analysed by the Assessment Team showed the service did not demonstrate that consumers’ assessment and care planning had effectively been conducted, communicated to the consumers and/or representatives, and effectively documented to ensure consumers' needs, goals preferences are met, and risks are mitigated.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that 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. Staff when interviewed by the Assessment Team advised the service does not have an established and systematic process to review consumers’ care and services, this was confirmed through care planning documentation analysis. The Assessment Team noted that consumers and/or representatives interviewed could not recall a review of consumer’s services being undertaken.

Evidence analysed by the Assessment Team showed the organisation’s Client Services Policy states that a regular review process (twelve monthly as a minimum) of the services provided to consumers is to be undertaken. The Assessment Team analysed anecdotal evidence that indicate reviews of consumer’s service needs. However, during interviews with the Assessment Team staff advised, and care planning documents analysed for sampled consumers substantiated, that the organisation does not have established process or procedures to guide staff in how and when to review consumers’ care and services. Evidence is documented below to substantiate these findings.

Evidence analysed by the Assessment Team showed an incident report in March 2022 showed Consumer C left his home by himself/herself and failed to attend a scheduled group activity. Care planning documents analysed by the Assessment Team up to September 2022 showed further instances where Consumer C left his home independently and walked to the service. Evidence analysed by the Assessment Team showed the service followed up and discussed with Consumer C’s representative about increased risks to the consumer due to his declining cognition and strategies to ensure Consumer C is safe. The Assessment Team noted that the incidents impacted on the consumer’s needs and risks, however, evidence analysed by the Assessment Team showed did not prompt a review and/or reassessment of the consumer’s care and services or risks. Staff interviewed by the Assessment Team indicated that, due to Consumer C’s cognitive decline, he/she is no longer suitable to attend the group activities, and this will be discussed with his representative.

Care planning documents analysed by the Assessment Team showed for some sampled consumers that had been attending the Hobart day centre activities for years, for example Consumer D since 2017 and Consumer B since 2019, however, the service could not demonstrate that their care and services had been reviewed regularly.

Evidence analysed by the Assessment Team showed the service did not demonstrate that 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.

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

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives when interviewed by the Assessment Team described in various ways that consumers receive care and services tailored to their needs and preferences and optimises their well-being through attending the day centres. Evidence analysed by the Assessment Team showed care planning documents showed that, although staff had access to information relevant to consumers such as support plans, snapshot sheets and progress notes, the documents were not based on consumers’ assessments. However, staff when interviewed by the Assessment Team demonstrated knowledge of consumer’s needs and preferences and were able to describe how they provided care to consumers, for example, how they assist consumers to the toilet, provide them with directions and ensure they use their mobility aids and hand rails.

Evidence analysed by the Assessment Team showed the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that the service and staff ensure consumers receive safe care, for example, in relation to nutrition and mobility. The Assessment Team noted although care planning documents were not always current in relation to sampled consumer’s risk management strategies, staff when interviewed by the Assessment Team demonstrated knowledge of consumer’s risks and described strategies to manage the risks, for example, in relation mobility and falls risks, and nutrition for consumers with diabetes.

Evidence analysed by the Assessment Team showed the service demonstrated they would respond appropriately to support consumers nearing the end of life. Staff when interviewed by the Assessment Team advised they are not aware of any consumers who are or were provided care and services at end of life. As documented above, the service does not currently assess consumers’ needs, goals and preferences including in relation to advance care and end of life planning, however, staff when interviewed by the Assessment Team advised information is available on the organisation’s website and staff would refer consumers as required to My Aged Care and/or other providers. The Assessment Team analysed website information which included advance care planning, dementia specific palliative care and planning for end of life.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and/or representatives when interviewed by the Assessment Team stated they felt confident that staff would notice when consumer’s cognitive or physical function, and health changed and would respond appropriately. Staff when interviewed by the Assessment Team described processes to report and respond to changes related to consumers, for example, changes to consumer’s cognitive function and consumer’s mobility or level of independence. Care planning documents analysed by the Assessment Team showed evidence of identification and actions taken when consumer’s health and wellbeing changed such as referrals to My Aged Care or other providers, and adjusted care and services.

Evidence analysed by the Assessment Team showed the service demonstrated that information about consumers is documented and communicated within the organisation, and with others. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that staff know consumers and they do not need to repeat information about their needs and preferences. Staff when interviewed by the Assessment Team advised relevant information about consumers’ care and services are documented and communicated through care planning documents including electronic care system, snapshot sheets, support plans and progress/case notes. Care planning documentation analysed by the Assessment Team confirmed comprehensive progress notes and case notes to communicate about consumers within the organisation. The Assessment Team noted while the service does not engage other organisations such as contractors to provide care and services on their behalf, the Assessment Team viewed evidence of communication with other providers involved in consumer’s care and services.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers had been referred to health professionals when required. Staff when interviewed by the Assessment Team described processes to refer consumers internally, for example, for group activities or dementia advisory services, and externally to other health professionals, aged care providers or My Aged Care. The Assessment Team noted this was substantiated through care planning documents analysed for sampled consumers.

Evidence analysed by the Assessment Team showed the service demonstrated they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed by the Assessment Team advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning, COVID-19 testing and reporting. Staff and management when interviewed by the Assessment Team described, and observations and documentation analysed confirmed that, the service has policies and processes for minimising risks of infection.

# Standard 4

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective services and supports for daily living, that meet the consumer’s needs and preferences, and optimise their independence, health, well-being and quality of life. Consumers and/or representatives when interviewed by the Assessment Team stated they were satisfied that the services provided optimises the consumer’s independence, well-being and quality of life through the provision of social support individual and group services, and dementia advisory services. Care planning documents analysed by the Assessment Team showed that, although staff had access to information relevant to consumers such as support plans, snapshot sheets and progress notes, the documents were not based on consumers’ assessments. However, staff when interviewed by the Assessment Team demonstrated knowledge of what is important to consumers and were able to describe how they adapt services according to consumer’s needs and preferences such as input into menus and group activities, and dementia advisory support.

Evidence analysed by the Assessment Team showed the service demonstrated that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives interviewed by the Assessment Team stated they felt that staff know consumers and carers well and described in various ways how the services provided enhance their emotional and psychological well-being. Staff when interviewed by the Assessment Team demonstrated their knowledge of consumers and described strategies to support consumers emotional and psychological wellbeing through social support services and dementia advisory services. The Assessment Team noted this was substantiated through care planning documents analysed for sampled consumers.

Evidence analysed by the Assessment Team showed the service demonstrated services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support services enable consumers to do things of interest and maintain social relationships. Staff when interviewed by the Assessment Team described, and care planning documents and observations substantiated, how the service actively support consumers to participate in meaningful activities and do things of interest.

Evidence analysed by the Assessment Team showed the service demonstrated that information about consumers is documented and communicated within the organisation, and with others. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that staff know consumers and they do not need to repeat information about their needs and preferences. Staff when interviewed by the Assessment Team advised relevant information about consumers’ services are documented and communicated through care planning documents including electronic care system, snapshot sheets, support plans and progress/case notes. Care planning documentation analysed by the Assessment Team confirmed comprehensive progress notes and case notes to communicate about consumers within the organisation. The Assessment Team noted while the service does not engage other organisations such as contractors to provide services on their behalf, the Assessment Team identified and analysed evidence of communication with other providers involved in consumer’s care and services.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to other organisations and providers are made for consumers. Staff when interviewed by the Assessment Team described processes to refer consumers internally and externally to other aged care providers or My Aged Care. The Assessment Team noted this was substantiated through care planning documents analysed for sampled consumers. Staff when interviewed by the Assessment Team described, and care planning documentation analysed for sampled consumers confirmed, that the service had referred consumers to My Aged Care and provided advocacy on behalf of consumers by contacting other providers.

Evidence analysed by the Assessment Team showed the service demonstrated that, where meals are provided, they are varied and of suitable quality and quantity. Consumers and/or representatives interviewed stated they are satisfied with the meals provided. Staff when interviewed demonstrated they know consumer’s dietary needs and preferences, and consumers meal requests inform the lunch menu.

# 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. | **Non-compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service environment is welcoming, easy to navigate, and optimise consumers’ sense of belonging, independence, interaction, and cognitive and physical functions. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumers are safe, and they feel welcome when they attend the Hobart day centre. Staff and management when interviewed by the Assessment Team described how the Hobart day centre enables consumer’s cognitive and physical functions. Assessment Team’s observations of the social support group activities at the Hobart day centre confirmed the environment was welcoming, easy to understand and functional.

Evidence analysed by the Assessment Team showed the service demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff and management when interviewed by the Assessment Team described processes to ensure service furniture, fittings and equipment are safe, clean and well maintained. This was substantiated through documentation analysis and observations conducted by the Assessment Team at the Hobart day centre.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective processes to ensure services environment are safe, clean, well maintained and comfortable, for all locations where care and services are provided to consumers. The Assessment Team noted based on evidence analysed while the service demonstrated effective cleaning, and reactive and preventative maintenance processes for services provided at the Hobart main office and day centre location, the service did not demonstrate oversight processes are in place to ensure the hired venue at Cygnet, where social support group activities are provided, is safe, clean and well maintained.

Management and staff when interviewed by the Assessment Team advised, and documentation analysed substantiated, that the service recently commenced hiring a new venue in Cygnet to provide consumer group activities one day per week. Management when interviewed by the Assessment Team advised they inspected and completed an assessment of the new premises, which was deemed suitable, and the group activities resumed in the new hired location in July 2022. However, the Assessment Team noted the service could not provide evidence of the inspection and assessment including how the service determined the safety and suitability of the venue.

Evidence analysed by the Assessment Team showed the service demonstrated processes are in place for services provided in Hobart to ensure it is safe, clean and well maintained, such as professional and ad hoc cleaning, and preventative maintenance including fire safety inspections, pest control, and site and vehicle inspections. The Assessment Team noted this was substantiated through observations and interviews undertaken by the Assessment Team. Management when interviewed by the Assessment Team advised that the owners of the hired venue in Cygnet are responsible to ensure the site is clean and maintained, however, the Assessment Team noted the service did not demonstrate that oversight and monitoring processes have been put in place by the organisation to ensure the hired venue is maintained as required and safe for consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective processes to ensure service environment are safe, clean, well maintained and comfortable, for all locations where care and services are provided to consumers.

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

# 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. | **Non-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. | **Non-compliant** |

Findings

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated they were satisfied they could utilise an advocate or external complaint organisation and have access to a language interpreter service if required. Evidence analysed by the Assessment Team showed the service rights and responsibility brochure outlines each consumer’s right to be represented by an advocate and provides contact details and information about external complaint agencies. Staff when interviewed by the Assessment Team stated they have used an “Auslan” interpreter for one consumer, with some success. Staff when interviewed also stated they have utilised telephone interpreter services with another consumer. During interviews with the Assessment Team staff described methods they utilise to make consumers and representatives aware they can provide feedback to external complaint agencies.

Consumers and representatives when interviewed by the Assessment Team stated they are satisfied that any feedback raised with staff is actioned to their satisfaction. Staff when interviewed by the Assessment Team described how any consumer feedback or issues would be escalated to the team leader to be actioned. The Assessment Team noted while staff were unfamiliar with the term ‘open disclosure’ they were able to describe their approach for acknowledging when things go wrong. Evidence analysed by the Assessment Team showed while the services complaint policy does not include the term ‘open disclosure’, it does refer to an open and transparent approach to the resolution of any consumer or representative concerns. Management when interviewed by the Assessment Team stated they would include the term and definition of open disclosure, in the service complaint management policy.

Evidence analysed by the Assessment Team showed the service does not have sufficient processes and procedures in place to encourage and support consumers and their representatives to provide feedback and make complaints.

Management when interviewed by the Assessment Team stated the service has a poster, internal rights and responsibilities brochure and a website, the Assessment Team made the following observations after analysis of the evidence.

The complaints poster was observed and noted by the Assessment Team to be displayed in the service’s main office, meeting rooms and Hobart day centre. While management when interviewed by the Assessment Team stated they email the poster to consumers, management were unable to provide evidence to substantiate this claim.

Evidence analysed by the Assessment Team showed the service rights and responsibilities brochure provided to the Assessment Team did not contain information on how to make a complaint. The Assessment Team noted on day two of the audit the service provided the Assessment Team with the newly developed consumer rights and responsibilities brochure, although this had not been distributed to existing consumers or representatives. The Decision Maker notes in the services response to the Assessment Team report there was no evidence of and/or statements confirming, distribution of the updated service rights and responsibilities brochure to consumers.

Evidence analysed by the Assessment Team showed the consumer complaint management and a feedback form are located on the service website, however the Assessment Team noted this may not be easily accessible by the frail and elderly or those without access to a computer.

Evidence analysed by the Assessment Team showed the services parent organisation conducted a survey of consumers in May 2022. The Assessment Team noted service specific questions and feedback included:

* Question: ‘When I contacted Dementia Australia they followed through on what they said they would do’.
  + Two of twenty-eight respondents selected ‘Disagree’, and two of twenty-eight respondents selected, ‘Tend to disagree’.
* Question: ‘I participated in activities that were meaningful for me’.
  + One of eleven respondents selected they ‘Tend to disagree’.
* Question: ‘When contacting Dementia Australia, they listened to me’.
  + One of twenty-eight responses selected, ‘Tend to disagree’.

Evidence analysed by the Assessment Team showed no action was taken by the service in response to this feedback.

The Assessment Team noted while management and staff provided the Assessment Team with an example of representative feedback, which included difficulties with parking and dropping off consumers to the Hobart day centre, evidence analysed by the Assessment Team showed this matter is not recorded in the service complaint/feedback register and therefore the Assessment Team was unable to verify what information was gathered, what actions were taken and what review or outcomes were achieved. Staff when interviewed by the Assessment Team stated this matter is still unresolved.

Consumers and representatives when interviewed by the Assessment Team stated if they had a complaint they would tell staff or ring the office. However, the Assessment Team noted while management during interviews stated consumer feedback is entered into consumer file notes, neither staff or the Assessment Team were able to identify that this occurs.

Staff when interviewed by the Assessment Team stated consumers are not provided with written information on how to provide feedback or make a complaint to the service. The Decision Maker notes in the services response to the Assessment Team Report they dispute this claim and implied staff are incorrect in their statements and have planned to commence training in relation to content provided to clients.

The Assessment Team noted staff provided the Assessment Team with two examples of consumer feedback which related to, consumers expressing an interest in the ability to attend the day centre with increased frequency, although the day centre is unable accommodate any more than eight individuals per day. And feedback relating to carer “Zoom” meetings not being suitable for all the participants. Staff when interviewed by the Assessment Team were unable to describe if the feedback has been actioned. The Assessment Team noted statements which showed management did acknowledge there were gaps in their processes for addressing consumer and representative complaints and feedback.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate consumer and representative feedback and complaints are always recorded. In addition, evidence analysed by the Assessment Team showed consumer and representative feedback is not routinely recorded. The Assessment Team noted based on evidence analysed while the service conducted a survey in May 2022, feedback was not actioned.

While management and staff when interviewed by the Assessment Team described examples of feedback from consumers and representatives, including parking and replacement of tables in the Hobart day centre, the service was unable to provide the Assessment Team evidence of the action taken and the review process or improvement for consumers. The Assessment Team noted while they actively sought examples of improvements to consumer quality of care and services, the service was unable to provide evidence.

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

# 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. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Seven of seven consumers and representatives interviewed by the Assessment Team stated there are sufficient staff to ensure consumers receive care and services that meet their needs, goals and preferences. The Assessment Team noted the service reported there has not been any unfilled staff shifts in the past month. Evidence analysed by the Assessment Team showed the service employs 9 co-ordination/support staff. Evidence analysed by the Assessment Team showed the service team leader is responsible for replacing planned staff leave this is achieved by either scheduling existing staff or the services casual staff members. The Assessment Team noted a senior support worker, or the team leader replaces staff during periods of unplanned leave. Evidence analysed showed the service has an organisational approach to staff workforce planning. Staff when interviewed by the Assessment Team stated they have enough time to provide safe, quality care and service delivery and they work well as a team.

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated they are satisfied staff are respectful, kind and caring. Evidence analysed by the Assessment Team showed policies and staff appointment is based on respect and empathy and a caring approach are key to selection criteria. Evidence analysed by the Assessment Team showed organisational and service documents demonstrated a commitment to respectful consumer care and services. Staff when interviewed described the ways they respond to the needs of consumers, including sharing respectful conversations, asking the consumers how they want things done and responding to their needs and preferences.

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated staff are competent, with the skills and knowledge to perform their jobs effectively. Evidence analysed by the Assessment Team showed staff are required to have achieved a minimum Certificate III, in an aged care or dementia related qualification, as a pre-requisite for appointment. Evidence analysed by the Assessment Team showed the service uses information from on the job observation, performance appraisals and feedback from consumers and representatives to identify workforce competency. Staff when interviewed by the Assessment Team stated they have enough skills and knowledge to support consumers’ needs and preferences.

Seven of seven consumers and/or representatives interviewed by the Assessment Team stated they were satisfied with staff performance and they would report any performance concerns to the main service. Evidence analysed by the Assessment Team showed internal staff generally participate in three and six month probation assessments and an annual performance appraisal. The Assessment Team noted based on evidence analysed that one to one feedback and on the job observations and support strengthen this process. The Assessment Team observed and noted the completion of staff annual performance appraisals for all but one staff member. Staff when interviewed stated their performance is monitored through feedback from consumers and representatives to the service. Staff during interviews stated they had participated in probation and annual performance appraisals.

Evidence analysed by the Assessment Team showed the services only casual staff member has not participated in an annual performance appraisal. Management when interviewed by the Assessment Team stated they would schedule a performance appraisal for this staff member.

Evidence analysed by the Assessment Team showed the service did not have adequate processes and procedures to ensure staff are trained and equipped to deliver the outcomes required by these Standards.

Evidence analysed by the Assessment Team showed the service has six on-line mandatory staff training topics, including work health and safety, manual handling and workplace bullying. Evidence analysed by the Assessment Team showed an additional four on-line topics, including, ‘What is dementia’ and communicating in a person centre way, may also be required to be completed, depending on the staff role. The Assessment Team noted the services parent organisation has established an annual training calendar of topics.

Evidence analysed by the Assessment Team showed the service does not routinely collect staff participation in any on-line training topics, preferring staff to maintain their own completion records. In addition, the Assessment Team noted the service does not maintain attendance records of staff meetings, where a training topic may have been discussed.

The Assessment Team analysed the training records of three staff. The Assessment Team noted the service was unable to provide evidence of staff participation in all the additional four on-line topics, although the online topics applied to all three staff reviewed.

The Assessment Team noted the service was unable to provide evidence of staff participation in the topics, as identified in the annual professional development training plan. Additionally, the Assessment Team noted the service was unable to demonstrate staff participation in the following training:

* Cultural awareness;
* Feedback and complaints;
* Open disclosure, although management said this topic was scheduled to be delivered;
* Infection control/COVID-19;
* Restraint/restrictive practices;
* Incident management; and
* Elder abuse, although management when interviewed stated this topic is being prepared.

The Assessment Team noted while management provided the Assessment Team with an outline of their Quality Standards training, management were unable to provide evidence of staff attendance. Staff when interviewed by the Assessment Team stated they participated in a meeting, two weeks prior to the Quality Audit, where the Quality Standards were discussed, although during this time they identified many of the requirements were not relevant to the services they provided. The Assessment Team noted based on evidence analysed that the service was unable to verify the Board’s participation in Quality Standards training.

During interviews with the Assessment Team staff stated they have enough skills and knowledge to perform their roles however, staff further went on to explain they felt the formal processes that support them need to be better. Staff when interviewed by the Assessment Team stated there are national level policies and procedures although they are not applied at the service level, which makes their job more difficult. The Assessment Team noted during interviews that staff stated while there is no direct impact on consumers, they ‘want them to have the best service as they can, by giving them the right information’.

Evidence analysed by the Assessment Team showed while individual training needs of staff are discussed during their annual performance appraisal, the service was unable to verify if the training was completed. The Assessment Team analysed staff training records and established topics and a completion month are recorded, although the Assessment Team noted the service was unable to provide evidence of staff participation in the training identified.

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

# 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. | **Non-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. | **Non-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. | **Non-compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Non-compliant** |
| 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. | **Non-compliant** |

Findings

Evidence analysed by the Assessment Team showed the service does not have processes or procedures to engage consumers and representatives in the development, delivery and evaluation of care and services. The Assessment Team noted the service was unable to provide evidence of actions taken as a result of consumer and representative engagement, and how feedback has contributed to consumer quality of care and services. Evidence analysed by the Assessment Team showed while the service operates a service specific feedback and complaint register there have not been any feedback or complaints recorded. Evidence is documented below to substantiate these findings.

Management when interviewed by the Assessment Team stated the service received feedback from a representative regarding difficulties parking/dropping off consumers outside the entrance to the activity area caused by a no stopping sign. Management when interviewed by the Assessment Team went on to say discussions took place with the local Council, although this is a ‘hand shake agreement; with them. Staff when interviewed by the Assessment Team stated this matter continues to be unresolved as representatives continue to be concerned they will be fined. Evidence analysed by the Assessment Team showed this matter is not documented in the services feedback or continuous improvement plan. Additionally, the Assessment Team noted although the Assessment Team requested evidence of actions taken and review of the outcome of this initiative, the service was not forthcoming with these details.

The service provided the Assessment Team with the results of the May 2022 consumer survey. Evidence analysed by the Assessment Team showed although some respondents recorded disagree or tend to disagree with several of the the questions posed, there was no action taken by the service in response to the feedback. Senior management when interviewed by the Assessment Team stated a survey response report is sent to each state and it is the sites responsibility to action information. The Assessment Team analysed evidence and noted management were unable to demonstrate what action was taken regarding these matters.

During interviews with the Assessment Team senior management stated the parent organisation operates a consumer engagement team and reference group to provide advice and participate in research, and consultation occurs with local consumers when a program is developed, the Assessment Team requests for evidence and improvements made at the service as a result of these activities was not forth coming.

Standard six within this report has additional evidence to substantiate the above findings.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services. Evidence analysed by the Assessment Team showed the service does not undertake consumer assessment, care planning and re-assessment, and the routine recording of consumer incidents. The Assessment Team noted the service was therefore unable to demonstrate collection of information from consumers who may be at risk and/or are vulnerable, and therefore was unable to evidence the collection of information, data and statistics for review by senior management and the Board.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate care and services are delivered in a safe manner and was unable to demonstrate accountability in the form of oversight for consumer care and service delivery.

Evidence analysed by the Assessment Team showed the service manager prepares monthly and three-monthly reports to senior management, executive and leadership teams. The Assessment Team noted based on evidence analysed that this information is compiled into a whole of service, state by state report to the Board. The Assessment Team noted while the they attempted to analyse the reports data and statistics, the Assessment Team were unable to identify specific information as it relates to consumers receiving CHSP services delivered in Hobart, Tasmania. Management when interviewed by the Assessment Team confirmed it would be ‘unlikely to find Hobart CHSP specific data and information as reporting to the Board is by exception and accountability lies with executive and leadership teams.

Standard two within this report has additional evidence to substantiate the above findings.

**Information management**

Evidence analysed by the Assessment Team showed the service has established information management systems. The Assessment Team noted these include policies and procedures to manage information, and electronic information software. Evidence analysed by the Assessment Team showed information is maintained securely, and information privacy policies apply. Evidence analysed showed electronic information is password protected, with staff access according to roles and responsibilities and hard copy information is held and stored securely. Evidence analysed by the Assessment Team showed information has backup and cybersecurity safeguards, including server backup are applied by internal information technology support personnel and external support, where required.

**Continuous improvement**

Evidence analysed by the Assessment Team showed the service was unable to demonstrate it has processes and procedures to support organisation wide governance of continuous improvement and ongoing service improvements. Evidence analysed by the Assessment Team showed the service was provided opportunities for improvement through changes to legislation and parent organisation initiatives, although the Assessment Team noted the service was not able to provide evidence of improvements as a result of, and based on, feedback from consumers, representatives or staff.

Management when interviewed by the Assessment Team stated improvements to consumers meals, in the form of ‘simple homemade meals to be provided for the day centre lunches; for example, an oven baked dish’ has been implemented, the Assessment Team was unable to locate this information in the service continuous improvement plan and management was unable to demonstrate any reviews of this initiative were undertaken.

Evidence analysed by the Assessment Team showed while the service operates a continuous improvement plan, the outcomes column reflects the pre-populated proposed outcomes of the initiative, and therefore does not address a review of the outcomes achieved, as a result of implementing the initiative.

**Financial governance**

Evidence analysed by the Assessment Team showed a monthly financial report is prepared by local management and reviewed at senior management and Board level. Evidence analysed by the Assessment Team showed financial reports are generated by the parent organisations finance officers and variances are reviewed by management on a monthly basis. The Assessment Team noted based on evidence analysed an external audit occurs on an annual basis to provide information on expenditure against budget and the financial viability of the service.

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

Evidence analysed by the Assessment Tam showed workforce governance is overseen by service management and centralised organisational human resource personnel who monitor and review service level personnel types and numbers. The Assessment Team noted position descriptions specify staff responsibilities and accountabilities to support consumer quality care and services.

**Regulatory compliance**

Evidence analysed by the Assessment Team showed the service does not have sufficient processes and procedures to identify and enact regulatory requirements.

Management when interviewed by the Assessment Team stated the organisation is in the process of developing a diversity plan, although the service does not currently have processes and procedures to identify consumers’ needs and preferences from diverse backgrounds.

Evidence analysed by the Assessment Team showed the consumer agreement states ‘the client and or carer will be involved in creating a client centred support plan and in ongoing assessment with regard to the clients care. Service delivery and support plans will be discussed at time of initial assessment and at on-going reviews when changes to care are needed or at twelve monthly intervals. The Assessment Team noted based on evidence analysed that this is not occurring.

Evidence analysed by the Assessment Team showed while all management and staff have current Australian National police certification, the service does not have processes and procedures to identify if a staff member has been a resident or a citizen of a country, other than Australia, over the age of 16 years. Evidence analysed by the Assessment Team and noted shows the service manager identifies as being a citizen of a country, other than Australia, over the age of 16 years and said they have not participated in the signing of an overseas statutory declaration.

Evidence analysed by the Assessment Team showed the service does not have oversight of the building and/or fire regulations of the Cygnet day centre.

During interviews with the Assessment Team staff stated they were aware of infection control and COVID-19 provisions however, the service acknowledged it was unable to provide evidence of their participation in training.

Standard one, two, five and seven within this report have additional evidence to substantiate the above finding.

**Feedback and complaints**

Evidence analysed by the Assessment Team showed the service does not have an adequate feedback and complaints system that supports improved outcomes for consumers. Evidence analysed by the Assessment Team showed the service had not had any recorded complaints from consumers or representatives for the past two years and was unable to access complaint related information prior to this. Evidence analysed by the Assessment Team showed while a consumer survey was conducted in May 2022 which evidenced feedback, no action was taken by the service in response to this. During interviews with the Assessment Team management said feedback and complaints are recorded by staff in consumer files however, the service was unable to provide evidence of this.

Evidence analysed by the Assessment Team showed the consumer agreement states ‘if you have a complaint or concern, please contact us’. Evidence analysed showed further information states ‘The first point of contact should be the Team Leader of the service’. The Assessment Team noted based on this evidence that this instruction does not allow for consumers or representatives to make an anonymous complaint. Evidence analysed by the Assessment Team showed the consumer agreement does include information on accessing Advocacy services although does not include information regarding the opportunity to make a complaint to the Aged Care Quality and Safety Commission.

Management when interviewed by the Assessment Team stated consumer feedback and complaints do not form part of the reporting process to the service Board. Management when interviewed by the Assessment Team stated feedback and complaints are reported by ‘exception’. – *No proceeding information relates to this heading.*

Evidence analysed by the Assessment Team showed the service does not have processes and procedures for managing high impact, high prevalence risks, identifying and/or managing and preventing incidents.

Evidence analysed by the Assessment Team showed the service does not routinely undertake assessment, care planning and re-assessment of consumers to identify current and/or potential risks and is therefore unable to gather data and statistics for review by senior management or the Board this results in inadequate procedures relating to managing high impact or high prevalence risks associated with the care of consumers.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate the Board has oversight of consumer care and services. As identified in Standard two, the service does not conduct assessment, care planning and re-assessment and therefore real and perceived risks to consumers are not identified and reported.

The Assessment Team noted based on evidence analysed that not all consumer incidents are reported on an incident form and documented in the service electronic incident system. The Assessment Team analysed evidence and identified two incidents where consumer non-response to a scheduled visit/attendance occurred. Evidence analysed by the Assessment Team showed incident forms were not completed and therefore the incident register was not populated with this information which prompts reporting to and analysis by senior management and the Board.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate how the review of incidents has contributed to improvements for consumers. Evidence analysed by the Assessment Team showed a monthly report is prepared and forwarded to senior management, although the Assessment Team noted the service was unable to identify how this contributes to quality consumer care and services.

The Assessment Team noted in relation to identifying and responding to abuse and neglect of consumers, management and staff when interviewed by the Assessment Team were unable to describe a consistent approach in meeting their obligations and responsibilities in relation to this. The Assessment Team noted based on evidence analysed that staff have not participated in consumer abuse and neglect training. The Assessment Team noted the service has a risk of harm policy and procedure which includes a reference to the management of consumer elder abuse, including reporting requirements.

Standard two and seven within this report have additional evidence to substantiate the above finding.

Evidence analysed by the Assessment Team showed while the service had a clinical governance framework document and a range of policies and procedures, the Assessment Team noted the service was unable to demonstrate the data and statistics gathered and reported are reflective of CHSP, Hobart, Tasmania consumers risks and incidents.

The Assessment Team analysed the data and statistics reported to senior management and the Board, the Assessment Team noted the data and statistics were reflective of nationally compiled whole of service information. The Assessment Team requested specific information, data and statistics as they relate to CHSP services delivered in Hobart, Tasmania, management were unable to do so stating they would be ‘unlikely to find CHSP data and information as accountability sits with the executive and leadership teams. Statements collected from the service during interviews show Board level reporting is by exception.

Evidence analysed by the Assessment Team showed the service was unable to provide evidence of staff participation in infection control and COVID-19 training.

The Assessment Team noted in relation to minimising the use of restraint, staff when interviewed by the Assessment Team advised they do not have any consumers who are subject to the use of restraint. The Assessment Team noted staff demonstrated an understanding of restrictive practices were and are.

The Assessment Team noted in relation to use of open disclosure, staff when interviewed by the Assessment Team were unfamiliar with the term, however, staff did demonstrate an understanding of the need to apologise when things go wrong. Management when interviewed by the Assessment Team stated they would embed the term and process for open disclosure in their complaint policy.

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

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