**Performance**

**Report**

**1800 951 822**

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| Name of service: | Greek Orthodox Community of SA - Adelaide |
| Service address: | 262-266 Franklin Street ADELAIDE SA 5000 |
| Commission ID: | 600119 |
| Home Service Provider: | Greek Orthodox Community of SA Inc |
| Activity type: | Quality Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 9 February 2023 |

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 Greek Orthodox Community of SA - Adelaide (**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

**Home Care:**

* Greek Community Care Packages, 18510, 262-266 Franklin Street, ADELAIDE SA 5000

**CHSP:**

* CHSP - Social Support - Group, 4-23Q6W2D, 262-266 Franklin Street, ADELAIDE SA 5000
* CHSP - Social Support - Individual, 4-23Q6W40, 262-266 Franklin Street, ADELAIDE SA 5000
* CHSP - Domestic Assistance, 4-23Q4TFA, 262-266 Franklin Street, ADELAIDE SA 5000
* CHSP - Home Maintenance, 4-23Q4TKH, 262-266 Franklin Street, ADELAIDE SA 5000
* CHSP - Meals, 4-23Q4TVA, 262-266 Franklin Street, ADELAIDE SA 5000
* Community and Home Support, 24304, 262-266 Franklin Street, ADELAIDE SA 5000

# 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 27 January 2023.

# Assessment summary for Home Care Packages (HCP)

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

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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** | | **HCP** | **CHSP** |
| 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** | **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** | **Non-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. | **Non-compliant** | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** | **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** | **Non-compliant** |

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** | **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** | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** | **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** | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers when interviewed by the Assessment Team described staff as kind, caring and respectful. Management and staff during interviews with the Assessment Team spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation analysed by the Assessment Team showed the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and their representatives interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. During interviews with the Assessment Team staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation analysed by the Assessment Team included consumers' cultural background and spoken language.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/or representatives interviewed by the Assessment Team confirmed the service involves them in making decisions about the consumer’s care and services. During interviews with the Assessment Team staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team consumers and/or their representatives, indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence and make decisions in their day-to-day life including activities that involve risk.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. During interviews with the Assessment Team some consumers confirmed they are provided with timely and relevant information when they first commence at the service, and when something changes with the service. Staff and management during interviews with the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives when interviewed by the Assessment Team stated they felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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** | **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** | **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** | **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** | **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** | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that their care and services were well planned, and the service understood how to support the consumers’ care and services needs and preferences. During interviews with the Assessment Team Coordinators and the Community Nurse (CN) described how they assess consumer’s needs and risks at commencement of services, reviews and/or as required, for example, following incidents, and how assessments inform consumers’ care and services. Care planning documents analysed by the Assessment Team evidenced that assessment and planning included consideration of risks to inform safe care and services delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative and others who are involved in the care and services of consumers. Consumers and/or representatives interviews confirmed they are involved in making decisions about consumers’ care and services. Coordinators when interviewed by the Assessment Team described how consumers and their family are involved in assessment and planning of care and services. Care planning documents analysed by the Assessment Team for sampled consumers generally confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the assessment and planning of consumer’s care and services.

Overturned Recommendation

The Assessment Team recommended Requirement 2(3)(b) as not met in their Assessment Team report. The Decision Maker notes 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 on this occasion did meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation. A sample of evidence analysed by the Decision Maker to overturn the recommendation is documented below:

The Assessment team stated in the Assessment Team report: The service was not able to demonstrate that assessment and planning consistently and/or 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. Furthermore, there was insufficient evidence that advance care and end of life planning had been raised with all consumers if the consumer wishes.

Evidence provided by the Service in their response showed two consumers mentioned by the Assessment Team who commenced services in 2018 had their end of life (EOL) wishes documented in their initial assessments. Evidence provided by the service showed the service did not have a separate section for EOL, however the aspects in relation to significant deterioration, palliative care and end of life were documented in the Emergency care section.

The Assessment Team stated in their Assessment Team Report “not all goals being relevant to the current care and services”. Evidence provided by the service in their response showed the service identified this issue during the internal review and formulated a Continuous Improvement project (dated 1 Dec 2022) to address this issue. Planned and already partially implemented actions include simplifying the goals and making sure they are linked with interventions specified in the care plan based on assessed needs. Evidence provided by the service in their response showed new templates for the Consumer Care Plan and Consumer Service Plan have been established and approved during a Clinical meeting in December 2022. Evidence provided by the service showed the template now links each action/service to a specific goal.

The Assessment Team noted in their Assessment Team Report the consumer’s review, and care plan dated July 2022, did not include consideration of the consumer’s meals requirements when attending the luncheons such as any dietary requirements, allergies or likes/dislikes.

Evidence provided by the service in their response showed the coordinators have a service folder which contains information about client’s allergies and special requirements i.e. swallowing difficulties, special diet, etc. The service states in their response they intentionally don’t record clients’ likes and dislikes in the folders as they have found that clients were changing their preferences on the day, which consequently resulted in disappointment in the meal that is ordered. The Service stated to ensure our clients’ satisfaction the service contacts each client before the planned social support luncheon groups to obtain their preferences before ordering the meals.

Non-compliant Evidence

The Decision Maker notes 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 recommendations. The Decision Maker is confident if the corrective action is followed through with and completed, the service in the near future should return to compliance.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning are consistently and 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. Consumers and/or representatives and staff interviewed by the Assessment Team provided mixed feedback about care plans being available to consumers and staff at point of care. The Assessment Team identified through interviews with coordinators and review of sampled consumers’ care documentation that the service does not systematically develop a care plan, and when they do, it is not always consolidated and/or effectively inform delivery of care and services. A sample of evidence substantiating these findings is documented below.

* The Assessment Team noted four of seven consumers and/or representatives interviewed could not recall a care plan or said it had not been updated with relevant information.
* The Assessment Team noted three of four staff confirmed they have consumer’s care and services information available at point of care, however, one staff member stated they get consumer information from their coordinator and through their knowledge of the consumers.
* During interviews with the Assessment Team the RN advised that they could not find two consumers home folders, including their care plans, when they visited the consumers the previous day. This statement was substantiated by a support worker who tried to locate the folders at the consumer’s home during the Quality Audit. During interviews with the Assessment Team the coordinators and RN advised that some consumers culturally do not like their private information seen, so they hide their folders and sometimes cannot find them.

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. Consumers and/or representatives interviewed by the Assessment Team could not always recall a review of the consumer’s care and services had been undertaken, this was confirmed through care planning documentation viewed by the Assessment Team. The Assessment Team noted three of seven consumers and/or representatives sampled could not recall that a review of the consumer’s care and services had been undertaken.

Coordinators and the CN when interviewed by the Assessment Team in relation to HCP and CHSP review processes advised that, due to different managers’ views about how to complete reviews, processes being too lengthy and time constraints, they have prioritised running the programs and consumer care and services delivery. As a result, the HCP coordinator advised the Assessment Team that consumer reviews have not always been undertaken annually as per the organisation’s process, and about half of the HCP consumer reviews are overdue by six to twelve months.

# Standard 3

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| Personal care and clinical care | | HCP | 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** | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** | **Not applicable** |
| 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** | **Not applicable** |
| 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** | **Not applicable** |
| 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** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Not applicable** |
| 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** | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 confirmed that consumers get care and services tailored to their needs such as personal care and physiotherapy. HCP coordinators and the CN during interviews with the Assessment Team provided examples of care provided to consumers, for example, in relation to personal care, and this was substantiated through care planning documentation analysed for sampled consumers which provided detailed instructions to staff to support consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 consumers are able to remain safely at home with the support of their care and services. During interviews with the Assessment Team Coordinators and the CN described strategies to manage the consumers’ risks for example, in relation to mobility and falls. Care planning documents analysed by the Assessment Team confirmed that individualised risk management strategies are implemented to ensure that consumers’ risks are managed such as incidents reporting and risk mitigation strategies.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. During interviews with the Assessment Team Coordinators and CN described, and provided documentation confirming, how they supported two consumers nearing end of life. The Assessment Team noted Consumers were not interviewed in relation to this requirement. Care planning documentation analysed for both consumers showed that the service maintained ongoing communication with the consumers’ representative when the consumers were living at home and their health declined, including daily nursing support, communication with the consumers’ GP for medical update and care strategies, consideration of respite care, and discussions related to palliative care which the representative did not wish to discuss.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Support staff, coordinators and the CN when interviewed described processes to report and respond to changes related to consumers, for example, changes in consumer’s mobility or health. Care planning documents analysed by the Assessment Team showed evidence of identification and actions taken when consumers’ health changed or deteriorated, such as clinical assessment and review, communication with consumers and representatives, or referrals to health professionals. The Assessment Team noted consumers and/or representatives sampled did not provide information in relation to this requirement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Coordinators and the CN during interviews with the Assessment Team described processes to refer consumers internally for clinical assessment and review, and externally, for example, to health professionals or My Aged Care. The Assessment Team noted this was substantiated through care planning documents analysed for sampled consumers. Consumers and/or representatives sampled by the Assessment Team did not provide information in relation to this requirement. Coordinators and the CN during interviews with the Assessment Team described how they refer consumers when required, for example, to allied health professionals for assessment following falls and for assessment of their equipment needs at home to maintain their safety.

Non-compliant Evidence

The Decision Maker notes 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 recommendations. The Decision Maker is confident if the corrective action is followed through with and completed, the service in the near future should return to compliance.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that information about consumers’ condition, needs, and preferences are consistently and effectively communicated and documented within the organisation, and with others where responsibility for care is shared. Evidence analysed by the Assessment Team showed the service does not have an integrated or consolidated process in place to ensure relevant information about care and services provided to consumers is effectively documented, communicated and shared between parties involved where consumers are receiving care from employed staff and/or external organisations such as allied health professionals and personal care. Coordinators when interviewed by the Assessment Team described the process for staff and external contractors and organisations to share information about consumer’s care delivery. However, the Assessment Team noted they could not demonstrate the process is systematically implemented or effectively documented. During interviews with the Assessment Team Coordinators stated:

* Paper-based progress notes are available at consumers’ home in their folder for employed support workers and contractors to document personal care provided to consumers. They advised support workers providing services, and/or when office staff visit the consumers at home, are supposed to bring the paper progress notes back to the office, however, they said there is no systematic process to ensure or monitor it occurs.
* Some contractors email information about services which are then entered in the consumer’s electronic file, however, this is an ad-hoc process and notes are not sent after each service provision.
* Allied health (AH) professionals email their report after each service they deliver; however, the service does not have a process to ensure this occurs. The service does not currently seek ongoing communication from AH providers to enable monitoring and review of services to ensure these continue to meet their needs. They advised that coordinators know that services have been provided as they receive invoices from the AH provider.

# Standard 4

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| Services and supports for daily living | | HCP | 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** | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** | **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** | **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. | **Non-compliant** | **Non-compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives interviewed by the Assessment Team were generally satisfied that the services they receive help support their independence and quality of life. During interviews with the Assessment Team Coordinators and staff described what is important to consumers and how they adapt services according to consumer’s needs and preferences. This was substantiated through care planning documentation analysed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives when interviewed by the Assessment Team confirmed that Greek speaking staff, that understand their cultural needs and preferences, enhances the consumer’s psychological wellbeing. During interviews with the Assessment Team Coordinators and staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives when interviewed by the Assessment Team confirmed that services enable them to participate in their community. During interviews with the Assessment Team Coordinators and staff described how the services actively support consumers to access and participate in their community. One representative when interviewed described how support staff assist their relative to access the community such as providing them transport and social support services to go shopping and medical appointments, do their banking.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed that consumers were referred as required. Coordinators during interviews with the Assessment Team described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers. During interviews with the Assessment Team consumers and/or representatives confirmed the service organised referrals to external providers, for example, to cleaning and gardening contractors. Coordinators when interviewed by the Assessment Team described processes to refer consumers to contractors for in home services, to allied health professionals for equipment and home modifications, or My Aged Care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers and/or representatives interviewed by the Assessment Team described how staff assist consumers with their meal preparation. During interviews with the Assessment Team Coordinators described how culturally appropriate meals are provided to consumers attending social support groups.

Non-compliant Evidence

The Decision Maker notes 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 recommendations. 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.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that information about consumer’s condition, needs, and preferences are consistently and effectively communicated and documented within the organisation, and with others where responsibility for care is shared.

As previously documented within Standard 3, evidence analysed by the Assessment Team showed service does not have an integrated or consolidated process in place to ensure relevant information about care and services provided to consumers is effectively documented, communicated and shared between parties involved where consumers are receiving care from employed staff and/or external organisations.

The Assessment Team analysed care planning documents for three sampled consumers who receive domestic assistance, social support group and individual, shopping and transport services, however, the service could not provide progress notes for the consumers.

The Assessment Team analysed care planning documents for sampled consumers who receive domestic assistance and gardening services from external contractors. Coordinators stated when interviewed by the Assessment Team they do not expect reports from these contractors and they rely on the consumers to provide feedback about their services. Coordinators during interviews with the Assessment Team stated they monitor service delivery through invoices.

The Assessment Team analysed documented evidence of individualised progress note entries related to the delivery of care and services to CHSP Group 1 consumers. The coordinator when interviewed by the Assessment Team stated that support workers are allocated time to document individual progress notes for each consumer who has attended the group on the day. The coordinator stated when interviewed by the Assessment Team they read the progress notes daily and use the information to provide feedback to families about the consumer’s attendance to the group and activities undertaken.

# Standard 5

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| Organisation’s service environment | | HCP | 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** | **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** | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are welcoming, easy to navigate, and optimise consumers’ sense of belonging, independence, interaction and function. The Assessment Team noted they were not able to observe the service environment and were not able to interview consumers in relation to this requirement as no social support groups were running during the Quality Audit. Coordinators and management during interviews with the Assessment Team described the process to ensure the service environment is welcoming and optimises consumer’s sense of belonging when attending social support group activities.

Evidence analysed by the Assessment Team showed the service environments are well maintained, safe, clean and enable consumers to move freely. Staff, coordinators and management when interviewed by the Assessment Team described the site processes for cleaning, safety and maintenance. During interviews with the Assessment Team Management advised that the service hires three venues for social support luncheon groups, Management stated these venues are maintained by the council and the service reports any issues such as repairs or maintenance. Evidence analysed by the Assessment Team showed the venue for the group 2 respite/dementia group is hired from the council and is used mainly by the service. Management when interviewed by the Assessment Team stated the service is responsible for the maintenance and repairs of the venue.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Management during interviews with the Assessment Team described processes to ensure equipment is safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** | **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** | **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** | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers and others are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives when interviewed by the Assessment Team stated, should they have issues with the services, they would ring the service or speak to their coordinator to discuss their concerns. Staff and management when interviewed by the Assessment Team described how they support consumers to provide feedback and make complaints. Complaints records analysed by the Assessment Team showed that consumers and representatives can provide feedback on their services.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Management when interviewed by the Assessment Team discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team analysed and noted the Information pack and documentation available at social groups to enable consumers and representatives to exercise choice including information about a range of advocacy services and external complaints avenues. During interviews with the Assessment Team consumers confirmed they received information advocacy and external complaints resolution.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Most consumers when interviewed by the Assessment Team advised that the service handles complaints appropriately and the service is responsive to feedback. Staff when interviewed by the Assessment Team confirmed they would resolve issues identified by consumers immediately or report it through the feedback processes. During interviews with the Assessment Team Management discussed the service’s processes for managing complaints. Complaints documentation analysed by the Assessment Team demonstrated open disclosure is used as part of the complaint management process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management when interviewed by the Assessment Team described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation analysed by the Assessment Team showed how the service used consumer feedback to improve the quality of services.

Management showed the Assessment Team how they track and trend complaints data and identified their main trends as communication around shift changes, and adherence to scheduled start and finish times by contracted providers. Management when interviewed by the Assessment Team described how they are meeting regularly with contracted providers to minimise these issues and are recruiting more staff to reduce the reliance on contracted providers.

# Standard 7

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| Human resources | | HCP | 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** | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** | **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** | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the number of, and the support provided by staff delivering care and services. During interviews with the Assessment Team Management discussed processes to ensure there are enough staff to deliver care and services.

Evidence analysed by the Assessment Team showed service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and/or representatives when interviewed by the Assessment Team stated staff are kind and caring. During interviews with the Assessment Team staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Staff when interviewed by the Assessment Team demonstrated care, kindness and respect when they spoke about consumers. Staff described to the Assessment Team how important providing care and services to consumers was to them, and what it meant to be respectful of their elders.

Evidence analysed by the Assessment Team showed service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives interviewed by the Assessment Team described in various ways that staff are competent in their job. Staff and management when interviewed by the Assessment Team described the recruitment processes to ensure staff have adequate skills and qualifications, and how management monitor their competency ongoing through consumer feedback and observation during service delivery. Consumers and representatives when interviewed by the Assessment Team confirmed staff generally know how to do their job and provide services.

Evidence analysed by the Assessment Team showed service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and contractors when interviewed by the Assessment Team described completing relevant training and being supported in their role. Evidence analysed by the Assessment Team showed the service has policies and procedures to guide staff in recruitment and induction. Consumers and representatives when interviewed by the Assessment Team indicated they were satisfied with the level of training provided to staff. Staff interviewed by the Assessment Team described the various ways the service supports them to deliver safe and effective services, including a detailed induction, access to policies and procedures and ongoing training.

Non-compliant Evidence

The Decision Maker notes 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 recommendations. 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.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate regular monitoring and review of the performance of workforce members. Staff and management when interviewed by the Assessment Team advised that processes are in place for performance review, however, have not consistently been implemented. During interviews with the Assessment Team Management tated they reduced the frequency of staff performance appraisals during the pandemic, however, the Assessment Team noted were unable to demonstrate an effective system to ensure staff performance is monitored and reviewed regularly.

All staff interviewed by the Assessment Team stated that, while the performance review process is valuable and provides insight into their strengths and weaknesses, it has not been conducted for over two years. The Assessment Team analysed the most recent performance review for six staff and noted the following:

* Performance appraisals analysed showed comprehensive discussions with staff about their performance, areas for improvement, opportunities for training and development, career goals and feedback from consumers.
* All performance appraisals analysed were dated May 2020. During interviews with the Assessment Team Management stated staff have not had their performance reviewed more recently, however, would recommence in early 2023.

Staff members when interviewed by the Assessment Team described how they receive informal feedback from their coordinators to assist them in their roles, however, advised they do not know how well they are performing, as this has not been discussed with them recently.

During interviews with the Assessment Team Management stated they monitor the performance of contracted providers solely through feedback from consumers.

# Standard 8

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| Organisational governance | | HCP | 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** | **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** | **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** | **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. | **Compliant** | **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. | **Compliant** | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed by the Assessment Team described how they have input about services provided. Management and staff when interviewed by the Assessment Team described how consumers have input about their services through formal and informal feedback processes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. The Assessment Team analysed minutes from a Council Board Meeting from 25 October 2022, and noted it showed reporting of feedback and complaints, incidents, staffing and clinical information to the Board.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

Care documentation analysed by the Assessment Team and interviews with staff and management conducted by the Assessment Team, demonstrated there are processes in place to manage high impact and high prevalence risks for consumers, through communication to staff delivering care and services, and monitoring of risk through regular communication between management, coordinators and the Community Nurse.

The Assessment Team analysed, and management described effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents. Management during interviews with the Assessment Team demonstrated an understanding of Serious Incident Reporting Scheme (SIRS) and advised the Assessment Team that staff training in SIRS is to be delivered in mid-January 2023 once staff have returned from leave.

Evidence analysed by the Assessment Team showed the service was able to demonstrate a generally effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Evidence analysed by the Assessment Team showed the service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management, and detailing key performance indicators to ensure the service can measure their performance. Evidence analysed by the Assessment Team showed the organisation ensures regular reporting on consumers receiving personal and clinical care through meetings with the Community Nurse, coordinators and General Manager.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the organisation’s continuous improvement plans included improvements informed by consumer feedback and incidents, system improvements, policy and procedure review, and opportunities to upskill staff.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines Board and management responsibilities. Evidence analysed by the Assessment Team showed the organisation has an effective system to monitor consumer unspent funds and use this to offer additional equipment and services to consumers.

*Feedback and Complaints:*

Evidence analysed by the Assessment Team showed the organisation has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team showed the staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure.

Evidence analysed by the Assessment Team showed the service uses information from consumer feedback and complaints to make service improvements including the establishment of a consumer advisory body, and improvements to social support groups.

Non-compliant Evidence

The Decision Maker notes 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 recommendations. The Decision Maker is confident if the corrective action is followed through with and completed, the service in the near future should return to compliance.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective organisation wide governance systems in relation to information management, workforce governance and regulatory compliance.

*Information Management:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective information management related to availability of consumer progress notes, documentation of communication and accuracy of reporting.

As documented in Standard 3, evidence analysed by the Assessment Team showed the service was not able to demonstrate that effective progress notes are recorded after services delivered, or after communication between the service and consumers.

Documentation analysed by the Assessment Team showed that notes relating to consumers were not consistently stored in the same place with some notes recorded on paper, some on the client electronic files and clinical notes saved on the organisation's electronic shared drive. The Assessment Team noted that information relating to each service received by the consumer is recorded separately and not consolidated, or not documented in progress notes.

As documented in Standard 2, evidence analysed by the Assessment Team showed some consumers advised they did not have access to their care plan in their home folder, and consequently staff at the point of care did not have access to the consumer's care plan.

evidence analysed by the Assessment Team showed the organisation was able to provide some evidence of reporting to the Board and clinical discussions between the CN and management, however, the details of these meetings are not documented. Additionally, the Assessment Team noted the training register provided to the Assessment Team was not updated at the time of the Quality Audit and could not be used to effectively monitor staff training completions.

*Workforce Management:*

During interviews with the Assessment Team Management stated they use a training register to monitor staff training completions and expiring qualifications. During the Quality Audit, the Assessment Team was presented a copy of the training register which showed most staff's expiring qualifications had expired, and many mandatory training modules had not been completed. Prior to the conclusion of the Quality Audit, the Assessment Team noted management provided evidence of some other training completions, however, the Assessment Team noted the organisation could not demonstrate they have an effective system to monitor staff training completions. As documented in Standard 7, evidence analysed by the Assessment Team showed the service does not effectively monitor staff performance.

During interviews with the Assessment Team Management advised they rely solely on consumer feedback to monitor contracted staff and the services they deliver. Two consumers when interviewed by the Assessment Team advised they have been overcharged by the service due to contracted workers completing a shift earlier than what was scheduled. During interviews with the Assessment Team management stated they would not know about this unless a consumer complained.

The Assessment Team analysed the feedback register, which indicated that one contracted service provider was sub-contracting out their services. The Assessment Team raised this with management who advised they were unaware of the sub-contracting arrangements. Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate any measures to ensure effective oversight where the brokered provider sub-contracts their services.

*Regulatory Compliance:*

During interviews with the Assessment Team Management stated they had notified their HCP consumers of the upcoming Quality Audit via mail out, however, did not inform their CHSP consumers. Management when interviewed by the Assessment Team stated the notification of the Quality Audit being just prior to Christmas affected their ability to notify all consumers. The Assessment Team correctly noted that notifying all consumers of a Quality Audit is a legislative requirement. Management stated that they were not aware that one of their brokered service providers was sub-contracting out their services in breach of their brokerage agreement. The Assessment Team noted that for CHSP consumers, it is not permitted for brokered services to sub-contract without written permission from the Department of Health and Aged Care.

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)