**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Guide Dogs Victoria |
| Service address: | 2-6 Chandler Highway KEW VIC 3101 |
| Commission ID: | 300602 |
| Home Service Provider: | Guide Dogs Victoria |
| Activity type: | Quality Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 17 May 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 Guide Dogs Victoria (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 25672, 2-6 Chandler Highway, KEW VIC 3101

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

At the time of the Quality Audit, the service demonstrated that:

* each consumer is treated with dignity and respect, and with their identity, culture and diversity valued, with culturally safe care delivery.
* each consumer is supported to exercise choice and independence including to make and who to involve making decisions about their care and services
* each consumer is provided with information that is current, accurate and timely and communicated in a way that is clear, easy to understand and enable them to exercise choice
* each consumer’s privacy is respected and their personal information is kept confidential.

Evidence provided by the Assessment Team included:

Feedback from consumers described the ways they are treated with dignity and respect, including, feeling comfortable around staff and enjoying the interactions. Staff interviewed gave examples of ways they implement dignity and respect in practice to their consumers, including being professional, acknowledging people’s needs and individuality, and for who they are and what they want. Consumer documentation identifies what assistance the consumer requires, cultural and linguistic backgrounds and support needs to access interpreter services. Management stated that staff are able to communicate with consumers/representatives and when required, via interpreting services, if necessary, via the consumers representative. A review of consumer files identified these consumers’ backgrounds and their preferred language that is spoken.

The Assessment Team observed staff, at the service, take the time to talk with consumers, listening to their needs, with an understanding of their cultural needs and explaining how they would like to assist them.

The training register showed staff have attended diversity and cultural awareness training that includes information on culturally safe services.

Consumers interviewed told the Assessment Team they are supported to make choices and decisions relating to the services they have been accessed for and have input into the services they require. Consumer files showed consumer choices and decisions about services and any substitute decisions, consistent with the feedback provided by consumers through interviews.

The service provides consumers with access and support to aged care services through advocating for and referring consumers to services that they have been assessed for. When risks have been identified staff assist consumers with referrals to relevant services, and consumers are trained on the use of any equipment needed to maintain their independence, For example: a white cane to support their mobility and low vision provided to a consumer advised the Assessment Team of the ways the service is equipping them with the skills and confidence to use the white cane to continue living independently.

Consumers reported the service has provided them with useful, and timely information through information packs and telephone support. The Assessment Team reviewed the information pack provided to consumers which contained information relating to consumer right, feedback processes, privacy and confidentiality protocols. Information packs are available in large print, and electronic versions, in accordance with consumer needs and preferences.

Management advised that each consumer gets a copy of the providers privacy policy and that each consumers privacy and confidentiality is maintained, in accordance with information sharing policies.

# Standard 2

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

Findings

At the time of the Quality Audit, the service demonstrated that it:

* Considers risks to the consumer’s health and well-being to informs the delivery of safe and effective care and services
* Identifies and addresses consumers’ current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes
* 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 includes other organisations, and individuals and providers of other care and services that are involved in the care of the consumer
* outcomes are communicated the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services is provided
* ensures 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.

Evidence provided by the Assessment Team included:

The service was able to demonstrate that the assessment and planning of consumer services informs the delivery of safe and effective services. This includes consideration of risks such as falls, the independent undertaking of activities of daily living such as navigating the home, cooking, accessing the community and using equipment independently.

Consumers/representatives reported that the service is providing safe and effective services that are enabling them to continue living safely in their own homes. The consumers are receiving a variety of episodic supports and were satisfied with the assessment and care planning processes.

Practitioners interviewed demonstrated how their assessment processes inform the services that consumers receive. In addition, staff were able to describe and evidence how they access additional sources of consumer information, referral and assessment and use this to guide safe service delivery. The care documentation reviewed shows the relevant service directives and identification of risks specific to each consumer are documented, with goal setting supporting the mitigation of risks, particularly in relation to falls prevention and improved independence of activities of daily living (navigating the home, cooking, accessing the community and using equipment independently).

Consumers reported that the service are addressing and meeting their current needs through goal-focused assessment and planning services. All practitioners reported having current consumer information available to them through the service client management system, the original referral (including general practitioner or similar) and additional information available through My Aged Care portal. In addition, practitioners are contacting consumers every month at a minimum until the episode is completed. Care documentation for the sampled consumers contained information relevant to each consumer’s needs and goals, with goals regularly updated to reflect current consumer needs. All practitioners interviewed were able to demonstrate that they were familiar with the needs and goals of the consumers they were supporting. The service does not undertake advanced care or end of life care planning discussions with consumers based on being a CHSP provider of episodic allied health care.

All consumers/representatives interviewed reported collaboratively developing their initial assessments with the practitioners, with service planning undertaken based on consumers’ own identified goals. All practitioners outlined the process of assessment as initial assessments occurring over the telephone with the consumer or their representative, and then formal assessment processes occurring collaboratively within the consumers home or in the community if the consumer wishes. The orientation and mobility service assists consumers to independently navigate the community, such as walking to their local community group, and as required will contact the community group with the consumers consent to discuss. A file review of the consumer files shows that all assessments are undertaken collaboratively, with consumer identified goals informing the service plan. The service engages with consumers general practitioners, alternative service providers and the My Aged Care portal as required and with the consent of the consumer, though this does not occur consistently.

The outcomes of assessment and planning are communicated with the consumer/representative and documented in a service plan that is available to the consumer. Four of 5 consumers interviewed recall receiving some paperwork though cannot confirm if this was an information pack or a service plan. However, consumers/representatives reported being overall satisfied with the service. The orientation and mobility practitioner confirmed that they consistently offer a service plan to consumers, while the other practitioners stated that it would be provided on request, though it is not routinely offered. Management advised that all consumers receive an information pack and service agreement. All practitioners and management interviewed advised that all consumers can be provided either a hard copy or digital copy of their service plan or assessments on request.

The service demonstrated services are adjusted or reviewed in response to changes in consumers’ condition. Consumers reported assessment and service plans have been updated and reassessed in response to a change in condition or need. All practitioners that attend for multiple sessions stated that they attend to consumers at a minimum of monthly, and service plans are reviewed during each session to ensure effectiveness in goal setting. Management advised that the organisational structure allows for team leaders and clinical leads to team read assessments to ensure effectiveness. In addition, the person-centred, goal focused service plans are updated according to consumers to ensure effectiveness. Thirteen of the 14 consumer files reviewed showed that consumer assessments have been updated within the past six months.

# Standard 3

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

Findings

This Standard was not assessed as the service does not deliver personal or clinical care.

# Standard 4

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

Findings

At the time of the Quality Audit, the service demonstrated that it:

* ensures each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.
* ensures service’s and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* ensures services for daily living assist consumers to participate in their community and do things of interest to them.
* provides timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* provides consumers with quality equipment that is safe, suitable, clean and well maintained.

Evidence provided by the Assessment Team included:

The service demonstrated that the services provided optimise consumer independence and quality of life. Four of the 5 consumers interviewed reported that the service has provided tailored services to assist them to access the community and complete activities of daily living independently while optimising their quality of life. Staff demonstrated an understanding of what is important to each of the consumers they are providing support to and how they incorporate this into the service they deliver. In addition, each practitioner was able to evidence how they undertake effective person-centred goal planning with consumers to develop service plans that optimise independence and quality of life. The consumer files reviewed show relevant information such as consumer preferences, their support networks, interests in relation to goal setting and preferred routines.

The service provides services that support independent daily living that promotes consumer well-being. Consumers/representatives interviewed reported that the practitioners who provide their service would recognise when they are feeling low, and that the services they receive improve their well-being through increased independence. Practitioners described the different ways they enquire to consumer moods, such as referencing how consumers presented in previous interactions and through discussions on arrival, with all practitioners reporting asking questions on arrival to determine changes in mood and determining informal and formal support networks as required. While service plans and assessments did not consistently reflect the same level of detail provided by the practitioners, all practitioners reported the same method of enquiry and follow up actions to promote emotional and psychological well-being.

The service undertakes assessments and service plans for consumers that aims to support them to do things of interest to them, including participating in their community. Consumers/representatives reported that each practitioner takes the time to discuss their goals and what is important to them. Three of the consumers interviewed reported that the service is assisting them to independently use their mobile devices which support social and personal relationships. Consumers described how the service have provided them with aids and skills development which enable them to independently access their community.

All practitioners interviewed described an assessment process which determines the goals for consumers including community engagement and continuing activities that are important to them and use this information to collaboratively develop service plans to achieve these goals.

Consumer files reviewed demonstrated that service planning is developed from consumer goals with a focus on improved community participation and continuing activities that are of interest to the consumer.

The service has been able to demonstrate that information about the consumers’ condition, needs and preferences are documented in their service plan, with consumer preference and choice supported through goal-based service planning. Consumers/representatives reported that the practitioners involved in their service provision understand what is required during the service. Practitioners stated they access consumer information through the client management system, the initial referrals and My Aged Care. The practitioners reported referring to the consumer file prior to all visits to identify any changes in the consumers’ needs, conditions and preferences. All practitioners and management stated that all consumer information, assessments, contact and referrals are documented in the client management system, which is accessible by all staff. Consumer files show consistent communication between the customer support coordinators, practitioners and consumers.

The service was able to demonstrate that they consistently undertake timely referrals to ensure that consumers are accessing all supports and services where appropriate. Consumers/representatives confirmed the service has discussed with them referrals for allied health and vision services and facilitates their access to these services where required. Consumers interviewed stated that as their needs changed the service completed internal referrals to ensure the appropriate assessments and practitioners were involved in the provision of care. Documentation reviewed shows that overall consumer referrals for the appropriate practitioner involvement was occurring in a timely manner. The practitioners and managers were able to describe and evidence the referral process for internal referrals to the various allied health and vision services offered.

The service demonstrated that the equipment provided to consumers is safe, suitable and well maintained. Consumers stated that they were happy with the equipment provided, noting it is suitable for their individual needs. The practitioners interviewed outlined the assessment processes undertaken to ensure the suitability and safety of the equipment provided to each consumer. A practitioner explained the equipment is well maintained, clean and safe through consistent cleaning after use. Electrical equipment is tested and tagged, and all equipment is under a hire contract which ensures regular recalls to update equipment, with simple processes to organise replacement equipment if required. Another practitioner advised that the service attends for follow up visits to ensure consumers are safely storing, cleaning and using the equipment provided. Consumer documentation shows appropriate assessment occurs prior to the provision of equipment and that equipment trialling and consumer training occurs. Management confirmed the service ensures the safety of equipment through the provision of specifically designed equipment suitable for individual consumer conditions, that all equipment is tested and trialled with the consumer and follow up reviews.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Standard was not assessed as the organisation does not provide a service environment.

# Standard 6

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

Findings

At the time of the Quality Audit, the service demonstrated that in relation to feedback and complaints it was:

* encouraging and supporting consumers to give feedback or make complaints.
* ensuring consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* ensuring appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* reviewing feedback and complaints to improve the quality care and services.

Evidence provided by the Assessment Team included:

The service discussed how consumers, their family, friends, carers and others are encouraged and supported to make complaints and provide feedback. Consumers/representatives said in various ways they are encouraged to provide feedback; raise any complaints and they feel safe to do so. Consumers/ representatives said they are aware of the feedback process but have never had to complain or provide feedback. Management advised, when asked the risk-based questions, that there have been no complaints received in the past 6 months. A review of the providers online feedback register by the Assessment Team identified there have been no complaints related to CHSP services received in the past 6 months.

The information pack and consumer agreement provided to consumers/representatives included information regarding the internal complaints and compliments processes.

Management discussed their feedback processes which included an exit survey when consumers are discharged once their episode is finalised. The provider has a compliments and complaints policy.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers/representatives interviewed were satisfied with support available to raise a complaint. The consumer information pack and website documents information on advocacy services, however the information pack does not include the meaning of an advocate.

Information relating to language services is not documented in the consumer information pack or consumer agreement. However, information regarding interpreting services including Auslan and language interpreting services for people with diverse cultural and linguistic backgrounds is available on the providers website.

The Assessment Team reviewed consumer files and identified if a consumer requires an interpreter it is documented in their file. The consumer list provided by the provider included if a consumer required an interpreter and the language required.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The provider has a compliments and complaints policy, however there is no reference to open disclosure.

Whilst the compliments and complaints policy does not include reference to open disclosure, management were able to provide an example of open disclosure. For example, one consumer lodged a complaint relating to a harness for their guide dog and included information about the support coordination team. Management was able to provide an email response to the consumer that included an apology.

Complaints, compliments and feedback are documented in the providers consumer feedback database.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of services. Management discussed feedback, compliments and complaints and how they are reviewed and used to improve the quality of services. Management stated feedback received is monitored by the quality manager. The quality manager reviews all feedback, compliments and complaints that the provider receives. All feedback, compliments and complaints received are reported to the Board via a quality report. There have been no complaints received in the last 6 months for the CHSP funded program therefore there have been no complaints reported to the Board or reviewed and used to improve the quality of service. However, resolution of the complaint regarding a harness for a guide dog for a consumer was seen. Management advised that a corrective action plan was developed that reviewed the types of harness to be used. The outcome was that consumers can have access to different harnesses for their guide dog including a sport harness which is not a standard harness and the policy was reviewed and updated due to the feedback received.

# Standard 7

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

At the time of the Quality Audit, the service demonstrated that in relation to Human Resources it was:

* ensuring the workforce in planned and workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* providing a workforce that is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* ensuring the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* undertaking regular assessment, monitoring and review of the performance of each member of the workforce.

Evidence provided by the Assessment Team included:

Management advised that the workforce is planned and the funding dictates the numbers and mix of staff to deliver the services. Management discussed workforce planning and that the workforce is broken up into regions. There is a client services manager and 4 team leaders and the north/west region is currently combined due to a staff member being on maternity leave. The regions are staff based on consumer numbers and staffing budget. Management stated they are not funded to provide care and services therefore they have had no unfilled shifts in the past month.

The service demonstrated a commitment to the provision of kind, caring and respectful staff. Consumers/representatives interviewed are satisfied staff are respectful, kind and caring.

Consumers/representatives stated that staff are kind and caring. Their cultural backgrounds are documented in their electronic file with their preferred language and whether they require an interpreter.

Management and staff interviewed, and a review of the training register, identified staff have received diversity and cultural awareness training.

The service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles. Consumers/ representatives interviewed said in different ways that staff are good at their jobs.

Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. All staff have a position description that documents the qualifications and competencies required for the role. Management document and record staff qualifications and conduct annual professional registration checks with Australian Health Practitioner Regulation Agency (AHPRA) to ensure staff registrations are current.

Management stated they use information from observation, supervision, staff performance reviews and feedback to identify workforce competency.

The service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by the Aged Care Quality Standards.

Management stated they follow the recruitment guidelines and described the recruitment, onboarding and induction process. Vacant positions are advertised internally and externally.

Management advised successful applicants receive an induction/orientation to the organisation that includes meetings with relevant sections, staff and the completion of online training modules. The organisation runs an induction training day for all new starters every 3 months. New starters come together to attend a full day’s training program with all divisions.

Successful applicants are requested to provide relevant compliance checks including a local and international police certificate where required and statutory declarations prior to commencement.

Management discussed staff training and advised training is mandatory for all staff. The organisation has an online training platform that includes the training modules for staff to complete. Management and human resources monitor the staff training via the online training platform. Staff training is also discussed at staff meetings and during staff supervision and performance reviews.

Staff interviewed advised that they have access to ongoing training that included diversity and cultural awareness, infection control, digital safety, workplace bullying and harassment and diversity in the workplace.

The service has a staff performance review and supervision process in place. Consumers/representatives interviewed said in different ways that they were satisfied with staff performance.

Management discussed staff performance reviews. Performance reviews are a yearly performance cycle with a goal setting process in the middle of the year to see if staff are meeting their goals. Monthly supervision occurs between staff members and their line manager. The performance cycle is documented in the online training platform and automated emails are generated to advise staff and their manager when their performance review is due. The email includes a hyperlink to the staff members performance review. Human resources also send out reminders via an online internal communication platform to all staff. Staff complete their part of the performance review and their supervisor completes their part and they come together to discuss. An example of a staff performance review was provided to the Assessment Team.

Management provided the Assessment Team via email on 11 April 2023 appraisal review reports and checkpoint status reports that identified the completion rates of staff performance reviews. The completion rates are monitored by human resources through an appraisal overview report.

Management discussed staff supervision and advised regular supervision occurs between a staff member and their line manager each month and is diarised in their diaries. Examples of emails advising staff that their supervision is due were provided to the Assessment Team.

Management advised that when they receive feedback from consumers/ representatives and other staff, they have processes in place for reviewing each staff members’ performance.

# Standard 8

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

Findings

At the time of the Quality Audit, the service demonstrated that in relation to Organisational Governance it was:

* involving consumers in the development, delivery and evaluation of services and are supported in that engagement.
* demonstrating the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery.
* using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.
* ensuring effective risk management systems and practices including managing high-impact or high-prevalence risks associated with consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

Evidence provided by the Assessment Team included:

Consumers are engaged in the development, delivery and evaluation of services through exit surveys and feedback. The organisation has a Consumer Advisory Council that meets 4 times during the year as a formal side and may have working groups that test the customer service as a pseudo customer approach to test how the system works.

Management advised that members of the council have lived experiences that they can share their experiences to capture ideas, thoughts and review service delivery. The interim chief executive officer was previously the chair of the consumer advisory council as a member with lived experiences. The meetings are recorded for future reference. Management discussed changes to guide dog puppy raising due to feedback from a puppy raiser that has been implemented.

Exit surveys are sent to consumers/representatives once an episode is completed. Consumers must have either a mobile telephone or an email address to receive the survey. All surveys are evaluated, reviewed and documented in a spreadsheet that is reviewed by management at least quarterly. The spreadsheet was discussed and provided to the Assessment Team.

Management discussed the telephone contact made by consumers/representatives has a brief survey to complete at the end of the telephone call.

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

Discussion with senior management identified management and the Board satisfy itself that the Aged Care Quality Standards are being met through use of management reports that include financial, chief executive officer, audit and risk committee and quality report inclusive of incidents, complaints, compliments, feedback, training and changes to policies and procedures. The organisations audit, finance and risk committee meet regularly and reports to the Board.

Management advised that the Board meets 8 times during the year. The chief executive officer attends the meetings and provides a report in the Board pack. The Board pack is provided to Board members a week prior to the meetings via a secure platform. A Board pack was requested and provided to the Assessment Team.

A review of meeting agendas, monthly reports and the organisations website identified results from incidents, complaints, compliments and feedback are documented when they occur and monitored by senior management and the Board to ensure consumers are receiving safe, inclusive, and quality services.

The organisation has a strategic plan that was reviewed in 2022, there are 6 strategic goals including the redevelopment of the site.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Information management

The service has information management systems in place that include a client management system, website, email, intranet, meetings face to face and virtually and an internal communication platform to share information. Consumer information is maintained in a client management system. Information is maintained securely and information privacy policies apply.

Continuous improvement

Continuous improvement opportunities are identified through internal and external audits, survey evaluations, complaints, feedback and incidents. Discussions with management, staff, consumers/representatives show improvements are ongoing.

Management discussed a recent example of a continuous improvement where a consumer with a guide dog requested a sport harness for daily use. A corrective action plan was developed and discussed with management. The outcome was that the policy was amended to now allow all guide dog consumers to have access to the sport harness rather than the standard harness, which supports consumer choice.

Financial governance

Financial governance is overseen by the organisation’s audit, finance and risk committee. The audit, finance and risk committee report to the Board in relation to the organisation’s financial position. Financial reports, including balance sheets and profit and loss statements, are included in the Board pack that is provided to Board members a week prior to the Board meeting. Examples of a Board pack and financial reports were provided to the Assessment Team.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Workforce governance is overseen by the organisation’s general manager, people and culture and human resources officer and any issues are reported to the Board. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

Regulatory compliance

Management said, when asked the risk-based questions, there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation maintains up to date information on regulatory requirements through law compliances, government notifications and funding bodies. Regulatory compliance requirements and changes are discussed by management and forwarded to the relevant areas for review and input. Management advised that depending on the policy depends on who has the delegation to endorse changes to the policy. Management advised that the Board is provided with a list of policies and their review dates. Once a policy has been endorsed it is uploaded on the internal intranet and staff are notified via an internal communication platform. Staff information relating to compliance checks are documented in an electronic database and register. All staff have current police check and those required to have an AHPRA registration are monitored and their expiry date recorded in their electronic file.

Feedback and complaints

Management advised when asked the risk-based questions, they have not received any complaints in the aged care sector in the past 6 months. The organisation has a compliments and complaints policy that supports the pursuit of improved outcomes for consumers. However, the compliments and complaints policy has no reference to open disclosure. Compliments and complaints upon receipt are recorded in a feedback register.

The organisation has a risk management framework inclusive of a risk management policy and a risk register that is reviewed 6 monthly by the Board. A copy of the risk register was provided to the Assessment Team.

The organisation has processes in place for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

In relation to managing high impact or high prevalence risks associated with the care of consumers, management stated that whilst they do not provide care to consumers, they provide equipment that ensures consumers can live a safe existence in the community. The service can also refer consumers to My Aged Care and other practitioners for assessments and equipment. Practitioners conduct home risk assessments prior to visiting a consumer in their home.

In relation to identifying and responding to abuse and neglect of consumers, management advised they have a safe organisation policy inclusive of elder abuse and neglect. Management advised that elder abuse and neglect training was provided to management.

In relation to supporting consumers to live the best life they can, the provider assists vision impaired consumers in accessing equipment and services.

In relation to managing and preventing incidents, an incident management system operates. Staff are guided by the National Disability Insurance Scheme (NDIS) incident policy. There is no reference to the Serious Incident Response Scheme (SIRS) documented in the incident policy. Management stated they are reviewing their incident policy to include reference to SIRS. Management advised, when asked the risk-based questions, there have been no incidents in the past 6 months for their CHSP funded program. An incident register is maintained and when an incident occurs the incident data is collated, analysed for trends and reported by management to the Board. A quality report inclusive of incidents was provided to the Assessment Team.

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