**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Hawkesbury City Council Multi Service Outlet |
| Service address: | 320 George Street WINDSOR NSW 2756 |
| Commission ID: | 200521 |
| Home Service Provider: | Hawkesbury City Council |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 14 February 2023 |
| Performance report date: | 27 March 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 Hawkesbury City Council Multi Service Outlet (**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, 23959, 320 George Street, WINDSOR NSW 2756

# 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 7 March 2023.

# 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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

**Requirement 6(3)(c)** - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**Requirement 6(3)(d)** - Feedback and complaints are reviewed and used to improve the quality of care and services.

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

**Requirement 8(3)(c)** - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and

accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

# 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

Six of the six specific requirements of this Standard were assessed and I have found all six to be Compliant.

The service considers and support cultural needs when planning and providing care in consultation with the consumer and representative. Consumers, representatives and staff interviewed confirmed consumers are treated with dignity and respect and report they are happy that care and services allow them to maintain their culture and diversity. Results of surveys received by the Commission list all consumer feedback saying staff ‘always’ treat them with respect. All care documentation reviewed by the Assessment team during the quality audit showed consumer information written respectfully, including care plans, progress notes, complaints and incident reporting.

A review of documentation and interviews with the coordinator and the volunteer workforce, demonstrated language and culture preferences are considered even though the service does not have many consumers from the CALD background.

Consumers and their representatives interviewed said the coordinators listen to them and understands what is important to the consumer. Supporting consumers to take risks was discussed with the coordinators, and example given..

Consumers are encouraged to do things for themselves, including re-entering the community to do things that interest them. Consumers were satisfied with the support they receive to exercise choice, retain independence, and maintain relationships important to them. One consumer interviewed stated the lawn and gardening services support them to live independently in their own home with a loved one. The social support coordinator said she tries to encourage consumers who are isolated living on their own to join social groups and she has asked the consumers what activities might be of interest to them. Care documentation reviewed including care plans and progress notes evidence consumer and or representative involvement in decisions about the service provided. The Assessment Team sighted the ‘client handbook’ advising consumers they can include others to speak on their behalf, including family, friends and advocacy services and a list of local advocacy services is available from the office.

Information to each consumer is current, accurate and timely, and communicated in the consumer’s preferred language. Consumers and their representatives said they receive verbal and written information in a way they can understand, that enables them to make informed choices. This includes a consumer handbook, care plan, and a regular newsletter. Consumers reported they contact the coordinators by telephone. Progress notes evidence communication with consumers and representatives is recorded. Coordinators, support worker and volunteers demonstrated an in-depth understanding of the consumers they work with and how they tailor communicate styles to consumers. Staff described how they take time to listen to consumers to understand where information might not be understood and provide further information to ensure understanding. Management and staff described how they have provided consumers with information about COVID and flood. Care plan documentation outlines the consumer’s preferred method of contact. Consumers receive an information pack at initial assessment with information about services they can access through the provider. They are also provided with a copy of their initial assessment and any reviews.

Consumers personal information was observed to be secure and only accessible by relevant staff.

# 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

Five of the five specific requirements of this Standard were assessed and I have found all five to be Compliant.

Overall sampled consumers and representatives interviewed confirmed that they were satisfied with the care and services they received, and they were in line with their goals and preferences. Consumers confirmed they are involved in assessment and care planning processes and where applicable this was done in partnership with others when they wished them to be involved. They confirmed their services are reviewed.

Organisational policies and procedures, guiding assessment and care planning templates, and electronic information management systems ensures service staff, involved in direct care delivery, work in collaboration with consumers, to deliver services in accordance with their identified care needs, goals and preferences.

Assessment and service planning processes in place include initial and ongoing review and reassessment, and strong ongoing monitoring by support worker, coordinators and manager. Support workers said they are provided information by coordinators in relation to the care needs of consumers and are provided with an access of the care plan that includes clear instructions. They access SharePoint on their phone and are updated in relation to changes and discuss at regular staff meetings services provided to consumers.

Consumer documentation reviewed provided evidence of current updated care plans, agreed upon goals, tasks and instructions for carer and social support worker with consideration of risks to consumers and their changing circumstances. Several consumers advised when services change an updated care plan is organised. Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation.

# 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 |

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

# 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

Six of the six applicable requirements were assessed and I have found all six to be Compliant.

Consumers and representatives confirmed supports provided optimise their independence, health, well-being and quality of life. They provided examples of how the support provided assists them to continue living their life the way they like. Consumers interviewed confirmed services assist them emotionally and helped them maintain their mental well-being. Consumers interviewed did not raise any concerns with the information shared between the staff, they said they did not have to repeat what they needed and confirmed support worker providing their services were informed on their needs and preferences

Service staff demonstrated how services and supports for daily living promote the emotional and psychological well-being of consumers and assists them to take part in the community, interact with others and do things of interest to them. Carer and social support workers described how they assist consumers with daily living tasks, such as taking them to the shops, to the hairdresser, attending medical appointments with them and generally being available to provide emotional support. Coordinator and social support worker demonstrated their understanding of mental health issues, and said they receive ongoing training from the organisation and all had relevant qualifications and experience in supporting people with psychological illnesses. Intake officers gain a formal qualification in psychology.

Management systems are in place to ensure service staff, and those involved in direct care delivery, work in collaboration with consumers to identify how best to support them to maintain their mental well-being. Management described how they undertake a comprehensive assessment which covers questions on the consumer’s emotional, spiritual, and psychological well-being. Managers also described how the service coordinated and engaged with other services to supplement services and support for daily living Coordinators outlined how staff are kept informed about the consumer’s needs, condition and preferences. Coordinators provide support workers with a verbal brief about the consumer. Relevant care plans, service task and progress notes are accessible to support workers and they review these prior to starting the service to check for any changes. Drivers get information on their tablets regarding consumer mobility level.

Consumer documentation reviewed provided evidence of current care plans, with agreed upon goals, tasks and instructions for support workers, with consideration of risks to consumers and their changing circumstances. Care planning documentation and progress notes provided detailed information, as coordinators and social support workers recorded notes after service, they noted the impact of the services on the consumer. Progress notes sighted contained evidence of liaison with consumers and refers to other agencies and professionals.

The service does not provide meals and the relevant requirement is Not Applicable and was not assessed.

# 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 |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

Four of the four applicable requirements were assessed and I have found two of those requirement to be Non-Compliant. A finding of Non-Compliant in one or more requirements results in a finding of Non-Compliant for the Standard.

Regarding compliant requirements

The service demonstrated it is providing various avenues for consumers to easily and confidently provide feedback and make complaints about their service. Seven of seven consumers sampled said they know how to provide feedback or raise a complaint but have never needed to and stated they would either ring the Peppercorn Windsor office or call in for a chat with their coordinator. Staff described options to raise complaints. Management described various mechanisms used by the service to encourage consumers to provide feedback including: client handbook, phone call after first month of service, forms on the bus, cooking class forms, client newsletter and direct feedback to support workers that gets reported through onto the Complaints Register. Relevant and supporting documents and policies and procedures were reviewed.

The service also demonstrated that it raises consumer awareness of advocacy services to assist in raising and resolving complaints, but due to the Hawkesbury CHCP consumer cohort languages were not required at this time. Seven of seven consumers sampled were unanimous that they were confident to raise a complaint themselves, felt comfortable that their co-ordinator would address their concerns but had absolutely no need to complain. Management explained that the Co-Ordinators spend a lot of time on the phone to build a soft approach for consumers to trust them. They also advised that language services were not required by the Hawkesbury CHCP consumer cohort at this time but would utilise TIS if required. Relevant and supporting documents and policies and procedures were reviewed.

As to Non-Compliant requirement 6(3)(c)

Three of seven consumers sampled had raised a complaint to the service which had been followed up, but whilst all were satisfied with the action taken not all were aware of the outcome. For example, one consumer stated they had did not what has happened in terms of the results of an issue they raised. Management outlined the actions taken in relation to this matter, but acknowledged there were process gaps given the consumer still did not know the outcome three weeks later, and solutions from the workshop had not fed through to the Continuous Improvement Plan.

All staff demonstrated a good understanding of how to action a complaint, which are directed to the Service Development Partner to investigate with most resolved within 24 hrs. They explained the Microsoft complaints form process which the Assessment Team noted had a technical error. Co-Ordinators marked cases as ‘closed out’ before the auto generation notice to the Executive Officer or informing the consumer of the outcome. In addition, ‘closed out’ dates were prior to the date the complaint was raised. Across the service, staff had limited understanding of Open Disclosure and could not demonstrate this had been practiced for the abovementioned complaints.

Documentation sighted and reviewed indicated that Open Disclosure was not referenced and the Open Disclosure mandatory training module was not available.

As to Non-Compliant requirement 6(3)(d)

Three of seven consumers sampled had raised a complaint to the service, and gave positive feedback about the responsiveness of the service and confirmed that service changes had been made immediately after raising their concern. Staff explained complaints handling which were currently being dealt with on a case-by-case basis and escalated to management as required.

Management advised that transport service improvements had been made from the 10 complaints over the last 6 months but acknowledged that these had not fed through to the Continuous Improvement Plan (CIP). In addition, the majority of CIP entries were missing outcomes and ‘close out’ dates. Management reported during the initial meeting the key complaint trend was the introduction of subcontractor lawn and garden vouchers, however the Assessment Team found that there were two trends in relation to bus safety and excess time spent on the bus.

Board minutes and the Executive Officer report did not demonstrate that the service has a robust framework for review and analysis to guide service improvements to be monitored through its Continuous Improvement Plan.

Documentation sighted and reviewed did not reference how trends are analysed or how they feed into service improvements.

Provider response

In its written response to requirements 6(3)(c) and 6(3)(d) the provider stated that it felt these findings were a fair assessment and stated its commitment to improvements moving forward. These improvements include:

* Completing a review of its complaints and compliments management system including policies, procedures and reporting systems. This includes training for all Team Members in complaint handing and open disclosure, scheduled for 18th April.
* Completing a review of its Continuous Improvement system including policies, procedures and reporting systems from front line through to the board. This includes training for all Team Members in continuous improvement, analysing Information and identifying trends scheduled for 18th May 2023.

I acknowledge the provider’s engagement with the issues and commitment to improvement, but note these improvements are in progress and will take time to become embedded.

# 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. | Non-compliant |

Findings

Five of the five applicable specific were assessed and I have found one (1) of those requirement to be Non-Compliant. A finding of Non-Compliant in one or more requirements results in a finding of Non-Compliant for the Standard.

Regarding compliant requirements

The service is planning its’ workforce to deliver safe and quality care and service, including coverage during 5 floods over the last 18 months in the Hawkesbury region. 7 consumers sampled gave positive feedback that staff always turn up on time, in fact early for a transport service, are never rushed and services are only re-scheduled during times of flood.

Three of three drivers described a typical route from beginning to end, which included picking up the bus from the McGraths Hill depot early, and all agreed that they did not need extra time to provide safe and quality care for consumers. Staff confirmed that there have been no unfilled shifts in the last month. Services were cancelled during the floods, but solutions were found for every affected consumer such as barges for dispatching medications. Complaints & Negative Feedback Register had no entries for missed or late services.

The service employs staff who are kind, caring and respectful who go above and beyond to help consumers in their local community. All consumers sampled were unanimous in saying staff were very caring and went out of their way to help them. Management advised that the recruitment process has a heavy focus on the candidate’s attitude and experience working with the elderly, then followed up during orientation with training related to dealing with this cohort.

Complaints & Negative Feedback Register had no entries for rude staff.

The service ensures the workforce is competent, qualified and knowledgeable to enable them to perform their roles effectively for consumers. All consumers were unanimous in describing that all staff were confident to perform their tasks.

Drivers advised that they were recruited with previous bus driving experience, on-the-job assessed by another staff member who would determine when they were competent to do their run alone. Competency assessment included difficult routes, and they needed to be 100% confident to use the tablet and specifically Routematch. Social support staff and volunteers who accompany consumers on outings by default maintain an oversight of the driver’s competency on a daily basis. All staff explained a detailed orientation program including buddy runs, and thereafter monthly supervision meetings with their manager. Sub-contractor competency is monitored through consumer feedback forms after every service, in addition to calls to the consumer from co-ordinators.

The service also ensures that the workforce is recruited, trained, equipped and supported to deliver quality outcomes.

As to Non-Compliant requirement 7(3)(e)

Seven of seven consumers sampled could not recall being formally asked for their feedback on staff, but all agreed they would complain if they had an issue.

Two of three drivers informed the Assessment team that they have not had a formal performance appraisal in the last 12 months, one driver said that his last one was 3 years ago. A new driver explained that he had spoken to his manager a month after he started, and again at 3 and 6 months but nothing was documented.

Co-Ordinators explained that in 2023 they have been asked to do the supervision monthly meetings but have not been assigned responsibility to conduct the formal annual review of their direct reports as yet. The Assessment Team reported that management acknowledged there were system gaps to monitor and review the performance of staff across the service. The approach to be adopted will be to fix the system first, train the staff on how to conduct a performance review, then proceed to conduct the reviews which have now been scheduled to take place over the coming 3 months. Management advised that any negative consumer feedback is addressed by bringing the driver in for a conversation and documented in their HR file but moving forward both positive and negative feedback since last review will be used to feed into individual or group training requirements.

Documentation sighted and reviewed indicated that a new policy outlines supervision requirements are minimum monthly meetings with staff. No formal annual performance appraisals were available.

Provider response

In its written response to requirement 7(3)(e) the provider stated that a check of all three new bus drivers in the past 6 months had been undertaken and noted that all three new drivers had completed and signed off on their probationary reviews in January 2023. It provided evidence of this and I accept that submission. Other than this matter the provider stated that it felt these findings were a fair assessment and stated its commitment to improvements moving forward. These improvements include:

* All Team Members due for their annual performance review have been scheduled to occur over the next 2 months. The new processes will capture client feedback prior to review.
* Development of a contractor handbook for our lawn and garden contractors
* Meeting with lawn and garden contractors will now be documented as evidence of supervision.

I acknowledge the provider’s engagement with the issues and commitment to improvement. I note the provider’s submission regarding review of drivers, however I believe the systems in place still require improvement. While solid improvements are in train, these improvements will take time to become embedded.

# 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. | 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 |
| 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

Four of the four applicable requirements were assessed and I have found one (1) of those requirement to be Non-Compliant. A finding of Non-Compliant in one or more requirements results in a finding of Non-Compliant for the Standard.

Regarding compliant requirements

The service is demonstrated that it is engaging consumers in the development, delivery and evaluation of their care and services through both day to day and more formal mechanisms. 3/7 consumers sampled advised that there are various vehicles that seek their feedback for broader service improvements including: the quarterly newsletter, client surveys, forms both on the bus and at the end of cooking classes. 3/3 drivers believe the service is well run, particularly since a particular staff member came on board during COVID/ floods. Management demonstrated various methods of engaging consumers in the development, delivery, and evaluation of care and services through contacting their Co-Ordinator directly via phone/text/email, feedback forms, quarterly newsletter and the information provided in the Welcome Pack, showed that the service encourages and invites consumers and or representatives to be involved in the service’s continuous improvements.

The service also showed that it promotes a culture of safe, inclusive and quality services and the governing body is accountable for its delivery. The governance board is accountable for the delivery of a culture of safe, inclusive and quality care and services, and remains informed through formal governance, leadership, reporting pathways at the service level all contained in the monthly report provided by the Executive Officer. The governance board has broad representation including a representative from the local primary care network, in preparation for provider governance reforms 1 December 2023 and future plans to enter the allied health space. In addition, the board have also endorsed a clinical governance framework outlined in the Strategic Action Plan in readiness.

The service further demonstrated it has effective risk management systems and practices regarding managing high-impact and high-prevalence risks, in particular person-centred emergency planning to support consumers in a vast geographic region. Management explained that the No.1 high-impact high-prevalence risk for their CHSP consumer cohort has been 5 floods over the last 18 months. An Emergency Response Plan was quickly developed which utilised SES mapping to identify consumers at highest risk, which informed the priorities for welfare checks and individual evacuations. Staff said that risk assessments are performed during initial assessments including falls, dementia, visual impairment etc. To support consumers to live the best life they can, staff check if they are socially isolated inviting them to social support groups or organising transport to medical appointments. Management advised of various mechanisms in place for risk management including: a risk matrix, new risk register, audit risk sub-committee meets monthly and internal audits that identify risk process gaps every 6 months.

Incident Register is an XL sheet exported from Microsoft forms with data generated as an ‘Incident Report’ and an ‘Incident Response’. It was very comprehensive with 13 transport incidents reported over the last 7 months, including low/medium risk and mitigation strategies to prevent reoccurrence. Trends and analysis is not currently available to feed into the Continuous Improvement plan or report up to the board, however subcontractor staff are well aware of the incident reporting procedure. Current trend is minor motor vehicle damage and future plans include establishing a vehicle safety team.

The service does not provide clinical care and the relevant requirement is Not Applicable and was not assessed.

As to Non-Compliant requirement 8(3)(c)

No concerns were identified in relation to information management and financial governance. Although some issues were identified in relation to regular monitoring, assessment and review, I find that generally the services has effective systems for workforce governance. In relation to regulatory compliance the Assessment Team identified that a delegation document has not been signed. The provider stated it was progressing this document, and it is encouraged to do so as soon as possible. I find that in relation to regulatory compliance the organisation does have effective systems

However, the organisation could not demonstrate that is has effective organisation wide governance systems for continuous improvement and feedback and complaints.

Continuous Improvement

Management advised that continuous improvement opportunities are identified through mechanisms such as client feedback, complaints, incidents, dietician cooking group surveys, annual workforce survey in addition to various internal and external audits. The Continuous Improvement Plan (CIP) had 57 issues identified over the last 6 months with only 4 from consumers (2 feedback and 2 complaints from 10 on the complaints register). None of the 13 incidents made it onto the CIP. Furthermore, specific service improvements resulting from the issues raised at the Transport Process Improvement workshop held in November 2022 did not feed into the CIP. Additional information is referred to in requirement 6(3)(d).

Feedback and Complaints

The Assessment Team was unable to evidence that the current negative feedback and complaints process is working effectively to ensure issues are closed out correctly informing the consumer, that outcomes are tracked, and trends data analysed to inform continuous improvements in service delivery. Additional detail is provided under requirements 6(3)(c) and 6(3)(d).

Provider response

In its written response to requirement 8(3)(c) the provider stated that it felt these findings were a fair assessment and stated its commitment to improvements moving forward. These improvements include:

* Completing a review of its complaints and compliments management system including policies, procedures and reporting systems. This includes training for all Team Members in complaint handing and open disclosure, scheduled for 18th April.
* Completing a review of its Continuous Improvement system including policies, procedures and reporting systems from front line through to the board. This includes training for all Team Members in continuous improvement, analysing Information and identifying trends scheduled for 18th May 2023.

I acknowledge the provider’s engagement with the issues and commitment to improvement, but not these improvements are in progress and will take time to become embedded.

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)