Holiday Explorers

Performance Report

|  |  |
| --- | --- |
| **Address:** | 1 Brand Street BEULAH PARK SA 5067 |
| **Phone:** | 08 8331 2399 |
| **Commission ID:** | 600233 |
| **Provider name:** | Holiday Explorers Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 19 July 2022 to 21 July 2022 |
| **Performance report date:** | 22 August 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**CHSP:**

* Flexible Respite - Care Relationships and Carer Support, 4-7XCFYOI, 1 Brand Street, BEULAH PARK SA 5067
* Social Support - Group, 4-7XCFYRJ, 1 Brand Street, BEULAH PARK SA 5067
* Social Support - Individual, 4-7XCFYUA, 1 Brand Street, BEULAH PARK SA 5067

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | CHSP | Compliant |
| Requirement 2(3)(a) | CHSP | Compliant |
| Requirement 2(3)(b) | CHSP | Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Compliant |
| Requirement 2(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Compliant |
| Requirement 3(3)(a) | CHSP | Compliant |
| Requirement 3(3)(b) | CHSP | Compliant |
| Requirement 3(3)(c) | CHSP | Compliant |
| Requirement 3(3)(d) | CHSP | Compliant |
| Requirement 3(3)(e) | CHSP | Compliant |
| Requirement 3(3)(f) | CHSP | Compliant |
| Requirement 3(3)(g) | CHSP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | CHSP | Compliant |
| Requirement 4(3)(a) | CHSP | Compliant |
| Requirement 4(3)(b) | CHSP | Compliant |
| Requirement 4(3)(c) | CHSP | Compliant |
| Requirement 4(3)(d) | CHSP | Compliant |
| Requirement 4(3)(e) | CHSP | Compliant |
| Requirement 4(3)(f) | CHSP | Not Applicable |
| Requirement 4(3)(g) | CHSP | Not Applicable |
|  |  |  |
| Standard 5 Organisation’s service environment | CHSP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | CHSP | Compliant |
| Requirement 6(3)(a) | CHSP | Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c) | CHSP | Compliant |
| Requirement 6(3)(d) | CHSP | Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP | Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Compliant |
| Requirement 7(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c) | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Compliant |
| Requirement 8(3)(e) | CHSP | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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.

# STANDARD 1 Consumer dignity and choice CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team analysed evidence which showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives interviewed by the Assessment Team described staff and volunteers as kind, caring and respectful. During interviews with the Assessment Team staff and volunteers described how they plan and deliver the consumers’ trips in consultation with consumers and always emphasising that it is their holiday to enjoy.

The Assessment Team analysed evidence which showed the service was able to demonstrate services are culturally safe. Consumers and/or representatives interviewed by the Assessment Team stated that staff understand the consumer’s needs and preferences, so consumers feel comfortable and safe to express themselves. During interviews with the Assessment Team staff described how they consider and support cultural needs when planning trips in consultation with consumers and representatives. During interviews with the Assessment Team Management described induction and ongoing training given to staff and volunteers to support culturally safe practices.

The Assessment Team analysed evidence which showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their care, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships. All consumers and/or representatives interviewed by the Assessment Team stated the service involves them in making decisions about their trips and how they wish to be supported. During interviews with the Assessment Team volunteers described how they ensure all consumers on trips get to voice their opinions on what to do and where to go. During interviews with the Assessment Team staff and management described the planning process which involves all relevant parties including consumers, representatives and accommodation staff, where applicable.

The Assessment Team analysed evidence which 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 representatives did not speak directly about taking risks, they advised they choose trips they like, and the service supports them to undertake them safely. Evidence analysed by the Assessment Team showed brief sheets included assessment and planning related to risks was comprehensively completed in consultation with consumers, representatives and accommodation staff. During the Quality Audit staff and management demonstrated how they support consumers take risks and/or support them make choices and decisions enabling them to live the best life they can.

The Assessment Team analysed evidence which showed the service demonstrated that 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. Consumers and/or representatives interviewed by the Assessment Team stated that information in the Holiday time brochures is easy to understand and the post trip diary provided is greatly appreciated. During interviews with the Assessment Team volunteers described how they ensure communication with consumers on holidays is tailored to their needs. During interviews Management outlined the recent changes to the holiday time brochures to ensure clarity of information and pricing for the different cohorts of travellers.

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

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | CHSP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers CHSP Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team analysed evidence which showed the service was able to demonstrate 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 interviewed by the Assessment Team confirmed assessments are undertaken between the service and the carer or accommodation staff prior to each trip the consumer takes. During interviews with the Assessment Team staff and volunteers advised information about consumers is documented in Brief sheets which are taken on each trip. Care planning documentation analysed by the Assessment Team evidenced comprehensive assessment and planning was undertaken for each consumer prior to every trip, which informed the delivery of safe and effective care and services.

The Assessment Team analysed evidence which showed the service was able to demonstrate assessment and planning identifies and addresses the consumer's current needs, goals and preferences, however, could not demonstrate advanced care planning and end of life planning is discussed with consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers’ current needs, goals and preferences. The Assessment Team noted care planning documents prompted staff to record individual consumer needs, goals and preferences, including what is important to them, their likes and dislikes, and details about consumer’s ability to perform tasks or activities to support their independence. During interviews with the Assessment Team Management advised that while they do not discuss end of life planning with consumers, as it wouldn't be appropriate with the services provided, however, advised that if a consumer brought up the topic, they would contact the consumer's accommodation staff, or carer, to ensure appropriate end of life planning took place.

The Assessment Team analysed evidence which 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 of the consumer. Consumers and/or representatives interviewed by the Assessment Team confirmed they are involved in assessment and planning of the consumer’s care and services for each trip taken. During interviews with the Assessment Team staff and management described how consumers, representatives and others, such as accommodation staff and carers, are involved in assessment and planning of care and services for each trip. Care planning documents viewed by the Assessment Team for sampled consumers confirmed that consumers and their representatives, accommodation staff and carers are involved in the assessment and planning of trips.

The Assessment Team analysed evidence which showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a brief sheet, which is readily available to the consumer. Consumers and/or representatives interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s brief sheet is available to them. The Assessment Team noted staff demonstrated outcomes of assessment and planning processes are documented in brief sheets and are communicated to consumers, staff, volunteers and other relevant health professionals.

The Assessment Team analysed evidence which showed the service was able to demonstrate care and services are reviewed regularly, 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 confirmed that care and services are reviewed prior to departing on each trip, and this review captures any changes in circumstances, needs or preferences. During interviews with the Assessment Team staff and volunteers advised that any changes to a consumer's Brief sheet is discussed at pre-trip briefings. Management advised the Assessment Team that each consumer's care and services are reviewed for every trip to ensure that any change in circumstance is documented, assessed and planned for.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | CHSP | Compliant |

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | CHSP | Compliant |

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | CHSP | Compliant |

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | CHSP | Compliant |

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | CHSP | Compliant |

*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.*

# STANDARD 3 Personal care and clinical care CHSP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team analysed evidence which showed the service was able to demonstrate they ensure each consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives interviewed by the Assessment Team confirmed consumers get the care they need. Management advised the Assessment Team that clinical and personal care is not often provided on trips, however, were able to demonstrate that when it is delivered, personal and clinical care is tailored to consumer needs and optimised their health and wellbeing.

The Assessment Team analysed evidence which showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Documents viewed by the Assessment Team showed that high prevalence or high impact risks are monitored and reported as required. Consumers and/or representatives interviewed by the Assessment Team confirmed that care and services provided are safe and right for the consumer. The Assessment Team noted staff were familiar with high impact and high prevalence risks for sampled consumers and could describe management strategies in place.

The Assessment Team noted the service provides ad-hoc holiday experiences for consumers with intellectual disabilities in supported living, and consequently does not deliver services to consumers nearing the end of life. Management advised the Assessment Team that consumers receiving palliative care or nearing the end of life would generally not be suitable to go on trips with the service. In response to feedback from the Assessment Team, the service advised they will include information regarding consumers' resuscitation preference on the brief sheet.

The Assessment Team analysed evidence which 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. Consumers and/or representatives interviewed by the Assessment Team advised the consumer’s health has not recently deteriorated or changed, however advised they were confident the service would recognise and respond to any change of capacity or condition. Staff interviewed by the Assessment Team described processes to report changes in relation to consumers to the appropriate staff.

The Assessment Team analysed evidence which showed the service was able to demonstrate that 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. Consumers and/or representatives interviewed by the Assessment Team confirmed they are satisfied with the care provided and staff are familiar with the consumer’s needs, goals and preferences for care. The Assessment Team noted staff could describe how relevant consumer information is provided to them. Care planning documents viewed by the Assessment Team showed that information is shared and communicated to the appropriate care providers.

The Assessment Team noted based on evidence analysed that the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers of other care and services. Management advised the Assessment Team during interviews that the service provides trips to consumers on an ad-hoc basis to support social inclusion and respite, and therefore it is not appropriate to refer consumers directly, however described the process of contacting the consumer's accommodation staff, representative, or regular carer if a referral was required.

The Assessment Team analysed evidence which showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives interviewed by the Assessment Team described how staff adhere to infection control processes. The Assessment Team noted staff and management demonstrated precautions to prevent and control the risk of infections are in place.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | CHSP | Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | CHSP | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | CHSP | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team analysed evidence which showed the service was able to demonstrate consumers gets safe and effective services and support 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 overwhelmingly positive and felt consumers are supported to be independent while on trips with the service. The Assessment Team noted based on observations and evidence during the Quality Audit that staff and management demonstrated services provided to consumers, which were tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

The Assessment Team analysed evidence which showed the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. Consumers and/or representatives interviewed by the Assessment Team stated staff are attentive to consumer’s wellbeing and provide meaningful activities and services. The Assessment Team noted based on observations and evidence that staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

The Assessment Team analysed evidence which showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives interviewed by the Assessment Team stated the trips provided enable the consumer to take part in their community and do things of interest to them. During interviews with the Assessment Team staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

The Assessment Team analysed evidence which showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and representatives interviewed by the Assessment Team were satisfied that information about their services is shared within the service and with others involved in their service provision. During interviews with the Assessment Team staff and management described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated.

The Assessment Team analysed evidence which showed the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. Management advised the Assessment Team during interviews that the service provides trips to consumers on an ad-hoc basis to support social inclusion and respite, and therefore it is not appropriate to refer consumers directly, however described the process on contacting the consumer's accommodation staff or regular carer if a referral was required.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five applicable requirements have been assessed as Compliant. Requirement 4(3)(f) and 4(3)(g) are Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | CHSP | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for the Commonwealth home support programme services are assessed as Not Applicable as three of the three specific requirements have been assessed as Not Applicable.

# STANDARD 6 Feedback and complaints CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team analysed evidence which showed the service was able to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. All consumers and representatives interviewed by the Assessment Team stated feedback is sought after each trip and they were very happy with the service. During interviews with the Assessment Team staff and management described their processes for obtaining feedback and advised they receive many compliments, and very few complaints.

The Assessment Team analysed evidence which showed the service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff discussed with the Assessment Team how consumers can be supported to understand the role of advocates. The Assessment Team noted based on observations and evidence that management has 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 evidence which showed the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Two representatives of consumers discussed with the Assessment Team during interviews actions taken and use of open disclosure when they contacted the service with feedback. During interviews with the Assessment Team management discussed the service’s processes for managing complaints. Complaint documentation viewed by the Assessment Team demonstrated some aspects of the open disclosure principles are used as part of the complaint management process.

The Assessment Team analysed evidence which showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. One representative of a consumer discussed with the Assessment Team improvements made by the service as a result of their feedback. During interviews with the Assessment Team management described how the service records and reports complaints to inform systemic improvements.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team analysed evidence which 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 interviewed by the Assessment Team stated they are happy with the number of, and the support provided by volunteers on the trips.

The Assessment Team analysed evidence which showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers and representatives interviewed by the Assessment Team overwhelmingly said that volunteers and staff are kind, caring and respectful when planning and supporting consumers on their trips.

The Assessment Team analysed evidence which showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. During interviews with the Assessment Team consumers and representatives confirmed they felt volunteers and staff were competent. Volunteers and staff interviewed by the Assessment Team advised they are provided education and support which enables them to competently perform their roles. During interviews with the Assessment Team management described how they ensure volunteers and staff have appropriate training, experience and personal attributes to work with their cohort of consumers.

The Assessment Team analysed evidence which showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Volunteers and staff interviewed by the Assessment Team described the positive environment where they are supported with training and guidance from the service. Management described to the Assessment Team processes of initial selection, onboarding process, annual mandatory schedule of training, and regular staff meetings to provide information and support.

The Assessment Team analysed evidence which showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. During interviews with the Assessment Team staff confirmed they were supported in their performance review process. During interviews with the Assessment Team management described their process for regular assessment and monitoring of monitoring staff performance.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | CHSP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team analysed evidence which showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers interviewed by the Assessment Team advised, in various ways, they were satisfied the organisation is well run. Staff and management interviewed by the Assessment Team described how they seek input into service improvements from consumers and/or representatives through feedback processes.

The Assessment Team analysed evidence which showed the service was able to demonstrate their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team noted the Board’s structure includes a Finance, Risk and Audit committee and there are Board specific policies and procedures to guide their strategic direction.

The Assessment Team analysed evidence which showed the service was not able to demonstrate effective organisation wide governance systems relating to regulatory compliance, however, was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, feedback and complaints, and workforce governance, including the assignment of clear responsibilities and accountabilities. For further information and evidence refer to the specific requirement.

The Assessment Team analysed evidence which 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.

The Assessment Team analysed evidence which showed the service was able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as one of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | CHSP | Not Compliant |

*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.*

The Assessment analysed evidence which showed the service did not demonstrate effective systems and processes to ensure monitoring of workforce regulatory requirements, in relation to the oversight of police certificates for key personnel. The Assessment Team identified a register that monitors currency of police certificates, the Assessment Team noted that four of five Board members have not provided a current police certificate, and/or they have not been recorded on the register.

During interviews with the Assessment Team Management advised they had reviewed currency of police certificates for Board members twelve months ago, however, had not followed up to ensure all current certificates were received by the service. During the Quality Audit Management provided the Assessment Team evidence, on the second day of the Quality Audit, that they were liaising with Board members to ensure their certificates were received as soon as possible, additionally management stated to the Assessment Team that the responsibility of the staff member for the monitoring of this task would be further clarified as there was some confusion regarding this.

The Assessment Team analysed evidence which showed the service did not demonstrate there are effective systems in place to monitor and ensure the service is meeting all regulatory requirements of the CHSP funding agreement and Quality Standards. During interviews with the Assessment Team Management advised they are guided by the Regulatory compliance policy to keep abreast of any changes in legislative and regulatory requirements. The Assessment Team viewed the policy which identified superseded legislation and standards and did not include key legislation including the Aged Care Act 1987 and associated Principles, and other relevant guidance including the Aged Care Quality Standards. During interviews with the Assessment Team Management advised they receive and monitor correspondence from the Department of Health, Fair Work Australia and liaise with other Chief Executive Officers in the sector.

The Assessment Team analysed evidence which showed the service did not demonstrate effective governance systems for the oversight of sub-contracted services delivery. During interviews with the Assessment Team Management advised there are three current suppliers of transport and holiday experiences that are brokered by the service. The Assessment Team viewed a draft Management Plan for one sub contracted service and a sample of compliance records including insurance policies, driver operator accreditations, and risk assessments for adventure-based activities. The Assessment Team analysed evidence and documented that the service could not demonstrate implemented governance frameworks or processes in place to monitor the compliance and service delivery of sub contracted services.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | CHSP | Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | CHSP | Compliant |

*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.*

# 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 8(3)(c) | CHSP | Not Compliant |

*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.*