**Performance**

**Report**

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| Name of service: | Indochinese Elderly Refugees Association - Victoria Inc |
| Service address: | Suite B, 108 Elizabeth St RICHMOND NORTH VIC 3121 |
| Commission ID: | 300614 |
| Home Service Provider: | Indo-Chinese Elderly in Eastern Suburbs Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 10 March 2023 to 15 March 2023 |
| Performance report date: | 20 April 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 Indochinese Elderly Refugees Association - Victoria Inc (**the service**) has been prepared by M Abjorensen, 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:**

* Social Support Group, 4-B6DUA38, Suite B, 108 Elizabeth St, RICHMOND NORTH VIC 3121
* Community and Home Support, 28135, Suite B, 108 Elizabeth St, RICHMOND NORTH VIC 3121

# 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)

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

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

# Areas for improvement:

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

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| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(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;   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   managing and preventing incidents, including the use of an incident management system. | Non-compliant |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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

Through evidence collected by the Assessment Team, the Decision Maker finds the service is compliant in relation to the above requirements.

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued:

* Through Assessment Team interviews, consumers and representatives reported they are always treated with respect and dignity. They described their interactions with staff and volunteers as caring, friendly and polite. Assessment Team observations showed staff to be interacting with consumers in a kind and respectful manner. Staff and volunteers gave examples of ways they implement dignity and respect in practice.

The service demonstrated that care and services are culturally safe:

* Consumers and representatives described the different ways that staff and volunteers understand consumers’ individual cultural needs and support them to feel valued and safe. Through interviews with the Assessment Team, staff and volunteers showed they are familiar with the cultural needs of individual consumers and confirmed receiving cultural awareness training. Management stated that the organisation provides cultural awareness training for staff via online modules.

The service demonstrates each consumer is supported to exercise choice and independence, make and communicate decisions about their care and services, decide when others should be involved in their care and maintain connections and relationships of choice:

* All consumers and representatives interviewed confirmed the service understands their individual needs and preferences and said they can independently make and communicate choices and decisions about how services and activities are delivered, including when to include family or others. Activities are decided within a group setting, as this is the cultural preference for the service’s Vietnamese and Chinese consumers. Staff, management and volunteers stated consumers and their chosen representatives are supported to communicate how their care and services are delivered within a group setting by a majority vote, and are encouraged to maintain relationships of choice. The Assessment Team observed activities chosen by the group such as Tai Chi, singing, dancing, sharing lunch and a birthday celebration for those born in March.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can:

* All consumers and representatives interviewed described in various ways their satisfaction that the service supports consumers to live their best life and to encourage them to do things they might otherwise not feel confident to do. The Assessment Team observed walking frames and walking sticks placed out of the way during exercise at social support groups, with staff and volunteers standing nearby to assist when needed.

The service demonstrated information provided to consumers is generally current, accurate and timely, communicated clearly, easy to understand and enables them to exercise choice:

* All consumers and representatives interviewed confirmed information regarding the services they received was timely and easily understood. On entry to the service consumers received information about the services and activities provided, the feedback and complaints process, fees, and information about advocacy services. A bi-monthly newsletter written in Vietnamese is published by the service and distributed to consumers. The newsletter contains but is not limited to information about future and past events and activities held within and outside of the service, information about board members and board meetings, and photos of consumers and community members celebrating cultural events.

The service demonstrated that the privacy of consumers is respected, and their personal information is treated confidentially:

* Consumers and representatives interviewed were satisfied consumer privacy and confidentiality are respected. Staff gave examples of the ways they protect consumers’ privacy and confidentiality, including sharing information only with the consumer or relevant staff or volunteer. File review showed consumer information is secured confidentially in locked filing cabinets and within password protected files and computers with cybersecurity arrangements in place.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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. | Non-compliant |

Findings

Through evidence collected by the Assessment Team, the Decision Maker finds the service is Non-Compliant in relation to the obligation to regularly review services for effectiveness, and when circumstances change. However, given evidence shows established assessment and planning processes work to identify consumer needs, the service should prioritise corrective actions to establish regular, and responsive, reviews for consumers.

The service demonstrated that assessment and planning, including consideration of risks to the consumer’s health and wellbeing inform the delivery of safe and effective care and services:

* All consumers and representatives interviewed reported staff took time to listen and understand how to support their health and wellbeing. Staff described how program leaders conduct initial telephone discussion with the consumer to assess eligibility for the program and arranges two ‘friendly visits’ to the group to experience both indoor and outdoor activities. Care documentation showed a small home safety environmental risk assessment occurs as appropriate if transportation is required.

The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences:

* All consumers and representatives interviewed were satisfied that consumer care has been planned around what is important to them. Staff and volunteers interviewed described what is important to specific consumers, including their needs and preferences for care. Care documentation showed each consumer’s goals, things they would like to improve, the thing most important to them and the benefits of working on their goals.

The service demonstrated that assessment and planning is based on partnership with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services:

* All consumers and representatives interviewed reported the service involves them in assessment and planning. Staff interviewed described how they work in partnership with consumers and others according to consumer wishes. While care documentation sampled does not specifically document those involved in assessment and planning, interviews with consumers, staff and management show partnership occurs.

The service demonstrated that the outcomes of assessment and planning are 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:

* All consumers and representatives interviewed described the services delivered and said they had been offered a copy of the ‘paperwork’. The service offers each consumer a copy of their care plan, which is readily available to staff at the point of care. While the care plan is in English and not in the consumer’s preferred language, staff interviewed described how they effectively communicate the outcomes of assessment and planning to the consumer in their language. Care documentation reviewed showed all consumers sampled had care plans that informed care and services.

The service could not demonstrate that consumers’ care and services are reviewed for effectiveness regularly or when a consumer’s circumstance changes:

* Management said incidents which may impact on the needs, goals or preferences of the consumer have not occurred for years. Consumers and representatives interviewed did not provide responses when asked about reviews of their care. Care documentation showed information from the last care plan or care plan review is transcribed annually into a new social profile and care plan. Reviewed care plan documentation was not always completed, not always dated and information was not always correctly transcribed by staff or checked with the consumer to ensure currency and accuracy.
* The Decision Maker finds the service is Non-Compliant in relation to this requirement. However, corrective actions to establish a scheduled, and responsive, review process should be considered to return the service to compliance; and ensure consumer services are delivered in accordance with a change in circumstances.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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

The standard was assessed as ‘Not Applicable’ as the service does not deliver personal or clinical care.

# Standard 4

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

Findings

The Decision Maker is satisfied, through evidence collected by the Assessment Team, that the service demonstrates compliance with the Requirements of this Standard.

The service demonstrated each consumer get safe and effective services and supports for daily living that meet the consumers’ needs and optimise their independence, health, well-being and quality of life:

* All consumers and representatives interviewed provided examples of how the services that consumers receive help to maintain their independence and quality of life. Staff and volunteers interviewed demonstrated an understanding of what is important to individual consumers and how to achieve their preferences whilst maintaining their independence and connection to community. Care documentation noted consumer goals and included strategies to achieve goals, independence and quality of life. Strategies included social support, transport, outings and learning new information technology skills to support safety, well-being and independence.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being:

* Consumers and representatives interviewed provided examples of how the supports and services provided by staff and volunteers promote their well-being. Staff and volunteers stated that they can identify when a consumer is feeling low and assist them in various ways including listening to them and being with them. Care documentation noted individual requests and support needs and also things which distress the consumer.

The service demonstrated the consumers are supported to participate in the community, have social and personal relationships and do things of interest to them:

* Consumers and representatives interviewed advised they are supported by the service to maintain contact with the people who are important to them and engage in activities that are of interest to them. Management and volunteers interviewed provided examples of ways consumers are supported to do things of interest to them. Attendance records reflect consumer participation in the social support groups.

The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation and with others as appropriate where responsibility for care is shared:

* Consumers and representatives interviewed were satisfied that information about their care and services is shared within the service and with others as appropriate. Staff and volunteers demonstrated familiarity with the needs and backgrounds of consumers informed through their interactions with consumers and/or their representatives. While not all information about the consumer’s condition, needs and preferences was consistently detailed in care documentation, staff and volunteers said they have access to sufficient information to deliver services and supports, including through effective verbal communication.

The service demonstrated timely and appropriate referrals to other organisations and providers of other services and supports for daily living where a consumer’s condition had changed or where the service could no longer provide appropriate support for a consumers’ increasing needs:

* While care documentation did not evidence individual referrals, newsletters showed consumers are referred to Indochinese social events and festivals within the community. Management and staff said they refer consumers with dementia to a specialised services to supplement their care needs and link with Dementia Australia.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Through evidence collected by the Assessment Team, the Decision Maker finds the service is compliant in relation to the organisation’s service environment.

The service demonstrated a welcoming and easy to understand environment which is aimed at optimising consumers’ sense of belonging, independence and interaction with others:

* All consumers and representatives reported feeling safe and welcome while visiting their respective venues. Staff and volunteers described ways they ensure the environment is welcoming and functional to maximise consumer independence, including setting up the environment before consumers arrive. Venues were observed to be welcoming, easy to access and navigate whilst optimising each consumer’s sense of belonging independence, interaction and function.

The service demonstrated that the service environment in all venues is safe, clean and well maintained:

* Consumers interviewed expressed satisfaction with the suitability, safety, cleanliness and comfort of the service environment and confirmed they are able to move freely indoors and outdoors. Consumer feedback described appropriate accessibility to the venues, located on ground level. Management reported that local councils ensure each venue’s environment is clean and well maintained, with identified issues promptly addressed to minimise risks to consumers, staff and visitors. The Assessment Team observed the service environments appeared safe, clean and well maintained, with adequate access, egress and signage across all venues to enable consumers to navigate freely both indoors and outdoors.

The service demonstrated that furniture, fittings and equipment are well maintained and suitable for the consumer:

* Staff and volunteers stated that although the venues are managed by local councils, they ensure that each environment is safe and all furniture and fittings are clean and well maintained, evidenced through Assessment Team observations.

# Standard 6

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

Findings

While the Assessment Team found minimal inputs into the feedback register, management explained how cultural implications influence the way feedback is provided. The Decision Maker weights the consumer and representative feedback which indicates they feel safe to raise concerns. While evidence shows informal feedback processes support consumers have input into their services. the service should prioritise documentation practices to record feedback and consumer driven service improvements. The Decision Maker finds the service is Non-Compliant in relation to the above Requirement.

The service demonstrated that consumers are actively encouraged and supported to provide feedback and make complaints:

Consumers and representatives interviewed stated they feel safe to make a complaint, although there has not been any reason to do so. Management and staff gave examples of encouragement and supports for consumers and others to provide feedback and make complaints including ‘feedback and suggestion’ forms and providing contact details for board members, management and appropriate staff. The service provides a consumer welcome pack that describes feedback and complaint processes. Management said staff welcome feedback and have informal discussions with consumers attending social support groups.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints:

* While consumers advised they have no need to complain, staff interviewed stated they know how to assist consumers to access advocates and interpreting services. Written documentation about the right to advocacy is provided to consumers and representatives in the service information pack and in the service newsletters from time to time.

The service demonstrated that appropriate action is taken in response to feedback and an open disclosure approach is used:

* While all consumers and representatives interviewed said they have not had to complain, they indicated they felt safe to complain and staff would always help them. Management said feedback is always positive, however, the program coordinator explained how they would apologise and explain what happened if something goes wrong, but said the service has never received a complaint. The service has a complaint management policy, procedure and flowchart to guide management and staff response.

The service did not demonstrate that feedback, complaints and are used to improve the quality of care and services:

* Consumers and representatives interviewed did not provide examples of how their feedback is used to improve the quality of care and services. Management and staff said informal discussions with consumers occur and feedback informs choices of outings, but did not provide examples of ways feedback is reviewed and used to improve the quality of care and services. The complaint register does not show any complaints or feedback. Feedback on consumer surveys is not collated, evaluated and used to improve services. The service continuous improvement plan has no entries since 2020 and does not show any links to consumer feedback, input or complaints from mechanisms including social support group consumer discussions.

# Standard 7

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

Findings

Through evidence collected by the Assessment Team, the Decision Maker finds the service is Non-Compliant in relation to workforce performance monitoring. However, management advised the Assessment Team that an appraisal tool has been developed. The service should prioritise the implementation of this tool to return to compliance.

The service demonstrated 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:

* Fourteen of 14 consumers and representatives interviewed expressed in various ways satisfaction that the workforce safely delivers quality care and services to consumers. The service has a small number of staff and volunteers. Staffing is stable, all have worked at the service for a number of years and there has been no workforce shortages in the last few years although the number of volunteers has slightly reduced. No subcontracted staff are used. Management described plans to replace each staff member of the workforce in the case of planned or unplanned leave.

The service demonstrated workforce interaction with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity:

* Fourteen of 14 consumers and representatives interviewed said in various ways that staff who deliver care and services are kind, caring and respectful. Staff and volunteers interviewed provided examples of ways they show kindness and respect to consumers. Management said staff and volunteers are required to display the organisation’s values that include compassion with understanding of the cultural needs of consumers. Position descriptions document service value-based expectations of staff. The Assessment Team observed positive interactions between staff, volunteers and each consumer at social support group.

The service demonstrated processes to ensure the program coordinator and volunteers have the qualifications and knowledge to effectively perform their roles:

* Fourteen of 14 consumers and representatives interviewed were satisfied the workforce is competent to effectively perform their roles. Staff and volunteers interviewed described their competence in their roles due to their experience, familiarity with consumers and knowledge of the tasks they perform. Both program leaders have lifestyle qualifications and the bus driver/program assistant has aged care qualifications and the required driving licence. Several volunteers have aged care qualifications and/or experience. Position descriptions document required skills and competencies.

The service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by the Standards:

* All consumers and representatives interviewed said in various ways staff deliver services to their satisfaction. Staff and volunteers interviewed described the training and support the service provided to equip them to carry out their roles. Management advised training results from staff suggestions and new staff are supported through one-to-one induction and buddy shift processes. Staff training occurs through an online learning platform, and from time to time there is face to face training. Management and staff said they had attended some training related to the Quality Standards including webinars. Mandatory training completion is overseen by management and responsible staff.

The service did not demonstrate staff performance is regularly assessed, monitored and reviewed:

* While consumers and representatives interviewed were satisfied with workforce performance, service processes to review staff performance are not applied in practice. No formal staff appraisals are conducted and no review of staff or volunteer performance occurs. Management said they did not know staff appraisals had not been conducted. Staff interviewed said staff appraisals do not occur. Management and staff said the service has an appraisal tool to monitor and review staff performance however, the service system for staff appraisals is not applied in practice.
* The Decision Maker finds the service is Non-Compliant in relation to the monitoring of workforce performance. The service should prioritise implementation of the already established appraisal tool, referred to by management.

# Standard 8

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

Findings

The Decision Maker finds the service Non-Compliant in relation to the above Requirements. The service should prioritise improvements to record keeping practices and systems to return to compliance.

The service did not demonstrate that consumers and representatives are involved in the development, delivery and evaluation of care and services and are supported in that engagement:

* Consumers and representatives interviewed said staff sometimes talk with them about activity and outing choices or ask how they are enjoying things. Management advised that consumers and representatives as appropriate are engaged through informal contact and discussions with staff at social support group. However, there was no documentation that this has occurred, and staff said feedback is mainly about choice of the day’s activities and outings and feedback or consumer input is not documented or evaluated. While management demonstrated they received many responses from a 2021 consumer feedback survey to evaluate care and services, management acknowledged the survey results had not been collated and evaluated. Feedback from consumers and representatives does not inform continuous improvement.

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

* The executive meets fortnightly and the board of management meets every second month to review service delivery and matters relevant to organisational governance, including safety and quality. Oversight of service delivery occurs through the executive officer/program director reports to the executive committee and to the board. Management described how the board makes suggestions to further support consumers or queries current service plans to support consumers. Management said the board sets the service vision, mission and strategic directions that include promotion of the culture and traditions and delivery of the ‘highest quality care tailored to individual needs’. Consumers and representatives are satisfied they receive safe, inclusive and quality care.

The service did not demonstrate effective governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. In relation to financial governance, the service demonstrated effective governance systems:

**Information management:**

The service has a suite of policies and procedures which is dated 2016 and has not been updated to inform current care and service delivery. Care information for current consumers in hard copy files and more recent consumer care information is in the consumer’s electronic file. Not all records of training said to have occurred could be located on file. Management and staff said some hard copy records had been misplaced.

* Management told the Assessment Team they need to strengthen the maintenance of information and documentation. Planned actions discussed include: engagement with a peak body to obtain a suite of policies and procedures and implement an electronic care management system.

**Continuous Improvement:**

The service continuous improvement plan had no entries since March 2020. Management said while some data had been lost when the server corrupted. Management told the Assessment Team they would establish a new continuous improvement plan with learnings from the Quality Audit. The Assessment Team reported during the Quality Audit, the service evidenced two entries on the newly established continuous improvement plan.

**Financial Governance:**

Financial governance is monitored by management and profit and loss statements are reported to the executive committee on a monthly basis. Management and the governing body have oversight of the service’s income and expenditure and this is reviewed regularly and discussed by the governing body.

**Regulatory Compliance:**

While the organisation is informed about regulatory compliance changes through aged care peak body membership, a sector advisory group, training consultant, subscriptions to Australian Government updates and Commission bulletins, the Assessment Team identified expired volunteer police checks. Management told the Assessment Team applications for new certificates had recently occurred. Through interviews, management and relevant staff did not demonstrate incident management training, including Serious Incident Response Scheme training or incident management training.

**Feedback and complaints:**

Management said the service has never received a complaint. However, feedback and input from consumers attending social support group is not captured, recorded to inform care and service improvements.

In relation to managing high impact or high prevalence risks associated with the care of consumers:

* Management and staff generally identify consumer risks and stated they would call an ambulance if needed. Management and staff said high impact, high prevalent risks include possible falls and incidents that may occur when managing a group of consumers while on outings. The use of mobility aids is documented for individual consumers and support from volunteers and staff occurs but is not generally documented. No venue or outing risk assessments were on file and management said these occur visually but are not documented.

In relation to identifying and responding to abuse and neglect of consumers:

* Staff have received training in elder abuse and said their qualifications and training assist in the recognition of elder abuse and neglect. Management said they would investigate and report any suspected abuse or neglect as required.

In relation to supporting consumers to live the best life they can:

* Consumer and representative provided positive feedback in relation to how the service assists consumers to remain as independent as possible.

In relation to managing and preventing incidents, the service could not demonstrate an incident management system:

* The service has incident forms, however, the service does not maintain an incident management system and there was not evidence of recorded incidents. While management advised there have never been any incident or near misses since 2019, they told the Assessment Team if incidents occurred they would be investigated and escalated to senior management for further action. However, the service does not have policies or procedures relating to incident management, and the service has not implemented policies or workforce training in relation to the Serious Incident Response Scheme.

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