** Performance**

**Report**

**1800 951 822**

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| Name of service: | Kings Cross Community & Information Centre |
| Service address: | 50 Macleay Street POTTS POINT NSW 2011 |
| Commission ID: | 200497 |
| Home Service Provider: | Kings Cross Community Centre Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 10 February 2023 |
| Performance report date: | 8 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 Kings Cross Community & Information Centre (**the service**) has been prepared by M Cooper, 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, 24605, 50 Macleay Street, POTTS POINT NSW 2011

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# 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 as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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 2(3)(e)
* Requirement 6(3)(b)

# 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

The Assessment Team reports that the Approved Provider is treating consumers and their representatives with dignity and respect. Consumers are supported through the assessment/planning process and policies which are inclusive with cultural backgrounds acknowledged and respected. Consumers are supported to take risks to live their best life, within the scope of their service provision. The Approved Provider is providing information in a timely manner to all consumers, so they can make decisions about their care and is protecting consumer privacy and confidentiality.

Requirement 1(3)(a)

Consumers described all staff involved with service provision as kind, caring and respectful when communicating with them. They said they felt respected and valued by all office staff, the bus driver and bus assistant. They are informed of their right to be treated with dignity and respect and have their culture valued through the Charter of Aged Care Rights, which they confirmed they had received.

All staff interviewed demonstrated they were aware of consumers' circumstances overall since they saw them face to face on a regular basis and consumers may provide comments or information on this from time to time. Although some consumers were noted to be from various cultural backgrounds, English was noted as their preferred language and they did not need services tailored in any way, although they were confident the service would do this if needed.

Requirement 1(3)(b)

Consumers confirmed all service delivery staff understood their backgrounds, preferences and what is important to them, which makes them feel respected, valued and culturally safe. They advised discussions when putting in their shopping orders or when they are on the bus reflect this. A review of consumer documentation demonstrated the service documents if a consumer has specific language or cultural needs and if family and/or interpreters need to be involved, although to date this has not been needed as all consumers have English as their preferred language. Service staff interviews reflected that in recent times they have not had to access interpreters, they were aware of how to do this and have done this in the past. Details of this were noted to be included in the service’s diversity policy.

Requirement 1(3)(c)

Consumers said they felt supported to exercise choice and independence. They said they are able to choose to have others involved in their care, although indicated they are quite independent and managed their own affairs. They are able to also choose which service types best meets their needs. They advised they do not need assistance to maintain their personal relationships but several said the bus services had helped them to connect with others and they had made new friends through these services. Service staff said where the consumer nominates others they wish to be involved in their care, the service will communicate with them as needed, however noted most consumers are independent in this.

Although services are not delivered to consumers on an individual basis, they are able to provide feedback at any time on the way services are delivered overall. An example of this was feedback the bus outing consumers provide on where they would like to go for future trips. Review of consumer documentation did include documentation of other contacts, mostly for emergency purposes. The service also gave an example of a past consumer who was developing dementia and they needed to contact their representative to discuss. Full details are included in requirement 1(3)(d).

Requirement 1(3)(d)

Consumers described how the care and services they receive support them to remain living at home and remain independent. They said through regular communication with service staff, they understand what is important to them and respect the decisions they make regarding their lives. One consumer said they feel good they don’t have to rely on family for basic things like shopping and they’ll do other things when family visit instead.

Service staff discussed the importance to consumers of maintaining their own independence and how shopping/outing services help them to do this. As service provision is limited and they do not provide individual in-home services, they are not really able to support consumers regarding taking individual risks. However, if a consumer identified something they wanted to do, they could refer them to other social support services directly who could assist or back to My Aged Care (MAC) for additional services or for higher level services, such as a home care package.

There was an example provided of a past consumer where some risks were identified and how they assisted:

* A lady on the bus was developing dementia and was not really able to be as independent while accessing services, as was required for the service type. The service contacted her representative and discussed options. The family were going to organise for an individual carer to accompany her on the bus so she could still go out on the bus safely, however this never eventuated as the lady ended up going into a residential care service.

Requirement 1(3)(e)

Consumers and representatives said they received information about the services, verbally and in writing, through the assessment process. This included a service brochure and agreement/letter that included details of the services they wanted to use. They were also provided with a copy of the charter of aged care rights. On an ongoing basis they get a regular newsletter from the service that keeps them up to date with everything, including other services the organisation provides other than CHSP services. They confirmed receiving information from the service on service delivery changes due to COVID and advice on when shopping bus and outing bus were starting up again and that they could access list shopping service if they wished in the meantime.

Service staff advised they would use interpreters as needed with consumers who could not communicate in English but all current consumers were not in need of this as they can communicate well in English.

Requirement 1(3)(f)

Consumers and representatives said all staff treat them with respect and are mindful of their privacy when delivering care and services. They were sure their personal information is kept confidential and said they have never had to raise any concerns of this nature.

Management described systems and processes in place to manage privacy and confidentiality, such as policies and procedures and staff training. Any electronic information is in a password protected system and hard copy notes kept securely. Service staff described how they respect the personal privacy of consumers including collecting only information needed for service delivery and discussing information with contacts or other services only with the consumer’s prior consent.

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

# 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

The Assessment Team reports that the Approved Provider is ensuring consumers and representatives are involved in the assessment process. All consumers interviewed confirmed they had initial discussions regarding their needs, they were satisfied with the services received, and had the opportunity to involve others in their care if they wished. The Provider was guiding staff practice through orientation and ongoing provision of information. It was ensuring consumers receive the services they need and their safety and health is monitored through frequent contact and actioning any concerns raised by staff. However, the Provider is not ensuring timely reviews of all consumers that are recorded in a consistent manner and is not keeping notes on changes in consumers’ needs or circumstances.

Requirement 2(3)(a)

Consumers provided information and feedback on intake/assessment processes. They felt the service gave them the opportunity to provide information on their needs and any health conditions or risks and informed them well about service provision and their choices regarding services delivered. They advised they do not have any current medical conditions that affect provision of the service and some said they would not provide personal medical information as “they didn’t need to know all that for the type of service they are providing”. They confirmed questions about their home environment were asked and this was evidenced on forms sighted overall.

Although the intake/assessment form is quite basic it does cover information on consumer needs and risks, for example, allergies, special needs and medical conditions. Intake/assessment forms were evidenced on all consumer files sighted. It was noted that different forms are used for bus trip consumers and these forms did not collect as much information as the longer forms used. Some files were also not fully completed. Staff advised this was due to questions not being applicable but they would ensure in future they would cross out or write n/a to be clear the questions were all covered. They also said they would implement use of the longer form for all consumers.

Staff involved in intake said they receive MAC assessment information as part of the incoming referral process. They review this to see if any information may affect service delivery for that consumer. Sometimes inappropriate referrals are received for accompanied shopping, which they do not accept and these go back to MAC.

Service delivery staff interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They said although processes are sometimes informal, communication works well in the service overall and a lot of face to face communication occurs. They confirmed all current consumers on the bus are quite independent and don’t really need any help other than maybe to get up and down the steps on the bus on occasion, and they stand nearby to assist with this when needed.

Although some improvements could be made to consistency of information gathered at intake and completion of forms, as all files did reflect information was collected and consumers confirmed this had occurred on balance this requirement was assessed as met.

Requirement 2(3)(b)

Consumers said they have a choice of social support services they can access and although individual services are not provided, the service is currently meeting their needs. They did not particularly remember discussing goals as part of the intake process but all were very satisfied with services and didn’t feel there were any goals they needed addressed.

Service delivery staff advised none of the consumers really have any particular needs or preferences that need to be taken into account but if anything came up they would report back to the office.

Discussion with office staff included that discussion of goals would be a good addition to their intake process as it could help with their referral processes for consumers who may benefit from additional services to meet their needs. Management said they would consider this in future intake for new consumers.

Advanced care planning is not relevant to this service type as the provider delivers low level social support services only.

Requirement 2(3)(c)

Consumers confirmed they could involve family or others in their services but said they are quite independent and didn’t need to do this. They confirmed there was an initial intake/assessment process and they were involved in this process. They also confirmed the service gets them to update their information from time to time but most couldn’t recall the timeframe for this. Some consumers confirmed they were not in receipt of any additional services. All confirmed they can provide feedback to the service at any time.

There is not really any care planning process in place per se as individualised one on one in-home or community support is not provided as part of service provision under the social support services delivered by this provider. However, consumers are involved in providing feedback on services delivered and have an opportunity to be involved in providing suggestions, for example, locations for future bus outing trips or using a different shopping centre from time to time.

Although the service’s current consumer group are not in receipt of additional services, on the longer intake/assessment form there is room to record which services they may be in receipt of. The service said they will implement use of the longer form across all service types.

Requirement 2(3)(d)

Consumers confirmed they participated in the initial intake/assessment process and review of their files evidenced this. Consumers confirmed they were provided with an agreement/letter that set out what service types they had agreed to receive and also provided them with details of days and times they needed to be aware of, such as when to call in shopping orders or when the groceries would be delivered. The assessment team noted this letter/agreement contained the above details as well as the consumer’s need to call to book in attendance on the shopping bus or bus outings.

Requirement 2(3)(e)

Consumers confirmed the service actions any requests for extra information quickly. They were confident the service would also address if their needs had increased and may refer them if needed. Some consumers interviewed said they didn’t recall having their needs reviewed by the service but said their needs hadn’t increased and they were pretty independent anyway.

Documentation was sighted on consumer files that evidenced review somewhat but it was often a review of contact information or had a briefer version of the form completed (refer to requirement 2(3)(a) for further details). Several of the review documents were also not fully completed. The service advised they do send out paperwork with the bus driver/assistant for consumers to review and return but often they do not get this information returned.

Reviews generally were noted to be done annually however there was a large gap for one consumer in that a form was completed in 2018 and the next one provided to the Assessment Team was not conducted until 2022. This form was also not fully completed or signed.

Reviews of needs based on changes in circumstances were not evidenced as the service does not keep any case notes on consumers currently. Some examples were provided where increases in needs were reported back by the bus staff, and the coordinator had actioned, however no progress notes or other documentation were able to be provided to the Assessment Team. Please refer to requirement 1(3)(d) for example. The coordinator said they do keep notes while actioning something but destroy these notes afterwards. The assessment team discussed the need to keep these notes on file for these consumers.

The bus driver and assistant advised they know the consumers well and would report back any concerns regarding consumers, however no evidence of this was sighted, other than an incident report, which was completed and actioned appropriately.

Following discussion with the assessment team around the issues identified, they indicated in future having an office person call consumers over the phone for reviews would ensure more timely reviews and ensure paperwork was fully completed. They confirmed they would use the longer intake/assessment form in future for all consumers. They said they would also ensure they will keep consumer notes in future and this would involve scanning the coordinator’s notes into their electronic system and saving under the relevant consumer’s name.

The Assessment Team agreed that should these measures be implemented this would meet the requirements of standard 2(3)(e).

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates that the organisational statement for Standard 2 states ‘This Standard describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer’s needs, goals and preferences and optimise their health and well-being’. The Guidance states that the intention of requirement 2(3)(e) is ‘Through this requirement, organisations are expected to regularly review the care and services they provider to consumers’.

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 2(3)(e).

The Quality Standard for the Commonwealth home support programme services is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

# 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 Quality Standard for the Commonwealth Home Support Programme services is not applicable as the Approved Provider does not provide 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 Assessment Team reports that the Approved Provider is delivering services and supports to improve and promote consumer’s health, independence and quality of life. The Service is also providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community. Consumers are being supported emotionally and with psychological well-being

Requirement 4(3)(a)

Consumers interviewed said the services and supports they receive help them to maintain their independence and quality of life. For example, one Consumer who utilises the service’s bus excursion, described that she feels great about the service as she has sold her car. She talked about the trips last week to Bowral and this week to Leura. She added that she has suggested a few new places to the office volunteer who has taken down what she mentioned.

* Another consumer who also utilises the service’s bus excursions further explained that it helps them to get out. That the bus driver knows where they are going and tells them. She added that they are going to the Blue Mountains on Wednesday and he will drop them off at the RSL for lunch if they ask and they go to Terrigal next week and again he will drop them off at the bowling club if they ask.

Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves. Staff were also questioned by the Assessment Team if there was more the service could do to support the consumer to maintain their independence, and provided the following examples:

* When a shopper (list shopping service) was questioned about a consumer who uses this service said she doesn’t order much as family visit fairly regularly and she lives in an assisted care facility. They didn’t think she needs anything more, as she’s pretty well looked after. Discussions with the consumers also confirmed this.
* When a bus driver (bus excursion service) was questioned about one of the consumers they said she is very smart and together. Although not that steady on her feet, she has a walking stick and is pretty mobile but may have more mobility issues down the track and possibly need a walking frame in the future.
* When a volunteer (list shopping service) was questioned regarding consumers and their shopping list requests, they said that some consumers ask them to read last week’s order and see if it had changed they might then say, ‘don’t you want your shortbread biscuits this week?’. If they ask for something with a weird name it is communicated back to them. They said they must be aware how consumers express things or what they call certain things and they need to tune it to each person and what they want.

Management interviewed explained that they regularly ask consumers on the bus shopping service what their preference is for shopping centres within the eastern suburbs. They said for example if two or more consumers request to go somewhere else, they would consider this. Similarly they also ask consumers on bus outings where they would like to go for their trips. They further explained a venue assessment is always done as they indicated they can’t just drop consumers in the middle of nowhere.

Requirement 4(3)(b)

The service demonstrated care and services provide spiritual and emotional support to consumers for their daily living. Consumers said they were engaged in meaningful activities that are satisfying to them. For example:

* One consumer said the bus shopping trips had ‘saved her life’ as it was the only way she could get to the shops, it allowed her to socialise with others on the bus and it was the only chance she got to get out and do things.
* Another consumer stated that the bus trips had made a big difference to her life, as she was able to get out and meet people and do trips that she really enjoyed.

Consumers and staff also gave examples of how staff would know if somebody is feeling down, not well and what they would do. For example:

* One consumer explained she feels that staff recognise if a consumer is feeling low and that their duty of care is very good. She added, although it hasn’t happened to her, for other people that may be fragile, the staff are always happy to assist. She added that the coordinator is excellent and is always concerned about everyone and her approach is really good, and she can’t fault her.
* A service delivery staff member advised the Assessment Team they always try and ask a few questions to see if the consumers are okay. They have been dealing with consumers for about 3 years. If they can’t make it to the bus, they will give them a ring to see how they’re going. The will let either the co-ordinator or another staff member know if somebody is feeling low.
* Another service delivery staff member advised that while on the bus they are monitoring consumers all the time and if they say something, or when getting on and off the bus, they would observe. They indicated they may not report it immediately to the office as it may be a passing thing, maybe motion sickness and then bring them up the front to sit. If they are serious and were not getting any better maybe ambulance or nearest hospital.

Management advised that they encourage consumers to visit a doctor or other mental health practitioner for those consumers feeling low or down.

Requirement 4(3)(c)

The social support services offered by the service being the bus excursions and shopping demonstrate that consumers can participate in the community and do things that are of interest to them. For example:

* One consumer said the bus shopping trips had ‘saved her life’ as it was the only way she could get to the shops, it allowed her to socialise with others on the bus and it was the only chance she got to get out and do things.
* Another consumer stated that the bus trips had made a big difference to her life as she was able to get out and meet people and do trips that she really enjoyed.

A service delivery staff member advised that the consumers are a very social group and have a small pocket of friends. They advised that they usually give them a National Park drive through or go down by the beach as they come from an urban area. They may go and do some shopping on the excursion or ask where the closest Vinnies is. They added it is more the bonding and friendship they facilitate.

Management were able to demonstrate that they design services and supports with the consumers and adjust these to reflect the consumers’ changing needs and preferences. They provided examples of bus excursion surveys given to consumers, with the bus excursions now changed from 10.00am to 9.30am based on feedback received.

Requirement 4(3)(d)

Consumers reported they are attended by regular service delivery staff and confirmed those staff have a good knowledge of the support services they need.

The bus driver and assistant advised that the consumers’ preferences are usually communicated directly to them.

Management advised that all staff come back to the office after their shift and the coordinator always asks staff how consumers are and gets updates from them. If anything comes up even of a minor nature, they follow that up with consumers and staff. Management highlighted a recent incident, where the bus driver reported a consumer behaving badly towards another consumer on the bus excursion. On their return to the centre the driver advised the coordinator, who requested a written report on the incident. The coordinator phoned all consumers regarding the incident to gather further information and ensure the incident was documented. An apology from the consumer was provided to the service for their behaviour, with a first and last warning given to the consumer. Management noted this behaviour was uncharacteristic for that consumer.

The driver confirmed that since that incident a policy has been formulated, which details a new set of procedures to ensure bus staff now know what to do if poor behaviour occurs by consumers on the bus shopping and excursions service.

In reference to external providers, management advised that there are no other external services that the service shares at present. Discussions with consumers confirmed this, however there is space on assessment documentation to record if the consumers are in receipt of other services and management said they would liaise with them as required.

Requirement 4(3)(e)

Consumer feedback was received on the need for additional services. For example, one consumer indicated that there are no other lifestyle services that she requires. Several other consumers interviewed also indicated the social support services were enough for them for now but knew they could ask the co-ordinator if they needed anything else or if their needs increased.

Management advised they support consumers to access services and supports outside the service, for example, counselling and housing services, Redfern Legal services including Legal Aid, which has included some CHSP clients.

The service’s Diversity Policy, although not specific to CHSP consumers, was noted to include details for referring consumers with culturally/linguistically diverse backgrounds, dementia, psychiatric disability, to an alternative service more in keeping with the service needs.

Overall the service offers CHSP consumers solely a proportionate service for social support of a list shopping service, as well as a bus shopping and excursion service only.

Requirement 4(3)(f)

Was not assessed as the Provider does not provide meals to the consumers.

Requirement 4(3)(g)

Was not assessed as the Provider does not provide equipment to the Consumers under the CHSP service Provision.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five applicable requirements have been assessed as compliant.

# 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. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as the Approved Provider does not provide a service environment.

# 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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is empowering consumers to provide feedback or complain, and consumers said they would be confident to do so if the need arose while others said they raise concerns or give feedback as and when they saw a need. The Provider is responding to any consumer issues/ concerns raised by providing an agreed resolution and is using a centralised complaints management system for recording feedback and complaints, which has established escalation and response structures and ensures open disclosure. However, the Assessment Team reports that the Provider is not supplying consumers/representatives with information on external supports like advocacy services such as the Aged Care Quality and Safety Commission or other methods to assist with complaints resolution

Requirement 6(3)(a)

Documents provided by the service (complaints policy, incident register) demonstrated the service had an active and comprehensive complaints and feedback process in place. Interviews with the coordinator confirmed that feedback and complaints were actively sought and that consumers were encouraged to provide feedback and make complaints as part of their active improvement plans. For example, one consumer confirmed that she had been asked for feedback regularly and was aware that feedback and complaints could be made to the coordinator, driver or any other staff. She also told the team that she felt very comfortable being able to provide complaints and feedback to the service manager as she was very approachable. However, she had never felt the need to complain because the service was so good.

Requirement 6(3)(b)

Although the assessment team obtained evidence from both consumers and staff that the complaints and feedback policies and procedures were both supported and adhered to in practice, the team could find no evidence that consumers were actively made aware of the complaints policy and procedures nor offered alternative methods of providing feedback or making and resolving complaints other than speaking to staff.

Evidence did support the feedback process as being active and successful, with consumers regularly asked for feedback and suggestions, and these being fed back to the service, who in turn made changes to the service as a result. However the processes in place required contact with the staff, either driver, assistant or office staff. Consumers were unaware of other avenues to provide feedback. For example:

* One consumer was very complimentary about the service and felt she could make complaints to the coordinator, if there ever came a time where she needed to. However she confirmed she was unaware of the process for complaints nor of any other methods or avenues for complaints and feedback. She said she did not use the bus as often as she wanted as it tended to go to places she did not like such as RSL clubs, rather than to the blue mountains she liked most. She had not spoken to the service about this and was unaware of the opportunities for feedback other than when actively engaged with staff.
* Another consumer was also extremely complimentary about the service and described it as ‘saved my life’. When asked about feedback and complaints she said she felt she would be able to speak to the coordinator if she had cause to, but said she was unaware of any other opportunities to provide feedback or complaints other than through service staff.

The service complaint and incident book had very few entries, which was confirmed through discussions with both staff and consumers. However, through interviews with all consumers the Assessment Team found all comments about the service were all very positive and consumers said they had not had any reason to complain.

At the time of the assessment the Assessment Team found no evidence that the failure of the service to provided alternative complaint and feedback processes had in any way impacted service provision or disadvantaged consumers.

When the team discussed findings with service coordinator and committee member, the service fully accepted that this needed to be addressed and offered 2 solutions. That all consumers would be issued information regarding alternative means of complaints and feedback, such as providing details of the Aged Care Quality and Safety Commission, in their initial information packs when joining the service. They also advised that in future this additional information would also be distributed monthly to all consumers registered with the service through the distribution of the service newsletter ‘The Informer’.

Following these discussion, the Assessment Team agreed that should these measures be implemented this would meet the requirements of standard 6(3)(b).

Requirement 6(3)(c)

Evidence provided by the service demonstrated that complaints were acted upon and appropriate action taken when necessary. The service had very few complaints or incidents to report which was confirmed during interviews with consumers and staff.

One serious incident that did occur in the previous week demonstrated the service’s ability to react appropriately. The incident was fully reported both by the bus driver and later by the coordinator. All involved were interviewed by service staff and appropriate action taken. The bus driver confirmed that new incident handling procedures were developed as a result. It should be noted that while this incident was serious in nature and involved considerable and prolonged negative behaviour by one consumer to another, interviews by the team with all consumers involved found nothing but high praise for all the staff and how the incident was handled. The result has meant both consumers are very happy to continue to use the service together and the bus driver confirmed he feels better able to handle such incidents in the future.

The assessment team have withheld names of consumers due to the nature of the incident, however, these are available if required.

Requirement 6(3)(d)

Interviews with the bus driver responsible for both shopping trips and excursion trips confirmed he actively sort feedback from consumers and any support workers if consumers were accompanied. This feedback was communicated to the coordinator, who confirmed services were altered as a result if necessary. The driver confirmed that there was a well-used feedback loop where comments and complaints from consumers were fed back to the coordinator and these in turn served to inform changes to the service.

Written documentation (the services incident book) confirms this, where incidents/feedback were written. Although it was noted there were very few entries, with only 3 in total. Staff confirmed that most ‘low level’ incidents or comments/feedback were not written down. They have confirmed that this is an area they will look to improve to enable better long-term management of the service.

The bus driver confirmed that after a full investigation of the incident noted in 6(3)(c), new procedures were put in place related to incident management. He has confirmed that these were developed following a review of the indecent.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider has developed a feedback and complaints system, it has not encompassed a procedure by which consumers have been advised on their right to lodge a complaint with alternative advocacy groups. This issue was raised with the Approved Provider who gave an undertaking to address this matter. I agree with the comments from the Assessment Team that if the suggested protocol is implemented then this would be sufficient for the Provider to comply with requirement 6(3)(b).

Having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with requirement 6(3)(b).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four specific requirements has been assessed as non-compliant.

# 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. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring the workforce is planned to enable the delivery and management of safe and quality care and services. The Service is providing a workforce where interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers are being supported by ensuring and monitoring members of the workforce have the qualifications and knowledge to effectively perform their roles. The Approved Provider is recruiting, training, and supporting the workforce to deliver the outcomes required by these standards. The performance of each member of the workforce is being monitored and reviewed.

Requirement 7(3)(a)

All consumers interviewed provided very positive feedback regarding staff and stated that the bus excursions are always on time and services are not usually rescheduled and they are very happy with the staff. For example, one consumer stated the service (bus excursion) always turned up on time and it hasn’t been rescheduled.

Service delivery staff, including a volunteer stated they feel they have enough time to complete their work. With a staff member saying they always had time.

Management said that they do not have unfilled shifts. They explained that the weather is the only reason bus excursions are not conducted, and they kept going right through COVID19 with the shopping list service, which was confirmed through discussions with consumers.

Management said that they do have written instructions for new staff and volunteers and what they have to do. They added that nobody comes into the organisation without the co-ordinator going over what is expected, what the service is about, and what the job entails. They provided an example where they had a case where a bus driver had to come in as a relief. A volunteer who was a trip assistant went on that trip with the relief driver so they had another experienced person with them.

Management provided the Assessment Team with copies of a range of HR policies in place to guide orientation, job information and ongoing development of staff and volunteers at various levels across the organisation.

Requirement 7(3)(b)

Consumers interviewed by the Assessment Team say they felt service delivery staff treated them with kindness and respected them as individuals. For example, one Consumer said that they were kind and the bus driver was really good at driving and careful. Consumers also all provided positive feedback about office staff and the service coordinator.

Management explained that it is mostly from them speaking to consumers regularly and seeking continual feedback verbally and regular conversations with consumers, that they determine whether staff are kind, caring and respectful towards consumers.

Staff and management both spoke about consumers in a respectful manner and were familiar with the needs of their consumers. For example, a volunteer on the shopping list service said that most consumers write a list out and I might say ’don’t you want your shortbread biscuits this week’. The Assessment Team viewed the service’s staff diversity policy in place, to ensure respectful provision of support services to consumers. This is also covered in staff training.

Requirement 7(3)(c)

All consumers provided very positive feedback and are satisfied with the knowledge and competency of staff. For example, one consumer said that the staff are very competent and the office staff were also extremely kind when she suggested other places. With the office staff researching up on the internet and also gave her suggestions. Another Consumer said that the driver is very safe and is an excellent driver.

The service delivery staff interviewed, including a volunteer, who stated that the service generally relies on feedback from the consumers to assess if they are competent in their role. With a staff member saying ‘It is all on feedback from the clients. They will ring the co-ordinator up if any issues and we’ll fix it’. Another staff member (current bus driver) advised that he has 30 years bus driving experience, while also currently working in a similar job for approximately 19 years.

Management advised that they determine whether staff are competent and capable to do their role from speaking to consumers regularly and noted they receive a lot of positive feedback. They also said, ‘we don’t take just anybody they have to fit in and we are pretty particular’. Management also explained that some people have to have appropriate experience, qualifications and licensed, for example the bus driver who has over 30 years’ experience driving a long rigid vehicle (Bus).

Another example provided by management was that ‘just the other day somebody got a bag of lemons from Aldi and they didn’t squeeze or something. Management said to the consumer ‘I’ll talk to him (Shopping & Trip Assistant) about it’, although the consumer said ‘No, he does a very good job’.

Requirement 7(3)(d)

The service demonstrated the workforce is recruited, trained and supported to deliver the services required. Service delivery staff interviewed described the service's induction process and confirmed they receive on-the-job training specific to the roles they are undertaking from other staff members or volunteers.

Management described the service's orientation process for new staff and volunteers, with some staff having first aid training. Management explained that they keep their workforce updated and informed, about changes to aged care legislation. For example, during COVID, a letter issued to staff regarding legislative requirements. Management also offered that they are members of the various peak bodies being Local Community Services Association of NSW (LCSA - membership organisation representing the diverse interests of locally governed not-for-profit Neighbourhood Centres & Community Organisations) and NSW Council of Social Service (NCOSS - works with and for people experiencing poverty and disadvantage, and those organisations that support them) and also aligned with inner Sydney Voice sector Development officer for CHSP Forum.

Management also stated that any important information or changes from communications are always passed on to staff. The service also gets together twice a year with staff and talk about anything important. Management added that there are frequent staff meetings and they also subscribe to various publications i.e. pensioner information. Management also provided the Assessment Team with copies of a range of HR policies in place to guide orientation, job information and ongoing development of staff and volunteers at various levels across the organisation.

Requirement 7(3)(e)

All consumers interviewed advised that the service contacts them requesting feedback on staff to review staff performance, and they take onboard the feedback. For example, a consumer stated ‘Yes we are able to give feedback. The co-ordintor asks fairly frequently, she asked the other day over lunch ‘is everything okay with the bus driver? We do a survey and we have the AGM in March’.

Management interviewed advised, with service delivery staff confirming that the suitability and performance of staff is monitored on an ongoing basis, although not formally assessed through regular performance appraisal cycles. Management stated they discuss any individual performance concerns of staff when they occur.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

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

Findings

The Assessment Team reports that the Approved Provider is engaging consumers in the delivery of services which are overseen by a governing body that promotes a culture of safe inclusive and quality care and that is accountable for service delivery. The Provider is managing services through effective organisation wide governance systems for information management, continuous improvement, financial governance, work force governance regulatory complaints and feedback and complaints. Further to this, the Provider is managing risks through an effective risk management systems and practices including managing high impact and high prevalence risks where appropriate for the service, identifying abuse and neglect where appropriate for the service and supporting consumers to live the best life they can.

Requirement 8(3)(a)

Interviews with consumers confirmed that staff seek feedback regularly and that consumers felt that feedback was both welcome and would be acted on. They stated that they felt part of the service and there was a general consensus throughout interviews with consumers that consumers felt both ownership and involvement in both the service and its delivery.

Management and service delivery staff told the team that the service operated for the benefit of the consumers and that it ensured all consumers were kept both fully informed about the services but also included in the decisions made about service delivery. This approach was confirmed during conversations with consumers, for example, one consumer told the team that she felt ‘great’ about the service, recently having had to sell her car, that she had suggested a few places for excursions by contacting the main office and that these have been taken on board and acted upon.

Requirement 8(3)(b)

Observation of governing body board minutes, in addition to the policies and procedures demonstrated that the service’s governing body acted to promote a culture of safe inclusive and quality service provision at all times.

Interviews with the board’s chief executive officer confirmed that the board took full responsible for the service and its delivery and considered itself fully accountable for all aspects of service delivery.

Interviews with Management and service staff demonstrated that these practices were service wide and influences all aspect of service delivery. This was further confirmed by Consumers who universally complimented the service on the quality and inclusivity of the service and a feeling that the service was run for the benefit of the consumers.

Requirement 8(3)(c)

Observation of relevant polices, (complaints policy, diversity policy) management committee files, audit reports, feedback surveys and the incident report files, in addition to documents held for consumers and staff demonstrated the service did have effect systems in place to govern some effective information management. However, documentation was not complete and a review of polices to ensure information was kept up to date was not being undertaken.

Interviews with the service management and board member, as well as the services accountant, confirmed that the service did ensure effective service wide governance systems were both in place and followed across all areas of the service. However as some of these processes were often poorly monitored and poorly documented (e.g. undocumented feedback and continuous improvement process,) the service does have a number of weaknesses in this area that may impact on future service delivery. However, at the time of this report the assessment team could find no evidence of theses weaknesses affecting service delivery or of any impact on consumers. Feedback discussions with management confirmed that management were aware of both the weaknesses in documented governance systems and in the possibility for impact on service delivery in the future. Management has confirmed this is an area that will be addressed.

However, the assessment team is satisfied that overall the service does have effective organisation wide governance systems relating to information management, continuous Improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Requirement 8(3)(d)

The service’s systems and practices for risk management were found to be effective within the remit of the service offered but as with other procedures lacked written supportive evidence above that of the basic information contained in staff hand outs and polices. The service ensured consumers were aware that the service was unable to offer significant support and the management of high impact and high prevenance risk associated conditions.

On entry to the service consumers are required to complete a basic form requiring information about medical conditions and from this the coordinator is able to assess if further investigations need to be carried out prior to consumers attending a trip. Both the bus driver and assistant were aware of the inability of the service to manage high impact risks and during an interview with the bus driver the team was told that he was very careful to note each consumer and their abilities in addition to any deterioration from previous trips.

Discussions with service management confirmed that the results of these observations were fed back to management and acted upon if necessary. The team was told of a case of a consumer whose abilities had deteriorated to a point where bus staff had felt she was too great a risk to continue. Service management discussed this with the consumer and her family and agreed she would bring a full-time career with her on future trips.

Interviews with service management and the bus driver confirmed that the drive and trip assistant both actively observed consumers for deterioration and/or changes and would look for signs of abuse or neglect and that this would be reported back to service management if any suspected abuse or neglect was identified. However, the nature of the service is such that little further investigation is carried out in this matter.

The service provided to consumers was demonstrated to be highly beneficial to those that used it. For example, one consumer told the team she would be unable to get out if it weren’t for the service. And that the service had greatly improved her quality of life. Interviews with all other consumers confirmed the service contributed to consumers being able to live their best lives.

Managing and preventing incidents is confined to those related to the bus trips and would be covered under normal health and safety regulations. The service emphasises the need for consumers to be mobile and independent to use the service.

Photographs were sighted of the bus and refrigeration van, which demonstrated these were maintained in a safe and hygienic condition. The bus was observed to have relevant safety equipment on board. Feedback received from consumers on the bus and ability of them to use it safely were all positive.

However, it was noted in literature provided to bus staff that the service recognises that its consumers are at a higher risk of incidents due to the nature of its client group and so the service does ensure staff are aware of this and ensure they are observant of associated risks, and to provide assistance where needed. An incident book was in use and demonstrated to be part of an incident management system. It was noted how few incidents were recorded and this was supported during consumer interviews when only one incident was noted in total, which was recorded in the incident log and had formed part of a full incident management process. Staff did recognise that incidents viewed as minor may not be recorded. Discussions with management demonstrated the service management was aware of the benefits of recording minor incidents and that minor incidents would be recorded in future.

Requirement 8(3)(e)

This requirement was not assessed as the Provider does not supply this service.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four applicable requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018 [↑](#footnote-ref-1)