**Performance**

**Report**

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| Name of service: | Latvian Association SA Inc |
| Service address: | 36 Rose Terrace WAYVILLE SA 5000 |
| Commission ID: | 600152 |
| Home Service Provider: | Latvian Association SA Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 15 May 2023 to 18 May 2023 |
| Performance report date: | 16 June 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 Latvian Association SA Inc (**the service**) has been prepared by A. Grant, 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, 24674, 36 Rose Terrace, WAYVILLE SA 5000

# 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 | **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 | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Management, staff and volunteers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers sampled described what is important to them and how their services are delivered in a culturally safe way. Staff and volunteers demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Management, staff and volunteers demonstrated a thorough understanding of all consumer needs, goals and preferences, and were observed delivering services in a culturally safe way.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers sampled confirmed the service involves them in making decisions about the consumer’s care and services. Staff and volunteers described how they support consumers and their representatives to exercise choice and make decisions about the consumers’ services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Staff, volunteers and management demonstrated an understanding of supporting consumers to take risks. Management advised they continuously speak to consumers about risks and strategies to minimise the impact of these risks and have policies and procedures to guide staff and volunteers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Sampled consumers confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff, volunteers and management described how they provide information to consumers in various ways, verbally and in writing. Consumers advised they receive information from the service through various methods including guest speakers at the group, handouts and newsletters. Consumers confirmed the information was easy to understand and available in both English and Latvian.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers interviewed felt staff and volunteers were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. The service operates both electronic and paper-based consumer documentation. The electronic systems are password protected and the Assessment Team observed paper-based documents to be securely stored. The service’s staff confidentiality and privacy agreements outline the service’s obligations in respect of how personal information is managed, in line with legislative requirements.

# 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. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Management described how they assess consumer’s needs and risks at commencement of services, and how these conversations inform consumers’ care plans. Care planning documents evidenced assessment and planning was undertaken with consumers, including the consideration of risk. The service has a monthly lunch care plan available for staff and volunteers who attend the bus trips which outlines consumers food allergies, mobility and health concerns to be aware of. Care planning documentation viewed for sampled consumers highlight relevant medical history and alerts for mobility.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers sampled confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. Management described how conversations with consumers about what is important to them informs delivery of care and services. Care planning documents viewed showed that needs, goals and preferences had been discussed with consumers and documented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers confirmed they are involved in deciding the care and services available to them. Management described how consumers are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews. Care planning documents viewed for sampled consumers confirmed that consumers, health professionals or external providers when required, were involved in the planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan. Consumers confirmed the outcomes of assessment and planning had been communicated to them. Management confirmed that care plans are developed with consumers and/or their representatives and are communicated to staff members verbally and are stored as a hardcopy in a folder that is accessible to staff and volunteers. Care planning documents viewed confirmed that services are discussed and planned with the consumers and documented within the care plan.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers confirmed care and services are reviewed regularly and as required. Management interviewed described how they take time to speak to each consumer each week while they attend the service and have informal discussions about their current condition and any changes at home, however, this is not consistently documented within the service to inform effective review processes. Informal reviews are also conducted through telephone calls as required, for example, following non-attendance, incidents or when there is a change in condition.

# 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

All individual Requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and was not assessed as part of the Quality Audit.

# 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. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers gets safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers were overwhelmingly positive and felt they are supported to be independent when attending the services and outings. Management, staff and volunteers demonstrated services provided to consumers are tailored to their needs, goals and preferences, and optimise their independence, wellbeing and quality of life. Staff interviewed provided examples of how they optimise consumers health, well-being and quality of life while ensuring they are meeting the consumers’ needs goals and preferences. Consumers interviewed described and management confirmed, the service seeks feedback from consumers verbally and through surveys to ensure the activities they participate in meet the current consumer cohort and optimise their independence, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. Consumers stated management, staff and volunteers are attentive to consumers’ wellbeing, and provide meaningful activities at the service. Staff interviewed demonstrated how they support consumers emotionally and promote their psychological wellbeing. All consumers interviewed explained they feel confident that the staff know them well and would recognise if they were feeling low and would respond appropriately.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers advised the multiple activities they can participate in, and how the service enables them to take part in their community and do things of interest to them. Staff described how the service assists consumers to participate in their community, have social relationships and do the things meaningful to them. Staff and volunteers described how they have monthly ‘armchair travels’ where consumers could talk about their travels and experiences around the world. Staff interviewed described how they support consumers to socialise with others and join in activities they enjoy.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers were satisfied that information about their services is shared within the service and with others involved in their service provision. Staff, volunteers and management described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated. Consumers advised staff know them and their care needs well. Consumers interviewed provided examples and said they are satisfied that information about their care and services is shared within the service and with others involved in their care. Staff and volunteers interviewed demonstrated a sound knowledge of consumers within their groups and explained any change in condition would be promptly identified and reported to management. Staff meeting minutes demonstrated ongoing communication regarding changes in consumers condition, approval of Home Care Packages, other providers delivering care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. Consumers interviewed felt confident the service would assist them to connect with an external service or My Aged Care (MAC) if their needs and preferences changed. Management advised the processes they follow to provide assistance to consumers to navigate MAC and how they support consumers to connect with other organisations when required. Management described how they organise information sessions with guest speakers to educate consumers of other services available to them. This is communicated through the monthly newsletter. Management described previous guest speakers including falls prevention, RAA safe driving at an old age, a nutritionist to discuss healthy diets and advance care planning. The service has an effective system to monitor outgoing referrals by keeping a hard copy in a folder at the service and regularly monitoring the MAC portal for incoming referrals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Management, staff and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation showed that consumers’ dietary needs and preferences are documented and communicated. Management described how they actively seek feedback from consumers after each meal and how they engage with consumers prior to their birthday to offer them the opportunity to have their favourite meal prepared for the group.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the centre-based group sessions. Staff described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional. Observations confirmed the centre environment was bright, well-lit, comfortable, spacious and easy to navigate. Staff and volunteers were observed assisting and interacting with consumers in a respectful and caring manner, and having a social chat when consumers first arrived for the bus trip.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Management and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environments to be clean, well maintained and comfortable. Consumers interviewed confirmed they feel safe when attending the venue for social activities and the Assessment Team observed the service environment to be clean, with staff/volunteers applying infection prevention and control practices. Staff and management described processes to ensure the service environments are safe, clean and well maintained, including to reduce the risk of infections.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. This was confirmed through observations. Consumers interviewed in relation to this requirement confirmed furniture and equipment are safe and suitable for their needs. Staff and management described processes to ensure service equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be reported to the Latvian Association for repairs.

# 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. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers and others are encouraged and supported to provide feedback and make complaints. All consumers interviewed stated they are actively encouraged to provide feedback to the service. Staff and management described how they support consumers to provide feedback and make complaints. The feedback register demonstrated that consumers are confident to provide feedback on their services. All consumers interviewed advised in various ways how they are encouraged to provide feedback regarding their services through various avenues. While all sampled consumers stated they have never had to make a complaint, they advised they would feel confident to discuss any complaints or issues with staff if they arose.

The service was able to demonstrate that consumers are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Consumers interviewed stated they would feel comfortable ringing the service to discuss their concerns. Management and staff described how consumers have access to advocates if required, and consumers are made aware of other methods for raising and resolving complaints. Staff advised, and the Assessment Team observed, that information is made accessible to consumers in the service hall about how to access advocacy services and make external complaints. These included OPAN, ARAS and Aged Care Quality and Safety Commission translated in Latvian. The services feedback and complaints policy and procedures encourage the use of an advocate or representative to support consumers and includes information to escalate complaints to external organisations.

The service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. All consumers interviewed stated they have not needed to make a complaint, however, felt confident that the service would resolve their issues. Management described the service’s processes for managing complaints including the use of open disclosure. The service has a feedback and complaints policy and procedure, which outlines the process of addressing feedback and complaints promptly and described open communication with the consumer to inform them on how the situation is resolved.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Management and staff were able to describe how the service used consumers’ feedback to inform continuous improvement. Documentation viewed demonstrated how the service uses consumer feedback to inform continuous improvement. The service seeks feedback from its consumer cohort by conducting surveys to evaluate the effectiveness of activities. Results from surveys where collated and analysed, allowing the service to collect information on the effectiveness of movie mornings and identify other activities of interest such as zolīte and poetry. Management and staff described they track feedback using the register and advised that while the service currently has no complaints to trend, it does receive feedback about service improvements.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumers interviewed were satisfied with the number of staff to deliver the consumer’s services. Sampled staff and volunteers indicated sufficient staffing numbers. Management discussed processes to ensure there are enough staff to deliver care and services. All consumers described in various ways that the services have not been cancelled, staff and volunteers arrive on time when providing transport, and when they arrive for social support group activities. Management advised that they have had no unfilled shifts in the past month. They described how the service maintains a stable workforce, and should the service require more resources, they have the ability to seek suitable volunteers from the Latvian community. Management advised how they review activity attendance and seek consumer feedback to ensure that the workforce is adequately planned.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumer's said staff are kind and caring. Staff, volunteers and management were observed talking and engaging with consumers in a kind and respectful manner throughout social support groups. The Assessment Team viewed the feedback register which documented some feedback for the service and made no mention of any complaints regarding staff conduct towards consumers. Staff and volunteers were observed speaking to and engaging with consumers in a respectful manner throughout the Quality Audit.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers described staff delivering services as competent. Staff and volunteers advised they are provided adequate training which enables a competent workforce at the point of service delivery. Management described how they ensure staff and volunteer have appropriate training and skills to effectively deliver services. Management advised they assess for workforce competence during recruitment and monitor this ongoingly through a variety of ways including mandatory training, feedback from consumers, supervision and support during induction and informal performance reviews.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Volunteers and staff described in various ways how the service supports them to perform their role through training. Management described how they monitor for changes in aged care requirements to educate and support its workforce. All staff and volunteers interviewed described, and documentation confirmed, how they were supported by the service by undergoing an induction process. Volunteers confirmed that during initial onboarding, they were supported through supervised shifts. Management explained, and documentation confirmed, how the service identifies training opportunities through staff meeting and by monitoring for changes in aged care legislation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment, monitoring and review of the performance of each member of the workforce is undertaken. Sampled staff and volunteers interviewed confirmed they have undergone an informal performance review to support them in their roles. Management acknowledge that the service does not conduct official performance reviews, however described their process for regular assessment and monitoring of staff performance. Management advised, staff and volunteers confirmed how their performance is reviewed by gathering feedback from consumers. Consumes sampled stated they were satisfied with how the workforce is providing care and services. The service has a 3-month probation period for volunteers and staff as highlighted within their recruitment and selection policy. The document highlights how employees are expected to demonstrate the completion of a mandatory police check, capacity to complete their role and undertake induction training. Staff and volunteer described how they meet those requirements.

# 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

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of services. Consumers described how they have input about care and services provided. Management and staff described how consumer feedback received through formal and informal channels is used to influence the delivery of services. Consumers sampled stated that the service is run well, and they have various opportunities to engage with the organisation to provide feedback about the services. Management described, and documentation confirmed the various ways the service engages with consumers to inform the development and delivery of services. The service gathers feedback from consumers through discussions held at the service or via the suggestion box located within the Latvian service hall. This information is lodged on the feedback register to allow management to review and action items. The service undertakes surveys to capture feedback from its consumer cohort regarding programmed activities. Findings from this process are collated and summarised. The outcomes are analysed and recommendations for improvements are documented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery. The service has various methods to ensure the organisation is accountable for the safe and quality delivery of care and services. The organisation has a corporate governance framework which defines the roles and responsibility of the board including planning and leadership, policy development, finance management and staff management. Management described the governance structure, reporting process, and documentation confirmed how information is communicated to the governing body through monthly Board meetings. The organisation demonstrated effective reporting to the governing body to ensure the delivery of safe care and services. Monthly reports included information such as CHSP program updates, discussion about continuous improvements, training requirements and updates regarding aged care reforms. Management advised and documentation confirmed that the Board received training to remain update on aged care reforms. Multicultural Aged Care training informed the Board of Serious Incident Response Scheme (SIRS), code of conduct, review of aged care standards and banning orders.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information Management:*

Evidence analysed by the Assessment Team showed the service has effective policies which describe how consumers personal information is stored, accessed and protected. Management described how the organisation plans to transfer all its documentation to electronic form, however, currently remains predominantly paper based. Paper-based documentation is stored under lock and key, and information can only be accessed by staff. Volunteers have access to information if required for the purposes of their role.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed while the organisation does not have an ongoing continuous improvement plan, the organisation was able to demonstrate how improvements are informed by staff, consumer feedback and review of process for system improvements. The organisation could demonstrate that improvements were discussed and documented at staff meeting, and how improvements are escalated to inform the Board.

*Financial Governance:*

Management advised, and documentation confirmed, that the finances are reported to the Board every second month, and budgets are discussed and approved at the annual general meeting (AGM). The board consist of seven members, two of which are Certified Practising Accountants (CPA). Management advised, and documentation confirmed, that the organisation collects a CHSP fee contributions and supports consumers experiencing financial hardship by reducing or waiving fees as per information provided to consumers on induction.

*Workforce Governance:*

Evidence analysed by the Assessment Team showed the organisation has recruitment selection policy in place which guides the organisation to successfully screen and recruit a workforce that is able to deliver safe and quality care and services. There are effective systems and processes to monitor and ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Aged Care Quality Standards. Management described, and documentation confirmed that the organisation has engaged with a Human Resources consultant to conduct an internal review of the service.

*Regulatory compliance:*

Management advised there have not been any adverse findings by another regulatory agency or oversight body in the last 12 months. Consumers, staff and volunteer were notified of the upcoming audit. The organisation is subscribed to Aged Care Quality and Safety Commission newsletter, Department of Health and Aged Care and Multicultural Aged Care to ensure up to date monitoring of changes in regulations and requirements. Policies have been developed to include information regarding SIRS and the workforce has received relevant training. The organisation has effective systems to track mandatory requirements such as COVID-19 vaccinations, National police checks, drivers' licences, vehicle registration and insurances, first-aid and cardiopulmonary resuscitation certification, safe food handling and other training completions for staff and volunteers.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed while the organisation has not had any recent complaints, the service was able to demonstrate that is has effective processes to encourage and support consumer to provide feedback and complaints. The organisation has feedback and complaints policies and procedures which support the workforce to effectively manage and resolve complaints. The service uses information from consumer feedback to make service improvements including the implementation of art classes and review of effective program activities. – *End feedback and complaints heading*.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Management advised, and documentation confirmed, that the organisation developed an incident management policy specific to SIRS to guide staff on how to report. Sampled staff confirmed they were provided information to inform them of the new reform, and the Assessment Team viewed the training resources provided to the Board by Multicultural Aged Care.

Management advised, staff, volunteers and consumers confirmed that the organisation has had no recent incidents. The organisation was able to describe an effective incident management process, including reporting using an incident form and escalation to management and the Board. Management advised and documentation confirmed that staff receive information on elder abuse and neglect through SIRS training and the updated policy. The Assessment Team observed information displayed on the prevalence of elder abuse including contact details for external assistance. The service demonstrated how they document and communicate information about vulnerable consumers. Management advised and documentation confirmed that risks to consumers are identified during the initial assessment by the service and discussed ongoing at staff meetings. The monthly lunch care plan informs staff and volunteers on bus outings about consumer risks including allergies, mobility status and health conditions of concern.

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