Logan Central Meals on Wheels Inc.

Performance Report

9 Jacaranda Avenue   
WOODRIDGE QLD 4114  
Phone number: 07 3808 2312

**Commission ID:** 700501

**Provider name:** Logan Central Meals on Wheels Incorporated

**Quality Audit date:** 29 April 2022 to 4 May 2022

**Date of Performance Report:** 4 July 2022

# Performance report prepared by

G.McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Services included in this assessment

**CHSP:**

* CHSP - Meals, 4-7ZERSV2, 9 Jacaranda Avenue, WOODRIDGE QLD 4114

# Overall assessment of Service

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | CHSP | Not Compliant | | |
| Requirement 1(3)(a) | | CHSP | | | Compliant |
| Requirement 1(3)(b) | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | CHSP | | | Not Compliant |
| Requirement 1(3)(f) | | CHSP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | CHSP | Not Compliant | | |
| Requirement 2(3)(a) | CHSP | | Not Compliant | |
| Requirement 2(3)(b) | CHSP | | Not Compliant | |
| Requirement 2(3)(c) | CHSP | | Not Compliant | |
| Requirement 2(3)(d) | CHSP | | Not Compliant | |
| Requirement 2(3)(e) | CHSP | | Not Compliant | |
|  |
| Standard 3 Personal care and clinical care | | | CHSP | Not Applicable | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | CHSP | Not Compliant | |
| Requirement 4(3)(a) | CHSP | | Compliant |
| Requirement 4(3)(b) | CHSP | | Compliant |
| Requirement 4(3)(c) | CHSP | | Compliant |
| Requirement 4(3)(d) | CHSP | | Not Compliant |
| Requirement 4(3)(e) | CHSP | | Not Compliant |
| Requirement 4(3)(f) | CHSP | | Compliant |
| Requirement 4(3)(g) | CHSP | | Not Applicable |
| Standard 5 Organisation’s service environment | | | | |
|  | | CHSP | Not Applicable | |
| Standard 6 Feedback and complaints | | CHSP | Not Compliant | |
| Requirement 6(3)(a) | CHSP | | Not Compliant |
| Requirement 6(3)(b) | CHSP | | Not Compliant |
| Requirement 6(3)(c) | CHSP | | Not Compliant |
| Requirement 6(3)(d) | CHSP | | Not Compliant |
| Standard 7 Human resources | |  |  | |
| Requirement 7(3)(a) | CHSP | | Compliant |
| Requirement 7(3)(b) | CHSP | | Compliant |
| Requirement 7(3)(c) | CHSP | | Not Compliant |
| Requirement 7(3)(d) | CHSP | | Not Compliant |
| Requirement 7(3)(e) | CHSP | | Not Compliant |
| Standard 8 Organisational governance | | CHSP | Not Compliant | |
| Requirement 8(3)(a) | CHSP | | Compliant |
| Requirement 8(3)(b) | CHSP | | Not Compliant |
| Requirement 8(3)(c) | CHSP | | Not Compliant |
| Requirement 8(3)(d) | CHSP | | Not Compliant |
| Requirement 8(3)(e) | CHSP | | Not Applicable |

**Detailed assessment**

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 30 June 2022.

# STANDARD 1 Consumer dignity and choice

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers feel the consumer’s personal privacy is respected and their personal information is kept confidential.

The service demonstrated that care and services are culturally safe and that each consumer is supported to exercise choice and decisions about their care, including when others should be involved. Each consumer is supported to take risks to enable them to live the best life they can, and staff could describe the process and showed familiarity with choices consumers had made.

However, the service did not demonstrate that information is current, accurate and communicated clearly or in a timely manner, enabling consumers to exercise choice. The service could not demonstrate how they support consumers to understand information provided to enable them to understand their rights. The service does not provide consumers with the Charter of Aged Care Rights.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as one (1) of the six specific requirements have been assessed as Non-compliant.

**Assessment of Standard 1 Requirements**

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

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

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| --- | --- | --- |
| Requirement 1(3)(b) | CHSP | Compliant |
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### *Care and services are culturally safe.*

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | CHSP | Not Compliant |
|  |  |  |

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Findings

The service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly to enable consumers to exercise choice.

The service does not provide consumers with the Charter of Aged Care Rights. New and/or existing consumers have not been provided with a copy of the Charter signed by the provider, have not been assisted to understand the Charter and what it means for them and a record has not been kept. The service was in the process of actioning this deficiency which was identified by the Assessment Team.

Consumers and representatives are provided with the ‘Client and carers guide’ (handbook) which contains information about Meals on Wheels, meal delivery, payment options, managing meals safely and healthy eating. Consumers and representatives interviewed confirmed they receive verbal information from the service including meal and delivery options and the meal costs. However, the handbook is posted or handed to consumers and there was no evidence that the information in the handbook has been discussed with and/or explained to them, including those consumers with sensory impairment and/or comprehension or cognition issues, to ensure they understand the information.

A new version of the handbook, entitled ‘Client and Carers Guide 2022’, is currently being distributed to consumers.

In its response to these and others matters identified in the Quality Audit report the approved provider stated it is undertaking a complete review of its services policies, procedures and processes to ensure that all areas of concern listed be addressed to ensure compliance to the standards.

I acknowledge the actions taken by the approved provider but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service did not demonstrate that assessment and planning informs the delivery of safe and effective care and services or that risks to the consumer are considered and strategies to minimise the risks are identified and documented.

Assessment and planning did not consistently identify and address consumers’ current needs, goals and preferences. Consumer records did not set out strategies to guide staff in how to provide care tailored to the individual needs of the consumers and support their functional abilities.

A service-level assessment is not conducted for each consumer in order to inform the development of a care and services plan. An individualised care and services plan setting out the agreed care and services is not developed for each consumer and consumers are not provided with a copy of such a document.

The service could not demonstrate that formal reviews of each consumer’s needs is conducted regularly.

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

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | CHSP | Not Compliant |
|  |  |  |

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

Findings

Assessment and planning, including consideration of risks to the consumer’s health and wellbeing, does not inform the delivery of safe and effective care and services. A service-level assessment had not been conducted for each consumer, taking into account all relevant information. Key risks for each consumer were not consistently identified or assessed and strategies to manage those risks were not documented. Management, staff and volunteers relied upon their own knowledge of the consumer, however information was not documented on the consumer record.

The service does not have assessment and planning policy and procedures in place to ensure a consistent and effective approach to assessing each consumer’s needs, goals and preferences, including consideration of the risks to their health and wellbeing.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | CHSP | Not Compliant |
|  |  |  |

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

Findings

Assessment and planning did not consistently identify and address consumers’ current needs, goals and preferences. Consumer records did not set out strategies to guide staff in how to provide care tailored to the individual needs of the consumers and support their functional abilities. There was no evidence of a service-level assessment or detailed care and service plans in place for each consumer.

While consumers may request changes to their meal service, including preferences and delivery timeframes, the service does not initiate consultation with consumers to ensure each consumer’s current needs goals and preferences are reflected in ongoing assessment and planning.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | CHSP | Not Compliant |
|  |  |  |

*The organisation demonstrates that assessment and planning:*

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

Findings

The service did not demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer.

Consumers and representatives interviewed advised the service does not initiate contact with them and they call the service when they wish to make changes.

The service could not clearly identify those consumers where other service providers were involved in their care, for example which consumers were receiving a Home Care Package from another provider. The coordinator confirmed they do not initiate communication with other service providers to inform assessment and planning.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | CHSP | Not Compliant |
|  |  |  |

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

Findings

A service-level assessment is not conducted for each consumer to inform the development of a care and services plan setting out how the service will be provided to meet the individual consumer’s specific needs. Consumers, or their representatives, advised they do not receive a documented care and services plan.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | CHSP | Not Compliant |
|  |  |  |

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service did not demonstrate each consumer’s care and services are regularly reviewed for effectiveness or when there are changes in the consumer’s needs and circumstances.

Processes are not in place to ensure each consumer’s care and services are formally reviewed on a regular basis. While the service responds to information provided by consumers or their representatives or by volunteers regarding changes in the consumer’s needs and preferences, this is not actively sought on a regular basis. The service relied on the consumer to provide information on any changes in their needs as part of the consumer survey. The service did not initiate regular consultation with each consumer to review their needs and ascertain whether there are any changes in circumstances. Where incidents had occurred this did not trigger a review of the consumer’s needs and circumstances.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 3 Personal care and clinical care

# CHSP Not Applicable

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

# STANDARD 4 Services and supports for daily living

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers are satisfied with service they receive, which accommodates their needs and preferences and allows them to continue to maintain their health and wellbeing and supports their lifestyle choices.

The service demonstrated an understanding of what is important to individual consumers and how the provision of a flexible service supports the wellbeing of the consumer. The service also demonstrated that staff and volunteers have access to consumer information that helps them provide a meal service that respects the consumer’s choices.

Meals are of suitable quality and quantity and a variety of meals are provided. Consumers may choose the quantity of meals they require to meet their needs and preferences.

However, the service did not demonstrate timely and appropriate referrals for other care and services. While the service encourages consumers to seek additional services and supports to meet their emerging needs, they do not make referrals on their behalf. In addition, while the service demonstrated that staff and volunteers have access to consumer information that helps them provide a meal service that respects the consumer’s choices, it did not demonstrate they communicate with others where responsibility for care is shared.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as two of the six applicable requirements has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Not Compliant |
|  | CHSP |  |

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

Findings

The service demonstrated that staff and volunteers have access to consumer information that helps them provide a meal service that respects the consumer’s choices. However the service did not demonstrate they communicate with others where responsibility for care is shared. Consumer representatives advised the service does not initiate regular consultation with them regarding the consumer’s condition, needs and preferences. The service does not communicate with other service providers involved in the care of consumers and could not demonstrate they had identified where other providers are involved in the care of consumers. Volunteers stated that as they are on the same run each time, they get to know the consumers and rely on their knowledge gained through engagement with the consumer, however they agreed that if they are on a new run, they don’t have that information.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | CHSP | Not Compliant |
|  |  |  |

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

Findings

While the service encourages consumers to seek additional services and supports to meet their emerging needs, they do not make referrals on their behalf. The assessment and planning deficiencies identified under Standard 2 impact on the service’s capacity to meet this requirement, as assessment and planning is not effective in order to trigger referral to other services and supports.

I have noted the approved provider’s statement that it is addressing all areas of concern identified, and acknowledge its commitment to improvement, however I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

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

The organisation does not provide equipment therefore this requirement is Not Applicable.

# STANDARD 5 Organisation’s service environment

# CHSP Not Applicable

The organisation does not provide a physical service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service did not demonstrate it regularly seeks input and feedback from consumers and representatives or how it uses feedback and complaints to inform continuous improvements. While the service has a complaints management system, the system is not effective.

The service did not demonstrate consumers and representatives are aware of or are supported to access advocacy services, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options.

Complaints information reviewed did not show that complaints are promptly responded to and the service did not demonstrate how it monitors, reports and keeps improving its performance against this Standard.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as four of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | CHSP | Not Compliant |
|  |  |  |

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

Findings

Consumers, their representatives and others are not actively encouraged and supported by the service to provide feedback or make a complaint. The service did not demonstrate they make adequate information available on the ways feedback can be provided or complaints can be made. Most consumers and representatives could not recall receiving information on how to make a complaint, nor how to access advocacy services to help them raise and resolve complaints.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | CHSP | Not Compliant |
|  |  |  |

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

Findings

The service did not demonstrate that appropriate action is taken to ensure consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. This includes support to access alternative, external complaints handling options. This indicates consumers are not empowered to easily provide feedback or make a complaint.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | CHSP | Not Compliant |
|  |  |  |

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

Findings

The service did not demonstrate appropriate action is taken in response to complaints or that an open disclosure process is used when things go wrong. Complaints information reviewed did not show that complaints are promptly responded to and the service did not demonstrate how it monitors, reports and keeps improving its performance against this requirement.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP | Not Compliant |
|  |  |  |

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

Findings

#### The service did not demonstrate that complaints and feedback received are effectively captured, reviewed and analysed or used to improve the quality of care and services. The complaints management system is not effective in documenting all feedback and complaints from consumers and representatives and as a result the feedback and/or complaints are not reviewed.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 7 Human resources

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

While consumers and representatives interviewed confirmed and described in various ways, that staff and volunteers behave in a kind, caring and respectful way; the service did not demonstrate all members of the workforce have the knowledge they need for their role in the management and delivery of services to aged care consumers. The service has effective recruitment processes in place, however does not demonstrate the workforce receives ongoing training and professional development to deliver the outcomes required by the Quality Standards. There is no regular assessment, monitoring or review of the performance of each member of the workforce.

The service demonstrated the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality services. Feedback from consumers and representatives demonstrated the workforce is sufficient and consumers get services when they need them. The service also demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | CHSP | Not Compliant |
|  |  |  |

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

Findings

While consumers and representatives said they have confidence in the workforce, and staff and volunteers described how they work within their skills, qualifications and knowledge base; management did not demonstrate they know their responsibilities and accountabilities required for their roles. Systems and processes are not effective in ensuring all members of the workforce have the qualifications and knowledge they need for their role in the management and delivery of services to aged care consumers.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | CHSP | Not Compliant |
|  |  |  |

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

Findings

The service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. The service does not have a training schedule in place or a program of mandatory or recommended training for management, staff and volunteers. Processes are not effective in ensuring the workforce receives the ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering services to aged care consumers.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | CHSP | Not Compliant |
|  |  |  |

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

Findings

While consumers and representatives said they are satisfied the workforce providing their meal delivery service perform their roles well, the service did not demonstrate an effective system in place to regularly evaluate how management, staff and volunteers are performing their role. Regular assessment, monitoring and review of the workforce does not occur.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service did not demonstrate it understands and applies all requirements within the Quality Standards. The Assessment Team spoke with management, staff and volunteers, and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services, as assessed through other Standards.

While consumers are engaged in the development, delivery and evaluation of their services, the governing body did not demonstrate how it promotes a culture of safe, inclusive, quality care or is accountable for managing and governing all aspects of care and services. Governance systems relating to information systems, continuous improvement, workforce governance and feedback and complaints were not seen as effective.

Effective risk management systems were not in place. Key risks associated with the care of the consumers were not adequately identified and addressed through assessment and care planning processes.

The Quality Standard for the Commonwealth home support programme service is assessed as Non-compliant as three of the four applicable requirements have been assessed as Non-compliant.

## Assessment of Standard 8

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

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

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

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

The management committee did not demonstrate it promotes a culture of safe, quality care and services and is accountable for the delivery. While the management committee receives information about the operation of the service, there was no evidence the committee asks for or receives information about the performance of the service and continuous improvement to meet the Quality Standards.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints. No issues were identified in relation to financial governance

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

Findings

The service did not demonstrate effective risk management systems and processes that help them identify and respond to risks to the health, safety and well-being of consumers. Key risks associated with the care of the consumers were not adequately identified, addressed or monitored through assessment and care planning processes to help consumers live the best life they can. The service does not trend or analyse incidents, to drive continuous improvement to prevent similar incidents occurring in the future.

I acknowledge the approved provider’s plans to address the issues identified but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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| Requirement 8(3)(e) | CHSP | Not Applicable |
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*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.*

The organisation does not provide clinical care therefore this requirement is Not Applicable.

# Areas for improvement

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| Requirement 1(3)(e) | CHSP |  |
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*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.*

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| Requirement 2(3)(a) | CHSP |  |
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*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.*

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| Requirement 2(3)(b) | CHSP |  |
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*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.*

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| Requirement 2(3)(c) | CHSP |  |
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*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.*

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| Requirement 2(3)(d) | CHSP |  |
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*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.*

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| Requirement 2(3)(e) | CHSP |  |
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*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.*

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| --- | --- | --- |
| Requirement 4(3)(d) |  |  |
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*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) |  |  |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 6(3)(a) |  |  |
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*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) |  |  |
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*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

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| Requirement 7(3)(c) |  |  |
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*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | CHSP |  |
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*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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

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| 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.*

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| 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.*

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| 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.*