**Performance**

**Report**

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| Name: | Maltese Meals and Community Service - CHELTENHAM |
| Commission ID: | 600176 |
| Address: | Cheltenham Community Centre, 62 Stroud Street North, CHELTENHAM, South Australia, 5014 |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2024 to 4 March 2024 |
| Performance report date: | 5 April 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7799 Maltese Aged Care Association (SA) Incorporated  
Service: 24850 Maltese Aged Care Association (SA) Incorporated - Care Relationships and Carer Support  
Service: 24849 Maltese Aged Care Association (SA) Incorporated - Community and Home Support

**This performance report**

This performance report for Maltese Meals and Community Service - CHELTENHAM (**the service**) has been prepared by J Renna, 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.

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

The provider did not submit a response to the Quality Audit report.

# 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

Standard 6, Requirement (3)(d)

* Ensure a best practice system to manage feedback and complaints is implemented and used, to ensure analysis can be conducted on the information and trends and issues can be reported to the governing body for consideration.

Standard 7, Requirements (3)(d) and (3)(e)

* Ensure the workforce is provided with relevant training addressing the Quality Standards.
* Ensure a documented, regular staff performance appraisal process is implemented to provide opportunities to identify additional support and training requirements of the workforce.

Standard 8, Requirement (3)(c)

* Ensure policies and procedures are updated to reflect current needs and expectations.
* Ensure the governing body is kept informed of policy and procedure updates.
* Ensure all care plans are reviewed following a change to a consumer’s circumstances.
* Ensure all feedback and complaints are recorded in a centralised system to allow for analysis and review of actions taken to address the issues raised and improve results for consumers.
* Ensure the governing body is informed of feedback and complaint trends and analysis.
* Ensure a documented, regular staff performance appraisal process is implemented to provide opportunities to identify additional support and training requirements of the workforce.
* Ensure the workforce is provided with relevant training addressing 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

Consumers and representatives described how consumers are treated with dignity and respect and confirmed the service recognises and values each consumer’s identify, culture and diversity. Staff, volunteers and management spoke respectfully about consumers and demonstrated a kind, caring and respectful culture within the organisation with consumers. Staff were observed treating consumers with dignity and respect, ensuring consumers understood the information shared.

Consumers and representatives advised staff know the consumer’s background, understand the consumer’s needs and preferences and the consumer feels respected, valued and safe. Staff and volunteers advised management provides ongoing support and information relating to each consumer’s cultural needs. Management advised the service maintains ongoing discussions with staff and volunteers in relation to cultural safety. Documentation showed information about each consumer’s culture, history, religion and language is collected and recorded during assessment processes.

Consumers and/or representatives confirmed the service involves consumers in making decisions about services and they stated the service supports consumer choice and independence. Staff stated, and documentation confirmed, the service provides information to consumers to enable consumer choice. Management explained, and documentation confirmed, decisions about services and who is involved is completed in partnership with consumers and/or their representatives.

Consumers confirmed the service supports them to do things they want to do to maintain their independence, safety and live their best life. Staff and volunteers described how they support consumers do the things they want safely. Management described how the service balances duty of care with supported risk taking in group services. Documentation showed the service uses risk mitigation strategies, with risks discussed with consumers and/or their representatives. Although management acknowledged consumer risk and mitigation strategies are not consistently captured, the service is in the process of developing a clear policy and procedure along with a dignity of risk form.

Consumers advised the service communicates effectively and in a way they can understand. Staff and volunteers described how they provide information both verbally and in writing to consumers. Management advised the service provides translated documents into a consumer’s preferred language when required. Documentation showed the service has advocacy brochures available in various languages.

Consumers stated the service staff are respectful of consumer privacy and personal information. Staff advised information about consumers is kept out of view from other consumers and the public to ensure the information is kept private and confidential. Management advised, and staff confirmed, consumer information is provided to staff and volunteers through informal meetings and staff have access to consumer information through an electronic file management system which is password protected. Documentation showed the service has policies and procedures to guide staff and volunteers on privacy requirements and the sharing of consumer information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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

Consumers and representatives confirmed staff discuss services required with consumers when they commence services and on an ongoing basis, including consideration of risk. Management described how the service communicates consumer risks to provider of brokered services and how they ensure risks are minimised in the delivery of services. Documentation showed the service was due to implement improvements for care plans to consistently capture consumer risks and mitigation strategies by the end of March 2024.

Consumers and representatives confirmed the consumer’s needs, goals and preferences were discussed with them and these discussions inform the provision of current care and services. Management described how consumers’ needs, goals and preferences are assessed at commencement of services and on an ongoing basis, and these discussions includes consideration of advance care directives. Documentation showed consumer needs, goals and preferences are discussed and documented.

Consumers and representatives said they are involved in planning and making decisions about the consumer’s services. Management described how consumers, their representatives and other organisations are involved in assessment and planning of services. Documentation showed assessment and planning is conducted in partnership with the consumer and others they wish to be involved.

Consumers and representatives confirmed they received a copy of the consumer’s care plan, and the care plan was explained to them. Staff from brokered services said service management provides them with specific consumer information to ensure provision of safe services. Management described how outcomes from assessment and planning are documented in the service’s electronic system and provided to consumers. Documentation showed outcomes of assessment and planning are communicated to those who need to know.

Consumers and representatives confirmed each consumer’s services are reviewed regularly and as required. Management said review dates are recorded and monitored in the electronic system, and reviews are completed annually or as required when circumstances changed. Care planning documentation showed consumer services had been reviewed as per the service’s process, including when the consumer’s health had declined, or their service needs had changed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# 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 service does not provide personal or clinical care for consumers. Therefore Standard 3 is not applicable and was not assessed.

# 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. | Compliant |

Findings

Consumers and representatives advised the service provides safe and effective services that optimise the consumer’s independence and quality of life. Staff and management described how consumers have choice in the services they receive, and management described how the service adapts services according to the consumer’s needs and preferences. Documentation showed the service identifies what is important to the consumer, including their goals and preferences for daily living.

Consumers and representatives expressed confidence staff know the consumer well and would recognise if they were feeling low and would respond appropriately. Staff and volunteers described how they recognise and respond to changes in individual consumer’s emotional and psychological well-being. Management described strategies to support consumers emotionally, spiritually and psychologically. Documentation showed information about consumer emotional well-being, changes in behaviours, mood and overall health are recorded.

Consumers and representatives confirmed the service enables consumers to do things of interest to them and to maintain social relationships, such as participating in group bus trips. Staff and management demonstrated services provided to consumers encourage and enhance the consumer’s independence, and described how consumers can choose the structure of their services to do the things of interest to them.

Consumers and representatives said volunteers, office-based support staff and management are aware of the consumer’s needs and preferences even when they change. Consumers confirmed they had provided consent during the admission process to authorise sharing of personal information both within the service and with other professionals where responsibility for care is shared. Staff and management described ongoing communication with consumers and/or their representatives and with subcontracted service providers. Documentation showed relevant consumer information is shared with brokered services.

Consumers and representatives stated they were aware the service can assist with referrals for additional services. Management and staff were familiar with how to make referrals to seek additional support services for consumers. Documentation showed the consumer welcome pack includes information from My Aged Care about assistance with the provision of relevant services.

Consumers stated they enjoy the meals provided, with sufficient variety and suitable quality and quantity from which to choose. Management stated they ensure suitable options are available to meet the cultural needs, dietary requirements and preferences of consumers. Documentation showed dietary requirements are recorded for consumers and updated menus are provided to consumers seasonally.

Consumers said the vehicles used for transportation are safe, clean and well maintained, with each access and egress. Management at brokered services said they regularly implement measures to ensure the vehicles are safe, suitable, clean and well maintained, with regular cleaning and servicing arrangements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# 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

Consumers confirmed the service environment is welcoming, easy to understand and navigate and it optimises their sense of belonging, independence and interaction. Staff and management said the service is inclusive to all consumers, regardless of physical or cognitive abilities. The service environment where meals are provided was observed to be located close to the kitchen and service entrance, providing easy access for consumers.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of the service environment. Staff described how the service environment is cleaned regularly and the outside environment is regularly maintained. Staff described how to report maintenance issues if required. Management stated all preventative and reactive maintenance is managed by the owner of the premises. The service environment has a ramp to enable easy access and egress for consumers.

Consumers confirmed furniture, fittings and equipment are clean and well maintained. Staff confirmed there is a cleaning process after use of shared equipment. Management said maintenance on furniture, fittings and equipment is completed by the owner of the premises. Fire safety equipment was observed to be in date.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s 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. | 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. | Not Compliant |

Findings

Requirement 6(3)(d)

The Assessment Team was not satisfied the service reviews and uses feedback and complaints to improve the quality of care and services, as staff and management could not describe how the service uses consumer feedback and complaints received. The Assessment Team provided the following evidence relevant to my finding:

* Management did not provide evidence of how complaints are escalated or referred within the service to drive change and improve the consumer services. Management stated:
* Feedback is not consistently documented because consumers prefer verbal communication.
* There is no process to capture feedback and complaints, actions or outcomes taken by the service.
* Feedback and complaints are not consistently trended or discussed at governing body meetings.
* Documentation showed feedback and complaints are not documented and discussed at the governing body meetings.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to have a best practice system to manage feedback and complaints and use this system to improve how care and services are delivered. It is also expected the service uses information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints. I find this is not occurring, as management confirmed there is no process to capture feedback and complaints, actions or outcomes taken by the service and feedback and complaints is not consistently discussed at governing body level.

I have placed weight on the lack of a process to capture feedback and complaints, actions and outcomes and management’s acknowledgement of this deficiency.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

Requirements 6(3)(a), 6(3)(b), 6(3)(c)

Consumers confirmed they were provided with written information about feedback and complaints processes, and they confirmed they know how to contact the service to provide feedback, preferring to call the service rather than use the written feedback form. Staff stated they seek feedback from consumers about social group outings during each outing. Staff and management advised the service provides an opportunity for additional feedback from consumers through the reassessment process. Documentation showed the service encourages feedback from consumers and representatives through feedback forms, reassessments and newsletters.

Consumers and representatives stated they would speak with staff over the telephone if they had a concern. Staff advised they are aware of translating and interpreting services and external complaints mechanisms. Management advised the service has not been required to provide translating services but, are aware of these services. Documentation showed consumers are provided with a rights and responsibilities brochure which includes information about external complaints mechanisms, advocacy services and language assistance services.

Consumers and representatives stated the service acted on feedback provided. While management described how consumer feedback is acknowledged and addressed, documentation showed complaints, appropriate actions, and outcomes were not consistently recorded. Documentation showed feedback recorded on consumer records as well as a feedback folder with feedback forms gathered from consumer reassessments and documented verbal consumer feedback. Management advised outcomes of complaints are added to the consumer’s electronic file. However, this information is not collectively documented on a central register. Management acknowledged this was an area for improvement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 6, Feedback and complaints.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Requirement 7(3)(d)

The Assessment Team was not satisfied the service ensures adequate education and training relevant to the Quality Standards is provided to the workforce. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the service provides regular mandatory training relevant to food safety and manual handling and uses informal team gatherings to provide additional information to staff and volunteers. However, the service does not provide formal education relevant to the Quality Standards.
* Staff and volunteers confirmed they received induction training and buddy shifts where required. However, they advised they had not been provided formal education or training in relation to dignity of risk, abuse and neglect, cultural safety, the Serious Incident Response Scheme, consumer choice and independence, feedback and complaints, open disclosure, or elder abuse.
* Staff and volunteers advised the importance of reporting and consumer choice was emphasised by management during team discussions.
* Management advised, and documentation confirmed, the service ensures staff and volunteers complete mandatory training on food safety, infection control, chemical safety, work health and safety, and manual handling.
* Management acknowledged the lack of formal training in additional areas and stated the service’s plan for continuous improvement would be updated to address this deficit.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects workforce induction to prepare members of the workforce for their role. The organisation needs to make sure members of the workforce are supported, skilled and ready to carry out their roles, with ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities. I find this is not occurring as staff are not given training on various topics relevant to the Quality Standards.

I acknowledge staff are provided with mandatory training on food safety, infection control, chemical safety, work health and safety, and manual handling. However, staff are not provided training on additional areas relevant to the Quality Standards, including dignity of risk, abuse and neglect, cultural safety, the Serious Incident Response Scheme, consumer choice and independence, feedback and complaints, open disclosure, or elder abuse.

I have placed weight on management acknowledging the lack of formal training in additional areas relevant to the Quality Standards and management advising the Assessment Team this would be addressed as a continuous improvement action.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 7, Human resources.

Requirement 7(3)(e)

The Assessment Team was not satisfied the service regularly assesses, monitors and reviews the performance of the workforce, as, although the service monitors the workforce informally, the service does not have a formal process for performance review. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the service does not have a formal process for conducting performance reviews. However, management advised informal ongoing monitoring of the workforce occurs through consumer feedback and ongoing communication, although communication is not documented.
* Management advised when performance issues are identified, the service approaches the issue as coaching and communication with the workforce member concerned.
* Management stated expectations about staff and volunteer performance is communicated through the code of conduct, position descriptions and the employee handbook.
* While staff said they had not had any formal documented performance appraisals, they said they speak with management regularly informally in relation to performance matters. Staff and volunteers said they feel supported by management.
* Management acknowledged the service does not have appropriate monitoring and review of staff and volunteer processes in place. Although management acknowledging the deficit, management did not indicate how the service would address this deficit.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects all members of the workforce to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training and development they need. Performance reviews can also support continuous improvement and development of the members of the workforce. I find this is not occurring, as the service could not evidence regular performance assessment and monitoring of its workforce.

I acknowledge staff, volunteers and management stated ongoing informal performance discussions occur. However, there was no evidence to show how these informal discussions are documented and used to identify additional support and training needs for the workforce or to review duties and responsibilities and maintain the workforce’s overall ability to provide safe and quality services.

I have placed weight on management acknowledging the lack of formalised performance monitoring and review processes.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 7, Human resources.

Requirements 7(3)(a), 7(3)(b) and 7(3)(c)

Consumers confirmed staff always arrive on time for the scheduled services and the staff have time to provide quality services. Management described how the service maintains a stable, flexible workforce, with an ongoing item on the service’s plan for continuous improvement for ongoing volunteer uptake. Documentation showed the service has ongoing volunteer uptake processes.

Consumers provided positive feedback regarding the kind and caring nature of volunteers and staff. Management describe how they recruit staff and volunteers, requiring them to have a caring and compassionate nature to meet the needs of the consumers. Staff and management were observed speaking of and to consumers in a kind, caring and respectful manner.

Consumer advised they are confident in the skills of the staff and volunteers and their ability to deliver services. Staff and volunteers described how they are supported to become competent in their roles through observational partnered shifts and on the job training. Management explained, and documentation confirmed, the service has job descriptions which clearly outline workforce skills, experience and qualifications required for each role. Management advised, and documentation confirmed, staff and volunteers receive training and have mandatory requirements specific to their role.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 7, Human resources.

# 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. | Not 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

Requirement 8(3)(c)

The Assessment Team was not satisfied the service demonstrated effective organisation wide governance systems in relation to information management, feedback and complaints and workforce governance. The Assessment Team was satisfied the service demonstrated effective organisation wide governance systems in relation to continuous improvement, financial governance and regulatory compliance. The Assessment Team provided the following evidence relevant to my finding:

* Information management
* Documentation showed the organisation’s policies and procedures had not been reviewed for between 3 to 5 years.
* Staff had not been engaged in which policies and procedures were current or out of date.
* Governing body meeting minutes did not demonstrate issues relating to outdated policies and procedures had been discussed.
* Documentation showed not all care plans had been reviewed following a change to consumer circumstances, although mechanisms had been implemented to accommodate changes to consumer circumstances.
* Feedback and complaints
* Documentation confirmed feedback and complaints are not discussed as standing agenda items at the governing body meetings, with the governing body not having oversight of the number of feedback and complaints received, issues identified, how many are resolved or open or any associated trends that may require the governing body’s consideration or intervention.
* Management has included feedback and complaints as a discussion point in the manager’s report which is discussed at the governing body meetings. This was reflected in the plan for continuous improvement, with the action to be completed by March 2024.
* Workforce governance
* Management was unable to provide documentation to show staff performance appraisals are regularly conducted despite management and staff stating informal performance reviews take place.
* Management was unable to demonstrate staff had received all training relevant to their roles and the Quality Standards.
* Continuous improvement
* Documentation showed the service has a current plan for continuous improvement with actions relevant to all Quality Standards.
* Management advised the plan for continuous improvement is monitored by the service manager who provides quarterly progress updates to the governing body.
* Financial governance
* Management explained, and documentation showed, a finance report is prepared and presented at each governing body meeting for consideration by the governing body.
* Regulatory compliance
* Management and support staff described reporting requirements and described how they would report an incident.
* Management stated they identify changes to legislation and CHSP guidelines through various means, including attending multicultural aged care meetings, online forums and conferences delivered by My Aged Care and the Commission. Documentation confirmed this information is included in the manager’s report to the governing body.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to information management, feedback and complaints and workforce governance.

I have considered the intent of this Requirement, which expects organisations to have effective organisation wide governance systems. I find this is not occurring in relation to information management, feedback and complaints and workforce governance. With outdated policies and procedures, the workforce is not fully supported to provide expected services. Without a documented feedback and complaints system, the service is not able to trend and analyse feedback and complaints and consider improvements to service delivery and keep the governing body informed of concerns. Without a formalised performance appraisal process, the service is not able to identify additional training and support for staff to ensure safe and quality services are provided.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b) and 8(3)(d)

Consumers and representatives stated the service is well run and they have an opportunity to regularly engage with the service through communication with staff and the feedback processes. Management and staff described how they engage with consumers to gather feedback and suggestions across a range of service topics. Management provided examples of improvements made to service delivery based on consumer feedback. Documentation showed improvements made to services following feedback from consumers.

The governing body consists of 7 members and the members meet regularly to discuss organisational matters. Governing body members have relevant backgrounds and skills to perform their duties. The governing body considers financial information as well as incident data and work, health and safety concerns. The service manager shares updates from the governing body with the workforce.

Staff and volunteers were aware of their requirement to notify management or administration staff in the event of a consumer incident, emergency or if they suspected potential abuse or neglect of a consumer. Management and administration staff were knowledgeable of the Serious Incident Response Scheme process. Documentation showed the service’s electronic system has capacity to capture serious incidents. The workforce was knowledgeable about strategies and interventions in place to prevent high-impact or high prevalence risks to consumers. Management and staff described how they deliver individualised services to support consumers to access the community and maintain social interactions. Documentation showed there is a risk management policy and procedure in place, along with an incident, accident, reporting and investigation policy and procedure. While an incident management system is in place, the service does not maintain an incident register providing an overview of all incidents. However, management advised incident details would be included in information presented to the governing body.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 8, Organisational governance.

Requirement (3)(e)

This Requirement was not assessed, as the service does not provide clinical care for consumers. This Requirement is not applicable for the service.

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)