**Performance**

**Report**

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| Name: | Maribyrnong City Council - In and Out of Home Respite |
| Commission ID: | 300230 |
| Address: | Cnr Hyde & Napier Streets, FOOTSCRAY, Victoria, 3011 |
| Activity type: | Quality Audit |
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| Performance report date: | 13 March 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: 8193 Maribyrnong City Council  
Service: 24778 Maribyrnong City Council - Care Relationships and Carer Support  
Service: 25871 Maribyrnong City Council - Community and Home Support

**This performance report**

This performance report for Maribyrnong City Council - In and Out of Home Respite (**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, 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 | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **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 1 Requirement (3)(e)

* Ensure information is provided to all consumers in a way that is easy for them to understand.
* Ensure all consumers are provided with relevant information to enable them to exercise choice.

Standard 2 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)

* Ensure assessment and planning, including consideration of risks to the consumer’s health and well-being, occurs for all consumers and care plans are created for each consumer. Ensure risks are recorded on care plans, including allergies.
* Ensure assessment and planning identifies current needs, goals and preferences (including advance care planning and end of life planning where the consumer wishes to discuss) for all consumers and care plans are up to date with current needs, goals and preferences.
* Ensure assessment and planning processes involve the consumer and those whom they wish to be involved.
* Ensure all consumers are offered a copy of their care plan including outcomes of assessment and planning processes.
* Ensure outcomes of assessment and planning processes are available where care and services are provided.
* Ensure all consumers have their care and services reviewed at least annually and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Standard 6, Requirements (3)(a) and (3)(b)

* Ensure all consumers are provided with information to support and encourage them to provide feedback and make complaints.
* Ensure all consumers are provided with information about how to access advocacy services and language services and other mechanisms for raising and resolving complaints.

Standard 8, Requirement (3)(d)

* Ensure there are systems in place to manage assessment and planning processes for all consumers, including identification, recording and management of risks.
* Ensure consumer risk is considered in the organisation risk management processes.
* Ensure incidents are managed and prevented with the use of an incident management system.
* Ensure staff are provided training in risk management, incident management, and how to identify and respond to abuse and neglect of consumers.

# 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement (3)(e)

The Assessment Team was not satisfied the service demonstrated all relevant information is provided to consumers consistently across the various programs offered by the service, with information not always current, accurate or timely. The Assessment Team provided the following evidence relevant to my finding:

* Although consumers indicated they have access to the information they need and can make decisions about their services based on the information provided, consumers and representatives could not recall being provided with an information pack.
* Staff described how they communicate information to consumers, including consumers with memory loss or language barriers.
* Staff said information packs are not provided to consumers to inform them of feedback processes or other programs available. However, the meal service consumers receive updated menus regularly.
* During the first contact point, social support program consumers receive information about the Charter of Aged Care Rights, feedback and communication, and My Aged Care information about how to access services. This information is not provided for the meal delivery service program.
* Although organisational guidance is in place which states the service programs distribute information including the Charter of Aged Care Rights to consumers, this is not occurring consistently across all the programs.
* Management stated the service had identified these inconsistencies and have included improvements in processes as a priority within the service’s continuous improvement plan.

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 acknowledge consumers indicated they have access to the information they need and can make decisions about their services based on the information provided. However, the service is not providing all relevant information to all consumers. There is a risk of consumers not having appropriate information on which to make choices.

I have placed weight on staff confirming information packs are not provided to consumers and management acknowledging the deficit.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f)

Consumers and representatives confirmed consumers are treated with respect and valued by staff and management at the service. Staff described how they treat consumers with dignity and respect. Although documentation does not always identify each consumer’s culture, identity and diversity, staff described how they treat each consumer with dignity and respect.

Consumers and representatives confirmed staff understand the consumer’s cultural needs and preferences and the consumers feel supported and safe when receiving care and services. Staff demonstrated familiarity with the cultural backgrounds of individual consumers. Management explained how staff can access translating and interpreter services when required.

Consumers and representatives confirmed consumers make decisions about their own care, can talk to staff about their decisions and can involved others in the decision making if they choose. Staff described how they support consumers to make choices. Although an individual support plan is not used consistently across the programs, documentation does identify each consumer’s social supports, relationships of importance and the level of involvement family and friends have in the care of the consumer.

Consumers and representatives described how consumers are supported to take risks and life their best life. Staff described how they identify potential risks and described support and assistance measures used to ensure consumers are as safe as possible and supported to take risks. Management and staff demonstrated awareness of consumer rights to take risks and their responsibility to safely support consumers to do so.

Consumers and representatives expressed satisfaction with how the service handles the consumer’s personal information and ensures privacy and confidentiality is maintained. Staff described how they protect consumer privacy and confidentiality, including only sharing information with the consumer, nominated representative and relevant staff. Documentation showed consumer information is maintained confidentially.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) 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. | Not 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as assessment and planning, including consideration of risks to consumers’ health and well-being, is not consistently occurring across all programs provided by the service. The Assessment Team provided the following evidence relevant to my finding:

* While consumers and representatives could not recall seeing a service plan, they expressed satisfaction with the service assessment and planning processes.
* The Assessment Team sighted service plans for social support group consumers, which included information about risks and strategies implemented to manage the risks. However, this was not demonstrated for the meals and maintenance service programs consumers, with no service level assessments occurring. Consumer files for meals and maintenance service programs did not include consideration of consumer risks associated with allergies, falls, pain or swallowing deficits.
* Staff stated they consider risks such as the consumer’s living environment. However, the service did not demonstrate these risks are assessed consistently.
* Management stated the service is aware of inconsistencies across the programs and has included improvement strategies in the service’s continuous improvement plan, with the current electronic care management system identified as a barrier to the assessment and planning process.

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.

This Requirement expects organisations to assess risks to a consumer’s safety, health and well-being, discuss them with the consumer, and include them in planning the consumer’s care. This supports consumers to get the best possible care and services, and ensure their safety, health and well-being aren’t compromised. I find this did not occur, as sampled care files identified assessment and planning is not occurring for all consumers.

I acknowledge some consumers expressed satisfaction with assessment and planning processes. However, the service is not consistently undertaking assessment and planning processes for all consumers under all service programs.

I acknowledge management is addressing the deficit. However, at the time of this decision, improvements have not been implemented and embedded to ensure assessment and planning, including the consideration of risks, is occurring for all consumers under each service program.

I have placed weight on management acknowledging the deficit.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied assessment and planning identifies and addresses the consumer’s needs, goals and preferences, including advance care planning and end of life planning for all programs conducted by the service. The Assessment Team provided the following evidence to support their assessment:

* Consumers and representatives confirmed care has been planned around what is important to the consumer. However, no consumers recalled having discussions about advance care planning.
* Staff described what is important to each consumer, including their needs and preferences for care.
* Documentation for social support group consumers included each consumer’s goals and preferences. The meals and maintenance support programs use a ‘running sheet’ which identifies each consumer’s preferences. For example:
* One meals program consumer confirmed they preferred different meals over the summer months. The consumer confirmed the preference was actioned appropriately and promptly by the meal service team. The service’s meal running sheet demonstrated the information about these changes were documented to guide staff.
* Documentation showed inconsistent assessment processes across the programs provided by the service. The service currently uses information obtained and transferred from the My Aged Care portal to form a service plan for consumers. However, there is no consistent assessment process embedded into service level documentation or staff practices. Social support group consumer files showed assessment and planning processes are used. However, for consumers of the meals and maintenance programs, there was no evidence of service level assessment processes being used.
* Management stated the service is working to improve the service’s processes for assessment and planning.

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.

This Requirement expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect the consumer’s personal preferences. I find this did not occur, as although the service demonstrated documentation which identified consumer preferences, there was inconsistent approaches to assessment and planning to identify needs and goals for all consumers.

I have considered that while consumers could not recall discussion about advanced care planning, there was no evidence demonstrating staff could not guide consumers where to find this information if requested.

I acknowledge the service evidenced documentation to guide staff, with social support group documentation including each consumer’s specific goals and preferences and ‘running sheet’ information which included individual consumer’s current preferences. However, I have placed weight on the inconsistent assessment and planning processes across the service programs to identify each consumer’s goals and preferences.

I acknowledge management is working to improve the service’s processes in relation to assessment and planning. However, at the time of this decision, improvements have not been implemented and embedded to ensure assessment and planning, including advance care planning and end of life planning if the consumer wishes, is occurring for all consumers under each service program.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as they were not satisfied assessment and planning is consistently occurring across all programs. The Assessment Team provided the following evidence to support their assessment:

* Consumers and representatives confirmed the service involves the consumer and representatives in conversations about the consumer’s individual services.
* Staff described how they work in partnership with consumers, representatives and other individuals and organisations according to their roles.
* Documentation did not evidence assessment or planning processes in place.
* Management stated lack of assessment and planning processes had been identified as a deficit and there are plans in place to manage this deficit. Management acknowledged inconsistencies with the service program processes.

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.

This Requirement expects organisations carry out ongoing assessment and planning with the consumer, their representatives and others who the consumer wants involved in assessment and planning of their care and services. I find this did not occur, as although consumers and representatives confirmed they are involved in conversations about individual services, the service does not have consistent processes to undertake assessment and planning.

I have placed weight on management acknowledging inconsistencies in assessment and planning processes and documentation not evidencing assessment and planning processes in place.

I acknowledge management has plans to improve assessment and planning processes. However, at the time of this decision, improvements have not been implemented and embedded to ensure assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve in assessment and planning and with other organisations and individuals involved in the care of the consumer.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied outcomes of assessment and planning are consistently communicated to the consumer and documented in a care and services plan. The Assessment Team provided the following evidence to support their assessment:

* Consumers stated they had not seen a care or support plan.
* Documentation showed not all consumers had care plans or support plans to inform care and services. Consumers receiving meals, maintenance or home modification services are not provided with a support plan which identifies the consumer’s goals and needs.
* Management stated not providing care plans to consumers was identified as a deficit and the service is developing new systems and processes to manage 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.

This Requirement expects organisations document care and services plans which reflect the outcomes of assessment and planning for each consumer and make these plans available to consumers. Relevant risks to a consumer’s safety, health and well-being need to be documented to make sure the consumer’s safety is not compromised. I find this did not occur, as consumers stated they had not seen a care or support plan and documentation showed not all consumers have care plans or support plans in place to inform the care and services provided.

I have placed weight on consumers stating they have not seen a care or support plan and management acknowledging this deficit.

I acknowledge management has plans to improve assessment and planning processes. However, at the time of this decision, improvements have not been implemented and embedded to ensure outcomes of assessment and planning are documented and effectively communicated to the consumer.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team assessed this Requirement not met, as they were not satisfied care and services are reviewed for effectiveness when a consumer’s circumstances change or when incidents impact on the consumer’s needs, goals and preferences. The Assessment Team provided the following evidence to support their assessment:

* Consumers and representatives confirmed communication about consumer care and services occurs, including when consumer needs and conditions change.
* Staff described how assessment and planning is managed inconsistently across the programs within the service, with staff expressing concerns that the electronic care management system does not meet the service’s needs.
* Although the service conducts assessments and reviews of consumers using the social support program when consumer condition changes, documentation did not demonstrate that care and services are formally reviewed at least annually or if needs change.
* Documentation showed care and services for consumers of the meal service are not reviewed regularly or when a consumer’s condition changes.
* Documentation showed social support consumers’ care plans are reviewed when consumer conditions change.
* Management stated lack of regular reviews and lack of reviews based on changed conditions for some consumers was identified as a deficit and the service is developing new systems and processes to manage 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.

This Requirement expects organisations regularly review the care and services they provide for consumers, with all care and services plans to include an agreed review date and reviews are to occur when a consumer’s condition changes, situations change, or incidents or accidents happen. I find this did not occur, as there was evidence of consumers’ conditions changing and the service not reviewing the consumers. The service does not schedule regular reviews for all consumers and does not review all consumers when a change occurs.

I have placed weight on documentation showing review process inconsistencies across programs, staff describing inconsistencies and management acknowledging this deficit.

I acknowledge management has plans to improve assessment and planning processes. However, at the time of this decision, improvements have not been implemented and embedded to ensure reviews occur at least annually or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# 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. | Not Applicable |

Findings

Consumers and representatives confirmed consumers receive services and supports for daily living which enhance the consumer’s well-being and quality of life. Staff demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into the services delivered. Documentation, although inconsistent across programs, showed relevant information to guide staff to maintain a consumer’s well-being, quality of life and independence.

Consumers and representatives expressed satisfaction with services and supports to promote the consumer’s well-being. Staff described strategies used to promote psychological and emotional well-being when providing services for consumers, with identified changes to a consumer’s well-being escalated to senior staff or management as appropriate. Documentation did not reflect the same level of detail provided by staff.

Consumers and representatives confirmed consumers enjoy the social support program and consumers are assisted to do things they like to do and maintain social relationships. However, one consumer stated they would like more say into where the consumers are taken for social support group activities. Staff described how they incorporate consumer interests into the service delivery. Management stated the service is reviewing all programs and deliverables to ensure services meet consumer needs and goals. Documentation showed the consumers’ interests, goals and actions influence the type of social activities offered.

Consumers and representatives confirmed staff know the consumer’s needs. Staff discussed the systems used to access and share consumer information and care and service needs, with multiple systems used by the service. Although the information systems vary, no identified impact to consumers who access the services was identified. Management stated the service has identified the inconsistencies across the programs in relation to information access and information sharing and is developing a consistent approach for the service.

Consumers and representatives expressed confidence the service would refer consumers to other organisations if required. Staff showed an understanding of how referrals are made based on the consumer’s needs. Documentation evidenced referral procedures and examples of referrals to external services to meet the needs of consumers.

Consumers and representatives confirmed the meals are suited the consumer’s preferences, with most consumers satisfied with the quantity, quality and choice provided. Documentation showed consumer preferences are recorded but, allergies are not listed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 4, Services and supports for daily living.

Requirement (3)(g)

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

# 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 stated they look forward to attending the social support program at different venues and they enjoy the social interaction and meeting new people.

Consumers stated the venues they visit are clean and well maintained. Staff stated they undertake venue risk assessments to ensure the places they visit are safe, clean and have accessibility options.

Consumers stated the buses used to transport them for social support activities is clean, safe and well-maintained. Staff advised the buses used have wheelchair access. The buses are provided by a subcontracted transport service which manages, maintains and ensures all servicing and bus safety certification.

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. | Not 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. | Not 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

Requirement (3)(a)

The Assessment Team was satisfied the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. However, information and evidence in the Assessment Team’s report under Requirement (3)(e) in Standard 1, Consumer dignity and choice, includes evidence this is not occurring for all consumers. The information and evidence relevant to my finding is as follows:

* Consumers and representatives confirmed they know how to make a complaint. However, as discussed under Requirement (3)(e) in Standard 1, Consumer dignity and choice, not all consumers are provided with information packs with details on feedback and complaint processes.
* Staff said information packs containing information about feedback and complaints processes are not provided to consumers of all programs managed by the service.
* Management had self-identified the inconsistencies from program to program and noted not all consumers receive relevant and necessary information when they commence with the service.
* Documentation showed the service has a complaints process on the organisation’s website and complaints and feedback can be made through the customer services management system which is organisational wide. However, not all consumers are provided with information on how to raise complaints or provide feedback.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which shows the service does not encourage and support consumers to provide feedback and complaints.

I have considered the intent of the Requirement, which expects organisations to demonstrate they encourage and support consumers and their representatives to provide feedback or complain about the care and services they receive. Evidence in the Assessment Team’s report indicates the service does not meet this expectation, as the service does not consistently provide information to all consumers about feedback and complaint processes. I have considered the balance of evidence and acknowledge a complaints process is available on the organisation’s website. However, the service does not have systems in place to ensure all consumers are provided information about how to raise complaints and provide feedback.

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

Requirement (3)(b)

The Assessment Team was satisfied the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. However, information and evidence in the Assessment Team’s report under Requirement (3)(e) in Standard 1, Consumer dignity and choice, included evidence that consumers are not provided with information about other mechanisms for raising and resolving complaints and there are inconsistent practices in providing relevant information to all consumers. The information and evidence relevant to my finding is as follows:

* Although staff confirmed consumers are not provided with information about advocacy or interpreting services, interpreting services are used when needed.
* Staff stated no consumers have been identified as needing advocacy services and staff stated they would provide information to consumers if needed.
* There was no evidence to show staff could not provide information about advocacy to consumers if required.
* The organisation’s website provides information on the use of interpreting services and organisational guidance is in place to ensure the service programs distribute information to consumers. However, the distribution of information including how to provide feedback and raise complaints is not consistent across all programs managed by the service.
* Management stated the information deficits have been identified and the service has included improvements as a priority within the service’s continuous improvement plan.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report which demonstrate consumers are not provided with information about advocacy and interpreter services or external mechanisms for raising and resolving complaints. However, there was no evidence that staff could not provide relevant information.

I have considered the balance of evidence and acknowledge the organisation’s website contains information about interpreting services. However, the service does not ensure all consumers are made aware of advocacy and other methods for raising and resolving complaints.

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

Requirements (3)(c) and (3)(d)

Management demonstrated appropriate action is taken on receipt of a complaint and an open disclosure process is used when the service receives a complaint. Documentation showed the service records complaints, responds and apologises to the complainant and investigates the issues raised, with outcomes of the investigation recorded and provided to the complainant. The service has a complaints policy and staff will be scheduled to complete open disclosure training.

Management advised monthly reports including complaints and trending data are provided to the executive leadership team for review and for identifying possible improvements. However, given the small number of complaints received by the service, no trends have been identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the services received by consumers. Management described how the service ensures there are enough staff to provide the services.

Consumers and representatives stated staff are respectful and treat the consumers well. Management advised a recent survey identified compliments from consumers about the staff providing their services.

Management stated staff at the service have been with the organisation for an extended period. Management discussed a review of staff qualifications, skills and knowledge to ensure current position descriptions are meeting the needs required by staff to effectively perform their roles. Documentation showed some staff do not have current police checks – this is discussed under Requirement (3)(c) of Standard 8, Organisational governance.

The organisation has embedded recruitment processes, with approved position descriptions for all roles. Management advised current staff have undertaken organisational training but, it is not captured in formal records. Management advised all staff undertake mandatory training modules (including first aid certification) and the service is reviewing which additional training is required for staff.

Staff confirmed they complete a performance and development review annually. Management advised the service has an underperformance process that is managed by the direct supervisor of the staff member being performance managed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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. | 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. | Not 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

Requirements (3)(a) and (3)(b)

Consumers confirmed they had completed a survey about the services provided. Management advised the service is developing changes for the social support group based on feedback received from consumers. The organisation has an advisory board, with members of the community on this board.

The organisation is governed by a Council of 7 councillors who are responsible to set and establish the Council plan. The organisation’s chief executive officer enacts the Council’s plan and is supported by the senior leadership team and the executive leadership team. There are processes in place for the service to report regularly to the Council.

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

Requirement (3)(c)

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

* Regulatory compliance
* The service monitors the subcontractors monthly with reports provided to management.
* Documentation showed a gap in the monitoring of police checks for management, staff and subcontracted service provider maintenance and transport workers.
* The organisation has processes to maintain up to date information on regulatory requirements through information from government departments, funding bodies and legal services.
* Information management
* As discussed in Requirement (3)(e) of Standard 1, Consumer dignity and choice, not all consumers are provided with relevant information to support their decision making.
* As discussed in Standard 2, Ongoing assessment and planning with consumers, there is inconsistency in assessment and planning processes and not all consumers are receiving information about their care and services and not all consumers are being assessed for appropriate services.
* Management acknowledged the information management deficits and is reviewing systems to ensure better capture and document information to improve service delivery for all consumers.

In coming to my finding, I have considered the evidence and information in the Assessment Team’s report, which does not demonstrate ineffective organisation wide governance systems in relation to regulatory compliance.

While the evidence shows areas for improvement in relation to obtaining police checks for staff, it is not sufficient to find the organisation’s whole workforce governance system ineffective based on this factor alone. I encourage the provider to review its systems and practices for obtaining police checks for staff to ensure the safety and well-being of consumers is maintained

While the evidence shows areas for improvement in relation to information management, it is not sufficient to find the organisation’s whole workforce governance system ineffective based on this alone. I acknowledge the provider identified deficits in provision of information to consumers and I encourage the provider to continue implementing improvements to ensure all consumers are provided with relevant information.

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

Requirement (3)(d)

The Assessment Team was not satisfied the service demonstrated effective risk management, with consumer risks not captured or documented. The Assessment Team provided the following evidence relevant to my finding:

* Management advised all staff and organisational risks are documented in the organisations’ risks register with incidents and accidents investigated.
* Management advised consumer risk is not captured in the organisation’s risk register.
* Management advised consumer incidents, accidents, falls and elder abuse would be reported in the electronic care management system. However, follow up to identify risks to the consumer or changes in consumer needs are not investigated or documented.
* Management advised they will actively review the service’s risk assessment process.

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 acknowledge management stated they will actively review the service’s risk assessment process. However, at the time of the decision, changes had not been implemented and embedded.

I have placed weight on the service not including consumer risk in the risk management system and processes.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement (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)