Meals on Wheels - HILTON

Performance Report

|  |  |
| --- | --- |
| **Address:** | 84 Sir Donald Bradman Drive HILTON SA 5033 |
| **Phone:** | 08 8271 8700 |
| **Commission ID:** | 600118 |
| **Provider name:** | Meals On Wheels (SA) Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 3 June 2022 to 7 June 2022 |
| **Performance report date:** | 8 August 2022 |

# Performance report prepared by

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

# Publication of report

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

**Services included in this assessment**

**CHSP:**

* Allied Health and Therapy Services - Community and Home Support, 4-FU45E32, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Goods Equipment and Assistive Technology - Community and Home Support, 4-FU4GB2S, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Other Food Services - Community and Home Support, 4-FOKPCRT, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Specialised Support Service - Innovation, 4-CHNEV1C, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Social Support - Group, 4-FOKPCYB, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Social Support - Individual, 4-FOKPCUX, 84 Sir Donald Bradman Drive, HILTON SA 5033
* Meals, 4-7XCGJZ8, 84 Sir Donald Bradman Drive, HILTON SA 5033

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | CHSP | Not Compliant |
| Requirement 2(3)(a) | CHSP | Not Compliant |
| Requirement 2(3)(b) | CHSP | Not Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Not Compliant |
| Requirement 2(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Compliant |
| Requirement 3(3)(a) | CHSP | Compliant |
| Requirement 3(3)(b) | CHSP | Compliant |
| Requirement 3(3)(c) | CHSP | Compliant |
| Requirement 3(3)(d) | CHSP | Compliant |
| Requirement 3(3)(e) | CHSP | Compliant |
| Requirement 3(3)(f) | CHSP | Compliant |
| Requirement 3(3)(g) | CHSP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | CHSP | Not Compliant |
| Requirement 4(3)(a) | CHSP | Compliant |
| Requirement 4(3)(b) | CHSP | Compliant |
| Requirement 4(3)(c) | CHSP | Compliant |
| Requirement 4(3)(d) | CHSP | Not Compliant |
| Requirement 4(3)(e) | CHSP | Compliant |
| Requirement 4(3)(f) | CHSP | Compliant |
| Requirement 4(3)(g) | CHSP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | CHSP | Compliant |
| Requirement 5(3)(a) | CHSP | Compliant |
| Requirement 5(3)(b) | CHSP | Compliant |
| Requirement 5(3)(c) | CHSP | Compliant |
|  |  |  |
| Standard 6 Feedback and complaints | CHSP | Compliant |
| Requirement 6(3)(a) | CHSP | Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c) | CHSP | Compliant |
| Requirement 6(3)(d) | CHSP | Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP | Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Compliant |
| Requirement 7(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP | Not Compliant |
| Requirement 8(3)(a) | CHSP | Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c) | CHSP | Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e) | CHSP | Not Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 8 July 2022.

# STANDARD 1 Consumer dignity and choice

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

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

**Assessment of Standard 1 Requirements**

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

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

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

### *Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service was not able to demonstrate assessment and planning effectively considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective services, including in relation to mobility and falls.

The service was also not able to demonstrate that assessment and planning consistently and effectively identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, or that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to the consumer, and where care and services are provided.

However, the approved demonstrated a strong commitment to improvement and has implemented numerous changes and enhancements to address the issues identified above.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care of consumers. It also demonstrated how it reviewed care and services, in particular how it monitored consumer welfare and the need for any adjustments.

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

**Assessment of Standard 2 Requirements**

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

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

Findings

The Assessment Team found that the service was able to demonstrate some understanding and application of this requirement, for example, in relation to consumers receiving meal services and Allied health assessments being completed as required by allied health professionals prior to the delivery of goods, equipment and assistive technology.

However, the Assessment Team identified through review of 12 consumer’s care documentation that the service does not develop care plans as a result of the assessment and planning process to inform how care and services are delivered. Furthermore, the lack of assessment of risk for consumers resulted in a lack of documented risk management strategies to support staff and volunteers to deliver safe and effective services.

The Assessment Team viewed care planning documents for 2 consumers receiving Social Support – Individual services. While there was evidence of assessment completed for the 2 consumers, the service did not demonstrate consideration and/or effective assessment of the consumer’s risks, including in relation to risks associated with mobility and falls

Staff and volunteers advised information is mostly communicated verbally to volunteers providing Social Support – Individual (SSI) services and this provides them with some knowledge of the consumers they are supporting, however, most critical information is provided by consumers during SSI visits, including in relation to risks.

In its written response the approved provider did not dispute the Assessment Team’s finding and provided clarity on some issues. In its response to this requirement and other requirements the approved provider showed a strong commitment to continuous improvement, and gave significant detail on a care plan improvement project it had implemented. Document supplied, including a Continuous Improvement Plan (CIP) verified the actions being taken.

I acknowledge these and other improvements and the approved provider’s strong engagement with the issues, however I consider the improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

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

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

Findings

The Assessment Team found that the service was not able to demonstrate that assessment and planning consistently and effectively identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Care documentation viewed for 4 sampled consumers showed that the service has not consistently completed assessments related to the services delivered. The service has not consistently captured consumer’s goals and, when goals were discussed, these were generic and did not effectively inform care and services.

The service was not able to demonstrate that assessment and planning included discussions with consumers about advance care planning and end of life planning if the consumer wishes. Management advised that, unless advance care and end of life planning is raised as something of interest to the consumer, the service does not discuss it. They added that the service would give consumers information about advance care and end of life planning if consumers asked, however, information is not given to consumers systematically.

In its written response the approved provider stated that advanced care planning is now a routine question at consumer intake. This is supported by other processes. In relation to other aspects of this requirement the approved provider evidenced updated policies and work instructions, supported by its care plan improvement project.

I again acknowledge the improvements being implemented and the approved provider’ strong focus on improvement, but find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | CHSP | Compliant |
|  |  |  |

*The organisation demonstrates that assessment and planning:*

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

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

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

The Assessment team found that the service was not able to demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to the consumer, and where care and services are provided.

The Assessment Team identified through review of 12 consumer’s care documentation that the service does not develop care plans as a result of the assessment and planning process to inform how care and services are delivered. Although some information is provided to consumers, staff and volunteers, it does not effectively guide them about consumer’s assessed and planned services. In some cases, staff and volunteers relied on their own knowledge of consumers to inform services delivery.

In its written response the approved provider did not dispute the Assessment Team’s finding. It detailed a number of actions being implemented to address the issues identified.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | CHSP | Compliant |
|  |  |  |

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

Findings

The Assessment Team found that the service was not able to demonstrate that care and services are reviewed regularly for effectiveness and at least annually. The Assessment Team also found that annual consumer reviews were not consistently completed, and that the service’s monitoring process to identify and complete annual reviews was not effective.

In its written response the approved provider stated that it did have an effective process to monitor reviews as they fall due and was aware some meal service reviews had fallen behind. However, it demonstrated how it monitored consumer welfare and the need for any adjustments through, for example, a well-being check through face to face contact with consumers with each meal delivery.

I acknowledge these on-going improvements and find this requirement Compliant.

# STANDARD 3 Personal care and clinical care

# CHSP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The service was able to demonstrate that consumers generally receive safe and effective care; high impact or high prevalence risks associated with the care of each consumer are effectively managed; consumer’s needs, goals and preferences are appropriately supported when nearing end of life; deterioration or change in consumers is recognised and responded to; and consumers are referred timely and appropriately when required.

The service was able to demonstrate information about consumers’ needs, preferences and conditions is inconsistently documented and communicated within the service, and with other organisations where responsibility for care is shared.

The service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections

Consumers and/or representatives interviewed confirmed in various ways that they get the care they need, that is safe and right for them, and they have access to other health professionals when they need it.

Care planning documents viewed for sampled consumers showed that care provided was tailored to their needs, and consumers were referred to other health professionals such as allied health.

Staff, volunteer, contractors and management interviewed provided examples of care provided to consumers, which was tailored to their needs and optimised their health and wellbeing, and examples of referrals to other health professionals.

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

**Assessment of Standard 3 Requirements**

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

*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.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | CHSP | Compliant |
|  |  |  |

*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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | CHSP | Compliant |
|  |  |  |

*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.*

# STANDARD 4 Services and supports for daily living

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Sampled consumers and/or representatives considered that consumers generally get the services and support for daily living that are important for their health and well-being, and that enables them to do the things they want to do and maintain their independence and quality of life. They provided examples of how the service support them with the provision of in-home and in community services.

Staff, volunteers and management were able to describe what is important to sampled consumers and provided examples of how they support consumers to do the things they like, and participate in the community, as well as optimise their physical and psychological well-being.

Care planning documents viewed generally showed that the service has identified and documented what is important to the consumers, and when their services are provided.

While the service was not able to demonstrate information about consumers’ condition, needs, goals and preferences is consistently and effectively documented and communicated within the organisation, it has implemented substantial improvements to address this.

The Quality Standard for the Commonwealth home support programme services assessed as Non-compliant as one (1) of the seven specific requirements has been assessed as Non-compliant.

**Assessment of Standard 4 Requirements**

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

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

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

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

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

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

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

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

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

Findings

The Assessment Team found that the service was not able to demonstrate information about consumers’ condition, needs, goals and preferences is consistently and effectively documented and communicated within the organisation, and that it does not have effective processes to document and communicate consumer’s needs, goals and preferences with staff and volunteers.

In its written response the approved provider noted that one of the key goals of its care plan improvement project was to ensure relevant consumer information is communicated throughout its system, from intake to point of care, to ensure safe and effective services. It stated such a system was in place in relation in relation to meal services. It provided significant detail on the improvements implemented.

I acknowledge these and other improvements and the approved provider’s strong engagement with the issues, however I consider the improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

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

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

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

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

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

# STANDARD 5 Organisation’s service environment

# CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers sampled confirmed they feel welcome and safe at the venues they access for their social support groups, which is clean and well maintained.

Staff and management described processes to ensure the service environment and equipment are clean, safe and maintained, including to minimise the risk of infections. They advised the service has reactive and preventative maintenance processes.

Observations of the service environment showed it was welcoming, clean and well maintained. The service’s processes to minimise the risk of infections include regular cleaning and food safety processes.

Documents viewed showed the service has reactive and preventative processes in place to ensure the service environment and equipment utilised for social support groups is safe, clean and maintained.

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

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | CHSP | Compliant |
|  |  |  |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | CHSP | Compliant |
|  |  |  |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | CHSP | Compliant |
|  |  |  |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The service demonstrated effective mechanisms for consumers, their family, friends, carers and others to provide feedback and make complaints. Consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints.

Consumers and representatives said they know how to provide feedback or make a complaint, and said they feel comfortable and safe to do so.

The workforce described how they support consumers and representatives to provide feedback and confirmed they resolve issues identified by consumers immediately or report it through the feedback processes. Management described the service’s processes for managing complaints and how the service records, acts and analyses complaints to inform service improvements.

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

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | CHSP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | CHSP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | CHSP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP | Compliant |
|  |  |  |

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

# STANDARD 7 Human resources

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service demonstrated that the workforce is planned, with sufficient staff to enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed confirmed that there are adequate and consistent staff, contractors and volunteers allocated to deliver services. Consumers and representatives considered that consumers receive quality services when they need them and from people who are kind, capable and caring.

Management described how the service ensures there are sufficient workforce members to ensure delivery of services. They demonstrated recruitment and induction processes, including mandatory requirements, to ensure the contracted and volunteer workforce is competent to perform their role.

The service demonstrated that the workforce receives ongoing support, training, and feedback to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

The service demonstrated they regularly assess, monitor and review the performance of each member of the workforce through an effective human resources system. The service demonstrated they regularly evaluate how coordinators, staff, contractors and volunteers are performing their role.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The service was not able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents. The service was able to demonstrate the identification of, and response to, abuse and neglect of consumers, and how they support consumers to live their best life.

The service was not able to demonstrate that a clinical governance framework is in place for delivering safe and quality clinical care. The service does not have a documented clinical governance framework or policies to guide the service’s roles and responsibilities in relation to the clinical care consumers receive. The organisation did not demonstrate understanding and application of the requirement to minimise and manage the use of restraint and open disclosure (although open disclosure is generally practised), although it could demonstrate an adequate system in relation to antimicrobial stewardship.

The organisation has taken significant steps toward addressing the areas of concern identified above.

The service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services through surveys, meetings and ongoing through verbal feedback.

The service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. The organisation has an established governance framework which enables the governing body to monitor the delivery of services through reporting and meetings including in relation to risks to consumers, incidents and complaints. The organisation demonstrated how the governance processes informs decisions made by the governing body to promote safe and quality care to consumers.

The service was able to demonstrate effective organisation wide governance systems in relation to information management, workforce governance, feedback and complaints. continuous improvement, financial governance and regulatory compliance.

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

## Assessment of Standard 8 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | CHSP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | CHSP | Compliant |
|  |  |  |

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

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

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

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

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

Whileno concerns were identified in relation to systems and practices to identify and respond to abuse and neglect of consumers, and supporting consumers to live the best life they can, the Assessment Team found that the service did not demonstrate effective systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. It also found that the service did not demonstrate an effective incident management system and practices to manage risks associated with the care of aged care consumers. There was no evidence the governing body asks for or receives information in relation to risk management of consumers, including consumer incidents at the service. It has also reviewed its referral processes and implemented a clinical risk framework. It has implemented a project to whose dedicated function is to collect and record consumer incident information and will review that information regularly.

I acknowledge these and other improvements and the approved provider’s strong engagement with the issues, and consider that the organisation did have systems in place which, however, required enhancement. I consider the improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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

*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.*

Findings

While the organisation has established processes to minimise the risk of infections and no concerns were identified in this regard, the Assessment Team found that the service was not able to demonstrate that a clinical governance framework was in place for delivering safe and quality clinical care in other respects. The service does not have a documented clinical governance framework or policies to guide the service’s roles and responsibilities in relation to the clinical care and services consumers receive through one of its programs. Management and staff interviewed did not have a shared understanding of the requirement for a clinical governance framework, including the minimisation of the use of restraint, restrictive practices, and the principles for open disclosure, however it is noted that open disclosure is practiced. Management discussed two processes undertaken and documented, being a risk assessment for volunteers to undertake first aid training, and review of its risk register was reviewed, however this did not demonstrate a sufficiently integrated and comprehensive clinical governance framework.

A review of training records identified that management, staff and/or volunteers had not received training in relation to clinical governance, restrictive practices or open disclosure and what it means for them in their role.

In its written response the approved provider advised it had developed a clinical risk framework, adopted relevant policies and subscribed to a Board Governance Toolkit.

I acknowledge these and other improvements and the approved provider’s strong engagement with the issues, however I consider the improvements will take time to become embedded and for the approved provider to demonstrate their sustainability.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*