**Performance**

**Report**

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| Name: | Murilla Respite Service |
| Commission ID: | 700342 |
| Address: | 73A Murilla Street, MILES, Queensland, 4415 |
| Activity type: | Quality Audit |
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| Performance report date: | 16 May 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: 7845 Murilla Community Centre Inc  
Service: 23914 Murilla Community Centre Inc - Care Relationships and Carer Support  
Service: 23913 Murilla Community Centre Inc - Community and Home Support

**This performance report**

This performance report for Murilla Respite Service (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report 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 assessment team’s report received 15 May 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **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.

*Requirement 2(3)(b)*

* Ensure assessment and care planning processes identify each consumer’s goals and these are documented in the consumer’s care and services plan.
* Ensure assessment and care planning processes identify the consumer’s advanced care and end of life care needs, if the consumer wishes, and these are documented in the consumer’s care and services plan.

*Requirement 2(3)(d)*

* Ensure consumers have the outcomes of assessment and care planning effectively communicated to them and this is documented in a care and services care plan that is readily accessible to both them and the respite worker providing services.

*Requirement 8(3)(c)*

* Ensure both management and staff are aware of their reporting responsibilities under the Serious Incident Response Scheme including the range of incidents which must be reported to the Commission.
* Ensure systems and processes are established to support notifying the Commission about reportable incidents that occur, including alleged and suspected events, as well as witnessed events.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers/representatives report that consumers always treated with dignity and respect and staff are caring and friendly. Staff and volunteers interviewed spoke respectfully about consumers and were able to outline examples of how they ensure each consumer’s dignity is respected. Observations of staff interactions with consumers on the phone and within the group social support environment demonstrated respect of consumer’s dignity, individual needs and preferences. Documentation evidenced the organisation has a consumer-centred approach to delivering services.

Consumers/representatives said staff understand consumers’ needs and preferences and the service is delivered in a way that makes them feel safe and respected. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Staff advised as part of the assessment process information is captured for consumers including any specific cultural requirements. Documentation reviewed evidenced an understanding of individual needs and differences.

Consumers/representatives interviewed advised they are informed of the services available to consumers, are supported to make their own decisions about the services they receive, and the service supports them to be as independent as possible. They advised the service makes it easy for them to be involved in exercising choice and to involve the people important to them. They said they can speak with staff and/or management at any time to make requests or changes to their services and these are acted on promptly. Management and staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences. They demonstrated awareness and understanding of individual consumer’s communication needs, choices, and preferences.

Consumers/representatives said staff listen to consumers, understand what is important to them and respect the choices they make. The service demonstrated consumers are supported in making choices about the services and supports they need and how they wish the service to be provided. Staff and management spoke of steps they take to support consumers to live a life of their choosing. Staff described how they assist consumers with mobility aids to access transport vehicles and supervise the consumer when mobilising. Management advised if they believed a consumer was taking a risk this would be discussed with the consumer and the family to ensure the safety and wellbeing of the consumer.

Consumers and representatives generally said they receive information in a way they can understand, in a format appropriate to their needs, and which enables them to make informed choices. This includes information to understand aged care services and practical support to access the services they need. They advised they regularly receive information from staff and management.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers/representatives are advised how their personal information will be used and is outlined in their home care agreement. Consumer information is stored securely in the lockers in the day centre which is accessible to staff. Policy and procedures reviewed demonstrated privacy and confidentially are a key priority for the service. Consumers/representatives advised care staff are respectful of their personal privacy. Staff interviewed were able to describe how they maintain privacy and confidentiality of consumer information.

I find six of the six requirements in Standard 1 compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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. | 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. | Compliant |

Findings

The service demonstrated assessment and planning, including risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers/representatives stated consumer’s care is safe and meets consumers’ care needs. The Assessment Team sighted home risk safety assessments, which are completed for those consumers receiving in-home care. Initial assessments completed include risks such as mental health, behavioural, drug or alcohol, memory and environmental issues. Interviews with staff demonstrated they know the consumers well and they provided examples of how they meet the consumer’s individualised needs. Staff described risks for sampled consumers and the strategies used to reduce those risks. Although staff were very knowledgeable of consumer’s risks and risk mitigation strategies, the Assessment Team noted key consumer risks were not consistently identified in consumers’ care and service plans, however staff and management interviewed could identify risks for each individual consumer sampled, and strategies are in place to ensure this information is communicated to staff rostered to care for consumers.

Although staff demonstrated a very good awareness of consumer care needs and risks, consumer care plans and other associated documentation do not provide staff with information about consumers goals. Management confirmed the service does not consistently ask consumers about their goals during assessment and planning. Management also advised that the service does not ask consumers questions about their advanced care planning and end of life care needs during the intake or review process.

The service provider provided a response to the Assessment Team’s report. In this response the provider stated they have drafted a new ‘Client Care Plan’ template which now includes consumer goals. Regarding the finding that advanced care planning and end of life planning was not being discussed with each consumer during the assessment and planning processes, the service provider stated that Enduring Power of Attorney and wills services are offered in the Community centre by a Justice of the Peace. Whilst this is a most useful service, the service will need to ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including their advance care planning and end of life needs, if the consumer wishes, to comply with the Standards.

As the service cannot currently demonstrate assessment and planning processes consistently identify each consumer’s current goals, including their advance care and end of life care needs, (if the consumer wishes), this requirement is Not Compliant.

Consumers/representatives confirmed they participate in the planning and review of the services consumers receive. Consumers also reported they can choose who they wish to be involved in their care and services, their preferences are respected, and care and service delivery is coordinated accordingly. Representatives interviewed advised they are involved in the assessment process and consulted on care planning, particularly where the consumer requires assistance with communication or understanding. Management described how they work in partnership with other individuals and service providers in assessment and care planning and communicate regularly regarding the changing needs of consumers.

The service did not demonstrate that outcomes of assessment and planning are consistently documented in a care and service plan that is readily available to the consumer, and where care and services are provided. Consumers/representatives advised they do not have a copy of their care plan. Management advised consumers are not provided with a copy of their care plan and said if consumers want to access the document it is freely available to them at the office. The service, however, did not provide information to demonstrate whether consumers were aware they could access their care plan at the office. Staff advised they have a copy of the consumer’s care plan but confirmed consumers do not have a copy of the care plan in their home.

The service provider provided a response to the Assessment Team’s report. In this response the provider stated consumers are to be offered an opportunity to provide feedback and input into the newly drafted care plan document which will contain information about each consumer goals. Once feedback from consumers has been obtained the new care plan document will be finalised and consumers will be provided with a copy of their care plan. The care plan will also be made available to the respite worker where care and services are being provided.

As the service cannot currently demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer by documenting same in a care plan that is readily available to the consumer, and where care and services are provided, I find this requirement not compliant.

The service demonstrated care and services are reviewed regularly and when consumer circumstances change. Consumers/representatives said staff regularly communicate with them about the service received and make changes to meet consumer’s current needs. The care manager responsible for undertaking reviews could describe the process and under what circumstances a review or reassessment may be required. A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes occur. Management provided evidence of the tracking spreadsheet which documents when consumers’ care plan reviews are due which demonstrated all consumer care plan reviews were up to date.

Based on information in the Assessment Team’s report and the response from the service provider I find three of the five requirements in Standard 2 compliant. Requirements 2(3)(b) and 2(3)(d) are not compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers/representatives reported the services and supports consumers receive help them to maintain their quality of life and independence. Consumers confirmed staff and management are flexible and adjust supports so they can do things of interest to them. Staff interviewed demonstrated an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference.

Consumers/representatives stated consumer’s services and supports for daily living promote the emotional, spiritual and psychological well-being of consumers. Staff demonstrated an understanding of what is important to individual consumers and provided examples of how the well-being of consumers is supported. Staff said if a consumer is feeling down, they take the time to have a conversation with them and listen. Staff report any concerns about a consumer’s emotional or psychological well-being to management, who take necessary action to manage the consumer’s health.

The service demonstrated services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. Consumers said they are provided with opportunities for social interaction and social connection through the supports they receive. Care staff provided examples of being flexible in providing support based on what the consumer’s needs and preferences are for the day.

Consumers/representatives are satisfied information about consumer’s needs and preferences are shared within the service and with others involved in their care. The service has consumers sign a consent form in relation to information sharing on intake. Consumers/representatives reported that when consumers get the same staff those staff have a good knowledge of consumer needs and preferences. Staff advised they receive a copy of the consumer’s care and service plan before seeing a consumer for the first time and they are provided updated information by management if a consumer’s needs have changed. Whilst care planning documents do not contain sufficient information about consumer’s goals the service demonstrated this information is communicated verbally with care staff to ensure quality care and services are received.

Consumers are advised of various services they can access through both the consumer newsletters and during care plan reviews. Consumers/representatives said consumers are referred to services as needed. Staff advised if they identify an additional need for a consumer, they will contact management, with referrals made to services where required. Management advised of networks they participate in and services they utilise to ensure consumers access the broad range of supports needed.

Consumers/representatives expressed satisfaction with the meals provided by the service. Morning tea is provided during group social support and is prepared onsite. A volunteer outlined how food safety is managed and demonstrated a good understanding of each consumer’s individual needs and preferences. Some consumers also receive meals on wheels deliveries, and they also advised they were satisfied with the quality and quantity of the meals provided.

The service demonstrated equipment is safe, suitable and meets consumer needs. Consumers can borrow mobility equipment from the broader community centre. Management outlined how they ensure all equipment is clean, safe and suitable for consumer’s needs. Where consumers own the equipment, staff were able to explain the process should unsafe or ineffective equipment be found in a consumer’s home or at group social support. The service also has a fleet of cars and buses that they utilise for consumer transport to group social support and to other appointments. Processes are in place to ensure their safety. The Assessment Team sighted one of the buses utilised which was clean, had required safety equipment and was regularly serviced.

I find seven of the seven requirements in Standard 4 compliant.

# 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

The service holds group social support every Wednesday morning in the community centre. The Assessment Team observed the environment to be welcoming, with a layout that enables consumers to easily interact with other consumers. Each consumer is welcomed individually and easy to read signage assists consumers and visitors to access and navigate the centre. Consumers said they feel comfortable to do the things they choose to do, and they feel empowered to choose not to participate in activities if that is their choice.

Consumers said the centre was clean, easy to access and they can move freely around the service environment. The room opens to the outside and consumers can go outside safely if that is their preference. Consumers were observed to move freely and staff were seen supervising consumers who required supervision support to ensure their safety. Management advised any maintenance issues are quickly actioned. Management outlined the systems and processes in place to ensure the environment is clean and well maintained, with identified issues promptly addressed and reported to minimise risks to consumers, staff and visitors. A maintenance system was cited to request ongoing maintenance as required.

The service demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use. Consumers said they were satisfied with the furniture, fittings and equipment at the service and said they have access to equipment to meet their needs and preferences. Staff interviewed described processes to escalate concerns about equipment or hazards which may be identified. Furniture, fittings and equipment at the respite centre were observed to be safe, clean, well-maintained and suitable for consumers. The documented duties for the volunteer and group social support staff includes wiping down all surface areas and ensuring the bathroom is clean for consumer use.

I find three of the three requirements in Standard 5 compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers/representatives said consumers are encouraged and supported to provide feedback and make complaints. Sample consumers/representatives interviewed said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so. Management and staff described ways they encourage consumers to provide feedback such as through information in the welcome pack and their service agreement, raising concerns with staff directly, via surveys and when they are undertaking care planning reviews. A newsletter sent to consumers in March 2024 included guidance for consumers/representatives on how to make suggestions, complaints, or compliments.

Consumers/representatives are made aware of methods for raising and resolving complaints. Consumers/representatives are provided with consumer information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Commission to make a complaint, as well as information on how to access language services for assistance with interpreting or translation if required. Consumers/representatives advised they are comfortable in raising concerns or feedback with management and were aware of other agencies they could contact to raise a complaint.

Consumers/representative interviewed advised staff and management are responsive if they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process, although staff were not aware of the specific term. The feedback and complaints register evidenced a record, response and outcome of the feedback or complaint. The service has policies and procedures in place to guide staff in responding to complaints which reference open disclosure. All staff interviewed said if a consumer raised concerns they would acknowledge their concerns, apologise, and resolve their concerns while maintaining confidentiality.

Consumers/representatives said they are satisfied the service listens to their views and the organisation is responsive to feedback and complaints. Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Management report to the board and discuss feedback and complaint trends with the governing body and use this information to improve the quality of care and services, where appropriate.

I find four of the four requirements in Standard 6 compliant.

# 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/representatives interviewed were satisfied with staff availability and consistency and confirmed staff know their needs and preferences. They confirmed they receive the agreed care and services, and staff are generally on time. Consumers/representatives interviewed advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff member or an additional service later. Staff said they have sufficient time and information to undertake services in a safe and efficient manner. Management reported there are sufficient staff to cover any periods of staff leave and there have been no unfilled shifts in the last month. Feedback from consumers/representatives demonstrated the workforce is sufficient and consumers get quality services when they need them.

Consumers/representatives provided feedback that staff are kind, caring and respectful of them as individuals, and accommodate their preferences. They were complimentary of the personal attention they receive and the caring nature of staff. Staff were able to provide examples to demonstrate how they are aware of consumer’s individual identity, preferences and cultural requirements. Management and staff were respectful and caring in how they spoke about consumers and demonstrated an understanding of individual consumers backgrounds, past occupations, who is important to them and what they like to talk about. Staff receive education and annual training on matters such as the code of conduct, customer service and advocacy and cultural diversity.

Consumers/representatives sampled expressed confidence in the workforce. They said the workforce know what they are doing, and services are delivered in accordance with their individual needs and preferences. Management said selection criteria include the qualifications and knowledge requirements for each role and this guides the recruitment process. Staff confirmed they received education and training from the service and receive prompts to complete mandatory training, police checks and renew insurances or professional qualifications if required. Management advised they have monitoring processes to ensure the competency and currency of qualifications for staff. There are processes to monitor the criminal history checks, vaccination records, drivers’ licences and mandatory training competencies including First Aid training.

Consumers/representatives said they are satisfied that staff are trained and equipped to deliver quality consumer care and services. Staff are recruited, trained and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training and buddy shifts prepare staff for their role. Staff interviewed confirmed they receive ongoing training and said management are always available to provide support at any time. Management said staff are informed of changes to policy and procedures and aged care reforms via training and regular staff meetings. The service develops a comprehensive annual staff training calendar which includes mandatory topics including infection control, dementia awareness, abuse and neglect, and the Aged Care Code of Conduct. Additionally, individual staff training needs are identified from incident reports and annual performance appraisals.

The performance of staff is monitored annually through a performance appraisal process. Sampled staff advised they had completed a performance appraisal with the direct manager within the previous 12 months. Management said consumer feedback is considered in monitoring staff and subcontractor performance on an ongoing basis. They discuss any performance concerns with individuals when they are identified, and when compliments are received these are passed onto the relevant staff. Management described how they monitor the performance of staff through regular management meetings, monitoring and review processes with consumer feedback sought, where appropriate.

I find five of the five requirements in Standard 7 compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

The service demonstrated that consumers/representatives are engaged in the development, delivery and evaluation of care and service. Consumers/representatives confirmed that the service actively seeks their feedback on the care and services provided through surveys and direct communication with staff and management. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The service seeks input from consumers/representatives through feedback processes, including surveys, regular care and services reviews and feedback forms. Management and staff demonstrated their understanding and provided examples of how they ensure ongoing consultation and feedback is sought from consumers/representatives.

The service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation’s different divisions. The governing body remains informed through formal governance, leadership, and reporting pathways from the service level through an established management framework, to satisfy itself that the Quality Standards are being met.

Management ensures the governing body receives the information they require to support deliberation and decision-making, with regular reporting to Governing body. Oversight of the service’s performance and the safety and quality of care and services is maintained, through communication, ongoing monitoring, monthly reporting, and management meetings. Results from internal and external audits, incident data including complaints and feedback, regulatory compliance and workforce information and training is provided to the governing body monthly. The organisation has a documented mission statement and values that focus on a commitment to quality, safety and continuous improvement. This information is communicated to consumers and the workforce through a range of documents and policies and procedures.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback, and complaints. Policies and procedures are in place to guide information management, relevant to role. Information and updates are provided through established communication and reporting pathways and regular meetings. Staff have access to information to support care and service delivery.

Privacy and confidentiality of consumer information is always maintained. The service demonstrated information provided to consumers is relevant, accurate and provided in a timely manner, including monthly invoices and newsletters.

Continuous improvement was demonstrated through a range of systems and processes, including consumer and staff suggestions, internal and external audits, feedback and complaints, incidents, and self-assessment against the Quality Standards. Continuous quality improvement is embedded in service operations and staff practice, with documents evidencing issues identified for improvement, actions taken, completion dates and outcomes.

The service demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an approved provider of CHSP services. The governing body receives financial reports that includes information about new consumers and those who have left the service, and these are monitored and discussed in weekly management meetings.

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Position descriptions are relevant to each role. Staff interviewed were clear on their responsibilities, showed an awareness of the functions carried out by others and how to share information and/or escalate any concerns or suggestions for improvement.

The service did not have processes in place to keep up to date with all relevant legislation and regulatory requirements. Although management said they had a system in place for monitoring regulatory changes, management was unable to demonstrate their understanding of Serious Incident Response Scheme (SIRS). Management was unable to demonstrate their knowledge of SIRS and their obligation to report any abuse and neglect within specified timeframes as required. Management confirmed they had not provided any training to staff regarding SIRS but had offered training on identifying neglect and abuse in consumers. Although staff demonstrated knowledge of SIRS, they advised this knowledge was gained from previous employment and they have not received training with the service.

The service provider provided a response to the Assessment Team’s report. In this response the provider statedstaff training will occur in the next few weeks for care and administration staff about their reporting responsibilities under the Serious Incident Response Scheme (SIRS).

As the organisation could not demonstrate management are aware of their reporting responsibilities under SIRS I find Requirement 8(3)(c) not compliant.

The organisation has an established system for logging, escalating, and tracking feedback and complaints. Management interviewed could describe current trends for feedback and complaints. Reporting and trending of complaints is provided to management and board meetings to inform continuous improvement.

The organisation has an established risk management framework with mechanisms for identifying, evaluating, and mitigating risks. A range of policies and procedures, along with staff training and education, guide management of consumer risk. Strategies are developed to manage and minimise high impact and high prevalent risks for each consumer, including consumers who are a high falls risk and suffer from cognition decline. Staff confirmed they receive education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns. Staff were able to describe what they would do in the event of identifying neglect and abuse in a consumer. Management confirmed vulnerable consumers are identified including consumers who are experiencing falls, social isolation, have had a change in care need and/or are deteriorating and living with dementia. Changes in consumer’s wellbeing or identified deterioration is recorded and discussed with the consumer/representative and others involved in the consumer’s care. In relation to supporting consumers to live the best life they can, the service’s policies and procedures promote a balanced approach to enable consumer enjoyment and choice. Feedback from consumers and representatives described how consumers are supported to live the best life they can. Staff and management described the ways the service supports consumers to live their best life.

I find three of the four requirements in Standard 8 compliant. Requirement 8(3)(c) is not complaint.

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