**Performance**

**Report**

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| Name of service: | Murrumburrah-Harden Multi Service Outlet |
| Service address: | Cnr Albury and East Street HARDEN NSW 2587 |
| Commission ID: | 200607 |
| Home Service Provider: | Murrumburrah-Harden Flexible Care Services Inc |
| Activity type: | Quality Audit |
| Activity date: | 9 December 2022 to 13 December 2022 |
| Performance report date: | 4 January 2023 |

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.

**This performance report**

This performance report for Murrumburrah-Harden Multi Service Outlet (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 25217, Cnr Albury and East Street, HARDEN NSW 2587
* Community and Home Support, 25216, Cnr Albury and East Street, HARDEN NSW 2587

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received 22 December 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **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 | **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.

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| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-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. | Non-compliant |

# 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. | Non-compliant |

Findings

Consumers interviewed all stated they felt they are treated with respect and dignity at all times which was supported through review of consumer documentation that evidenced the service has a friendly, consumer-centred approach to the delivery of services.

Consumers interviewed confirmed coordinators, and volunteers understand their needs and preferences and their service is delivered in a way makes them feel safe and respected. Staff and volunteers interviewed demonstrated an understanding of each consumer, providing examples of how services are delivered to meet the consumer’s individual needs.

Consumers and representatives interviewed advised the service supports consumers to make decisions about supports and services provided. For example:

* Consumers interviewed receiving meals advised they can order meals at a time convenient for them. Some consumers advised they order meals monthly while others stated they order each day.
* A representative interviewed stated the consumer is very independent and while the service has offered additional services, the consumer does not want them at this time.
* Consumers interviewed attending the social support group advised the service asks them what activities they would like to do and includes the identified activities in the schedule.

The service demonstrated consumers are supported to take risks and encouraged to participate in activities. For example, a consumer identified as a falls risk, was offered assistance with showering however he has declined the additional support while showering with staff present to assist with the application of cream after showering.

Consumers interviewed said they receive written information in a way they can understand and enabled them to make informed choices. This included invoices, menu order forms, activity schedule and a regular newsletter. Review of consumer file notes noted menu choice forms and the services newsletter included information on transport available, social activity updates, introduction to team members, any changes to services and aged care regulatory updates.

Review of the Client Services Booklet evidenced consumers are provided with information regarding the collection, use and disclosure of personal information. While staff interviewed advised consumer information was contained on personal mobile devices, they demonstrated an understanding of their responsibility regarding consumer confidentiality. Observation of consumer files identified consumer documentation was stored in a central location in unlocked cabinets or on staff personal hard drives. When this was identified, the service manager arranged for a lock to be placed on the filing cabinet containing consumer information. The services Continuous Improvement Plan included actions to address document management across the service with the introduction of an electronic system expected to be implemented in late February 2023.

In response to the Assessment Report, the service confirmed the introduction of a new electronic system to manage consumer information with staff training to occur across January and February 2023 with full implementation expected from 1 March 2023. The new system information provided details the system functionality should address the concerns identified.

Based on the information above, and considering the actions taken by the service to address the identified concerns, the full implementation is yet to be completed for the updated electronic system and it will take time to fully embed this into standard practice. I therefore find this Standard to be Non-Compliant as one of the six requirements assessed is deemed to be Non-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. | 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. | Non-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 consumers’ care needs, including consideration of risk, are generally assessed. Interview with the Care Manager indicated that home risk assessments are completed on all consumers with all care plans currently being updated to a new format with an expected completion date of end February 2023. Care plan review for a consumer identified as a falls risk included strategies to mitigate risk and guide staff delivering services.

All consumers interviewed said the service provided them with services and supports to meet their needs and they have regular contact from the service. Consumers and staff interviewed said advanced care planning is not discussed with referral to the Community Care Intake Service if end of life care planning required.

All consumers interviewed stated they had decided on the care and services received. They reported that the service made it easy for them to be involved in the planning process and encouraged them to make decisions about their care and services. Interview with the Care Manager detailed the process for referral of consumers to the local community nurse which was supported through review of a consumer file that provided details of such a referral and followed the process detailed in the services Care Plan Policy.

Not all consumers interviewed were aware of care planning documents and indicated they were not sure they had a plan. For example:

* A consumer interviewed said they were offered an initial assessment through My Aged Care; however, the service had not sat down with her but they are aware of what she as a consumer needs.

Staff and management interviewed stated a consumer care plan is currently emailed to home care workers where services are provided to a new consumer or where changes to a consumer’s condition are identified; however, review of consumer care plan did not accurately reflect the current needs of a consumer undergoing cancer treatment. For example:

* Care plan notes reviewed state this consumer has little side effects after treatment, however their care worker said when interviewed, each session is different and sometimes the consumer is unwell and it knocks them about, so they may be a little off, may tell me or become unsteady on their feet.

The service did not demonstrate care plan information is readily available to consumers at the point of care.

In response to the Assessment Report, the service advised the introduction of the electronic system will enable interactive access for consumers to their individual care need profiles in addition to increasing staff access to current care plan information.

All consumers interviewed stated they had confidence that staff and management were responsive to their needs and preferences should they change over time. All staff interviewed were able to identify when they would need to have a consumers care and services reassessed or reviewed due to a change in circumstances. For example:

* If needs, goals and preferences changed, after an adverse event or an incident, a change in consumers health and well-being, including emotional, spiritual and psychological.

The service advised they are in the process of updating all support plans and is currently transferring all current goals, needs and preferences onto new support plans which are more complex and comprehensive in nature.

Based on the information provided above, and acknowledging the work currently underway at the service, the full implementation is yet to be completed for the updated electronic system and it will take time to fully embed this into standard practice. I therefore find this Standard to be Non-Compliant as one of the five requirements assessed is deemed to be Non-Compliant.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

All consumers interviewed stated in various ways their satisfaction with the level of personal care provided. Staff interviewed demonstrated they knew the needs and wants of consumers they provide services to and described how they deliver services personal care safely and respectfully. For example:

* A care worker interviewed described tailoring care for a consumer each day as their requirements vary day-to-day. This was also reflected in the consumers care plan.
* Another care worker described tailoring care for a consumer undergoing cancer treatment depending on how the consumer is feeling. The care worker said they are guided by the consumer and what their needs are on the day.

The service demonstrated falls risks are managed through extensive home risk assessments prior to a consumer commencing services. Staff interviewed described how they minimise the risk of falls to consumers when they carry out support services. For example:

* A care worker interviewed said they ensure mobility aids are within reach of consumers, there is a clear pathway to consumers bathrooms, will check for trip hazards and ensure floors are dry before leaving.

While the service currently has a combination of paper-based care plans, all care workers interviewed confirmed they were advised of changes to consumers care via email. The service advised transition of paper-based records to an electronic system is expected to be completed by February 2023 will enable ease of access to relevant staff to consumer information. The service advised all staff and volunteers have access to recommended training, including dementia training and this was confirmed on review of mandatory training records.

The service advised no consumers were receiving end of life care and should a consumer require this, referral is made to the Community Care Intake service.

Staff interviewed described how deterioration in consumers is recognised and reported to management which includes daily feedback provided by care workers to the case manager. The service evidence staff are provided a Duty of Care Policy and Client Non-response Policy on commencement which details the notification process, communication of information and actions to take in the case a consumer does not answer or is unresponsive during a home visit.

Staff interviewed described how information is communicated via email of phone regarding consumer requirements and stated progress notes are completed at the end of each shift which remain at the consumers home and provided via email to the case manager. Staff interviewed advised if any urgent actions are required, a phone call is made immediately to the care manager or Chief Executive Officer. Review of care documentation identified information is currently contained within two systems and was inconsistent. Interview with staff confirmed care workers are provided with relevant information, including identified risks and mitigation strategies and, with the implementation of a single electronic system, the service is actively working to ensure records are consistent.

The service demonstrated appropriate referrals to other health services occur when a consumer need is identified and this was confirmed through review of care documentation. For example, review of a consumer file indicated a referral made to the community care intake service which was followed up by the service and changes made to the care plan.

The service demonstrated they understand, apply, monitor and review the requirement to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infections. The service demonstrated preparedness in the event of an infectious outbreak including for COVID-19. Staff interviewed described practical ways to minimise the transmission of infections. Examples included, hand washing, wearing personal protective equipment, being vaccinated, and not attending work if unwell, screening prior to entry to consumers’ homes and not entering a consumer’s home if they were unwell until they had all their personal protective equipment on.

In response to the Assessment Report, the service advised immediate action was taken to ensure appropriate end of life, palliative care and bereavement forms and brochures will be made available to consumers and have commenced discussion with the local Palliative Care Clinical Nurse Specialist regarding appropriate staff training for home care staff.

Based on the information above, and considering the additional information provided by the service, I find this Standard to be Compliant as seven of the seven requirements assessed are deemed to be 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

All consumers interviewed reported they are encouraged to participate in groups they choose. Choices are offered, and consumers can choose based on their needs, goals and preferences. Staff demonstrated an understanding of what was important to consumers and how the services and supports they deliver, help consumers maintain their independence and supports them to remain living at home. This information aligned with feedback from consumers. Staff interviewed provided examples of individual consumers needs and preferences and how they assist consumers in daily living. For example, providing services at a time the consumer wants and taking them to their chosen activities. This aligned with care plans and identified goals contained within care documentation reviewed.

Consumers interviewed advised they enjoy services and feel comfortable, happy and safe with the care workers, volunteers and all staff while attending activities. Consumers said staff check how they are on each visit and if they have any concerns will report this to the care managers. Consumers also provided positive feedback on how being socially connected helps them emotionally. Management interviewed provided examples of the support services in place to meet consumer’s emotional and psychological needs such as welfare checks. Most care planning documentation reviewed reflected individual emotional and psychological needs where appropriate, including social support services and social group outings and activities if the consumer chooses.

All consumers interviewed provided feedback on the opportunities they have to build and maintain relationships, to pursue activities of interest to them and participate in their community. For example:

* A consumer described outings to the National Gallery to see various exhibitions which enabled them to participate in community activities and cultural experiences.

Management interviewed stated consumers are supported to choose activities of interest to them and are offered many choices, and if the service is unable to meet the need of the consumer, they explore other social groups and make referrals for them. For example, the Country Women’s Association or the Men’s Shed.

Consumers interviewed were satisfied the service has good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care planning documentation reviewed demonstrated effective communication through email correspondence, progress notes and reports within the service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.

The service evidenced timely referrals to individuals and other providers of care in consultation with the consumer. Staff interviewed described the process for referrals to other services, including ensuring any referrals are completed in consultation with the consumer. A review of care planning documents demonstrated timely referrals had been made as appropriate.

All consumers interviewed receiving meal services said they are happy with the meal service and provided examples demonstrating satisfaction with the variety offered. The service evidenced information relating to allergies and preferences is recorded with multiple checks in place.

Management interviewed described the process for purchase, maintenance and replacement of equipment provided by the service. Review of equipment documentation indicated regular servicing of equipment occurs as required and at least annually. Consumers interviewed expressed satisfaction with the equipment provided for use in their home.

Based on the information above, I find this Standard to be Compliant as seven of the seven requirements assessed are deemed to be 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

Consumers interviewed at the services centre for the social support group, provided positive feedback about their experience with the service and the environment. All consumers interviewed felt welcomed and a sense of belonging to the group. Staff interviewed advised they ensure the environment is easy for consumers to navigate and lay out the activities before consumers arrive, so consumers have the independence to choose which activity they may like to undertake. The room where the activities were undertaken was observed to be a large, light filled open space with bathrooms in close proximity. Interactions between staff and consumers was observed to be welcoming and optimised consumer independence.

Consumers and representatives interviewed said the service was clean and well maintained and accessibility to all areas was not a problem. Staff interviewed advised the space is easily accessible for consumers, and the area, chairs, tables, and equipment are wiped clean before and after each session. The service area was observed to be safe, clean and well maintained with clear pathways. Access to the service was via a small step and consumers were observed being assisted by staff, if required. All areas were observed to be well signposted, including fire evacuation signs and exit doors, the area has a signposted defibrillator in the Hub.

Consumers interviewed said they felt safe at the centre. They said the group activity area, along with the cars and buses they travel in are clean and well maintained. Consumers said the chairs are sturdy, comfortable and having tables of good height is important when doing activities. All furniture and equipment sighted at the centre was observed to be clean and well-maintained. Chairs and tables were of a suitable height for use during activities.

Based on the information above, I find this Standard to be Compliant as three of the three requirements assessed are deemed to be 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

The service demonstrated support is provided to consumers to enable feedback and complaints relating to services delivered. This was confirmed through consumer interviews and review of the volunteer meal delivery sheet, results of the previous consumer survey and information contained within the Client Services booklet provided to consumers.

The service demonstrated consumers and their representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The care manager described local health and advocacy services available to consumers; for example, the senior rights service and their contact details are listed in the client services booklet. Brochures and posters were observed on display at the service and provided further information regarding consumer access to aged care advocacy services.

A sample of 25% of consumers were interviewed who said they had no complaints about the services they received. The service demonstrated complaints and feedback data is collated and used to inform continuous improvement activity. For example:

* Positive feedback from consumers regarding enjoyment of roast and vegetables resulted in the service ensuring extra meals available.
* Positive feedback regarding the Queen Elizabeth II morning tea has generated review of other high-profile events to be celebrated in the 2023 activity schedule.

While there were few complaints to the service, there was overwhelming compliments data available for review. An example of an improvement at the service resulting from feedback included the introduction of additional payment methods for invoices such as eftpos and internet banking.

Based on the information above, I find this Standard to be Compliant as four of the four requirements assessed are deemed to be 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

Management interviewed advised of several unfilled shifts in the past month and stated services are prioritised according to consumer needs; for example, personal care is a priority over domestic assistance. The meals coordinator interviewed stated there is a pool of ‘stand by’ volunteers available to fill unexpected shift vacancies for meal deliveries. It was noted by the Assessment Team reporting of staffing levels against servicing hours is discussed at Board Meetings.

Consumers interviewed provided positive feedback in relation to their interactions with the workforce describing in various ways how the staff and volunteers are kind, caring, respectful and helpful. For example, one consumer who does not like people coming into their home, described how the volunteers are kind and understanding, and hand over the meal delivery at the front door. Consumer and workforce interviews described a community of looking after each other with trust and respect. Through all conversations with the workforce, and the leadership team, the focus was always on the health and well-being of consumers.

Consumers interviewed expressed their confidence in the workforce, stating care workers knew what they were doing. Safe Food Handling, First Aid and CPR certificates were sighted for relevant staff.

Management interviewed described how the service ensures the workforce is trained and equipped to provide services to consumers. For example:

* Staff and volunteers undertake an orientation and complete on-line training prior to commencing in the role. An experienced staff member supports new volunteers. They described the 10 meals on wheels (MOW) mandatory modules of online training cover the quality standards.
* Staff and volunteers are given first aid and CRP training by a training organisation in a nearby town and this is conducted onsite.

Review of mandatory training records confirmed all identified training completed for both staff and volunteers.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce in undertaken. For example, staff reported receiving regular, ongoing informal feedback from management and the board. Management interviewed advised feedback and complaints from consumers regarding the workforce is discussed at staff meetings and additional training is provided if required in response to consumer feedback. At the time of the Quality audit the service was implementing a formalised system to assess staff performance, this is listed on the plan for continuous improvement with a completion date of December 2022.

Based on the information above, I find this Standard to be Compliant as five of the five requirements assessed are deemed to be 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. | 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

Review of the services Customer Satisfaction Survey, conducted in July 2022, captured overall satisfaction and recommendations for improvements across all aspects of care and services with two negative comments received relating to access to bathroom facilities and the uncomfortable back seat of the services bus. This survey was sent to all consumers or nominated representatives with a 40% response rate received. All consumers described in various ways how they felt safe to provide feedback and that services are aligned with their needs.

The workforce interviewed described how the chief executive officer and the Board are visible and included in day-to-day tasks, they display respect for staff, volunteers, and consumers. Management interviewed, including the Chief Executive Officer and former Board Chair described how they actively network with local services to assist them gain an understanding of the needs of consumers who identify as vulnerable. The service stated an identified risk for consumers is isolation, especially for the male cohort and described how they actively engage in supporting male consumers, for example, through social activities at the local club and movies. Members of the governing body interviewed described the information provided to them by management supports the oversight of the delivery of quality service delivery. For example, management reports information about feedback, complaints, finance, training of the workforce and building maintenance.

The Assessment Team spoke with management, staff and Board members and reviewed relevant systems and processes relating to the organisational governance. The service demonstrated it has effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, workforce governance, regulatory requirements and feedback and complaints however management also acknowledged the improvements that are required to ensure they are following policy and processes in relation to recording care planning documentation (refer to standard 2 requirement (d)).

Management interviewed identified the high-impact or high prevalence risks to its elderly cohort is falls and social isolation. Review of the service’s incident register for the previous six months listed a detailed incident description and listed action taken. For example, a trip outside the social group centre on raised concrete resulted in a request to the council to grind the pavement. The outcome was a leveling of the footpath. This was undertaken in a timely manner. The service evidenced the organisations Infection Control policy has been updated regularly over the past two years and the service’s meal emergency action plan, in case of an electrical failure of freezer equipment or national disaster. An agreement and action plan were evidenced to access a local refrigerated freight vehicle to store and dispense meals.

Home care workers and volunteers described how they conduct a risk assessment each time they visit a consumer or when they attend the service, they said this includes risk of abuse and neglect. The care manager provided an example of the identification that a consumer may have been at risk, and they reported this to management who has provided the consumer with a referral to the senior rights service. The service evidenced staff and volunteer access to the meals on wheels national online training system and completion for modules relating to the identification of abuse and/or neglect of consumers was sighted.

Based on the information above, I find this Standard to be Compliant as four of the four requirements assessed are deemed to be Compliant with one requirement assessed as not applicable as clinical care is not provided by this 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)