**Performance**

**Report**

**1800 951 822**

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| Name of service: | Muslim Project - ADELAIDE |
| Service address: | Level 4; 182 Victoria Square ADELAIDE SA 5000 |
| Commission ID: | 600210 |
| Home Service Provider: | Muslim Women's Association of South Australia Inc |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 2 February 2023 |
| Performance report date: | 3 March 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 Muslim Project - ADELAIDE (**the service**) has been prepared by A. Grant, 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:**

* Community and Home Support, 23900, Level 4; 182 Victoria Square, ADELAIDE SA 5000

# 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 February 2023.

# 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 | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Non-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. | **Non-compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Non-compliant** |
| 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. | **Non-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. | **Non-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. | **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** |
| 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. | **Non-compliant** |
| 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. | **Non-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. | **Non-compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-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. | **Non-compliant** |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Non-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. | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Non-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. | **Non-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. | **Non-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. | **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. | **Non-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. | **Non-compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity and culture valued. Consumers when interviewed by the Assessment Team described staff and volunteers as kind, caring and respectful. During interviews with the Assessment Team Management and interns described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Most consumers interviewed by the Assessment Team stated staff understand their needs and preferences and deliver culturally appropriate services. During interviews with the Assessment Team Management demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice. Consumers when interviewed by the Assessment Team stated the service involves them in making decisions about their services, and Management spoke of fortnightly discussions with consumers to guide consumer care needs.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Some consumers when interviewed by the Assessment Team advised they had requested additional services, and to date, this had not been addressed by the service. During interviews with the Assessment Team Management stated they choose travel destinations that are safe, and risk assessments are completed informally. Evidence analysed by the Assessment Team showed the service does not have documented processes to guide staff to ensure that appropriate risks are communicated and agreed to, by consumers.

During interviews with the Assessment Team three consumers advised they had requested assistance from the service to access additional/alternate assistance, and to date, they were awaiting a response or guidance from the service, for example Consumer A requested a referral to a service closer to home because it is hard for Consumer A to travel into the city. The Assessment Team noted whilst management was aware of this request, management acknowledged they had not taken any action to address this request.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate there are appropriate monitoring of venues to assess risk to consumers, prior to the outing or event. During interviews with the Assessment Team Management advised whilst there is a policy on conducting risk assessments; they are not conducted or documented for planned activities. Management when interviewed by the Assessment Team stated for a recent trip to Mount Lofty, they had attended the site, looked around and ensured there was shelter and bathroom facilities available, and mapped out only flat areas to ensure all consumers could participate in the walk.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate they provide current, accurate and timely information to consumers. Most consumers when interviewed by the Assessment Team advised they were not provided with a care plan or information by the service. During interviews with the Assessment Team Management advised consumers and/or their representatives are not provided with information at entry to the service or ongoingly.

Eight consumers when interviewed by the Assessment Team stated they did not have any documentation of the services being provided to them, this included care plans, a welcome pack and an events calendar to advise of upcoming activities. Consumers when interviewed by the Assessment Team stated all information provided is verbal, and information is generally communicated via multilingual staff members who can translate the information to them.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. Evidence analysed by the Assessment Team showed consumer information is maintained in paper-based files, that is accessible to the Project Manager. Staff and interns demonstrated an understanding of their responsibilities in relation to maintaining privacy.

During interviews with the Assessment Team Management stated when consumer messages are recorded on paper, this includes the fortnightly welfare check and telephone messages, staff pass the information on verbally and then dispose of the paper in the recycle bin.

Evidence analysed by the Assessment Team showed the Privacy and Confidentiality policy dated October 2019 contained a privacy declaration that staff, volunteers and interns are required to sign. The Assessment Team noted the policy states the service ‘will obtain written and signed consent from you before any personal information is collected from you’, however, a review of eight consumer files found that:

* Two consumers had signed a consent form that did not advise consumers what information would be shared or released;
* One consumer had completed an updated form that included consent to share images and information for promotional purposes; and
* Five files did not contain a signed consent form.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confidant if the corrective action is followed through with and completed, the service should return to compliance.

# 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. | **Non-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. | **Non-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. | **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** |
| 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. | **Non-compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was unable to demonstrate processes and procedures to conduct consumer assessment and planning to inform the delivery of safe and effective care and services. Evidence analysed by the Assessment Team showed the service was unable to demonstrate consumer assessment and planning includes consideration to their health and well-being.

Evidence analysed by the Assessment Team showed the service utilises a service user support plan to undertake the consumer initial assessment on entry to the program. Seven of seven consumer files reviewed by the Assessment Team showed they were incomplete of information.

Evidence analysed by the Assessment Team showed the service utilises the service user support plan as the consumer initial and on-going assessment tool and care plan. The Assessment Team noted consumer service user support plans are contained in a locked cupboard in staff offices and there is no information distributed to staff to support consumers during their activity/luncheon event or outings.

Evidence analysed by the Assessment Team showed the service does not conduct assessments to determine the risk to the organisation or consumer, such as meal management, mobility and non-attendance at a scheduled activity. Evidence analysed by the Assessment Team showed the service facilitates fortnightly internal or external luncheons for consumers as part of their program. Evidence analysed by the Assessment Team showed while dietary requirements and allergy information are questions in the consumer service user support plan, this information does not prompt inquiries from the service about consumer swallowing difficulties, meal assistance and likes and dislikes.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate processes and procedures to identify and address consumer current needs, goals and preferences including advanced care planning and end of life wishes. Evidence analysed by the Assessment Team showed the service was unable to demonstrate consumer assessment and planning includes consumer current needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service does not review or re-assess consumer service user support plans therefore the Assessment Team noted seven of seven care plans analysed, did not include current goals, needs or preferences.

Evidence analysed by the Assessment Team showed the service does not routinely provide information or seek consumer or others input regarding advanced care planning and end of life wishes. For example, Consumer B transitioned to the service from the HACC program in 2018, the Assessment Team noted Consumer B’s goals section of her service support plan had not been populated with information.

Evidence analysed by the Assessment Team showed the service user support plan does not accommodate the collection of consumers’ needs or preference, advanced care planning and/or end of life wishes. Evidence analysed by the Assessment Team showed where consumer goals have been identified they were in the main incomplete and/or reflect statements regarding ‘enjoys gardening’ and are not directly linked to the development, actioning and review of goals.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate ongoing partnership with others that the consumer wishes to involve, including other organisations and services. Evidence analysed by the Assessment Team showed the service was unable to demonstrate other organisations and providers of other care and services are involved in the care of the consumer.

Evidence analysed by the Assessment Team showed consumer files did not demonstrate correspondence with a range of other providers of care and services including medical practitioners or allied health supports. For example, Consumer C was released from hospital in early 2023. Evidence analysed by the Assessment Team showed while the service was aware of this event, it had not been documented in Consumer C’s service user support plan. Evidence analysed by the Assessment Team showed Consumer C had not been reassessed post hospitalisation and therefore the potential for a referral to other organisations and providers of care and services had not been undertaken. During interviews with the Assessment Team staff stated they contacted Consumer C last week, and offered Consumer C meals and shopping, which was subsequently declined. The Assessment Team noted the service did not record this conversation in Consumer C’s file.

Evidence analysed by the Assessment Team showed the service does not have policies, processes, or procedures to identify the need for, or to capture information to refer consumers to other aged care services and organisations. The Assessment Team noted the service was unable to provide any examples of consumer care or service referrals.

Evidence analysed by the Assessment Team showed the service has not established a list of preferred aged care service providers and therefore does not have this information available to consumers and their representatives, should it be required.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and their care and services plan is readily available to the consumer. Evidence analysed by the Assessment Team showed the service was unable to demonstrate its processes and procedures to ensure consumers and/or their representative have been involved in the initial assessment and on-going care planning.

Evidence analysed by the Assessment Team showed the service does not routinely document on-going contacts with consumers or their representatives, therefore the service were unable to demonstrate where discussions had taken place, or changes made, to consumers care and services and/or if a new care plan had been offered/provided.

Evidence analysed by the Assessment Team showed the consumers and/or their representatives generally sign the initial service user support plan. Evidence analysed by the Assessment Team showed if there are any changes, the service adjusts, by whiting out areas in the initial assessment. The Assessment Team noted the adjusted service user support plan is not offered to the consumer or representative.

The Assessment Team noted while the service user support plan contains a dot point which states…’A copy of the care plan has been provided to the service user and/or representative’. Neither management nor staff during interviews were able to describe how this occurs.

Evidence analysed by the Assessment Team showed the service does not have policies, processes or procedures to ensure the consumer or their representative is offered a copy of their care plan.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate consumer care and services are reviewed regularly for effectiveness and when circumstances change. Consumer representatives when interviewed by the Assessment Team expressed, they were unaware of consumer reviews and re-assessments.

Evidence analysed by the Assessment Team showed the service does not have processes and procedures to review and or re-assess consumers on a routine basis and/or when their circumstances change and impact on their needs and preferences. During interviews with the Assessment Team management stated they were aware consumers were to be re-assessed on an annual basis, The Assessment Team noted this has not occurred.

Evidence analysed by the Assessment Team showed the service does not conduct routine reviews or re-assessment to identify the current risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

Evidence analysed by the Assessment Team showed the service does not have access to and therefore does not utilise a range of review or re-assessment tools to determine consumer current risks, goals, needs and preferences.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and was not assessed during the Quality Audit.

# 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. | **Non-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. | **Non-compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Non-compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service has processes and procedures to support consumers daily living including their emotional, spiritual, psychological well-being. Consumer representatives when interviewed by the Assessment Team expressed a high level of satisfaction with consumer emotional and spiritual support and well-being. The Assessment Team noted all food provided to consumers is certified Halal, in line with their spiritual needs and preferences. Evidence analysed by the Assessment Team showed in addition to CHSP program activities, the service also operates scheduled spiritual support in the form of Qur'an reading sessions and visits by a local Imam.

Evidence analysed by the Assessment Team showed the service has processes and procedures to support consumers daily living including participating in the community and doing things of interest to them. Consumer representatives when interviewed by the Assessment Team stated they felt their loved ones are well supported to do things of interest to them. Examples provided included:

* The service provides Muslim specific support to a range of both male and female consumers representing different countries;
* The service operates an annual ‘Grandparents day’ which includes a picnic in the park with their grandchildren;
* Consumer families are routinely invited to events, for example the summer BBQ/picnic which was held on 19 January 2023; and
* Consumers routinely attend broader community events, for example the Adelaide show and the management said consumers felt comfortable and confident to do so.

Evidence analysed by the Assessment Team showed the service has processes and procedures to ensure consumer meals are varied and of suitable quality and quantity. Evidence analysed by the Assessment Team showed the service policy refers to cleanliness of the service, handwashing and food washing facilities, utensils, temperature control, food storage, health and hygiene.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was unable to demonstrate it has processes and procedures to ensure consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences. Evidence analysed by the Assessment Team showed the service does not have processes and procedures to identify and record consumer’s needs, goals and preferences to optimise their independence, health, well-being and quality of life.

Evidence analysed by the Assessment Team showed the service does not routinely identify individual consumer lifestyle and well-being needs, goals and preferences on entry to the service and on an on-going basis. Evidence analysed by the Assessment Team showed the consumer service user support plans, also used as their care plan, do not include information such as past, present and future hobbies and interests, and have not been updated to reflect changes to their lifestyle and well-being needs and preferences. The Assessment Team noted the service was unable to identify how individual consumer needs and preferences are accommodated.

Evidence analysed by the Assessment Team showed while the service gathers consumer feedback regarding their satisfaction with activities, the service was unable to identify how this is actioned. Examples substantiating this statement include:

* The Assessment Team reviewed consumer feedback from July 2022 which noted ‘the seniors want to play more games in the future’, although this information has not been communicated to staff or further documented, to identify what action was taken as a result of this feedback.
* The Assessment Team noted while staff demonstrated a good understanding of individual consumers, they do not document their needs and preferences. For example, during interviews with the Assessment Team Management stated a number of consumers identify as Uyghur and are cautious of anything that can be identified as ‘Chinese’.
* The Assessment Team noted while staff take a list of consumers and emergency contact numbers on external outings, there is no information to support individual consumers independence, health or well-being, for example mobility assistance to enter and exit the activity bus, food allergies and preferences or health care needs, such as support for toileting.

Evidence analysed by the Assessment Team showed the service does not have processes and procedures to communicate consumers condition, needs and preferences internally or with others where responsibility for care is shared.

Evidence analysed by the Assessment Team showed while the service user support plan, used as the consumer assessment on entry to the service includes a dot point …’A copy of the care plan has been provided to the service user and/or representative’. The Assessment Team noted the service was unable to demonstrate if this is occurring.

The Assessment Team noted all consumers receive a fortnightly phone call from the service to inform them of the upcoming planned activity, although the service does not have processes and procedures to internally share the communicated information and take action where required.

Evidence analysed by the Assessment Team showed the service does not operate a shared consumer communication/documentation system, for example the recording of individual consumer contact and subsequent progress notes.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate it has processes and procedures to identify and undertake timely and appropriate lifestyle and wellbeing referrals to other services and organisations where responsibility of care is shared. Consumer representatives when interviewed by the Assessment Team stated the service connects them with other services, where required, although they were unable to provide any examples.

Evidence analysed by the Assessment Team showed the service does not have processes or procedures to identify the need for, or to capture information to refer consumers to other lifestyle and wellbeing aged care services and organisations. The Assessment Team noted the service was unable to provide any examples of consumer lifestyle or wellbeing referrals.

Evidence analysed by the Assessment Team showed the service has not established agreements with other referral services or organisations to support consumer lifestyle and wellbeing, for example dietician, speech pathologist or aged persons mental health services, should they be required.

Evidence analysed by the Assessment Team showed the service has not established a list of preferred aged care service providers and therefore does not have this information available to consumers and their representatives, should it be required.

While the service has recently included a ‘consent’ section, in the service user support plan, (intended to be used to seek consumer consent for the sharing of information for the purposes of a referral), the Assessment Team noted existing consumers have not been advised of its existence and/or completed this portion of the form.

The Assessment Team noted neither management or staff were unable to demonstrate their understand of My Aged Care (MAC) and the need to refer consumers, when required. Neither management or staff during interviews with the Assessment Team were unable to describe the processes to refer consumers externally to other providers of aged care services or through the MAC portal.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance.

# 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. | **Non-compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was welcoming, easy to navigate, and optimises consumers’ sense of belonging, independence, interaction and function. Consumers when interviewed by the Assessment Team confirmed they feel welcome when they attend the social support groups. During interviews with the Assessment Team Management described how they ensure consumers feel welcome and are encouraged to interact with others. Management when interviewed advised consumers are encouraged to socialise together and enjoy a meal after each activity.

The Assessment Team observed and noted posters and some brochures in multiple languages available to consumers, a clean and tidy reception area and a large lobby for consumers to socialise.

Evidence analysed by the Assessment Team showed the service was able to demonstrate fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers when interviewed by the Assessment Team expressed satisfaction with the fittings and equipment provided for CHSP services. Management when interviewed by the Assessment Team described processes to ensure equipment is clean and well maintained, this was confirmed through observations and documentation.

During interviews with the Assessment Team Management stated the rooms are cleaned daily, the English teacher cleans the room with alcohol wipes before and after each use and the offices are deep cleaned weekly by an external agency. Management stated during interviews the floor is maintained by their landlord and all maintenance requests are responded to in a timely manner.

Non-compliant Evidence

The Assessment Team noted whilst the service was able to demonstrate the environment was clean and well-maintained, the service did not demonstrate a safe environment. During interviews with the Assessment Team Management advised processes to address maintenance concerns are hampered by the office’s heritage listing. The Assessment Team noted Management was unable to demonstrate first aid supplies are maintained and the service did not describe the emergency procedures or processes consistently, advising the role is transitioning to a new team member. The Assessment Team noted observations confirmed by maintenance requests to repair fixtures and fittings had not been submitted in accordance with office processes.

Notwithstanding heritage listing, the Assessment Team noted the doors to each meeting area were heavy and required significant strength to open them, presenting a potential safety risk in the event of an emergency. Management confirmed during interviews door stoppers are utilised to keep doors open when appropriate.

The Assessment Team inspected the contents of the First Aid kits, noting there is three on site. One first aid kit is a red bag the service takes on all CHSP outings. Upon inspection, the antiseptic cream expired January 2023, all other items were in date and good condition. When inspecting the other two first aid kits, one eye patch and one adherent bandage had expired in 2016, and the hot/cold pack was leaking gel through the covering material of the compress.

The Assessment Team noted the Work, Health and Safety (WHS) Officer was not able to confirm when the first aid kits had last been inspected, adding they only use the red first aid kit for CHSP consumers when on an outing. The WHS Officer advised, to their knowledge, there hasn’t been a need to use a first aid kit on site for consumers. The Assessment Team noted the service was not able to provide evidence of monitoring the use and maintenance of first aid supplies.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision Maker is confidant if the corrective action is followed through with and completed, the service should return to compliance.

# 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. | **Non-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. | **Non-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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team advised they have not had reason to provide feedback to the service, however, would feel comfortable to speak with management, if required.

The Assessment Team analysed the Feedback Register which held feedback from four activities, the Assessment Team noted the register showed actions taken as a result of the generalised feedback and the dates the actions were closed out.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. During interviews with the Assessment Team Management described the process for reviewing and reporting feedback to the Board. Documentation analysed by the Assessment Team showed that event-based feedback is collated and reviewed to inform continuous improvement to the service’s program delivery.

One intern when interviewed by the Assessment Team advised how they collate and review consumer feedback following events, assist management to action improvements and report to the Board. The Assessment Team analysed the monthly CHSP management reports provided to the Board and noted it includes an overview of the event, feedback from consumers and the service’s self-evaluation of the event, including any improvements identified.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives when interviewed by the Assessment Team stated they are encouraged to provide event-based feedback. During interviews with the Assessment Team Management described their processes for the collection of event-based feedback, however, do not document other forms of feedback received by the service.

During interviews with the Assessment Team Management advised a feedback form has been developed and will be provided to all consumers, however, advised that consumers are reluctant to put anything in writing. The Assessment Team noted Management acknowledged that the service does not capture all feedback received from consumers as any concerns are communicated verbally and dealt with promptly.

Evidence analysed by the Assessment Team showed while the Complaints and Consumer Feedback policy dated November 2022 provides some staff guidance to encourage and support consumers to provide feedback and complaints, there was no evidence provided to demonstrate that the service has implemented this policy and procedure.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. During interviews with the Assessment Team Management advised they utilise their multilingual staff for interpreter services for consumers. Management advised, and documentation showed, consumers and/or their representatives are not provided current and accurate information to enable them to access external advocacy or aged care complaints services. During interviews with the Assessment Team Management stated they do not currently provide information regarding external advocacy or aged care complaints services to consumers at entry to the service.

# 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. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives when interviewed by the Assessment Team were satisfied with the number of staff, interns and volunteers to deliver the consumer’s services. Management, interns and volunteers interviewed indicated sufficient staffing numbers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives when interviewed by the Assessment Team confirmed management, staff, interns and volunteers treat consumers with respect and create a supportive culture for consumers. During interviews with the Assessment Team staff described how they provide services to consumers in a kind and respectful manner including how they respect their privacy and decisions.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives when interviewed by the Assessment Team stated they have confidence that staff are competent and skilled, and management demonstrated an effective process for ensuring staff have the required competencies to perform their role.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored and reviewed. During interviews with the Assessment Team Management advised that while there are no formal appraisals, they are in regular contact with the Chairperson of the service to discuss ongoing support and training requirements.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce is recruited, trained, equipped and supported to deliver services, specifically in relation to workforce education, training and policy support to deliver outcomes for consumers in line with the Aged Care Quality Standards.

During interviews with the Assessment Team Management could not demonstrate their systems and processes to ensure that staff receive the necessary induction to understand their role and responsibilities in relation to the requirements against the CHSP operational manual and Quality Standards. The Program Manager when interviewed by the Assessment Team stated they did not have previous aged care experience and did not have an effective induction into their role.

The Assessment Team noted that the service does not have the appropriate training to navigate the My Aged Care (MAC) system, which impacts on the access to critical information for the purposes of assessment and care planning.

During interviews with the Assessment Team Management advised they do have access to training that they identify as relevant to their role, which is approved by the Chairperson, documentation analysed by the Assessment Team showed the training attended included social media workshops, employment matters, cross culture, and digital governance and leadership training. However, The Assessment Team noted that education and training required by these Quality Standards had not been offered or provided to staff. For example, in relation to assessment and planning, dignity of risk, feedback and complaints, and open disclosure.

# 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. | **Non-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. | **Non-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. | **Non-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. | **Non-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

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. During interviews with the Assessment Team staff and management could not describe how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with the informal feedback processes. Evidence analysed by the Assessment Team showed the organisation did not demonstrate they apply effective governance systems to meet the requirements of the Quality Standards to enable consumers to feel they are partners in improving the delivery of care and services.

The Assessment Team noted while consumers and representatives described their general satisfaction with the services received, they were unable to describe how the service engages them in the evaluation of their care and services. During interviews with the Assessment Team staff could not provide examples of how the service engages with consumers and representatives in designing and improving services. The Assessment Team noted an analysis of the Plan for Continuous Improvement did not include improvements in relation to feedback or engagement with consumers and representatives.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate how they promote a culture of safe, inclusive, quality care and services, and is accountable for their delivery. The Assessment Team noted there was no evidence that the Board understands and sets priorities to monitor and improve the performance of the service against the Quality Standards.

During interviews with the Assessment Team the Chairperson advised there are stable and committed Board members who provide oversight of the organisation's refugee settlement, foundation skills and CHSP programs. The Chairperson acknowledged during interviews with the Assessment Team that the Board members have not undertaken any training in the Quality Standards and following feedback from the Assessment Team they advised they would look at implementing some training through ALIS.

Evidence analysed by the Assessment Team showed while the organisation has a Risk Management policy and plan dated November 2019 which outlines the responsibility of the Risk Management Committee, Management Committee and Program Managers for the monitoring of the implementation of the risk management framework and its subsequent reviews and modifications, the organisation could not provide evidence there is an implemented risk management framework in place, including a risk register, either at organisational or service delivery level.

Evidence analysed by the Assessment Team showed while the Program Manager provides some information through the CHSP monthly reports to the Board regarding feedback from events, liaison with the CHSP Funding Manager, and networking with the sector, there was no evidence that the organisation requests information regarding incidents and consumer risks or other information to ensure it has the appropriate level of accountability and oversight of the CHSP program.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective organisation-wide governance systems in relation to information management, workforce governance, regulatory compliance, and feedback and complaints, however, was able to demonstrate effective continuous improvement and financial governance systems.

*Information management:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective information systems and processes to support staff in their roles or to meet the outcomes required by the Quality Standards.

The organisation was not able to demonstrate assessment and care planning information regarding the consumers’ risks, needs and preferences is consistently documented and communicated within the service. The Assessment Team also noted care plans are not documented following the development of the Service user support plan. Evidence analysed by the Assessment Team showed staff and volunteers do not have access to consumers’ information, including identified risks and management strategies when attending outings as it is held in the office filing cabinet.

Analysis of consumer files by the Assessment Team showed that staff and volunteers do not document case notes in the consumers’ files when conducting fortnightly welfare checks to document discussions with consumers and representatives regarding changes in the consumers’ condition, reviews, referrals, or additional services required.

Evidence analysed by the Assessment Team showed the organisation does not have documented and implemented processes in place to guide staff regarding the consent for the consumers’ information to be shared.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective workforce governance to ensure staff receive the ongoing support, training, professional development and feedback they need to ensure staff are competent in order to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

As documented in Standard 7, the organisation was not able to demonstrate how they consistently support staff with induction and ongoing training, and with policies and procedures to ensure safe and effective services are delivered to consumers, in line with their goals, needs and preferences, and the Quality Standards.

During interviews with the Assessment Team the Chairperson advised, due to the organisation's financial constraints, the Program Manager responsible for the CHSP services is also responsible for the Settlement program, which may impact on their ability to provide appropriate oversight for the delivery of CHSP services.

During interviews with the Assessment Team the Chairperson advised of additional staffing complexities in working with consumers from culturally and linguistically diverse backgrounds to ensure there are staff with the required languages, Uyghur, Farsi and Arabic, to support consumers and other staff members in the delivery of services. Evidence analysed by the Assessment Team showed the majority of the CHSP cohort are native Uyghur speakers and currently there is one staff member who is a fluent speaker, the Assessment Team noted this staff member was on leave at the time of the Quality Audit.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the organisation did not demonstrate effective systems and processes in place to support the services to meet regulatory requirements in respect of the Aged Care Quality Standards and CHSP Program Manual requirements.

The Assessment Team noted while the Chairperson advised they receive information on program and legislative changes through emails from funding bodies and Australian Government websites, there was little evidence provided to demonstrate regulatory compliance against all relevant legislation, regulatory requirements, and guidelines is actioned and monitored. Management advised and documentation showed, the development of a Serious Incident Response Scheme policy, following some education received regarding these legislative changes.

Evidence analysed by the Assessment Team showed the and management acknowledged, there are no monitoring processes to manage the currency of the National Police Checks for the Board members, staff, and volunteers. Documentation analysed by the Assessment Team showed the service held current NPCs for one staff member and one intern. Management advised they had identified the requirement to update the NFCs on the Friday preceding the Quality Audit, however, had not commenced the process of communicating this requirement with the Board members, staff and volunteers.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes to monitor, analyse and use feedback and complaint data to improve the quality of care and services.

As documented in Standard 6, the organisation did not demonstrate effective systems regarding encouraging feedback and complaints, or any continuous improvements made to service delivery as a result of feedback and complaints.

Evidence analysed by the Assessment Team showed while the CHSP policy outlines the organisational commitment to implement procedures that encourage and protect the rights of consumers who may wish to complain and acknowledges that consumers from culturally and linguistically diverse backgrounds may require additional support to make complaint or provide feedback, the organisation did not provide evidence to support how this is achieved.

*– End feedback and complaints heading.*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers; and in relation to recognising and responding to elder abuse; and supporting consumers to live the best life they can, however, the Assessment Team noted the organisation was able to demonstrate that there are effective risk management systems to manage and prevent incidents, including the use of an incident management system.

*High impact or high prevalence risks associated with the care of consumers is managed:*

Evidence analysed by the Assessment Team showed the service could not demonstrate effective assessment and care planning for their consumers to manage high impact and high prevalence risks, and there was no evidence of sound governance systems to identify and assess the risks to the health, safety and wellbeing of consumers.

During interviews with the Assessment Team the Chairperson and the Program Manager advised they meet weekly and review a spreadsheet which contains consumer information, the Assessment team noted the spreadsheet captures only the consumer’s name, date of birth, gender, service area, emergency contact, languages spoken and if they are linked in My Aged Care. The Program Manager advised additional information regarding consumer risks is communicated verbally and is not documented.

*Recognising and responding to elder abuse:*

Evidence analysed by the Assessment Team showed the organisation does not have a policy in relation to recognising and responding to elder abuse.

All staff, interns and volunteers interviewed by the Assessment Team advised they have completed the Child Safe Environment training as part of their mandatory training and would report any concerns to the Program Manager.

Following feedback from the Assessment Team, the Chairperson advised they will action training for staff, interns and volunteers and will look into the interest of consumers to coordinate a session for them to attend.

*Consumers being supported to live the best life they can:*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes in the identification and management of risks to consumers to support their independence as safely as possible to enable them to live their best lives.

The Assessment Team noted while care planning documentation did not identify risks or describe areas in which consumers are supported by the service to take risks; consumers when interviewed stated they felt supported to take risks, and staff showed familiarity with choices consumers had made.

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)