**Performance**

**Report**

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| Name of service: | Noarlunga Community Transport - NOARLUNGA DOWNS |
| Service address: | Noarlunga Health Village, Alexander Kelly Drive NOARLUNGA SA 5168 |
| Commission ID: | 600172 |
| Home Service Provider: | Noarlunga Volunteer Transport Service Inc |
| Activity type: | Quality Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 29 September 2022 |

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 Noarlunga Community Transport - NOARLUNGA DOWNS (**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:**

* CHSP - Transport, 4-23S4W7E, Noarlunga Health Village, Alexander Kelly Drive, NOARLUNGA SA 5168

# 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 27 September 2022

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 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 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **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. | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed by the Assessment Team stated that staff understand their needs and preferences and deliver services with this in mind. Staff and volunteers when interviewed by the Assessment Team 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 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. Consumers when interviewed by the Assessment Team stated the service involves them in making decisions about their services. Staff when interviewed by the Assessment Team described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

Evidence analysed by the Assessment Team showed consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team consumers did not speak directly about taking risks, instead they advised they choose transport destinations, and the service supports them to undertake them safely. Staff, volunteers and management interviewed by the Assessment Team demonstrated how they support consumers to make choices and decisions on their travel, enabling them to live the best life they can.

Evidence analysed by the Assessment Team showed information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Some consumers interviewed by the Assessment Team confirmed they are provided with timely and relevant information when they first commence at the service, and when something changes with the service. Staff and management interviewed by the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# 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 did not demonstrate that 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. Evidence analysed by the Assessment Team showed for some consumers, while key risks had been identified, these had not been assessed and strategies to manage those risks had not been documented. Evidence analysed by the Assessment Team showed run sheets provided to volunteer drivers did not include sufficient detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers. The Assessment Team noted in some cases, volunteers relied on their own knowledge of the consumer to manage the risks.

The Assessment Team analysed the service's new assessment/review Form which is used at intake to collect information on consumers' medical conditions and other information the service requires to deliver transport services. Management advised the Assessment Team that the form was implemented in late August 2022, and to date has only been used with six consumers. Management advised the Assessment Team they changed their assessment form because they identified their previous assessment form did not capture sufficient information to identify risks to consumers.

The Assessment Team analysed care planning documentation for eight consumers and identified that, while the service has identified risks such as poor mobility or diabetes for some consumers; run sheets reviewed for consumers did not include sufficient information or strategies to guide volunteers in managing risks to consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate 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. The Assessment Team noted while the assessment form was updated in August 2022 to capture consumer's needs, goals and preferences and end of life planning information, very few consumers have been assessed using this form, and consequently most consumers do not have this information recorded. Furthermore, evidence analysed by the Assessment Team showed the service has not been regularly reviewing consumers, and are not aware if a consumer's goals, needs and preferences change.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumers, representatives and others involved in the care of the consumer.

During interviews with the Assessment Team management described how they involve a consumer's representative in the assessment process where a consumer requests it, however, were not able to show this collaboration is ongoing throughout the consumer's time with the service. The Assessment Team noted management did not provide an example of consultation with a health professional in relation to falls or mobility to inform effective assessment and planning. Evidence analysed by the Assessment Team showed while the service was able to demonstrate they involve consumer's representatives in assessment and planning where requested, they were not able to demonstrate this process is effective at identifying and mitigating risks. During interviews with the Assessment Team management advised the service does not review consumer's services regularly or when circumstances change to assess risk and service suitability. The Assessment Team noted as no reviews are taking place, there is no ongoing consultation with the consumer, representatives and others involved in the care of the consumer to ensure services are delivered safely. During interviews with the Assessment Team management stated there are no policies and procedures to guide staff in assessment and planning, who to involve in the process and when.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate outcomes of assessment and planning are effectively communicated to consumers and are documented in a care plan that is readily available to consumers, and where services are provided.

During interviews with the Assessment Team management advised they do not have a care plan, and instead use a run sheet to document risks for consumers using the service. Evidence analysed by the Assessment Team showed relevant risks to the consumer’s safety, health and well-being and strategies to support contractors and volunteers in managing those risks were not adequately documented in the run sheets to guide staff practice at the point of service delivery.

All consumers interviewed by the Assessment Team advised they have not received a document that describes how they would like their services delivered. Management advised the Assessment Team during interviews that after assessment with the new assessment form, consumers will receive a care plan, however, advised this process recently commenced, and most consumers would not have a care plan.

The Assessment Team analysed run sheets for five consumers between 17 August 2022 and 1 September 2022 and noted these run sheets did not always contain sufficient information to prevent risk to consumers. Evidence analysed by the Assessment Team showed the run sheet contains consumers names, phone numbers, address and basic information for each consumer such as 'uses walker', however, does not contain any strategies to guide staff in how to manage these risks. The Assessment Team noted not all medical risks are contained in the run sheet, for example an entry on the run sheet for Consumer A does not include information about his/her diabetes or shoulder injury.

Evidence analysed by the Assessment Team showed the service could not demonstrate that 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. Management advised the Assessment Team during interviews at the time of the Quality Audit they are not reviewing services at regular intervals, and when circumstances change or when incidents occur. All consumers interviewed by the Assessment Team advised they had not received a review of their services since they commenced using the service. The Assessment Team analysed eight consumer files, none of which had been reviewed since commencing the service, and in some cases, this had been over 10 years.

Management acknowledged during interviews with the Assessment Team that they have not reviewed services for any consumer using the service, either on a regular basis or when circumstances change, and instead rely on feedback from volunteer drivers to determine whether services are still suitable. Management advised during interviews with the Assessment Team they are not yet in a position to commence reviewing services for consumers, as they need to assess each consumer using the new assessment form first.

# 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

Standard three and all requirements within Standard three are Not Applicable and therefore were not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers receive safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers interviewed by the Assessment Team stated they felt they are supported to live independently through the transport services they receive. Staff, volunteers and management interviewed by the Assessment Team demonstrated services provided to consumers were tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Evidence analysed by the Assessment Team showed services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. Consumers and/or representatives interviewed by the Assessment Team stated staff and volunteers are attentive to consumer’s wellbeing and this is taken into account in service delivery. Staff and management interviewed by the Assessment Team demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and representatives interviewed by the Assessment Team advised the service enables consumers to stay connected to their community and do things of interest to them. Staff, volunteers and management interviewed by the Assessment Team described their processes to assist consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed information about consumers’ needs, preferences and conditions is documented and communicated within the organisation. Consumers and representatives interviewed by the Assessment Team were satisfied that information about their services is shared within the service and with others involved in their service provision. Staff, volunteers and management interviewed by the Assessment Team described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed timely and appropriate referrals to individuals, other organisations and providers of other services. Consumers interviewed by the Assessment Team, and care planning documents analysed by the Assessment Team, confirmed that consumers were referred in a timely manner, when required. Staff interviewed by the Assessment Team were able to describe the process of referral to meet consumers’ needs.

# 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

Evidence analysed by the Assessment Team showed the vehicles making up the service environment were welcoming, easy to navigate, and optimised consumers’ sense of belonging, independence, interaction and function. Consumers and representatives interviewed by the Assessment Team confirmed the vehicles are welcoming and suitable for their transport needs. Management interviewed by the Assessment Team advised the vehicles were selected due to the ease of access and adjustable seating to ensure they are suitable for all consumers. Observations noted by the Assessment Team confirmed the vehicles are welcoming, easy to access and functional.

Evidence analysed by the Assessment Team showed the vehicles making up the service environment were well maintained, comfortable, safe and clean and enable consumers to move freely. Volunteers and management interviewed by the Assessment Team described the process to ensure vehicles are regularly cleaned and maintenance is addressed immediately. Observations noted by the Assessment Team confirmed the vehicles are well maintained, clean and safe.

Evidence analysed by the Assessment Team showed fittings and equipment in each vehicle are safe, clean, well maintained and suitable for the consumer. Staff, volunteers and management interviewed by the Assessment Team described processes to ensure equipment is safe, clean and well maintained. This was confirmed through observations noted by the Assessment Team.

Volunteer drivers interviewed by the Assessment Team advised they check equipment in the vehicles, including first aid kit, cleaning kit and handy bars, are clean and maintained prior to every shift. These statements were substantiated on the service's Vehicle daily inspection sheet viewed by the Assessment Team.

# 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

Evidence analysed by the Assessment Team showed consumers and others are encouraged and supported to provide feedback and make complaints. Five consumers and/or representatives interviewed by the Assessment Team stated should they have issues with the services, they would ring the service to discuss their concerns. Staff and management interviewed by the Assessment Team described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team showed complaints records show that consumers and representatives can and have provide feedback on their services.

Evidence analysed by the Assessment Team showed consumers are made aware of and have access to advocates and language services for raising and resolving complaints. Four consumers and/or representatives interviewed by the Assessment Team stated they would feel comfortable ringing the service to discuss their concerns. Management interviewed by the Assessment Team stated information about advocacy services is provided to consumers, representatives and others in the consumer handbook, and the service is registered with translation and interpreting services.

Evidence analysed by the Assessment Team showed appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Most consumers and/or representatives interviewed by the Assessment Team stated they had not needed to make a complaint or provide feedback, however, felt confident that the service would take actions if they raised feedback. Staff and management interviewed by the Assessment Tram described how they address consumers’ complaints.

Evidence analysed by the Assessment Team showed feedback and complaints are reviewed and used to improve the quality of services. Three consumers and/or representatives interviewed by the Assessment Team had previously provided feedback about being unable to get a booking due to the lack of drivers, however, the consumers stated they had noticed recent improvements in availability of bookings. Management interviewed by the Assessment Team described recent improvements undertaken as a result of consumer feedback.

# 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

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 workforce deployed enables, the delivery and management of safe and quality services. Five consumers and/or representatives interviewed by the Assessment Team stated drivers arrive on time and the service allocates sufficient transport time, so they are not rushed to their destination. Staff and management interviewed by the Assessment Team described how transport services are scheduled to enable booking demands and allow sufficient time for the journey.

Evidence analysed by the Assessment Team showed workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Three consumers and/or representatives interviewed by the Assessment Team stated staff and volunteers are kind and caring. Staff, volunteers and management interviewed by the Assessment Team spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

Evidence analysed by the Assessment Team showed the workforce is competent and have the knowledge to effectively perform their roles. Three consumers and/or representatives interviewed by the Assessment Team felt that staff and volunteers are competent in their job. Volunteers and management interviewed by the Assessment Team described assessment processes to ensure volunteer drivers are competent to provide transport services.

Evidence analysed by the Assessment Team showed regular monitoring and review of the performance of workforce members. Staff and management interviewed by the Assessment Team described the service’s performance review process.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the workforce is effectively trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards (Quality Standards). During interviews with the Assessment Team management advised they had identified improvements were required to the training policy, and mandatory training provided to staff and volunteers, however, this is yet to be implemented. Evidence analysed by the Assessment Team identified that requirements of the Quality Standards had not been considered to inform workforce training needs.

During interviews with the Assessment Team the executive officer advised that, following their appointment in July 2021 and recent self-assessment in preparation for the Quality Audit, they had identified that staff and volunteer training at recruitment and ongoing could be improved. For example, the Assessment Team noted the workforce should be provided education on cultural awareness and the induction process could include additional training. During interviews with the Assessment Team the executive officer described challenges including staff and volunteer resistance to understanding the requirement to attend or complete mandatory training and finding suitable and affordable training.

Evidence analysed by the Assessment Team showed other relevant training to the Quality Standards had not been provided to the workforce or considered by the organisation. For example:

* The Assessment Team noted as identified under Standard 8 Requirement (3)(d), following the addition of sub-requirement (iv) in April 2020, related to incident management system (IMS), the organisation did not review staff and volunteer training needs.
* The Assessment Team noted as identified under Standard 2 Requirement (3)(b), the service does not have an effective framework for the assessment and planning including consideration of consumer risks. The Assessment Team noted that policies and procedures currently used by the service relate to organisational risks, and staff and volunteers have not been provided training in relation to consumer risks such as identifying mobility and/or falls risks, documenting and reporting risks to consumers.

One staff member and one volunteer interviewed by the Assessment Team stated they did not need training as they knew their role. Upon further questioning by the Assessment Team the staff member could not recall discussing training needs as part of their performance review.

Evidence analysed by the Assessment Team showed the organisation’s education and training policy dated 2021, and mandatory training document dated 2020, states staff and volunteer training requirements including dementia awareness, manual handling, driver awareness, first aid, and incident reporting. However, the Assessment Team noted based on evidence analysed that training relevant to the Quality Standards such as consumer risk management, dignity of risk, elder abuse and cultural safety have not been considered or documented. Management advised the Assessment Team during interviews that training policy needs reviewing.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

# 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. | **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 consumers are engaged in the development, delivery and evaluation of services. Consumers and representatives interviewed by the Assessment Team advised they have verbal input about how services are provided and felt that the service is well run. During interviews with the Assessment Team management advised that consumers are involved in the services through feedback processes and surveys. Evidence analysed by the Assessment Team showed a consumer survey completed in June 2021, showed that consumers had made suggestions to improve service delivery, including volunteer drivers wearing a badge to make their identification easier, which had been implemented and was observed by the Assessment Team during the Quality Audit.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that the governing body effectively promotes a culture of safe and quality services and is accountable for their delivery. Evidence analysed by the Assessment Team showed while the organisation has an established governance framework including the board’s role and responsibilities, the organisation does not have effective monitoring and reporting systems and processes to enable effective governing body oversight and accountability. The Assessment Team analysed evidence and identified that the governing body has not implemented key service metrics, nor effective and systematic reporting against the service’s performance related to services provided to consumers in line with the requirements of the Aged Care Quality Standards.

Evidence analysed by the Assessment Team showed organisational governance and board documentation states that the board is responsible and accountable for the services including in relation to risk and financial management to ensure safe and efficient services are provided and monitoring to ensure organisational compliance. Evidence analysed by the Assessment Team showed the board policy sets the Executive officer (EO) role and responsibilities, including reporting to the board to enable board decision making related to the service’s operations. Furthermore, evidence analysed showed the policy states that the board is required to request the appropriate information considered necessary to perform their duties. However, as identified by the Assessment Team, the board has not established effective reporting processes related to the consumers’ services, for example:

* The Assessment Team noted the EO advised, and documentation analysed confirmed, that the EO is required to report directly to the board in relation to transport services provided to consumers including consumers attrition, number of trips and unit cost prior to the two-monthly board meeting. Evidence analysed showed the EO is required to prepare an executive report to the board, however, no set reporting requirements have been outlined by the board and they report on things they deemed might be of interest to the governing body such as the aged care reforms, impact of Covid-19, information management and workforce.
* Board meeting minutes analysed by the Assessment Team showed that items reported and discussed included Work Health Safety/incidents, Covid-19 requirements and impact on services, financial report, EO report, policy review, workforce attraction/retention, and the electronic care/services system functionality. However, the Assessment Team noted that trends and analysis of consumer’s complaints, risks and incidents have not been considered or reported. The EO advised the Assessment Team they do not systematically report on trends or risks to consumers, they report on significant individual consumer complaints or incidents on an ad hoc basis.
* The organisation’s Strategic Action Plan which was analysed by the Assessment Team states that the organisation will continue to develop systems and processes to professional standards. The EO report to the board in February 2021, reflected the strategic plan including identification to establish key service metrics which would be measured and reported on. The Assessment Team noted that the strategic plan was discussed during the February 2021 board meeting, however, at the time of the Quality Audit, performance indicators related to services to consumers had not been established, implemented or reported on.

The Assessment Team analysed evidence and identified that the service was not consistently able to demonstrate understanding and application of the Quality Standard requirements. The Assessment Team noted the organisation did not demonstrate that these issues had been reported to and considered by the board to inform effective decision making in line with the Quality Standards.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective organisation wide governance systems in relation to information management and regulatory compliance. Evidence analysed by the Assessment Team showed the organisation did not demonstrate that consumers were provided relevant service plan information, and that the workforce had readily access to relevant information to perform their role including up to date policies and procedures, and consumer service plan information. Evidence analysed by the Assessment Team showed the organisation did not demonstrate that organisational regulatory compliance systems and processes enable the organisation to comply with the Quality Standards. However, based on evidence analysed by the Assessment Team the organisation was able to demonstrate effective organisation wide governance in relation to continuous improvement, financial and workforce governance, and feedback and complaints.

information management:

Evidence analysed by the Assessment Team showed the organisation did not demonstrate effective information management systems and processes to enable effective consumer assessment and planning (refer to Standard 2), for example:

* Evidence analysed by the Assessment Team showed consumers are not provided relevant information in relation to their services as the service does not have care plans. Evidence analysed by the Assessment Team showed volunteer drivers are provided a run sheet, however, risks to the consumer’s safety, health and well-being and strategies to support the workforce in managing those risks were not adequately documented in the run sheets to guide their practice. During interviews with the Assessment Team management advised the electronic system used to document consumer’s services information does not currently enable recording of all relevant information such as risks to consumers to be easily documented and accessed by the workforce. During interviews with the Assessment Team management advised that relevant information is provided to drivers on run sheets.

Evidence analysed by the Assessment Team showed the organisation did not demonstrate effective information management systems and processes to ensure that the workforce had access to up to date policies and procedures, and to effectively guide them in relation to the Quality Standards. For example:

* The Assessment Team noted the organisation was unable to provide evidence of policies and procedures related to consumer choice and decision making including if they wished to take risks, cultural safety, assessment and planning, management of consumer’s high-impact or high-prevalence risks, Elder abuse and open disclosure.
* Evidence analysed by the Assessment Team showed the organisation has a suite of policies and procedures currently in use, however, these have not recently been reviewed and updated to ensure they are fit for purpose, including in relation to the requirements of the Quality Standards.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices to identify, assess, manage and monitor risks to consumer’s safety and well-being; and prevent further risks or incidents. Evidence analysed by the Assessment Team showed the organisation did not demonstrate effective consumer risk assessments are undertaken, and subsequently document consumer risks and management strategies. Evidence analysed by the Assessment Team showed the organisation did not demonstrate that policies, procedures, and training for staff and volunteers are in place to identify and respond to abuse and neglect of consumers, and support consumers to live the best life they can including taking risks. Evidence analysed by the Assessment Team showed the governing body does not have effective processes to monitor and have oversight of consumers’ high-impact or high-prevalence risks.

In relation to managing high-impact or high-prevalence risks to consumers, the Assessment Team analysed evidence which showed the organisation was not able to demonstrate effective systems and processes to identify, assess, manage and monitor risks to consumers.

* The Assessment Team noted the EO was able to identify consumers who are at risk due to health decline, mobility impairments, risk of falls, cognitive impairments and dementia. However, as demonstrated under Standard 2 Requirements (3)(b) the service has not completed risk assessments or regular review of risks, to enable effective management and monitoring of risks to consumers.
* Organisational risk management documents analysed by the Assessment Team were generic and related to organisational risks such as continuity of services in the event of natural disasters, Covid-19 and infection control, information technology (IT), workforce, financial or vehicle incidents. However, the Assessment Team noted these documents do not provide guidance to staff and volunteers in relation to consumers’ risks to inform transport services such as mobility, falls, cognitive status and health issues.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that the organisation uses consumers’ incidents data to identify, analyse and report trends, and inform continuous improvements to prevent similar incidents occurring again as required under the Quality Standards.

* The Assessment Team analysed the service’s incidents register showing that consumers’ incidents had been reported and actioned, and generally reported to the board. However, the EO advised the organisation does not currently undertake trends and analysis activities of consumers’ risks and/or incidents. As per the evidence included above.

In relation to identifying and responding to abuse and neglect of consumers, the Assessment Team analysed evidence which showed the organisation was not able to demonstrate that policies and procedures are in place to prevent and respond to Elder abuse and neglect. Furthermore, the Assessment Team noted staff and volunteers have not been provided education in relation to abuse and neglect of consumers.

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)