**Performance**

**Report**

**1800 951 822**

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| Name of service: | Northern Healthcare Volunteer Association Incorporated |
| Service address: | Lyell McEwin Hospital, Haydown Road ELIZABETH VALE SA 5112 |
| Commission ID: | 600237 |
| Home Service Provider: | Northern Healthcare Volunteer Association Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 16 January 2023 to 18 January 2023 |
| Performance report date: | 15 February 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 Northern Healthcare Volunteer Association Incorporated (**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:**

* Care Relationships and Carer Support, 23703, Lyell McEwin Hospital, Haydown Road, ELIZABETH VALE SA 5112

# 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.

# 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 | **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)(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)(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)(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)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **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;   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   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. | **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, culture and diversity valued. Consumers and/or representatives when interviewed by the Assessment Team felt that consumers are treated with respect and valued as individuals by the service. During interviews with the Assessment Team volunteers and management described how they ensure each consumer's identity is respected, and how they are treating consumers with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that they are listened to by the service, and their services are provided around what is important to the consumer. During interviews with the Assessment Team staff described induction training to volunteers to support culturally safe practices.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/or representatives when interviewed by the Assessment Team confirmed the service involves them in making decisions about the consumer’s services. During interviews with the Assessment Team volunteers described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers when interviewed by the Assessment Team confirmed they are provided with timely and relevant information when they first commence at the service, when something changes, and ongoingly for the consumers attending the group outings. During interviews with the Assessment Team staff and management described how they provide information to consumers in various ways, including verbally, by telephone, email, and in writing.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that each consumer is effectively supported to take risks to enable them to live the best life they can. The Assessment Team noted while consumers did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life. Evidence analysed by the Assessment Team showed the while the service demonstrated that consumers are supported to make choices which involves elements of risk, the service was not able to demonstrate that consumers had been informed of risks and possible consequences of their decisions, to enable them to make informed choices. Evidence analysed by the Assessment Team showed the service was not able to demonstrate that there are systems and processes in place to guide staff about supporting consumers to take risks.

The Assessment Team were not provided with specific consumer examples regarding dignity of risk for consumers, the Program Manager advised the Assessment Team that consumers may have alcohol with their meals when attending group outings if they choose, and on some occasions can spend some time playing the ‘pokie machines’. However, evidence analysed by the Assessment Team showed the service does not discuss this at assessment or reassessment with the consumers and/or their representatives to understand if there are risks associated with these choices, including identifying if alcohol may counter indicate with their medications or other associated risks.

During interviews with the Assessment Team the Program Manager advised the service does not have a formal dignity of risk process, and while they recognise situations of risk for consumers to support them to live their best life, these risks are not discussed with consumers and/or their representatives to discuss consequences and risk mitigation strategies.

During interviews with the Assessment Team the service acknowledged that current systems and processes are not effectively guiding staff, and supporting consumers, in relation to dignity of risk. The Assessment Team noted they were informed by the service that they will review their current processes to ensure consumers are supported to take risks, including risk management strategies and education to volunteers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives when interviewed by the Assessment Team felt that volunteers are respectful of the consumer’s privacy when providing services and volunteers and management described how consumer’s privacy and confidentiality are respected. Evidence analysed by the Assessment Team showed the service does not have a documented policy or procedure to guide staff and volunteer practice in relation to privacy and confidentiality, the Assessment Team noted there are discrepancies regarding the protection of consumers’ information with conflicting information on various documents, and the requirement of consumers to wear a lanyard containing personal information when on outings.

Evidence analysed by the Assessment Team showed the showed while various Handbooks provided to volunteers discusses overarching statements regarding privacy and confidentiality, the Assessment Team was not provided with policies or procedures to inform staff and volunteers about how to collect, use and communicate personal information.

The Assessment Team noted while the Program Manager during interviews with the Assessment Team described how they request consumers consent every time, prior to disclosing information, the Assessment Team noted that various documents including the service’s multiple brochures and the service agreement provided conflicting information about the process for sharing personal information.

The Assessment Team noted in preparation for the Quality Audit, the service stated they would require consent from all consumers and volunteers prior to providing contact details to the Assessment Team, which impeded the Assessment Team’s ability to appropriately sample consumers. However, the Privacy, Confidentiality and Accessing your Personal Information brochure stated: ‘Disclosure of your personal information from time to time the Commonwealth government may collect information on services provided and in these circumstances your information may be disclosed under statutory reporting requirements which form part of our funding agreement.’

Evidence analysed by the Assessment Team showed the while the service was able to demonstrate they take some steps to protect consumer privacy and confidentiality, the service was not able to demonstrate that they have effective systems to guide staff practice in the collection, use and communication of consumers’ personal information, and specifically when consumers are attending group outings.

# 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. | **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. | **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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are both involved in the initial visit and assessment process and during reviews. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and their representatives are involved in the planning of consumer’s services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a service agreement and care plan, which is readily available to the consumer and staff at point of care. Consumers and/or representatives when interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s service agreement was provided to them. Service agreement documents analysed by the Assessment Team confirmed that outcomes of consumers’ assessment and planning were documented in the service’s electronic system and care plans, which are provided to consumers.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective services. Evidence analysed by the Assessment Team showed the for some consumers, while key risks had been identified through the initial home visit, these had not been assessed and strategies to manage those risks were not consistently documented. Evidence analysed by the Assessment Team showed the care plans provided to volunteers did not include sufficient detail about assessed needs and risks to the consumer to guide them in managing the risks for consumers.

During interviews with the Assessment Team Management described the process of initial assessments with consumers and their representative, and how supporting documentation such as My Aged Care (MAC) referrals, medical summaries, medications taken, mobility and dietary requirements are considered when planning services, and developing a service agreement. However, management did not demonstrate that they are considering and/or assessing risk to the consumers to identify individualised risks to a consumer's health and wellbeing or using this information to inform the delivery of the consumer’s services.

The Assessment Team analysed service plans and referrals for six sampled consumers and noted the service has identified some risks to a consumer’s health and wellbeing, for example, falls risk, medical conditions and memory loss. However, the Assessment Team noted the assessment and planning documentation did not demonstrate the service is including the consideration and assessment of risks to the consumer’s health and well-being to inform the delivery of safe and effective services. Evidence analysed by the Assessment Team showed the service does not have policies or procedures to guide the assessment and planning processes, including the consideration of risk to individual consumers.

Two volunteers when interviewed by the Assessment Team described how they receive the care plan and service agreement, and ongoing verbal guidance from the Program Manager to manage risks to consumers. During interviews with the Assessment Team the two volunteers additionally stated they get to know the consumer well, to know how to best support them.

The Assessment Team noted following feedback from the Assessment Team, the service advised they will review the initial assessment and planning processes to ensure the identification of risk is better identified and documented for 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. Consumers and/or representatives interviewed by the Assessment Team described in various ways how assessment and planning processes identifies consumers’ current needs, goals and preferences and uses this information when planning and delivering their services. However, the Assessment Team noted that information collected was not effectively or consistently documented within the summarised care plan to inform the volunteers when providing services. Evidence analysed by the Assessment Team showed the care planning documentation viewed for sampled consumers did not effectively identify individualised needs, goals and preferences or provide instructions to volunteers in how to achieve these.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that advanced care planning had been discussed with consumers. Consumers and management when interviewed by the Assessment Team advised advanced care planning were not discussed as part of the intake process at the service. The Assessment Team analysed documentation provided to consumers at intake which showed it did not contain information about, or contacts for assistance with advanced care planning. During interviews with the Assessment Team management confirmed information about advance care planning is not provided to consumers.

The Assessment Team noted Management acknowledged feedback from the Assessment Team and advised they will review their processes to identify and address consumers current needs, goals and preferences and seek information and resources to enable the service to provide information and have discussions with consumers about advanced care planning.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation analysed by the Assessment Team for sampled consumers showed that, when reviews were completed, these were not always effectively identifying risks to consumers, including following incidents or when circumstances changed.

The Assessment Team noted a review of care planning documents for sampled consumers documented the following:

* Consumer A’s care plan identifies Consumer A has mobility issues and a limp and alerts staff that he/she needs his/her walker, and the volunteer is to stand near when Consumer A is getting on and off the bus. A progress note documented in September 2022, noted that the volunteer had advised the Program Manager that Consumer A was very unsteady on his/her feet, and Consumer A was having trouble getting on and off the bus. The Assessment Team noted that no follow up or review was documented within the computer system.

The Assessment Team noted the service acknowledged the identified gaps and advised they would review their processes for reviewing consumers when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer

# 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, and therefore Standard 3 is not applicable, and was not assessed as part of this 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. | **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. | **Not applicable** |
| 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 was able to demonstrate consumers gets 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 and/or representatives when interviewed by the Assessment Team were positive and felt consumers are supported to attended outings with the service. During interviews with the Assessment Team Management and volunteers demonstrated services provided to consumers are suitable for their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual, and psychological wellbeing. Consumers and/or representatives when interviewed by the Assessment Team stated volunteers are attentive to consumer’s wellbeing and provide meaningful activities and services. The Assessment Team noted volunteers and management demonstrated how they support consumers emotionally and promote their psychological wellbeing. All consumers interviewed by the Assessment Team explained they feel confident that the volunteers know them well and would recognise if they were feeling low and would respond appropriately.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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/or representatives when interviewed by the Assessment Team advised the outings provided enable the consumer to take part in their community and do things of interest to them. During interviews with the Assessment Team Management and volunteers described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that information about the consumer’s condition, needs and preferences is communicated within the service, and with others where the responsibility for services and supports for daily living is shared. Consumers and representatives when interviewed by the Assessment Team stated they were satisfied that information about their care and services is shared within the service. Care planning documentation analysed by the Assessment Team for sampled consumers showed that important information about the consumers, including incidents, deterioration, or changes, is not consistently and effectively documented, reviewed, and communicated to volunteers to inform safe and quality services.

Staff and volunteers when interviewed by the Assessment Team stated they verbally share information regarding the needs, goals, and preferences of each consumer, this is not documented adequately in care plans to inform volunteers at the point of care. During interviews with the Assessment Team Management advised information regarding consumers is discussed with the volunteers prior to each trip. However, the Assessment Team noted volunteers are not required to provide information after the trip in regard to the individual consumers and if there were any changes in their condition.

During interviews with the Assessment Team Management stated that while they do collect information from consumers on what other services they are being provided, they do not seek information from the other service providers and will begin to engage other service providers to ensure information is shared where the responsibility for services and supports for daily living is shared.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services were considered and/or undertaken for three consumers sampled by the Assessment Team. Evidence analysed by the Assessment Team showed the service did not demonstrate effective systems and processes to ensure an effective network of external providers they can refer to, or collaborate with, to meet the needs of consumers for their daily living. For example, Consumer A progress note documented in September 2022 noted the volunteer advised that Consumer A was very unsteady on his/her feet and Consumer A was having trouble getting on and off the bus. The Assessment Team noted they found no evidence in the electronic records that the service referred Consumer A to MAC or an Allied Health professional.

During interviews with the Assessment Team Management stated they have only been referring consumers to MAC and could not provide an example of referring a consumer to another service. Management advised they will review their processes to ensure that they will provide timely and appropriate referrals to individuals and other organisations in the future.

# 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. | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments were welcoming, easy to navigate, and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers and representatives when interviewed by the Assessment Team confirmed the vehicles are welcoming and suitable for their transport needs. During interviews with the Assessment Team Management advised the vehicles allow wheelchair access and storage space for walking devices and are suitable for all consumers. Observations made and recorded by the Assessment Team confirmed the vehicles are welcoming, easy to access and functional.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the bus’s making up the service environment were well maintained, comfortable, safe, and clean and enable consumers to move freely. During interviews with the Assessment Team volunteers and management described the process to ensure buses are regularly cleaned and maintenance is addressed immediately, however the Assessment Team noted the service was unable to demonstrate effective risk management processes for other venues they attend. Observations made and recorded by the Assessment Team confirmed the vehicles are clean and suitable for use.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that furniture, fittings, and equipment are safe, clean, and well maintained and suitable for the consumer. Evidence analysed by the Assessment Team showed the systems to monitor the roadworthiness of the service’s vans were not effective.

During interviews with the Assessment Team volunteers described how they follow the LMRVA van inspection procedure prior to their group's departure, including recording details in a logbook, with any concerns to be provided verbally to management for further action.

The Assessment Team observed volunteers undertaking the visual inspection check where they explained the logbook procedure. However, The Assessment Team identified:

* Repeated oversights in these visual checks resulted in the diesel van being unroadworthy. The CEO advised that, following an issue with another vehicle, they undertook a visual inspection of all vehicles and identified that the four tyres on the van were unroadworthy, and the CEO initiated immediate replacements. The Assessment Team viewed the reporting of this incident to the Governing Body as part of their monthly report.
* Management was unable to locate and provide any supporting documentation regarding the hierarchy of information supporting this incident, nor its rectifying outcome effectively recorded.

Following feedback from the Assessment Team the service acknowledged that their current systems are not effective and will review their processes to ensure improved oversight of the vehicle roadworthiness.

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

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was 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 knew how to provide feedback or make a complaint and volunteers/staff were able to describe their processes for when a consumer or representative raises issues or concerns.

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 had either provided feedback to the service which had been actioned or felt comfortable to ring the service to provide feedback, if required. During interviews with the Assessment Team the Program Manager described how they action any feedback or complaints with the consumer and/or representative and how this is documented in the consumer file only.

Non-compliant Evidence

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 Staff advised they would utilise interpreter services for any consumers requiring this service, however, have not yet had the need to do so. Evidence analysed by the Assessment Team showed the information provided to consumers did not provide current and accurate information to enable consumers to access external advocacy, language, or aged care complaints services.

The Assessment Team analysed the Information pack provided to consumers which did not hold information about feedback processes, including external advocacy, language, or aged care complaints services. The Assessment Team noted the Program Manager provided the Assessment Team with a Complaints, Comments and Suggestions brochure which outlines internal feedback processes and details outdated information for Independent Advocacy service, and Health and Community Services Complaints Commissioner. The Program Manager advised the Assessment Team this brochure should be included in the Information Packs.

The Assessment Team noted following feedback from the Assessment Team, the Program Manager advised they are in the process of reprinting the services’ brochures and would be reviewing all respective brochures to ensure updated information about advocacy and external avenues of complaint is included in the publications and provided to consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that feedback and complaints were effectively reviewed and used to improve the quality of care and services. Evidence analysed by the Assessment Team showed the service does not have an effective feedback and complaints management system to inform staff and volunteer guidance in the management of complaints, including the process of open disclosure, to ensure complaints are used inform continuous improvement activities.

During interviews with the Assessment Team when asked about trends identified in relation to complaints, the Program Manager could not identify any complaint trends, as complaints are not documented in a system that would enable the service to track, review and analyse feedback and complaint trends to improve the quality of services for consumers. The Assessment Team noted following feedback from the Assessment Team, the Program Manager advised they will be implementing a feedback register to assist with the analysis and review of complaints data.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

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 volunteers to deliver the consumer’s services. During interviews with the Assessment Team volunteers interviewed indicated there are enough volunteers to support consumers. Management when interviewed by the Assessment Team clearly described their processes to identify and meet the service’s staffing needs.

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 confirmed office staff and volunteers treat consumers with respect and are responsive to their suggestions for service. During interviews with the Assessment Team volunteers described how they provide services to consumers in a kind and respectful manner.

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 during interviews with the Assessment Team described confidence in the staff and volunteers' knowledge and competence to perform their roles. The Assessment Team noted the service described having a recruitment process and an initial onboarding process to ensure that the paid and volunteer workforce is competent to perform their roles.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Volunteers when interviewed by the Assessment Team described completing relevant training and being supported in their role through regular meetings and access to the Program Manager for any consumer related queries and reporting requirements. During interviews with the Assessment Team Management described initial selection and onboarding processes, a mandatory schedule of training, and regular communication with volunteers, including meetings to provide information and support.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. Volunteers interviewed confirmed they are in contact with the Program Manager on a regular basis and discuss any concerns that they may have individually or at team meetings.

# 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the organisation demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Consumers interviewed by the Assessment Team provided examples of where they have provided feedback to the service, including through surveys, attendance at annual planning days and verbal feedback to volunteers. Consumers when interviewed expressed satisfaction with the quality of services and said they can provide input into to how the service is delivered.

During interviews with the Assessment Team the Program Manager advised that, in addition to feedback and complaints processes, consumers can be involved in improvements to services through the review process, surveys and annual planning days.

Non-compliant Evidence

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 CEO and Governing Body asks for and receives the information they need from the service delivery team to meet their responsibilities under this requirement. The Assessment Team noted there was no evidence provided to demonstrate that the CEO and the Governing Body understands and sets priorities to monitor and improve the performance of the service against the Quality Standards.

The Assessment Team noted through discussion with the CEO, review of the abridged self-assessment completed by the CEO, the CEO Board reports and the Board meeting minutes reviewed for September, October, November and December 2022, the Assessment Team noted that the CEO and the Governing body do not have an understanding of the funded CHSP service and the Quality Standards to enable the appropriate oversight and accountability of the service, with only numbers of consumers and volunteers being reported in Board reports.

Evidence analysed by the Assessment Team showed the CEO and the Governing Body do not request information from the service to report, trend or analyse indicators of performance against the Quality Standards. While there is a monthly Work, Health and Safety report tabled for each Board meeting, these reports do not capture consumer incidents or near misses.

The Assessment Team noted the organisation was unable to provide any risk management documentation to demonstrate they have considered organisational risks in line with the delivery of the CHSP program.

*Information Management*

Evidence analysed by the Assessment Team showed the service 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. Evidence analysed by the Assessment Team showed the service has a suite of policies, procedures and volunteer handbooks that do not reflect the Quality Standards, or information specific to meet the needs of aged care consumers to guide staff and volunteer practice.

The Assessment Team noted they were directed to the Northern Healthcare Volunteer Association website as volunteers do not have access to the service’s electronic systems. The Assessment Team noted there were fifty-four policies and/or procedures of which some relate to volunteers and most being not relevant to the services provided by the organisation. The Assessment Team noted in addition, the website shows these documents were last modified in 2020, most documents were at least 5 years out of date, with some being last reviewed in 2012.

*Continuous Improvement*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate an effective continuous improvement system and processes in place to assess, monitor and improve the quality and safety of care and services provided by the service.

During interviews with the Assessment Team the CEO described continuous improvement actions to improve the numbers of consumers in the program through marketing and networking with community and local government agencies.

Evidence analysed by the Assessment Team showed the organisation does not have an implemented process to identify and document actions required to be completed to improve the quality of services for consumers.

*Regulatory Compliance*

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

The Assessment Team noted there was no evidence provided to demonstrate that the CEO or Governing Body understands or monitors its regulatory compliance against legislation, regulatory requirements, and guidelines relevant for the CHSP program.

The Assessment Team noted while the Program Manager could describe how the service accesses up to date information on legislative guidelines through correspondence and media releases from funding bodies and Australian Government websites, and membership with two aged care peak bodies and the Northern Collaborative group, they advised they do not always have the time to review information received to ensure full implementation of any changes into their systems.

*Feedback and Complaints*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that there are effective systems and processes in place 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 feedback and complaints, in line with the requirements of the Quality Standards. Evidence analysed by the Assessment Team showed the organisation did not have processes in place to enable appropriate review of feedback received from consumers or identifying any improvements that can be made as a result of feedback and complaints. – *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; to support consumers to live the best life they can; and manage and prevent incidents, including the use of an incident management system.

The service did not adequately demonstrate risk management processes included a consideration of high impact or high prevalence risks to inform the delivery of safe and effective services for each consumer.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective consumer risk assessments are undertaken to identify, assess and manage risks to consumer’s health, safety and well-being, and subsequent documentation of risks and management strategies at point of care for volunteers. The Assessment Team noted that consumer risks were inconsistently identified in assessment processes, and this information did not inform the care plan, to enable volunteers to mitigate the risks for consumers at point of service delivery. The Assessment Team noted the Management did not have a shared understanding of what high impact or high prevalence risks were and how the risks would be identified and managed for consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective systems and processes in the identification and management of all risks to consumers to enable them to live their best life. The Assessment Team noted while management and volunteers described how they deliver services to support consumers to access the community and have social interactions for consumers to live the best life they can, the service has no documented processes to support the assessment of consumers who wish to undertake risks, including the discussion and consultation of consequences and possible mitigation strategies.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate an effective incident management system is in place to identify where quality and safety is at risk for consumers, and when improvements need to be made.

Evidence analysed by the Assessment Team showed the organisation does not have an Incident Management policy in place to inform staff and volunteers of the processes to manage and prevent incidents for consumers. In addition, the organisation has not reviewed its incident management system, since the introduction of SIRS on 1 December 2022, to ensure it will meet the requirements for reporting within the specified timeframes.

During interviews with the Assessment Team the Program Manager confirmed that volunteers have not received training in the reporting and management of incidents. Volunteers stated when interviewed by the Assessment Team stated, in the event of a consumer incident, they would advise the Program Manager and encourage the consumer to contact the service or their GP.

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Evidence analysed by the Assessment Team showed the organisation reports on incidents in relation to the work, health, and safety of volunteers monthly to the CEO and the Governing Body, however, the service advised this incident management system does not capture any incidents related to consumers.

Evidence analysed by the Assessment Team showed while the organisation has a recording tool to document incidents and outcomes of investigations, they could not demonstrate that these are completed or used to report incidents or manage the ongoing risks to consumers by implementing mitigation strategies. The Assessment Team noted the Program Manager could not identify if there had been any consumer incidents in the past six months and advised they would have to review the consumer notes to be able to identify them.

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)