**Performance**

**Report**

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| Name of service: | Older Persons Mental Service Health Commonwealth Home Support Programme |
| Service address: | Torrens Valley International Residence (Basement L, 41-69 Smart Road MODBURY SA 5092 |
| Commission ID: | 600217 |
| Home Service Provider: | Northern Adelaide Local Health Network Inc |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 22 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Older Persons Mental Service Health Commonwealth Home Support Programme (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24543, Torrens Valley International Residence (Basement L, 41-69 Smart Road, MODBURY SA 5092

# 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 16 March 2023.

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **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 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)(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 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management;   continuous improvement;   1. financial governance; 2. workforce governance, including the assignment of clear responsibilities and accountabilities; 3. regulatory compliance;   feedback and complaints. | **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 and representatives when interviewed by the Assessment Team described staff as kind, caring and respectful. During interviews with the Assessment Team subcontractors 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 when interviewed by the Assessment Team stated staff understand their needs and preferences and deliver services with this in mind. During interviews with the Assessment Team staff demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team noted this was substantiated through training records and other documentation reviewed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others. Consumers and representatives when interviewed by the Assessment Team stated the service involves them in making decisions about their services. During interviews with the Assessment Team staff and management 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 the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers and/or their representatives when interviewed by the Assessment Team described undertaking activities they enjoyed safely with appropriate supports. During interviews with the Assessment Team staff and management were able to describe dignity of risk and demonstrate how consumers are supported to safely take risks. The Assessment Team noted this was substantiated through documents provided to the Assessment Team.

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. During interviews with the Assessment Team staff and management described how they provide information to consumers in various ways. The Assessment Team noted this was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. During interviews with the Assessment Team subcontractors described their privacy and confidentiality procedures. During interviews with the Assessment Team management advised staff were respectful of personal information and demonstrated they have effective systems in place to protect consumers privacy and personal information. The Assessment Team noted this was substantiated through observations.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Compliant** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **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. | **Non-compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives when interviewed by the Assessment Team confirmed assessment and care planning informs the safe and effective delivery of their care and services. During interviews with the Assessment Team staff and management described the service’s assessment and planning to inform how they deliver safe and effective care and services. Care planning documentation analysed by the Assessment Team in relation to sampled consumers showed consumers had been assessed at entry to the service and ongoing, with mental health care plans which identified mental health and aged related risks.

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 involved in planning and making decisions about consumers’ care and services. During interviews with the Assessment Team coordinators described how consumers and their family are involved in assessment and planning of care and services. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers’ services are reviewed regularly including when their circumstances had changed. During interviews with the Assessment Team staff and management confirmed that the service has processes to ensure consumers’ services are reviewed regularly, including when changes to consumer’s circumstances are identified.

Non-compliant Evidence

In respect to Requirement 2(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The decision maker is confident if the corrective action is followed through in its entirety the service should return to compliance.

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. While consumers and/or representatives when interviewed by the Assessment Team confirmed assessment and planning processes identified CHSP services to meet their current needs in line with their goals of continuing to live independently, their needs and preferences are not always requested. During interviews with the Assessment Team staff and management stated discussions with consumers and/or representatives about consumer’s needs, goals and preferences are often utilised, however, the Assessment Team noted this information is not consistently documented to inform care and services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate they undertake appropriate CHSP service-related assessment and planning to document consumers’ needs, goals, and preferences.

During interviews with the Assessment Team management advised that comprehensive assessment and planning is undertaken at the point of entry into the OPMHS, which includes the identification of the need for CHSP services to be implemented to ensure the consumers’ safety while living at home.

Evidence analysed by the Assessment Team showed that while referrals for subcontracted services are actioned for nursing, personal care, domestic assistance, meals and social support individual, consumer information regarding their needs, goals and preferences was not documented.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate there are documented processes in place to guide staff and/or subcontracted staff when a consumer is not responding to a scheduled visit.

In respect to Requirement 2(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The decision maker is confident if the corrective action is followed through in its entirety the service should return to compliance.

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. Evidence analysed by the Assessment Team showed while the service produces a Mental Health Care Plan for each OPMHS consumer, the service was not able to demonstrate a care plan is developed to include the provision of care and services through CHSP and other services, which is distributed to consumers and their representatives and to subcontractors where services are provided.

During interviews with the Assessment Team one representative advised they had received a care plan which they have not had time to read, one consumer interviewed in relation to this requirement advised they have not received a care plan to outline the services provided for the short-term period, and further stated they were unclear of some details regarding their care and services.

Consumer A when interviewed by the Assessment Team stated he/she receives twice daily services which will be ceasing in two weeks and was unclear of the reason why. Consumer A stated he/she receive social support services, however, did not know what service the staff were from. Consumer A confirmed for the Assessment Team he/she did not receive a care plan from the service.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate information is consistently provided to subcontractors to effectively communicate consumers’ outcomes of assessment and planning, including their risks, needs, goals and preferences, at the point of care and service provision. Evidence analysed by the Assessment Team showed the outcomes from the home risk assessment are not consistently documented and shared with subcontractors to ensure the safety of their staff.

During interviews with the Assessment Team three subcontractors advised they do not receive a care plan or sufficient information regarding consumers to inform safe and quality provision of care and services.

Care planning documentation analysed for four consumers demonstrated that the service does not develop a care plan to be provided to the consumer, nor to the subcontractors to ensure the requisite information is received where care and services are delivered to guide staff practice.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers when interviewed by the Assessment Team expressed satisfaction with the services they receive. The Assessment Team noted the service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. During interviews with the Assessment Team staff demonstrated an understanding of consumer’ service needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. During interviews with the Assessment Team management advised they provide a specialist mental health service and have not had consumers referred to them while receiving palliative or end of life care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumer’s deterioration or changes are recognised and responded to in a timely manner. Consumers and/or representatives when interviewed by the Assessment Team confirmed when they contact the service about their changed needs, staff know what to do about their change in condition and respond quickly. During interviews with the Assessment Team staff and management described how they respond to consumer’s deterioration or change, and work as a team to meet the consumer’s changed needs through their multidisciplinary model of care. Care planning documents analysed by the Assessment Team for sampled consumers showed that staff had documented consumer’s changes in their mental health, physical functions, capacity or condition, and had taken prompt action to address identified issues.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is generally well documented and communicated within the service, and with other organisations where responsibility for care is shared. During interviews with the Assessment Team staff and management described their processes to communicate information within the service effectively, however, could not consistently demonstrate that information is documented and communicated with other organisations, including subcontracted service providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers had been referred to mental health and allied health professionals when required. During interviews with the Assessment Team staff described processes to refer consumers internally and externally to other health professionals. The Assessment Team noted this was substantiated through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed by the Assessment Team felt the service and staff keep them safe through the use of personal protective equipment (PPE), and pre visit COVID-19 screening. During interviews with the Assessment Team staff and management demonstrated there are policies, procedures, staff training and monitoring processes in place to prevent and control the risk of infections.

Non-compliant Evidence

In respect to Requirement 3(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The decision maker is confident if the corrective action is followed through in its entirety the service should return to compliance.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Evidence analysed by the Assessment Team showed information is not reflected in care planning documentation, including the identification of all high impact or high prevalence risks, strategies or guidance for staff who regularly provide services to consumers. Evidence analysed by the Assessment Team showed the service did not demonstrate consistent reporting of high impact and high prevalence risks or monitoring to ensure effective management of those risks for each consumer. The Assessment Team noted for two consumers, while risks to their health and wellbeing had been assessed, these risks had not been appropriately managed to minimise impact.

Evidence analysed by the Assessment Team showed the service could not demonstrate that identified high impact and high prevalence risks had been effectively monitored for Consumer B. Evidence analysed by the Assessment Team showed management identified Consumer B as a consumer at high risk due to the complexities of Consumer B’s mental health condition and his/her representative’s understanding of Consumer B risks of and ability to live independently at home.

Evidence analysed by the Assessment Team showed the service could not demonstrate the appropriate monitoring of Consumer B’s risk of malnourishment due to significant weight loss over a short period of time had been undertaken, including urgent rereferral to MAC to request additional supports for Consumer B’s safety and wellbeing.

Evidence analysed by the Assessment Team showed the service could not demonstrate that adequate monitoring of Consumer B’s weight loss had been effectively undertaken, following Consumer B’s second weigh in, which showed a large weight loss. Evidence analysed by the Assessment Team showed the service had not demonstrated that instruction and guidance had been provided to the Care Coordinators to make referrals to MAC and monitor the outcome. The Assessment Team noted they found no guidance regarding actions to be undertaken to escalate urgent matters to manage high impact and high prevalence risks for consumers.

# Standard 4

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers get 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 their representatives when interviewed by the Assessment Team advised consumers are supported to live independently through the varied services they receive. During interviews with the Assessment Team staff and management 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 the service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers when interviewed by the Assessment Team stated the services provided promote their psychological wellbeing and support them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

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 services provided enable them to take part in their community and do things of interest to them. During interviews with the Assessment Team staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. During interviews with the Assessment Team staff and management described ongoing communication with consumers and/or their representatives, the team of clinicians, allied health staff and subcontracted service providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers when interviewed by the Assessment Team in relation to this requirement confirmed they were referred as required. During interviews with the Assessment Team staff and management described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. The Assessment Team noted while no consumers were currently receiving meal delivery services through CHSP, management described their processes to ensure any dietary information, including allergies is communicated to the subcontracted meal delivery services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate, when equipment is provided, it is safe, suitable, clean and well maintained. The Assessment Team noted while consumers were not interviewed in relation to this requirement, care documentation for sampled consumers showed the equipment prescribed and purchased for them was suitable for their needs and was well maintained. During interviews with the Assessment Team staff and management described the assessment and review processes related to goods and equipment, when it is provided.

# 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not Applicable and was not assessed 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 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 staff described their processes for when a consumer or representative raises issues or concerns. During interviews with the Assessment Team management described processes for the capture of feedback and complaints, however the Assessment Team noted this is not consistently implemented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. During interviews with the Assessment Team management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team stated that the service would act on feedback. The Assessment Team noted the service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. During interviews with the Assessment Team management provided documentation to substantiate the resolution of the one complaint documented in the Feedback and Complaints register.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. While staff and management described how feedback and complaints are analysed, trended and the information used to make improvements to the quality of the services, the Assessment Team did not evidence these actions and the service acknowledged that has been identified as an area for improvement.

# 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

Compliant Evidence

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 services. Consumers advised they get quality care and services. Staff and management described how they plan and manage the workforce. This was confirmed through documents provided to the Assessment Team.

The service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or their representatives' said staff were kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services provided.

The service was able to demonstrate the workforce is competent and has the knowledge to effectively perform their roles. Management described robust recruitment processes to ensure staff and have adequate skills and qualifications, and how management monitor their competency through supervision, regular meetings, and 6 monthly performance reviews, with identified training gaps actioned.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management described their process for regular assessment and monitoring of workforce performance. The Assessment Team viewed documentation that underpins and monitors performance reviews and development of staff.

Overturned Recommendation

In respect to Requirement 7(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team analysed evidence and noted the following. The service was not able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Care Coordinators reported that support when learning their role in the community sector could be an area for improvement and they experience high levels of anxiety within the role. The Assessment Team noted staff were uncertain of how to navigate required services, such as My Aged Care (MAC). Subcontractors advised there is limited communication with the service, and they did not recall being asked to provide training records or received guidance from the service regarding Aged Care reforms. Management described the steps they will take to implement change to the Assessment Team.

The services response shows a CHSP subcontractor agreement is currently in final draft and progressing. Each subcontractor agreement stipulates workforce requirements including mandatory training. E.g. First aid, aged care banning orders, clearance checks and driver’s licences.

The services response shows on referral, subcontractors receive a SIRS fact sheet, aged care code of conduct and aged care quality standards fact sheets. The information is also placed in the consumers CHSP home files to contracted staff have this information at point of care.

The services response shows relationships between the CHSP coordinator and subcontractors continued to be strengthened with improved communication and information sharing.

The services response shows staff have access to additional training/education on the Aged Care Learning Information Solution (ALIS) portal via the CHSP coordinator.

The services response shows OPMHS – CHSP governance meetings has been established where any audit results/feedback and incidents are discussed along with legislative updates, workforce requirements, issues and concerns are raised to identify improvement strategies.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **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. | **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. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team shows the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. During interviews with the Assessment Team management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion. The Assessment Team noted minutes of meetings at management and governance level confirmed the service involves consumers in the development, delivery, and evaluation of services. The Assessment Team noted this was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team shows the organisation was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. During interviews with the Assessment Team management described the training and reporting processes, effective incident management systems and this was confirmed through observations and documents provided to the Assessment Team.

Evidence analysed by the Assessment Team shows the organisation was able to demonstrate effective clinical governance framework including systems and processes to enable delivery of safe and quality clinical care to consumers. Evidence analysed by the Assessment Team shows the organisation demonstrated that documented clinical governance and clinical management policies and processes are in place, including consumer clinical assessment and care planning are undertaken to inform clinical care, falls management and clinical deterioration following hospital admissions. Evidence analysed by the Assessment Team shows the service demonstrated effective organisational governance to enable the governing body to maintain oversight and monitoring of consumer’s clinical care and foster the services culture of open disclosure.

Non-compliant Evidence

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The decision maker is confidant if the corrective action is followed through in its entirety the service should return to compliance.

Evidence analysed by the Assessment Team shows the organisation was not able to demonstrate effective governance systems in relation to information management and regulatory compliance.

*Information management:*

Evidence analysed by the Assessment Team shows the organisation was not able to demonstrate that policies and procedures have been developed and implemented to effectively support staff and management in the development of care plans for CHSP consumers and to ensure required information is shared with subcontractors at point of care.

As documented in Standard 2 the organisation was not able to demonstrate a care plan was developed to include the provision of care and services through CHSP and other services, which is then distributed to consumers and their representatives, or to subcontractors where services are provided.

The Assessment Team noted while the organisation has NALHN, OPMHS and CHSP policies and procedures, there was insufficient guidance in these documents to effectively guide staff practice.

*Regulatory compliance:*

Evidence analysed by the Assessment Team shows the organisation was not able to demonstrate they are meeting all regulatory requirements of the CHSP funding and Quality Standards. Evidence analysed by the Assessment Team shows the organisation was not able to demonstrate effective systems and processes to ensure monitoring of workforce regulatory requirements, in relation to police checks, drivers' licences, and mandatory training for subcontractors.

The Assessment Team noted management and Executive management were not aware of the subscription to relevant Commission, Commonwealth and state bulletins to ensure up to date monitoring of changes in regulations and requirements.

During interviews with the Assessment Team management advised they were not aware of the Aged Care Register of banning orders to be reviewed when recruiting staff and were not able to demonstrate this information was provided to subcontracting agencies.

During interviews with the Assessment Team sub-contractors described having minimal contact with the service and expressed concerns regarding the sharing of information and collection of staff training records. During interviews with the Assessment Team subcontractors interviewed were not aware of new reforms, including SIRS, they advised if there was an incident, they would report this through their internal systems and processes, reporting back to the service by email, adding there is no documented reporting process with the service. Subcontractors interviewed by the Assessment Team advised there was no induction process or training provided by the service and they do not recall being asked to provide information regarding staff training, licensing, or accreditations to the service.

The Assessment Team noted one subcontractor mentioned they knew about the Aged Care Quality Standards but were not familiar with them or how they govern the services they provided to consumers, advising they will look into providing Aged Care Learning Information Solution (ALIS) training to their workforce.

Overturned recommendation

In respect to Requirement 8(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team analysed evidence and noted the following. The organisation was not able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation was not able to demonstrate that appropriate procurement has been undertaken for CHSP subcontractors currently delivering services and there is currently no monitoring or oversight of subcontracted staff. Management have raised this over the last three months at management meetings without resolution, however, this will be tabled at the coming Executive Governance meeting. Subcontractors confirmed there is limited communication with the service. Management described how safe, inclusive, and quality care services are delivered by OPMHS staff.

The services response shows a CHSP audit schedule has been developed to monitor compliance, gather feedback from consumers, contractors and staff to monitor and identify any opportunities to improve.

The services response shows a OPMHS – CHSP governance meeting has been developed to support relationships and communication pathways between the CHSP coordinator and subcontractors. Workforce and legislative compliances are discussed along with audit/feedback and incident data to identify improvement strategies. This also provided an opportunity to discuss any issues or concerns, provide updates on any legislative changes.

The services response shows a CHSP subcontractor agreement is currently in final draft and progressing. Each subcontractor agreement stipulates workforce requirements including mandatory training. E.g. First aid, aged care banning orders, clearance checks and driver’s licences.

The services response shows on referral, subcontractors receive a SIRS fact sheet, Aged Care Code of Conduct and Aged Care Quality Standards fact sheets. The information is also placed in the consumers CHSP home files to contracted staff have this information at point of care.

The services response shows relationships between the CHSP coordinator and subcontractors continue to be strengthened with improved communication and information sharing.

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