**Performance**

**Report**

**1800 951 822**

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| Name of service: | Orange City Council |
| Service address: | 144 March Street ORANGE NSW 2800 |
| Commission ID: | 200578 |
| Home Service Provider: | Orange City Council |
| Activity type: | Quality Audit |
| Activity date: | 16 August 2023 to 18 August 2023 |
| Performance report date: | 19 October 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 Orange City Council (**the service**) has been prepared by F.Nguyen, 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, 24875, 144 March Street, ORANGE NSW 2800

# 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 11 September 2023, 12 October and 13 October 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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.

*Standard 8:*

*Requirement 8(3)(c)*

* Ensure effective organisation wide governance systems for information management.

*Requirement 8(3)(d)*

* Ensure adequate oversight of risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers, including that provided by sub-contracted staff.

# 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

Requirement 1(3)(a)(b)(c)(d)(e)(f)

Consumers and representatives said they felt respected and valued by staff, volunteers, and management at the service. They described how interactions with the service during their support were respectful and stated their cultural values were understood and respected. All staff described how they treat consumers with dignity and respect when supporting consumers and stated how they apply best practice support when delivering support. Consumer Service plans included their individualised cultural identity, languages spoken at home, and country of birth. Consumers receiving Meals on Wheels assessment included their dislikes and cultural considerations.

Consumers and representatives described how staff valued their culture, values, and diversity. Staff described what culturally safe care was, showed awareness of consumer's individual and cultural needs, and provided examples of how tailored activities and services are implemented to the preferences of individual consumers. Provision of culturally safe service provided by identified staff members in the delivery of service to First Nation’s peoples. Where they attend outings and activities together to maintain connections with their elders and land. Management interviewed advised all service staff are trained to deliver culturally safe care services.

Consumers said the service supports and involves them in making decisions about the care and services they receive and said the service seeks consent from consumers who wish the involvement of their friends and family. Staff described how they support consumers to make decisions about their care and services including consumers with cognitive decline. Program support workers advised they deliver social support group activities and individualised social support to consumers and stated they are also responsible for the development of the group activities. The Program support workers stated the activities are developed by observing consumers' interests when assisting them and during conversations.

Consumers and representatives confirmed that the service supports them to live their best life encourages them to stay independent and active and will refer them to other services to support them when needed. Staff and volunteers discussed how the service finds any potential individual risks to consumers and discussed with them how to minimise harm. They described the importance of supporting consumers in their choices described how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported. Management discussed their understanding, approach to, and review of consumer's dignity of risk including their awareness of the consumers’ right to take a risk.

Consumers and or representatives interviewed confirmed that they are provided with information that is clear and easy to understand and enables them to make choices. They demonstrated their understanding of the services available to them, including the relevant costs. They said they received information on commencement including the Charter of Aged Care Rights, a client handbook, and a fee schedule, including how to provide feedback. They said if they had any questions the management staff and volunteers always explained things to them.

Consumers and/or representatives said the volunteers and staff respect the consumer’s privacy when delivering services and they are confident the consumer’s personal information is kept confidential. Staff interviewed showed an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information such as only discussing consumer information with relevant office staff and not disclosing consumer’s personal information to anyone outside of the service. A review of the services privacy policy outlines the protocol to protect personal information such as, only collecting necessary information, how information is used, and how consumer information is protected.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 - consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

Requirement 2(3)(a)

The Assessment Team recommended Requirement 2(3)(a) not met and provided the following evidence relevant to my finding:

* Five consumer files reviewed identified they were either diabetic, had diminished mobility or experienced pain when mobilizing, yet there was no further information recorded to guide staff providing the consumers meals, social support, and domestic assistant services.
* In response to the Assessment Team's feedback, management advised they could see a pattern with the consumer files and were proactive in implementing improvements.
* Management said the service is currently transitioning from paper-based consumer files to an electronic client management system which will improve the services management of consumer files.
* The Assessment Team finds that care planning information provided to staff was insufficiently detailed to guide the delivery of safe care.

The provider acknowledges the Assessment Team’s findings and their response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Ticket has been raised with client management system software technician for an alert widget to be available on the client management system desktop, linked to consumers where a risk has been identified; from referral and/or staff. This will enable higher visibility of key risk information.
* Investigate future extension of the client management system to capture all bookings usually taken by Community Services reception as this enable colour key coding of high risk when bookings are made for activities.
* For consumer clarity, investigate ‘visual’ report from the client management system depicting number of clients undertaking more than 1 service.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(a) compliant.

Requirement 2(3)(b)

The Assessment Team recommended Requirement 2(3)(b) not met and provided the following evidence relevant to my finding:

* All consumer care planning and assessment documents sighted by the Assessment Team included their cultural and religious however care plans did not include the consumer’s needs, goals, and preferences, and insufficient information which enabled staff to provide proper care.

The provider acknowledges the Assessment Team’s findings and their response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Weekly reports run from the client management system for consumers due for annual review and circulated to all staff.
* Each staff member to access report, schedule and undertake annual reviews with consumers staff are working with.
* Refer on for advance care planning and end-of-life planning.
* Update/create checklist of regulatory items required in consumer file.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(b) compliant.

Requirement 2(3)(d)

The Assessment Team recommended Requirement 2(3)(d) not met and provided the following evidence relevant to my finding:

* The Assessment Team requested to review 10 consumer files and the service was unable to provide or locate 2 of the consumer files which the consumers were identified by the service, as vulnerable and at-risk consumers.

The provider acknowledges the Assessment Team’s findings and their response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Review consumer care plan template to ensure adequacy in identifying changes in consumer needs of care and services and ensure care plans are signed by consumers and a copy provided.
* Training workshop ‘Health Check-ins and documentation’ organised for delivery by appropriate consultant Thursday, 23 Nov 2023. This training will also assist other CHSP providers in the Central West Region.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does demonstrate that outcomes of assessment and planning are effectively communicated to the consumer.

Based on the above evidence, the Decision Maker finds Requirement 2(3)(d) compliant.

Requirement 2(3)(e)

The Assessment Team recommended Requirement 2(3)(e) as not met and provided the following evidence relevant to my finding:

* Management advised consumers’ care planning and reassessments are regularly reviewed, at a minimum every twelve months, however, management acknowledged that that consumer's service plans and care information are not being frequently reviewed. Management advised some of the consumers have already transitioned to the electronic client system however advised the Assessment Team that further training for staff and areas of opportunities for improvements have been identified, and improvement will be implemented.

The provider acknowledges the Assessment Team’s findings and their response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Higher focus on notes made in the client management system when circumstances change for a consumer, in between annual reviews.
* Training Workshop organised with Dementia Australia for delivery to staff.
* Two workshops organised for staff attendance for delivery March 2024 by Dementia Australia; this training will also assist other CHSP providers in the Central West Region.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(e) compliant.

Requirement 2(3)(c)

Consumers and/or representatives sampled said they are involved in making decisions regarding their care and services. Management advised details of the consumer's support network or other organizations involved in their care are documented and acknowledged in their care plan and support needs. Care planning policies and procedures sighted by the Assessment Team described how the service undertakes assessment and care planning in partnership with consumers and others.

Based on the above evidence, the Decision Maker finds Requirement 2(3)(c) compliant.

# Standard 3

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

Findings

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

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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. | Not applicable |

Findings

Requirements 4(3)(a)(b)(c)(d)(e)(f)

Consumers and representatives reported that the service made them feel safe and they were able to receive support and services that enabled them to remain as independent as possible in their own homes and said they attend social activities, and outings which prevents them from feeling lonely. Staff advised one of their main aims is to optimise consumer independence and quality of life. Consumers are asked what they would like, what their goals are, and how the service can help, the service then implements activities and supports of the consumer's preference. Management advised services and supports they deliver optimise consumer independence and quality of life. The service demonstrated an appropriate understanding of what is important to consumers to maintain their independence.

Consumers and representatives interviewed said they never feel low, however, they felt the volunteers and staff would recognise if they were and would talk to them about it. All volunteers and staff said if they became concerned about a consumer, they would always report the change in behaviour. Staff confirmed they would then follow up with the consumer and representatives. A review of one consumer file containing detailed notes and emails of communication documented for a consumer who was experiencing progressive cognitive decline staff described strategies they applied to the consumer and services and supports they tailored to promote her daily living. Management advised the service promotes using a ‘5 senses approach’ during visits which helps staff and volunteers identify any issues or changes in consumers' well-being.

Consumers and representatives said the service enables them to take part in their communities, do things of interest to them, and maintain social and personal relationships. Volunteers and support staff described how they help consumers to stay connected and take part in the community and how they assist consumers to do their shopping and take them to doctors’ and specialists’ appointments. Volunteers also said they take consumers to visit family, friends, or other community activities. The service demonstrated they have a wide range of community partnerships and network with other organisations. The service sends consumers event information and what is happening in the community.

Consumers and representatives said they receive support and services from mostly the same staff and volunteers who know them and their needs. Staff interviewed in relation to the consumers the Assessment Team sampled demonstrated they are kept informed when their needs and preferences change that relate to lifestyle services and supports. Information regarding the consumers condition, needs, and preferences is communicated verbally where responsibility is shared. All volunteers and staff are provided with updates by email and/or phone if there has been a change in care and support requirements for consumers prior to their next shift. Management described that information about the consumer is shared promptly where consumers' responsibility for their care is shared and said whilst it was not reflective in consumers' care and service plans, the service is very family-like service and all staff are aware of the consumer's condition without having to refer to it in a document.

The service demonstrated appropriate processes are in place to support consumers to access services and support from others and the program support workers engage others from outside the service to supplement the services offered within the service. Management said they engage with other organisations, and individuals outside the service and promptly refer consumers to supplement services when required. Management described some of the relationships services and external providers they refer consumers to.

Requirement 4(3)(f)

The Assessment Team recommended Requirement 4(3)(f) not met and provided the following evidence relevant to my finding:

* Management advised consumers with special dietary requirements are accommodated by the service, however, review of many consumer care plans who are identified as diabetic did not include consumers' dietary needs and/or did not include information if the consumer has a diabetes management plan.

The provider acknowledges the Assessment Team’s findings and includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Develop template for use with at risk clients which includes details e.g., Diabetes Management Plan from doctor for consumers with special dietary requirements.
* Organised training workshop ‘Supporting Consumers with Complex Needs’ with appropriate consultant for delivery 17 October 2023, for staff attendance. This will assist to inform documentation development.
* Undertake professional development.
  + Practical Diabetes for Aged Care Workers
  + Diabetes Training for Aged Care Support Workers - Diabetes Qualified – 2-hour online course
  + Understanding Dementia

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 4(3)(f) compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement 5(3)(a)(b)(c)

Consumers recommended they feel safe and welcomed at the service. The cottage was observed to be a welcoming environment, clearly signed with disability access, and accommodates the team who embrace corporate values of Customer Focus – one of the Council’s 7 corporate values. The Community Services Centre reception desk is manned Monday to Friday by welcoming staff, who are on hand to supply information to prospective clients, visitors, or Centre users and the Centre displays information from broader community organisations. The service environment reviewed was welcoming and easy to move around and enabled consumer functional independence.

Management said that Choices at Home service has a regular cleaning service and has recently completed WHS site inspection for mitigation of risk and continuous improvement. Staff ensure entryways and hallways are kept clear, affording safe access and the food services packaging area such workbenches, delivery bags, and volunteer folders are sanitised after each use. Consistent provision of infection control measures such as hand sanitizer, gloves, masks, sign-in register, in addition to consistent provision of infection control measures; hand sanitiser, gloves, masks, sign-in register. The Assessment Team observed consumers are able to move freely and the service environment is clean and well-maintained.

The service limits the weight of delivery bags in order to spread weight and ensure safe lifting and daily cleaning of meal delivery bags is undertaken. Infection controls are located at the entrance to the Cottage and Community Services Centre. There is a disability toilet in Community Services Centre. Building evacuation plans and Warden posters were displayed, and there is a checking program of fire extinguishers in place. There are automatic large entry doors for easy access for consumers and visitors. A defibrillator was located at the Community Services Centre, and First aid kits were on hand.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 - organisation’s service environment.

# 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

Requirements 6(3)(a)(b)(c)(d)

All consumers and representatives interviewed said they know how to provide feedback and make complaints to the service and would feel comfortable providing feedback or raising a concern with the service. Most consumers said they preferred ringing their Program Support Worker (staff)/coordinators or ringing the service directly rather than filling in forms or sending emails. Consumers and representatives said they are encouraged to contact staff or the office at any time if they are not happy with the care and services provided by the service.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. All of the consumers and representatives interviewed by the Assessment Team said they felt comfortable to raise any complaints or provide feedback to the service, as they find all staff are approachable. Staff discussed how consumers can be supported to understand the role of advocates. Management have 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.

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 were able to discuss actions taken and use of open disclosure when they have raised a complaint. Support workers described the process for actioning feedback and complaints and how they communicate the consumers concerns directly to their relevant managers. Management advised the staff and team leaders are responsible to manage complaints in the first instance, and complex complaints are escalated for action, where appropriate.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers discussed improvements made by the service as a result of their complaints. Management described how the service records, acts and analyses complaints to inform systemic improvements. Consumers confirmed the service undertakes surveys regularly and asks consumers for feedback with a view to continuous improvement. Management advised service improvements are proactively actioned as a result of feedback, complaints, and other gap analysis processes. Management have fortnightly meetings with executives to discuss any trends and a monthly review is fed to the councillors.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – Feedback and complaints.

# 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

Requirements 7(3)(a)(b)(c)(d)(e)

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. All consumers interviewed said they were very happy and appreciative of the service delivered by the volunteers and support workers. They also said they found volunteers, staff, coordinators and management to be kind, caring, gentle and competent in delivering safe and quality service to them. Management and staff advised when preparing the rosters, sufficient resources and mix of members are deployed to ensure delivery and management of safe and quality care and services.

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 interviewed confirmed, in various ways, that staff are kind and caring. They said staff treat consumers with respect, they are responsive to their needs and understand their preferences and interests. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process. Management described how staff code of conduct training is part of onboarding, and mandatory training matrix.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their role. Recruited staff must have relevant qualifications specific to their roles and must be a fit for the sector. All consumers and representatives provided positive feedback to the Assessment Team that staff members know what they are doing and how they like their services delivered. Management described how they ensure staff have appropriate qualifications, including registrations and credentials as part of their workforce planning, competency framework and monitoring process.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction. The service has an initial induction process which includes mandatory and non-mandatory training based on job role. Volunteers and staff are offered buddy shifts until they are confident to deliver the care and services on their own in line with best practice. All consumers and representative interviewed were satisfied with the skills and knowledge of staff. They advised in different ways they felt safe and cared for when receiving services from volunteers and staff. Management described the processes for identifying staff training needs and how these feed into the training schedule, including through staff performance reviews, consumer feedback and satisfaction surveys and staff surveys.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff. Both management and staff confirmed they were supported in their performance review process. The service has annual performance appraisals with existing staff and new staff are required to undertake a probationary period review. Management advised the service has an employee handbook, online orientation checklist for all staff that lists and guides through all the onboarding requirements including trainings completed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – Human resources.

# 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. | 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

Requirement 8(3)(c)

The Assessment Team recommended Requirement 8(3)(c) as met, however the Decision Maker has identified deficiencies in relation to this Requirement. The Decision Maker is not satisfied that the organisation has effective organisation wide governance systems relating to information management.

The Assessment Team provided the following evidence relevant to my finding:

**Information management**

* Deficiencies were evidenced in examples from:
  + Requirement 2(3)(a):
    - Five consumer files reviewed identified they were either diabetic, had diminished mobility or experienced pain when mobilizing, yet there was no further information recorded to guide staff providing the consumers meals, social support, and domestic assistant services.
    - In response to the Assessment Team's feedback, management advised they could see a pattern with the consumer files and were proactive in implementing improvements.
    - Management said the service is currently transitioning from paper-based consumer files to an electronic client management system which will improve the services management of consumer files.
    - The Assessment team finds that care planning information provided to staff was insufficiently detailed to guide the delivery of safe care.
  + Requirement 2(3)(b):
    - All consumer care planning and assessment documents sighted by the Assessment Team included their cultural and religious however care plans did not include the consumer’s needs, goals, and preferences, and insufficient information which enabled staff to provide proper care.
  + Requirement 2(3)(e)
    - Management advised consumers’ care planning and reassessments are regularly reviewed, at a minimum every twelve months, however, management acknowledged that that consumer's service plans and care information are not being frequently reviewed. Management advised some of the consumers have already transitioned to the electronic client system however advised the Assessment Team that further training for staff and areas of opportunities for improvements have been identified, and improvement will be implemented.
  + Requirement 4(3)(f)
    - Management advised consumers with special dietary requirements are accommodated by the service, however, review of many consumer care plans who are identified as diabetic did not include consumers' dietary needs and/or did not include information if the consumer has a diabetes management plan.

The service was able to demonstrate effective organisation wide governance systems relating to continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance, including the assignment of clear responsibilities and accountabilities. Choices at Home service is supported through Council’s Corporate Governance Division with effective organisation wide governance systems, including Information Management, Finance, Workforce and Legal.

**Continuous improvement**

* Management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, feedback and suggestions from the annual surveys, complaints and incidents data trends report from the program coordinator and Council Community surveys at operational level across all the services. All improvements from the incidents data are flagged to the Community Services Manager and is discussed during the monthly management meeting.

**Financial governance**

* Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services.
* The Chief Financial Officer (CFO) has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. staff and Choices at Home Team leader enter their individual services data into the financial system- ‘Magic IQ’ for the coordinators and finance managers review and preparation of monthly report for the CFO review, after which it is signed off by the councillors.

**Workforce governance**

* Processes are in place for workforce governance. Please refer to Quality Standard 7 for further details.

**Regulatory compliance**

* Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months.
* Management receives regular updates from government bodies such as ACCPA, The Commission, NSW Health, Dementia Support Australia and Wellness and Reablement reporting on regulatory information, which is monitored by the Ageing and Sector Support- Central West Coordinator. Information is fed down to relevant program managers who disseminate the information to staff through emails and regular meeting mechanisms as well as other online platforms.

**Feedback and complaints**

* Processes are in place to address feedback and complaints. For further details please refer to Quality Standard 6 for details.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report which does not demonstrate that the organisation has effective organisation wide governance systems relating to information management.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(c) non-compliant.

Requirement 8(3)(d)

The Assessment Team recommended Requirement 8(3)(d) as not met and provided the following evidence relevant to my finding:

The service was able to demonstrate an effective risk management framework in relation to abuse and neglect of consumers and ensuring that incidents are managed and prevented however, this was not demonstrated in relation to high impact or high prevalence risks and supporting consumers to live the best life they can.

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

* While management and staff were able to identify high impact or high prevalence risks, the service did not identify individual risks and preferences to guide staff to best care directive. For example, three consumers were identified as being ‘diabetic’ documented in their care plan, however the service did not identify what this means for the consumer or strategies to mitigate these risks especially in meal choices being offered to the consumer.
* Procedure for appropriate actions to support consumers during activities with higher risk clients, where cases of alert identified.

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

* While consumers health conditions were identified, individual risks and preferences of consumers were not identified in care plans or other documentation in the consumer care places. Whilst a consumer might have been identified as a “diabetic” documented in their care plan, the service does not identify what this means for the consumer or strategies to mitigate these risks especially in meal choices being offered to the consumer.

**Abuse and neglect of consumers identified and responded to**

* The service requires staff to complete mandatory training in elder abuse. The Assessment team sighted staff training records for completion of training on identifying abuse and incident reporting.

**Incidents managed and prevented**

* The service was able to demonstrate a procedure for managing and reporting incidents. Incident forms are used to records all incidents. All incidents are recorded on the information management system (IMS) register and escalated to the executive leadership team, including people and culture if it’s at a higher severity, otherwise resolved at a local level. Legal services are in place for insurances matters including any legal implications for council clients.

The provider acknowledges the Assessment Team’s findings and includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* Procedure for appropriate actions to support consumers during activities with higher risk clients, where cases of alert identified.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate that the organisation has an effective risk management framework that identifies and responds to high impact and high prevalence risks.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(d) non-compliant.

Requirements 8(3)(a)(b)

The service demonstrated how consumers are engaged in developing, delivering and evaluating their care and services by seeking input from consumers through feedback processes, management meetings and annual client satisfaction surveys. Consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. Consumers confirmed with the Assessment Team that they were happy with the responsiveness of the service incorporating their suggestions and feedback.

The service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service was able to demonstrate how the governing body has the right experience and organisation structure to govern a service providing care and services to vulnerable consumers. Staff and consumers were satisfied that the service promotes a culture of safe, inclusive and quality care. Consumers interviewed outlined interactions with staff and complimented their responsiveness and indicated they were satisfied with the service they received.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements 8(3)(c)(d) and compliant with Requirements 8(3)(a)(b) in Standard 8 – organisational governance.

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)