**Performance**

**Report**

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| Name: | Palm Beach Share and Care |
| Commission ID: | 700417 |
| Address: | 31 Tenth Avenue, PALM BEACH, Queensland, 4221 |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8535 Palm Beach Share'n'Care Centre Incorporated  
Service: 25443 Palm Beach Share'n'Care Centre Incorporated - Community and Home Support

**This performance report**

This performance report for Palm Beach Share and Care (**the service**) has been prepared by

L Glass, 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. Please note, Standard 3, Requirement 4(3)(g), Standard 5, and Requirement 8(3)(e) were not assessed.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for 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 26 April 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not assessed** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

Please note, the Assessment Team did not assess Standard 3, Requirement 4(3)(g),

# Standard 5, and Requirement 8(3)(e).

# 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.

Requirement 1(3)(e)

* Provide each consumer with information relating to their service needs.

Requirement 2(3)(a)

* Implement a service level assessment for all consumers to determine their risks, needs, and inform the delivery of safe care and services.

Requirement 2(3)(e)

* Conduct reviews of all consumers as their needs change or within a 12 month period as required.

Requirement 6(3)(a)

* Support and encourage consumers to provide feedback and make complaints.

Requirement 6(3)(b)

* Provide all consumers and or their representatives with current and accurate information relating to complaints processes including internal complaints, external agencies, or advocacy services.

Requirement 6(3)(d)

* Collect and collate all complaints received and identify trends and use this information to improve the quality of care and services.

Requirement 7(3)(d)

* Ensure the workforce is trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Requirement 7(3)(e)

* Regularly assess, monitor and review the performance of the workforce to meet each consumer’s needs and preferences.​

Requirement 8(3)(a)

* Provide opportunities to engage consumers in the development, delivery and evaluation of care and services.

Requirement 8(3)(b)

* Promote a culture of safe, inclusive, and quality care and services and be accountable for the delivery of services with oversight and responsiveness to consumer feedback.

Requirement 8(3)(c)

* Implement effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Requirement 8(3)(d)

* Establish risk management systems and practices to identify and assess risks, including high risks and managing and preventing risks using an incident management system.

# 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

In relation to Requirement 1(3)(e) the Assessment Team recommended not met. Consumers said they receive information in a way that they can understand that enables them to make informed choices. Staff demonstrated multiple ways to provide information to consumers with communication issued in a way that is easy to understand and enables choice. However, the Assessment Team noted that consumers receiving home maintenance services are not provided with similar information kits to those consumers receiving Meals on Wheels (MOW).

Management advised there are some consumers who are receiving both MOW and home maintenance services. The Assessment Team reviewed this and noted that there are more consumers receiving home maintenance than MOW, and not all MOW consumers are receiving home maintenance. Therefore, there is a significant number of consumers not receiving information kits. The Assessment Team confirmed consumers receiving home maintenance only have not been provided with a Charter of Aged Care Rights document, registration documents to identify consumer risk, guidance on how to make complaints or information about privacy and confidentiality and consent relating to use of their personal data. The service does not provide updated information via newsletters. Whilst consumers advise they know how to access services, details relating to making complaints, privacy, consent, and Charter of Aged Care Rights has not been provided to consumers receiving home maintenance services.

The approved provider’s response to the Assessment Team report stated the maintenance service is just new. It commenced in March 2023. The MOW service has been delivered for forty years. The approved provider’s response stated it was not aware that it (sic maintenance) was done in the same way as meals on wheels as the clients have choice of which contractor and what they want done from lawns to home maintenance. The response stated a survey form for maintenance including complaints etc is ready to be implemented.

I have considered the Assessment Team report and the response from the approved provider. While I acknowledge that consumers who receive MOW or MOW together with home maintenance receive information kits containing details relating to making complaints, privacy, consent, and Charter of Aged Care Rights, consumers receiving the home maintenance service only do not receive this information. I acknowledge consumers said verbal information is received and is clear and easy to understand however I consider that in particular, consumers receiving home maintenance are unaware of information that should be supplied to them that may provide more opportunity to exercise choice about which they are currently not aware. I find Requirement 1(3)(e) Non-Compliant.

I have found all other Requirements in Standard 1 Compliant.

Consumers confirmed staff and volunteers are kind, treat them with dignity, and make them feel respected, and valued as an individual. Staff know what is important to consumers including how they choose to have their home maintenance completed or meal services delivered. Staff and volunteers spoke respectfully about consumers with an understanding of the consumer’s life journey and personal circumstances and described how it influenced the day-to-day delivery of the home maintenance and meal service program. Staff were observed by the Assessment Team telephoning consumers, speaking slowly and clearly, referring to the consumers by name and taking time to explain in different ways for the consumer’s understanding.

Consumers said that staff and volunteers know their individual background, what is important to them and understand their needs and preferences when they deliver meals or home maintenance services. Volunteers explained they are provided with information relevant to consumers which assists them to understand the consumer’s specific needs, background, and individual preferences for service delivery. Management advised staff and volunteers do not receive cultural safety training, and it is uncommon to receive cultural preferences.

The service demonstrated that consumers are supported to exercise choice and make their own decisions regarding meals and home maintenance services. Consumers and management confirmed the service requests information from consumer commencement, on dietary requirements, provides menus for meal selection, and discusses who they wish to be involved in the care of the consumer and discussions for the delivery of meals. Staff and volunteers also advised that information is collected from consumers and or their representatives about how services are to be delivered to provide them with choices. Administration staff and delivery volunteers provided feedback to the service about consumers experiencing cognitive decline and explained how their representatives are involved in decisions about how services are delivered. Management said consumers inform the service of their preferences, and choice depends on the individual and what they want.

Consumers explained they understand their choice to have ongoing scheduled services or notify the service when maintenance is required. Consumers described how administration staff discuss consumer preferences prior to commencement of services and how they have input into what tasks are to be completed.

Consumers receiving Meals on Wheels (MOW) services described how staff consult with them from commencement with the service. This includes discussions about specific meal delivery options, dietary requirements, and preferences.

Administration staff and management described how they support consumers to order meals based on their need or preference for example texture modified or if a consumer is living with diabetes and has specific dietary requirements. Administration staff reiterated that consumers are supported to order the meals of their choice. The Assessment Team noted administration staff, and volunteers were aware of specific consumer dietary requirements and reviewed documentation related to this which provided information specific to consumers and their dietary needs.

Whilst specific examples of dignity of risk were not identified, the Assessment Team noted management and staff were aware of the importance of and supported consumer choice.

Administration staff were unable to provide specific examples of dignity of risk relating to consumers who receive home maintenance services. However, as staff are cross trained between MOW and home maintenance, the Assessment Team note the same support would be available for these consumers.

Consumers confirmed staff and volunteers respect their privacy, and personal information is kept confidential. Consumer information is contained in a password secured electronic database and printed documents such as delivery run sheets are scanned and uploaded to the computer and shredded immediately. Access to electronic information is password-protected and ‘needs-to-know’ basis and access to the office is locked with keycode required. Volunteers respect the privacy of consumers, knocking on doors or calling out before entering homes. New staff and volunteers are provided with a confidentiality policy and are required to sign agreements to maintain confidentiality and privacy for consumers.

# 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. | Not 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. | Not Compliant |

Findings

The Assessment Team recommended Requirement 2(3)(a) is not met. The service did not demonstrate that a service level assessment is completed to assist in risk identification, ensuring work provided is within scope, or to inform the delivery of safe and effective services for each consumer. It recommends this Requirement is Not Met. The Assessment Team provided feedback to management about the lack of service level assessment being completed for consumers receiving home maintenance services. Management confirmed there are no assessment processes in place for this service type, advising it is a relatively new service and whilst there are more enhanced assessment processes for the MOW service, the home maintenance program process is lacking.

Whilst the MOW service demonstrated a service level assessment is being utilised, the home maintenance program is lacking a formalised assessment and planning process. The lack of process reduces consistency of staff approach and is causing consumer risk identification to be reactive rather than proactive. The lack of home maintenance assessment also impacts the confirmation that work being accepted is within the CHSP guidelines.

The approved provider’s response to the Assessment Team did not directly reference the findings in the report. More generally it stated it has limited resources to meet increasing administrative demands, staffing challenges and consumer expectations about keeping costs low.

I have considered the Assessment Team report and the response from the approved provider. I accept the Assessment Team’s recommendation of the Requirement being Not-Met. This is because the team found whilst the MOW service demonstrated a service level assessment is being utilised, the home maintenance program is lacking a formalised assessment and planning process. Management confirmed there are no assessment processes in place for the home maintenance service. I therefore find Requirement 2(3)(a) Non-Compliant.

The Assessment Team also recommended Requirement 2(3)(e) is not met. The service did not demonstrate that all consumers are reviewed to determine the effectiveness of services provided or are reviewed as their circumstances change or within a 12-month period as required. The service does not have systems in place to ensure reviews are completed for consumers receiving MOW services.

The home maintenance service has not been operational for 12 months, with management advising the service commenced in March 2023. However, when asked, administration staff acknowledged they did not have a process to implement for reviewing consumers when their needs changed or within the 12 month period when it arises. Whilst electronic systems have fields to note when reassessments are due and some consumers files had dates entered into these fields, administration staff confirmed these reviews have not been actioned and nil consumers have been reviewed in the last 12 months. Management confirmed the service does not have policies and procedures relating to consumer reassessment or review processes.

Management and staff confirmed the service has not implemented systems or processes to review consumer needs as they change or within the 12 month period.

The Approved Provider’s response to the Assessment Team report acknowledged the service’s home maintenance operations were operational for less than 12 months. The approved provider also acknowledged they were not aware expectations for home maintenance services included required compliance obligations, just as MOW has compliance requirements. I find Requirement 2(3)(e) Non-Compliant.

I have found all other Requirements in Standard 2 Compliant.

The service demonstrated consumer needs and preferences are being identified during the booking process. Whilst this is not a formalised assessment process for the home maintenance service, the Assessment Team noted given the nature of the services being provided, the consumer and or representatives are providing information about consumer needs and preferences each time a meal is ordered and a delivery day chosen, or a home maintenance service is booked. Due to the nature of the services being delivered, the Assessment Team did not assess advance care planning and end of life planning for this Requirement.

The service demonstrated they are involving consumers and those the consumer wishes to be involved in the service processes. Whilst the Assessment Team notes this is not always in a formal assessment process, consumers sampled advised they, or their representatives are involved in organising or scheduling services. Whilst formalised assessment processes are not being utilised through the home maintenance program, the service was able to demonstrate how they partner with consumers, representatives, and other organisations when required to deliver services to consumers.

The service demonstrated effective communication systems including a letter or verbal explanations to ensure each consumer/representative understood what services were available, how to schedule the MOW service, and who would be attending their home. The communication systems were also evidenced with volunteers and staff providing home maintenance services. While for home maintenance all information is provided verbally all consumers understood the process of scheduling their required service, or advised their representative did. All consumers reported knowing what service they were receiving, the day and approximate time the staff would arrive and how much they would need to pay for the service.

# 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 assessed |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not assessed |
| 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 assessed |
| 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 assessed |
| 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 assessed |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not assessed |
| 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 assessed |

# Standard 4

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

Findings

Consumers using the MOW and home maintenance services confirmed they are satisfied with the services they receive, with services flexible and accommodating to their needs and preferences. Provision of the service allows consumers to continue to do the things of interest to them. Services are tailored to support individual consumers and this was confirmed by consumer feedback. Documentation recorded electronically demonstrates individual consumer preferences in relation to home maintenance, meals, dietary needs, and service delivery are recorded and this information is available to kitchen staff, home maintenance staff and volunteers.

Consumers emphasised the staff and volunteers are all very kind and friendly. They provided specific examples of how the volunteers took the time to chat with them and described how the service promotes their wellbeing.

Consumers confirmed the service is flexible in their delivery enabling them to maintain their social networks and do things that are important to them. The management, administration staff, home maintenance staff and volunteers were satisfied the service delivery is adjusted when situations change to ensure goals and preferences continue to be met.

Consumers were satisfied that information is shared within the service and with others involved in their care. Home maintenance staff and volunteers said they receive updates about the consumer’s requirements both verbally from administration staff and through run sheet and job sheets. Volunteers and home maintenance staff described documentation processes to refer information back to administration staff if they notice changes or when consumer’s provide information relating to services.

Volunteers for MOW, and home maintenance staff, demonstrated an understanding of the importance of sharing information with administration staff where consumers have expressed a need, or volunteers and staff have identified a potential need, and or in case a referral for additional help is needed. Documentation processes for sharing this information were demonstrated by volunteers and staff. Administration staff also understood their ability to refer consumers back to My Aged Care should they need additional services, with staff advising consumer requests for domestic assistance are common.

Consumers were satisfied with the meals provided and said they meet their nutritional needs and preferences, including for meal size and variety. Meals can be provided fresh or frozen, or a combination of both, to meet consumer’s needs and preferences and delivered in the size and quantity the consumer wishes. Staff assess consumer’s dietary needs, allergies, and preferences for consumers receiving MOW, and this is communicated effectively to catering staff.

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

# 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. | Not 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. | Not 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. | Not Compliant |

Findings

In relation to Requirement 6(3)(a) the service did not demonstrate that all consumers are actively encouraged and supported by the organisation to provide feedback or make a complaint. The service did not demonstrate adequate information was available on the ways feedback or complaints can be made. Whilst consumers for both programs provided positive feedback regarding the service they receive, and described processes of calling the service if they had a complaint, not all consumers were aware of different ways to make complaints. Consumers, management and administration staff described varying levels of complaints information being available. The Assessment Team reviewed the consumer information pack which administration staff advised is provided to consumers on commencement with the service. The consumer letter in the information pack encourages the consumer to contact the service if they have a complaint. However, this section of the letter does not specify different contact methods for making internal complaints such as email, telephone, or in writing. Management confirmed that consumers receiving home maintenance services are not receiving any information relating to how to make a complaint, using either internal complaints processes or external organisations. Management also confirmed that consumers receiving either service type have not received a survey or other means for providing feedback.

The Approved Provider’s response to the Assessment Team report stated a survey form for maintenance, including complaints has been prepared and is to be implemented. No date for implementation was provided.

I have considered the Assessment Team report and the response from the Approved Provider. While I acknowledge consumers receiving services in both programs gave positive feedback regarding the service they receive, and described processes of calling the service if they had a complaint, not all consumers were aware of different ways to make complaints. Home maintenance service recipients are not receiving any information relating to how to make a complaint, using either internal complaints processes or external organisations. I find Requirement 6(3)(a) Non-Compliant.

In relation to Requirement 6(3)(b) feedback and complaints are not reviewed and used to inform service improvements. The service does not have a plan for continuous improvement, nor do they collate feedback for example in any centralised log or register. Administration staff described their documentation process for complaints and feedback which includes an information pack for only consumers receiving MOW service. Management advised that some consumers receive both MOW and home maintenance, and therefore would have this information from the MOW information pack.

The Approved Provider’s response to the Assessment Team report did not address the matters raised in the Assessment Team report about access to information about resolving complaints. I have considered the Assessment Team report. I accept the team’s findings that there are a substantial number of consumers who are not receiving information relating to advocacy services, language services, or information about third party complaints agencies. I find Requirement 6(3)(b) Non-Compliant.

In relation to Requirement 6(3)(d) the service did not demonstrate clear guidelines or processes to collate complaints and feedback for use to improve services. This lack of guidance limits opportunities for trending, analysis, and continuous improvement, and limits information provided to and oversight by the governing body. Management acknowledged, currently no register of complaints is being used and the service does not currently have policies and procedures relating to complaints management.

The Approved Provider’s response to the Assessment Team report did not address the matters raised in the Assessment Team report about feedback and complaints being reviewed and used to improve the quality of care and services. I find Requirement 6(3)(d) Non-Compliant.

Requirement 6(3)(c) is Compliant. The service demonstrated appropriate action is taken in response to complaints received and an open disclosure process is used when things go wrong. For example, administration officers stated when complaints or feedback are received, information is documented on the consumer’s electronic file and relevant sections updated if the feedback is about change of preferences to ensure kitchen staff or home maintenance staff have current information. The Assessment Team reviewed evidence of complaints entered, or partially entered on the system.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

In relation to Requirement 7(3)(d) management did not demonstrate they support the workforce to deliver the outcomes required by the Quality Standards. Management did not demonstrate they ensure members of the workforce receive ongoing support, training and professional development. The organisation does not review the training, learning and development needs of the workforce. For example, staff and volunteers have not received training and education on the Quality Standards, elder abuse, incident management or the Serious Incident Reporting Scheme (SIRS). Management do not maintain staff and volunteer training records or registers. Volunteers receive an information pack and handbook upon engagement. The Assessment Team reviewed this information and noted it does require all hazards and incidents to be reported, however there is no further discussion or training about incident management.

A review of the volunteer contract provided upon engagement included requirements of undergoing training pertaining to fire emergency and evacuation procedure, workplace health and safety, hygiene and food handling requirements, however volunteers advised they have not received this training. There are no processes or systems in place for identifying the training needs of staff and volunteers relevant to the Quality Standards. Management does not review the training, learning and development needs of the workforce regularly nor provide opportunities for training and development, unless staff identify needs and the training themselves. There was no evidence of an ongoing training or education calendar.

The response from the Approved Provider to the Assessment Team report noted the challenge in recruiting volunteers and the volunteer’s reluctance to engage in and complete training. While I acknowledge the reluctance of volunteers to complete training it is a requirement that volunteers are trained equipped to do their role their role. I find Requirement 7(3)(d) Non-Compliant.

In relation to Requirement 7(3)(e) the organisation did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management confirmed they do not conduct performance reviews to identify gaps in knowledge, skills and abilities to deliver services in line with the CHSP program guidelines and the Quality Standards. Consumers advised they are not asked by the service to provide feedback on staff and volunteers. The workforce members interviewed confirmed they have not participated in any regular reviews or appraisals conducted by management to assess their learning outcomes or deficiencies.

The response from the Approved Provider to the Assessment Team report identified the service has limited resources, including financial resources to address all the necessary requirements. The response noted it takes time to incorporate and implement changes. While I acknowledge the challenge with resources within the service environment, I find Requirement 7(3)(e) Non–Compliant as management are not regularly assessing, monitoring and reviewing the performance of the workforce including volunteers.

I find all other Requirements in this Standard Compliant. The service workforce largely consists of volunteers employed to deliver consumer meals and paid staff for home maintenance. The service demonstrated that the number and mix of volunteers and staff enables the operational management of a safe and quality meal delivery service and home maintenance service. Consumers sampled expressed high satisfaction levels with the workforce, reporting the workforce is sufficient to ensure they receive their meal delivery or maintenance service in accordance with their individual needs and preferences.

Consumers provided positive feedback in relation to their interactions with the workforce and said staff and volunteers are kind, caring and respectful. The Assessment Team noted administration staff discussing consumers in a kind and respectful manner and observed multiple staff answering telephone calls and speaking with consumers in a kind way.

All consumers reported confidence in the competency of staff members and stated staff have the knowledge and skills required to effectively undertake their roles of delivering a meal or home maintenance service, meeting consumer needs and preferences. Staff and volunteers advised, and management confirmed staff are provided with practical training upon commencement through a buddy system with a more experienced member of the workforce. The Assessment Team reviewed documentation detailing a range of qualifications and competencies required by staff and the systems and processes in place to verify currency.

# 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. | Not 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. | Not 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. | Not 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. | Not 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 assessed |

Findings

In relation to Requirement 8(3)(a) the organisation did not demonstrate consumers are supported and engaged in the development, delivery and evaluation of care and services.

Consumers are not offered the opportunity to participate in annual surveys or invited to provide feedback on quality of the meals or home maintenance services they receive. The board does not discuss complaints nor was a representative from the board able to speak to any evidence of consumer feedback being incorporated into service improvements. There has not been a survey sent to consumers and/or representatives for several years.

The Approved Provider’s response to the Assessment Team report stated a survey form for consumers receiving home maintenance has been prepared and will be implemented. I have considered the Assessment Team report and the response from the Approved Provider. There is no evidence that consumers are engaged in ways to develop or evaluate the service provided or are supported to engage with the service. I find Requirement 8(3)(a) Non-Compliant.

In relation to Requirement 8(3)(b) The Assessment Team noted while the management committee is meeting regularly, there is lack of risk related information being collated and reported to the committee for consideration and advice. The limited information being provided decreases oversight of risk by the management committee decreasing their ability to promote a culture of safe inclusive and quality care.

The Approved Provider’s response to the Assessment Team report did not address the matters raised in the Assessment Team report about ways in which the service promotes a culture of safe, quality care and services and is accountable for the delivery. I have considered the information in the Assessment Team report and find Requirement 8(3)(b Non-Compliant.

In relation to Requirement 8(3)(c) the organisation did not demonstrate effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In regard to information management, information is readily available on computer software as required for the role such as delivery schedules. It can be printed out and provided to relevant staff and volunteers as needed. Consumers receiving MOW services are provided with appropriate information relating to menus and meals available, prices, payment options and contact details of the organisation. However, the service demonstrated deficiencies relating to consumers who receive home maintenance services. Consumers and or their representatives only receive information verbally, and do not receive information relating to privacy, consent, the Charter of Aged Care Rights, and complaints management. Staff across both service types do not have access to policies and procedures. The Assessment Team noted that whilst there are policies and procedures available electronically, these policies are outdated with incorrect information, are not tailored to the service provided and do not reflect the processes and practices in place.

The organisation does not have a process to identify or document continuous improvement

opportunities and does not review complaints and incidents to identify areas of improvements.

Management, administration staff and volunteers are provided with a job description and can generally describe their roles and responsibilities. However, the service did not demonstrate that staff and volunteers receive the ongoing support and training to meet the needs of all aged care consumers.

The organisation did not demonstrate systems and processes to make sure they are complying with all relevant regulatory requirements and guidelines. The Assessment Team were provided with the organisations policies; however, these policies had not been tailored to specific services and were out of date. Management acknowledged this deficit, advising policies and procedures needed to be updated for MOW and be tailored to the service, and further policies and procedures developed for the home maintenance service.

The service did not demonstrate sufficient systems and processes were in place for collecting, collating and utilising feedback from consumers and or their representatives to improve service delivery. Management are not proactively engaging consumers to seek feedback, nor are all consumers receiving adequate information on how to make complaints either internally or externally, or through advocacy services.

I have considered the Assessment Team report. I note the response by the Approved Provider and comments about the challenges with financial resources and costs associated with delivering services. I also note the challenge described in meeting consumer demands and requests for services as well as for meeting regulatory requirements. However, I consider there are significant deficits to be addressed and find the service in Non-Compliant with Requirement 8(3)(c).

In relation to Requirement 8(3)(d) the organisation did not demonstrate effective risk management systems and practices are in place. Management did not demonstrate understanding of managing high impact and high prevalence risks associated with the care of consumers nor provide evidence of an effective incident management system.

Management was unable to clearly define risks and risk management relating to the service types advising that consumers will advise administration staff of their personal risks. Management did not demonstrate understanding of high impact or high prevalence risks associated with care of consumers nor did the service demonstrate proactive engagement and an understanding of their responsibility to identify and manage high impact or high prevalence risks. A service level assessment and home safety risk assessments are not completed as part of the assessment and planning process for consumers receiving home maintenance.

The service does not have systems and processes to review all consumers when their situation changes or within 12 months as required. Staff were unable to describe documentation processes or confirm receipt of training relating to incident management. Volunteers were able to describe incidents, and advised this information is either telephoned into the administration team or written on the back of the delivery run sheet to advise the team on return. However, incidents are not logged and there is no evidence of any means of collating the incident information.

The Approved Provider’s response to the Assessment Team report did not address the matters raised in the Assessment Team report about effective risk management systems and practices.

I have considered the information in the Assessment team report and the recommendation that Requirement 8(3)(d). I consider the organisation did not demonstrate effective risk management systems and practices are in place and guidance to staff is not current and inaccurate. Management did not demonstrate understanding of managing high impact and high prevalence risks associated with the care of consumers nor provide evidence of an effective incident management system. I find Requirement 8(3)(d) Non-Compliant.

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)