Paradise Point Meals on Wheels

Performance Report

4 Community Lane   
PARADISE POINT QLD 4216  
Phone number: (07) 5577 3188

**Commission ID:** 700525

**Provider name:** Paradise Point and District Meals on Wheels Incorporated

**Quality Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 21 June 2022

# Performance report prepared by

A.Grant delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**CHSP:**

* CHSP - Meals, 4-7ZVNZIA, 4 Community Lane, PARADISE POINT QLD 4216

# Overall assessment of Services

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | CHSP | | | Compliant |
| Requirement 1(3)(b) | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | CHSP | | | Compliant |
| Requirement 1(3)(f) | | CHSP | | | Compliant |
|  | |  | | |  |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | CHSP | Not Compliant | | |
| Requirement 2(3)(a) | CHSP | | Not Compliant | |
| Requirement 2(3)(b) | CHSP | | Not Compliant | |
| Requirement 2(3)(c) | CHSP | | Not Compliant | |
| Requirement 2(3)(d) | CHSP | | Not Compliant | |
| Requirement 2(3)(e) | CHSP | | Not Compliant | |

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| --- | --- | --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | | CHSP | Not Applicable | | |
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| Standard 4 Services and supports for daily living | | | | | | |
|  | | | CHSP | Compliant | | |
| Requirement 4(3)(a) | CHSP | | Compliant | |
| Requirement 4(3)(b) | CHSP | | Compliant | |
| Requirement 4(3)(c) | CHSP | | Compliant | |
| Requirement 4(3)(d) | CHSP | | Compliant | |
| Requirement 4(3)(e) | CHSP | | Compliant | |
| Requirement 4(3)(f) | CHSP | | Compliant | |
| Requirement 4(3)(g) | CHSP | | Not Applicable | |
| Standard 5 Organisation’s service environment | | | | | | |
|  | | | CHSP | Not Applicable | | |
| Standard 6 Feedback and complaints | | | | | | |
| Requirement 6(3)(a) | | | CHSP | Compliant | | |
| Requirement 6(3)(b) | CHSP | | Compliant | |
| Requirement 6(3)(c) | CHSP | | Compliant | |
| Requirement 6(3)(d) | CHSP | | Compliant | |
|  | |  | | |  |
| Standard 7 Human resources | | | CHSP | Compliant | | |
| Requirement 7(3)(a) | CHSP | | Compliant | |
| Requirement 7(3)(b) | CHSP | | Compliant | |
| Requirement 7(3)(c) | CHSP | | Compliant | |
| Requirement 7(3)(d) | CHSP | | Compliant | |
| Requirement 7(3)(e) | CHSP | | Compliant | |

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| Standard 8 Organisational governance | | CHSP | Compliant | |
| Requirement 8(3)(a) | CHSP | | Compliant |
| Requirement 8(3)(b) | CHSP | | Compliant |
| Requirement 8(3)(c) | CHSP | | Compliant |
| Requirement 8(3)(d) | CHSP | | Compliant |
| Requirement 8(3)(e) | CHSP | | Not Applicable |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or not compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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 Quality Audit report received 25 May 2022.

# STANDARD 1 Consumer dignity and choice

# CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives interviewed stated the service treats them with dignity, respect and feel their individual diversity is valued. Consumers and representatives interviewed stated they are encouraged to maintain independence and they feel staff and volunteers are knowledgeable on what is important to them. Consumers and representatives interviewed stated they receive information about their care and services and easily understand the information provided. Consumers interviewed stated they were confident their privacy is respected, and their personal information is kept confidential.

Evidence sighted by the Assessment Team showed the service demonstrated a culture of inclusion and respect for consumers and support them to live the best life they can in line with their preferences.

While the Assessment Team found one of the six requirements within the standard to be not met, I have had regard to the evidence supplied, the provider’s response to those areas and considered it against the intent of this requirement. I have decided to overturn the assessment team’s decision for the reasons outlined in the requirement below.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

**Assessment of Standard 1 Requirements**

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| Requirement 1(3)(a) | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

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| Requirement 1(3)(b) | CHSP | Compliant |

### *Care and services are culturally safe.*

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| Requirement 1(3)(c) | CHSP | Compliant |

*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.*

Findings

Consumers and their representatives interviewed stated they do not receive a menu from which to choose their preferred meals. A sample of responses received from consumers include:

* Consumer 1 when interviewed stated we don’t have a menu to pick and choose from. Consumer 1 did state they are pleased with the meals they receive.
* Consumer 2 when interviewed stated we don’t know what we’re going to get, and an improvement would be a menu to order what we would prefer.
* Consumer 3 when interviewed stated “there’s no menu, but the meals are absolutely beautiful.”

Evidence analysed by the Assessment Team shows the following processes and considerations are implemented by the approved provider in place of a menu.

Consumers and representatives interviewed stated that the service asks their preferences on commencement and they can change their preferences whenever they like.

Consumers and representatives interviewed agreed they can let the service know their preferences, such as likes and dislikes, number of fresh chilled or frozen meals and delivery days.

Consumers and their representatives stated they are supported to make their meal preferences known and gave examples of how the service they receive supports them to be as independent as possible.

The approved provider submitted additional evidence in the form of statements in response to the Assessment Teams report which showed upon initial registration and through ongoing assessment checks, consumers are encouraged to provide the approved provider with their meal preferences, and their likes/dislikes to provide them with as much choice as possible by receiving their preferred options. These choices/preferences are recorded in the consumers meal plans and they will receive their meals/soups/desserts and sandwiches based on these preferences. Consumers are strongly encouraged to communicate with the approved provider by telephone/email or via the delivery volunteers regarding any changes and amendments to their meal preferences and their delivery service.

Evidence analysed by the Assessment Team shows the service has a four weekly rotating fresh chilled menu with a small range of meals, designed specifically for the service by the catering company chef, and a frozen meal menu offering wider variety.

I therefore find that the above evidence supports a finding of Compliance against the elements of this requirement.

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| Requirement 1(3)(d) | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| Requirement 1(3)(e) | CHSP | Compliant |

*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.*

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| Requirement 1(3)(f) | CHSP | Compliant |

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service did not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. Assessment and planning outcomes are not documented in a care and/or service plan, and consumers are not provided with a copy of such a document. Processes are not in place to ensure each consumer’s care and services are reviewed at least 12 monthly, at a minimum, as required.

Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as five of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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| Requirement 2(3)(a) | CHSP | Not Compliant |

*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.*

Findings

The service does not have an assessment and planning policy and/or documented procedure to guide staff practice in conducting assessments, developing care and service plans and to support ongoing monitoring of risks to each consumer’s health and wellbeing. A comprehensive service-level assessment is not conducted, considering all factors relevant to the consumer’s needs, to inform development of a care and services plan.

A sample of evidence analysed by the Assessment Team proving the service is not meeting this requirement is included below:

On commencement, the service relies on the consumer or their representative telling the service what they can or can’t eat. The ‘New Client Procedural Form’ is used to record the consumer’s personal details, representatives, commencement date, days meals are required, the delivery run and special dietary needs.

The Assessment team analysed evidence which showed:

* Information recorded under ‘Special dietary needs’ is minimal and relevant information is not reflected.
* The Form allows space of one line in which to capture information provided by the consumer.
* Details from the My Aged Care assessment summary is not reflected.
* Information from others involved in the consumer’s care is not captured.
* The current format of the form does not prompt staff to ask a range of questions relevant to nutritional and dietary factors and does not constitute a service-level assessment in order to inform development of a care/service plan.
* While the service provider does ask consumers whether they have any special dietary requirements, they rely on the consumer’s brief response to this question.

The Assessment Team analysed evidence which showed the service does not undertake a home safety risk assessment on commencement or regularly thereafter to identify potential hazards and risks.

The Assessment Team analysed evidence which showed the service does not actively seek information from others involved in the care of the consumer, such as other providers or allied health professionals where relevant, to inform initial and ongoing assessment and care planning.

The Assessment Team reviewed consumers records and analysed the following evidence.

Consumer 6 responded on the recent consumer survey he/she has to be careful because he/she is on blood-thinning medication; review of Consumer 6’s My Aged Care assessment summary showed Consumer 6 has related heart conditions. This information is not documented under Consumer 6’s special dietary requirements and the service did not demonstrate an awareness of the risks associated with blood-thinning medication and dietary requirements.

Consumer 7 and Consumer 8 (in a relationship) record noted one normal meal and one ‘puree for one person’, however did not identify which consumer required puree meals. The Assessment Team noted that these consumers do not each have their own consumer record to ensure an individualised assessment.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(b) | CHSP | Not Compliant |

*Assessment and planning identify and addresses the consumer’s current needs, goals and preferences, including advance care* planning *and end of life planning if the consumer wishes.*

Findings

The Assessment Team analysed evidence to show the service demonstrated meal services are planned according to the consumer’s advice on their current needs, goals and preferences, the lack of a consistent approach to assessment and care/service plan review impacts on this requirement. Advance care planning and end of life planning was not assessed as the service was only delivering a meal service.

The Assessment Team analysed evidence to show the service does not have an ongoing assessment and planning policy or procedures in place to guide staff and ensure consumer information remains current and is maintained up-to-date. During an interview management stated, “a couple of weeks ago, the service commenced documenting consumer notes on their individual records”, consumer records sighted confirmed this.

Consumers interviewed stated the meals they receive meet their needs and preferences, as they have informed the service of these. Consumers interviewed stated they inform the volunteers or contact the service when there are changes in their needs or they wish to adjust their service preferences, having said that consumers interviewed stated the service does not initiate contact with them to discuss their needs or whether there are any changes to these.

The service manager, staff and volunteers interviewed demonstrated a shared understanding of consumer’s dietary requirements and food preferences and said they can refer to the consumer’s needs as documented on their record and delivery run sheets. Staff and volunteers interviewed described consumer’s individual needs, and this aligned with the information provided by consumers. However, the breadth of the information described is not consistently captured or reflected on consumer records.

Gaps identified by the Assessment Team in the assessment and care planning process reflect on this requirement as the service does not initiate regular consultation with each consumer to ensure a regular service-level assessment of their current needs is conducted and captured on their record. Please refer to Standard 2 Requirement (3)(a) and (e).

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team analysed evidence to show the service did not demonstrate that ongoing assessment and planning is consistently occurring with effective communication between the consumer, representatives and others involved in the care of the consumer.

The Assessment Team analysed evidence to show the service does not consistently seek all relevant information from each consumer or their representative, and others involved in the consumer’s care. Evidence showed while feedback from consumers and representatives confirmed they are involved in the planning of their meal service; the service does not proactively consult with them on a regular basis to review their service needs.

A sample of evidence analysed by the Assessment Team proving the service is not meeting this requirement is included below:

Evidence shows Consumer 8 receives Home Care Package Level 2 care and services from another aged care provider; his meal delivery service forms part of this package. The My Aged Care assessment summary lists appetite, weight loss and fluid intake as a consideration for Consumer 8’s needs, however this was not reflected in the service-level assessment. Other than an initial email communication with the package provider regarding the commencement date, meal cost and payment arrangements, there was no evidence of the sharing of information relevant to Consumer 8’s nutritional needs and dietary requirements.

Evidence analysed by the Assessment Team shows Consumer 9’s record does not show further communications regarding her swallowing issues and /or any changes to her special dietary requirements since January 2020.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team analysed evidence to show consumers are not provided with a copy of a documented plan setting out the agreed services they can expect to receive and how these services will be provided to meet their assessed needs.

The Assessment Team interviewed staff who demonstrated they know the individual consumers well, including their likes and dislikes and their meal preferences which are taken into account when packing the meals for delivery. The kitchen supervisor demonstrated a sound knowledge of each consumer’s individual preferences and showed how these are actioned in practice. Information is recorded across a range of ready reference and run sheets, and the kitchen supervisor demonstrated how the information is cross-checked during meal preparation and during delivery, to ensure each consumer receives meals suitable for them and in line with their preferences.

However, assessment practices do not ensure accurate and/or up-to-date information is documented and translated to a care and services plan which is provided to the consumer. Please refer to Standard 2 Requirement (3)(a) regarding assessment and care planning.

Management confirmed a documented plan is not provided to each consumer and/or their representative.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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.*

Findings

The Assessment Team was unable to locate evidence to show each consumer’s care and services are regularly reviewed for effectiveness and to ensure referrals are made for other services and supports in response to changing needs.

The Assessment Team could not identify that regular reviews are undertaken to monitor and review consumers services. A sample of evidence analysed by the Assessment Team proving the service is not meeting this requirement is included below:

CHSP service providers have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. CHSP service providers must undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the client record. The Assessment Team analysed evidence to show that ongoing monitoring and regular review of each consumer’s services does not occur as required.

Where the client requires a different service or a significant increase in services, or where the service provider’s review highlights needs, or goals not identified on the client’s support plan, the service provider must request a support plan review through the provider portal. The Assessment Team analysed evidence to show while the service consults with consumers, or their representatives, regarding changing needs and encourages them to contact My Aged Care, the service does not initiate a referral on the consumer’s behalf.

The Assessment Team analysed evidence to show the service responds to information provided by consumers, representatives and volunteers regarding changes in the consumer’s needs and preferences, this is not actively sought after on a regular basis. The Assessment Team analysed evidence to show recent feedback on a consumer survey form alerted the service that one consumer needed to change to a low sodium diet at the request of their general practitioner, however this information was not identified as part of a formal regular review of the consumer’s needs.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with this requirement.

# STANDARD 3 Personal care and clinical care CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The standard is not applicable and therefore was not assessed.

# STANDARD 4 Services and supports for daily living CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team analysed evidence to show the service demonstrated an understanding of what is important to individual consumers and how the provision of a flexible service supports the wellbeing of the consumers. Evidence shows the service includes consumers and their representative in communications, including where the representative or others, such as advocates, are involved in their care.

The service assists consumers and representatives with information on how to access additional services and supports this where it may be beneficial in meeting their emerging needs.

Meals are of suitable quality and quantity and that a variety of meals are provided. Consumers may choose the quantity of meals they require to meet their needs and preferences.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

Requirement (4)(g) is not applicable to the service and was not assessed.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(b) | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 4(3)(d) | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

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| Requirement 4(3)(e) | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | CHSP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | CHSP | Not Applicable |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment CHSP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

This Standard is not applicable and therefore was not assessed.

# STANDARD 6 Feedback and complaints

# CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team analysed evidence that shows the service demonstrated there are mechanisms for consumers, their family, friends, carers and others to provide feedback and make complaints.

Consumers interviewed by the Assessment Team discussed actions taken and use of open disclosure when they have raised a complaint, and subsequent improvements made by the service based on complaints.

Staff interviewed by the Assessment Team confirmed they resolve issues identified by consumers immediately or report it through the feedback processes.

Management interviewed by the Assessment Team described the service’s processes for managing complaints and how the service records, acts and analyses complaints to inform systemic improvements.

The Assessment Team analysed the complaints Register which showed the consumers can access feedback mechanisms. Evidence shows complaints documentation demonstrated open disclosure is used as part of the complaint management process.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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| Requirement 6(3)(a) | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

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| Requirement 6(3)(b) | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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| Requirement 6(3)(c) | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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| Requirement 6(3)(d) | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives interviewed stated they believe consumers receive quality care and services when they need these, and that staff and volunteers are kind, capable and caring.

The Assessment Team analysed evidence which shows the services workforce interacts with consumers in a kind, caring and respectful way and treat each consumer as a unique individual. Evidence shows the workforce applies a flexible and responsive approach to the needs and preferences of consumers.

The Assessment Team analysed evidence which shows the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Evidence analysed by the Assessment Team shows the service has policies and procedures to guide staff in recruitment and induction.

The Assessment Team analysed evidence which shows the service has an orientation and training program in place in addition to a system in place to regularly assess, monitor and review the performance of each member of the workforce

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

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| Requirement 7(3)(a) | CHSP | Compliant |

*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.*

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| Requirement 7(3)(b) | CHSP | Compliant |
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*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| Requirement 7(3)(c) | CHSP | Compliant |

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

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| Requirement 7(3)(d) | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| Requirement 7(3)(e) | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# CHSP Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team analysed evidence which shows the service recognises that consumer involvement in developing and planning services is important and have commenced the process to establish consumer forums. Evidence shows the organisation’s governing body promotes a culture of safe, inclusive and quality care and the service is accountable for their delivery.

The Assessment Team analysed evidence which shows the service has a continuous improvement plan. Evidence shows the service has undertaken several recent improvements to address risks.

The Assessment Team analysed evidence which shows the organisation conducts an annual survey where consumers and representatives can participate should they choose to do so. Consumers interviewed all confirmed they are satisfied with the meal choices available to them and the improvements made by the service.

The Assessment Team analysed evidence which shows the service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance.

Consumers and representatives interviewed stated they receive a monthly statement and invoice where necessary. The Assessment Team analysed evidence which shows reviewal of monthly income and expenditure is performed by Committee executives at quarterly meetings. Evidence shows Financial audits are conducted at the end of each financial year by an external auditor.

Management interviewed by the Assessment Team discussed and provided evidence of compliance checks including staff police certificates, drivers licence information, and vaccination status, evidence analysed shows these are continually monitored.

The Assessment Team analysed evidence to show consumers are provided with a copy of the Charter of Aged Care Rights as part of the agreement and receive an information pack containing information on complaints and feedback. Evidence shows the service has processes in place for sharing information, continuous improvement captures and planning, workforce governance, regulatory compliance, feedback and complaints, and provides itemised monthly statements to consumers.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as Compliant as four of the four relevant requirements have been assessed as Compliant.

Requirement (8)(3)(e) is not applicable to the service and was not assessed.

## Assessment of Standard 8 Requirements

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| Requirement 8(3)(a) | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

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|  | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| Requirement 8(3)(c) | CHSP | Compliant |

*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.*

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| Requirement 8(3)(d) | CHSP | Compliant |

*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.*

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| Requirement 8(3)(e) | CHSP | Not Applicable |

*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.*

This Requirement is not applicable and therefore was not assessed.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 2(3)(a) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(b) | CHSP | Not Compliant |

*Assessment and planning identify and addresses the consumer’s current needs, goals and preferences, including advance care* planning *and end of life planning if the consumer wishes.*

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| Requirement 2(3)(c) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(d) | CHSP | Not Compliant |

*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.*

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| Requirement 2(3)(e) | CHSP | Not Compliant |

*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.*