Parkinson's South Australia Incorporated

Performance Report

|  |  |
| --- | --- |
| **Address:** | 23A King William RoadUNLEY SA 5061 |
| **Phone:** | 08 8357 8909 |
| **Commission ID:** | 600450 |
| **Provider name:** | Parkinson’s South Australia Incorporated |
| **Activity type:** | Quality Audit |
| **Activity date:** | 27 June 2022 to 29 June 2022 |
| **Performance report date:** | 26 August 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 2018.

**Services included in this assessment**

**CHSP:**

* Specialised Support Services, 4-7XB8YXP, 23A King William Road, UNLEY SA 5061

# Overall assessment of Service

|  |  |  |
| --- | --- | --- |
| 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 | Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Compliant |
| Requirement 2(3)(e) | CHSP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Compliant |
| Requirement 3(3)(a) | CHSP | Compliant |
| Requirement 3(3)(b) | CHSP | Compliant |
| Requirement 3(3)(c)  | CHSP | Compliant |
| Requirement 3(3)(d)  | CHSP | Compliant |
| Requirement 3(3)(e)  | CHSP | Compliant |
| Requirement 3(3)(f)  | CHSP | Compliant |
| Requirement 3(3)(g)  | CHSP | Compliant |
|  |  |  |
| 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 | Not Applicable |
| Requirement 4(3)(g) | CHSP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | CHSP  | Compliant |
| Requirement 5(3)(a) | CHSP | Compliant |
| Requirement 5(3)(b) | CHSP | Compliant |
| Requirement 5(3)(c) | CHSP | Compliant |
|  |  |  |
| Standard 6 Feedback and complaints | CHSP  | Not Compliant |
| Requirement 6(3)(a) | CHSP  | Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c)  | CHSP | Compliant |
| Requirement 6(3)(d)  | CHSP | Not Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP  | Not Compliant |
| Requirement 7(3)(a) | CHSP  | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c)  | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Not Compliant |
| Requirement 7(3)(e)  | CHSP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP  | Not Compliant |
| Requirement 8(3)(a) | CHSP  | Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c)  | CHSP | Not Compliant |
| Requirement 8(3)(d) | CHSP | Not Compliant |
| Requirement 8(3)(e)  | CHSP | Not Compliant |

# 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 non-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 18 July 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team felt they were respected and valued as individuals and felt accepted and valued of their needs and preferences. During interviews with the Assessment Team staff and volunteers described how they show respect to the consumers by addressing them by their preferred name and acknowledging their preferences about how services are delivered. Management and staff during interviews with the Assessment Team spoke respectfully about consumers with an understanding of the consumer’s personal circumstances and described how it influenced the delivery of their individual services. Documents viewed and analysed by the Assessment Team demonstrated the service is inclusive, consumer-centred and respectful of consumers’ identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate it delivers culturally safe care and services. Consumers interviewed by the Assessment Team confirmed the service understands what is important to them and described in various ways how the service values them and provides services that ensure they feel comfortable and safe. The Assessment Team noted based on interactions with staff that they demonstrated understanding of consumer’s cultural background and described how they adapt the way services are provided to ensure they respect consumers’ cultural needs and preferences. During interviews with the Assessment Team the workforce showed an understanding of each consumer, providing examples of consumers’ past occupations, who they live with and if they have any special requirements. During interviews with the Assessment Team management advised staff recently undertook ‘LGBTIQ+ and the Elderly’ training. The Assessment Team observed that the service's Blue Book, a document with information on Parkinson's Disease for consumers and their family, is available in 7 languages.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to exercise choice and independence, including when others should be involved. Consumers interviewed by the Assessment Team stated the service supports the consumer and involves them in making decisions. During interviews with the Assessment Team staff discussed promoting choice and independence to consumers, and evidence showed consumers are supported as much as possible to make decisions about their services. Management interviewed by the Assessment Team described how consumers’ choice about who is involved in making decisions on their behalf is respected, including involvement of family members if they wish to, which is captured on the Client referral/details form.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can if they wish to. Consumers interviewed by the Assessment Team stated they do not wish to take risks, however, the services they receive enables them to maintain their independence and live their best life.

During interviews with the Assessment Team staff and volunteers described how they use problem solving solutions to minimise risks, the Assessment Team found there was no evidence that the workforce has an understanding of the concept of dignity of risk. Management advised the Assessment Team there is no training, policy or procedures on dignity of risk at this time, however, the Assessment Team did not observe any evidence of impact to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Consumers interviewed by the Assessment Team described how information is provided to them verbally and in writing when they first access the services and as required. Consumers confirmed to the Assessment Team they receive clear information that enables them to exercise choices about their services. During interviews with the Assessment Team consumers described, and the Assessment Team observed, several pamphlets available to consumers on Parkinson's Disease, information on managing symptoms and details of care and service options provided. During interviews with the Assessment Team management described the service’s development and provision of specialised information for consumers at all stages of the disease progression.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. Evidence analysed by the Assessment Team showed access to electronic information is limited by role and requires 2-factor authentication. Staff and volunteers interviewed by the Assessment Team demonstrated an understanding of their responsibilities in relation to maintaining confidentiality. Evidence analysed by the Assessment Team showed consumers are provided with information about the collection uses and disclosure of their personal information. Evidence analysed by the Assessment Team showed the Client details/referral form requires consumers to consent to the collection of personal information and details the rights of the consumer regarding the use and disclosure of this information.

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**

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers interviewed by the Assessment Team in relation to this requirement confirmed assessment and planning identified consumers’ current needs, goals and preferences. Staff and management interviewed by the Assessment Team demonstrated discussions with consumers and/or representatives about consumer’s needs, goals and preferences, which informs referral, education, advice and direct service provision. Management advised that Allied Health staff identify and outline consumer goals, actions and outcomes at every interaction with the consumer, which is documented in the sessions section of the database.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is based on ongoing partnership with the consumers and those who they wish to be involved, including other organisations and health care professionals. During interviews with the Assessment Team staff described how they work collaboratively with others, including representatives; GPs and specialists; Home care providers and Residential aged care services; and other stakeholders and service providers, in assessment and planning of consumers’ services. This information provided by staff to the Assessment Team aligned with feedback from consumers. Care planning documents viewed and analysed by the Assessment Team for sampled consumers confirmed that consumers and their representatives, Allied Health staff and/or wellbeing officers, and other specialist services are involved in the assessment and planning of consumer services, with consent from the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented, which is readily available to the consumer. Consumers interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them, and where applicable, a copy of the consumer’s report provided to the consumer. Allied Health staff and management interviewed by the Assessment Team described how outcomes of assessment are documented in a comprehensive report that is then provided to the consumer and other relevant stakeholders for the ongoing provision of services to the consumer. Management advised the Assessment Team that as the service is a specialised support service for Parkinson's and other motor disorders, a care plan is not applicable to their service delivery model.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning effectively considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective services, specifically in relation to consumers attending social support groups. The Assessment Team found the care planning documentation did not evidence comprehensive assessment and planning is undertaken for all consumers. Detailed evidence is provided below in the relevant requirements.

Evidence analysed by the Assessment Team showed the service did not demonstrate services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team found the service could not demonstrate that all consumers are reviewed and monitored on at least an annual basis to ensure they receive appropriate services. 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 two of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| 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.*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning effectively considers risks to the consumer’s health and well-being, to inform the delivery of safe and effective services, specifically in relation to consumers attending social support groups. Based on evidence analysed the Assessment Team found the care planning documentation did not evidence comprehensive assessment and planning is undertaken for all consumers. The Assessment Team noted based on the evidence analysed the lack of assessment of risk for consumers resulted in a lack of documented strategies to support staff and volunteers to deliver safe and effective services. During interviews with the Assessment Team staff and volunteers stated critical information is mostly communicated verbally and they have a comprehensive knowledge of the consumers they are supporting.

Evidence analysed by the Assessment Team showed while there was evidence of assessments completed by the service for sampled consumers receiving Allied Health services (including nursing and social work services), the Assessment Team noted the service did not demonstrate assessment and planning is effectively conducted to consider and document all risks for consumers receiving social support services, including risks associated with mobility and falls.

Management interviewed by the Assessment Team advised the client referral/details form acts as an initial information gathering tool, with a service request and referral section to assist with referrals to specific internal services. The Assessment Team noted while the form asks for information on medical diagnosis; living arrangements; funder details; general practitioner (GP) and specialist information; and primary supports; the Assessment Team noted the form does not request additional information to inform staff and volunteers of the risks for consumers attending social support groups, in order to develop individualised strategies to provide safe and effective services. The Assessment Team noted that of the 18 consumer files sampled and analysed, 4 consumers did not have a client referral/details form on file. Evidence analysed by the Assessment Team showed additionally completed forms viewed were not consistently completed comprehensively.

The Assessment Team noted Consumer A currently attends the service for shout out singing sessions, living well sessions, women with Parkinson’s sessions and attends the annual Parkinson’s research conference. Consumer A’s self-funds fitness classes at the BBFS studio.

The Assessment Team analysed evidence which showed session notes for Consumer A showed that at Consumer A’s initial meeting with the service on 25 March 2019, Consumer A identified her main Parkinson’s symptoms as fatigue, staying asleep and fear of falling and was observed to have bilateral leg tremor. The Assessment Team noted session notes show the service explained the benefits of exercise and provided her with a list of neuro physiotherapists and exercise groups.

During interviews with the Assessment Team Consumer A stated she is very careful where she goes in the community as Consumer A is afraid of walking on her own and is not currently using mobility aids. Consumer A advised the Assessment Team she has not disclosed her fear of falls to staff at Parkinson’s SA and continues with her exercises at BBFS and at home. Consumer A advised the Assessment Team during interviews that she recently joined Diabetes SA to assist in managing her diabetes.

The Assessment Team analysed evidence and subsequently noted that there was no records management folder for Consumer A and therefore no documentation to demonstrate how Consumer A’s diabetes and fear of falls is being assessed and strategies implemented to ensure her safety, when attending the social support groups.

Consumer B currently attends men with Parkinson's group, art class, brain boost café, volunteers at the head office, and is seeing the Social Worker monthly. Consumer B self-funds fitness classes at the BBFS studio. At the initial meeting with the Assessment Team the Assessment Team noted the service identified Consumer B as at risk of falls.

During interviews with the Assessment Team Consumer B outlined Consumer B’s recent surgeries on his back and that he has downgraded from a 4-wheel walker to a walking stick when mobilising.

The Assessment Team completed a review of care planning documentation and subsequently noted there was no assessment of risk for falls for Consumer B, to inform staff and volunteers practice when he is engaging in social activities or volunteering at the head office and when attending groups held at various venues.

Management, staff and volunteers interviewed by the Assessment Team stated they know their consumers well and can identify and mitigate risks for these consumers, however, acknowledged to the Assessment Team that information is communicated verbally and is not documented.

The Assessment Team analysed evidence which showed for one consumer with mental health issues who has recently commenced attending the service for art classes, staff advised during Assessment Team interviews that information was provided to the facilitator verbally to ensure the consumer is supported to integrate and settle into the group well.

During interviews with the Assessment Team one facilitator of an offsite support group stated they will have a phone call with a consumer prior to them joining the group and the client referral/detail form will be completed. However, during the interview this facilitator stated they are reluctant to request too much information as they prefer consumers to disclose information as they become comfortable.

The Assessment Team analysed evidence and subsequently noted the service could not demonstrate there are documented policies and procedures regarding assessment and planning for consumers to guide staff and volunteer practice. Management advised the Assessment Team during interviews they had identified the need to create some work instructions for assessment and planning, however, this project has not commenced and will not be fully implemented until later in the calendar year.

Refer to Standard 8 Requirement (3)(d) for further information in relation to the service’s risk management systems, including identification, assessment and management of consumer’s individual risks, and the organisation’s oversight of consumers’ risks.

The Assessment Team noted following feedback supplied by the Assessment Team, management acknowledged that existing assessment and care planning processes could be improved in order to ensure that risks are identified, and strategies are implemented to support the delivery of safe and effective services to consumers attending groups that are either funded by and/or facilitated by Parkinson’s SA. The Assessment Team noted management advised they would action the identified gaps as part of their continuous improvement process.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | CHSP  | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | CHSP  | 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

The Assessment Team analysed evidence and subsequently noted the service did not demonstrate services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team noted based on evidence analysed that the service could not demonstrate all consumers are reviewed and monitored on at least an annual basis to ensure they receive appropriate services.

Evidence analysed by the Assessment Team showed for consumers receiving ongoing services from the service, through the provision of social support and exercise groups, there was no evidence available or viewed by the Assessment Team to prove that services are reviewed for effectiveness or to identify additional supports and/or implement strategies to mitigate any risks for consumers with ongoing disease progression to ensure their safety whilst attending support groups, exercise programs, or activities.

The Assessment Team viewed and analysed the files of 5 consumers who attend the support groups on an ongoing basis and subsequently noted there was no annual review on file, as per CHSP funding requirements.

Management advised the Assessment Team during interviews that they have regular contact with consumers attending support groups and will respond directly to any further requests for services by consumers and/or their representative and would action any additional services identified, through their referral process. During interviews with the Assessment Team Management acknowledged they do not document outcomes of these contacts. Additionally, management advised the Assessment Team during interviews that their information systems are limited to identify those consumers requiring an annual review of their services at the time of the Quality Audit.

During interviews with the Assessment Team management advised specialised Allied Health services for consumers are episodic and are based on changes in the consumers’ disease progression or other changes in consumers’ circumstances. Management stated during interviews with the Assessment Team once the specialised allied health service has been provided, the consumers are discharged, and consumers’ files are archived on the database. Evidence analysed showed the consumer will be recommenced, and the referral service activated if they self-identify as requiring additional services.

The Assessment Team noted based on evidence analysed that at the time of the Quality Audit the service did not have policies and procedures to guide staff in relation to reassessment, planning and review including in relation to risks.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

# STANDARD 3 Personal care and clinical careCHSP Compliant

### 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate they ensure consumers gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers interviewed by the Assessment Team in relation to this requirement confirmed consumers get the services they need for Parkinson’s advice, education and symptom management. Staff and management interviewed by the Assessment Team outlined specialised services provided to consumers was tailored to their needs and optimised their health and wellbeing through standardised assessments, recommendations, advocacy and provision of services within the specific Allied Health and wellbeing officers’ scope of practice. Allied Health staff interviewed by the Assessment Team described their processes to ensure they are accessing national and international standards and guidelines in the management of symptoms of Parkinson’s disease to provide best practice clinical care to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers interviewed by the Assessment Team in relation to this requirement confirmed interventions are in place for risk prevention and management. Staff and management interviewed by the Assessment Team demonstrated understanding of high impact and high prevalence risks for their consumer cohort as being falls and mental health issues. Staff and management interviewed by the Assessment Team provided examples of consumers’ individual risks and management strategies. Care planning documents analysed by the Assessment Team for consumers receiving Allied Health and wellbeing services, showed that consumers’ risks were documented in session notes. The Assessment Team noted risk mitigation strategies had been implemented through a range of interventions including referral to relevant specialist services including neurological physiotherapy, exercise physiology, psychology, and the recommendations of prescribed equipment for consumers to implement with their Home Care Package service providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. The Assessment Team noted the Clinical Nurse Consultant (CNC) described actions taken for one consumer to support the consumer and their family members to ensure that the consumer’s comfort was maximised, and their dignity preserved. Evidence analysed by the Assessment Team showed actions taken included advocacy for the consumer to ensure all services are in place and liaison with the consumer’s GP, neurologist, and rereferral to the palliation team. The Assessment Team noted at the time of the Quality Audit, the CNC was actioning a comprehensive nursing assessment, utilising appropriate assessment, including palliative and clinical response tools to provide recommendations to the consumer, their family members and other organisations providing care and services to ensure specialised palliative care services was actioned.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers interviewed by the Assessment Team in relation to this requirement advised the service responds promptly to their self-identified change or deterioration as appropriate. Staff and management interviewed by the Assessment Team described how the service identifies and respond to changes in the condition of consumers, through consumers or their representatives contacting the service for advice, education and services for symptom management of disease progression. Management interviewed by the Assessment Team described how they work with the network of organisations to encourage referral at the early stages of symptoms to prevent crisis management and optimise choice and wellbeing. Care planning documentation analysed by the Assessment Team showed intensive episodic service provision was delivered to consumers to address consumers’ identified symptoms including concerns with mobility, speech and/or mental health.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences and conditions is documented and communicated within the organisation. Consumers interviewed by the Assessment Team in relation to this requirement confirmed their services are consistent, they have continuity of services and do not need to repeat their needs and preferences to multiple people. Staff and management interviewed by the Assessment Team described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. The Assessment Team found while most consumers interviewed in relation to this requirement did not provide information, one consumer provided an example of a referral to a neurological physiotherapist and podiatrist. The Assessment Team noted staff and management demonstrated consumers are referred to other health professionals or organisations in a timely and appropriate manner. Care planning documents viewed and analysed by the Assessment Team for sampled consumers showed that consumers had been referred appropriately and staff had monitored and followed up the referral to ensure the service is provided to consumers as required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers interviewed by the Assessment Team in relation to this requirement advised the staff and volunteers keep them safe with the use of masks, hand hygiene, and social distancing when attending their home or when consumers are attending group activities at various venues. During interviews with the Assessment Team staff and management demonstrated precautions to prevent and control the risk of infections are in place including all staff being trained as COVID marshals, implementation of all Department of Health and state-based directives, wearing of personal protective equipment, and ensuring the COVID-19 management plan was up to date. Evidence analysed by the Assessment Team showed while the service identified in their self-assessment that this requirement was not applicable, the service demonstrated appropriate precautions in place to minimise infection related risks for consumers.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

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

*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.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

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

*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.*

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

*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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | CHSP  | Compliant |

*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.*

# STANDARD 4 Services and supports for daily livingCHSP 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Feedback from consumers and staff obtained from interviews with the Assessment Team demonstrated that supports provided optimise the consumer’s independence, health, well-being and quality of life. Some consumers interviewed by the Assessment Team described how their connection to the service also assists then to stay at the forefront of medical research through the attendance at the annual Parkinson's research conference and be considered for clinical studies and trials. The Assessment Team noted for the consumers sampled, staff when interviewed could explain what was important to them, what they liked to do and how they support them to engage in services for daily living. During interviews with the Assessment Team staff and volunteers described their process in developing the schedule for support groups offered to consumers and how the needs, goals and preferences are considered through regular feedback where consumers participate in choosing the guest speakers and topics to be covered for the annual schedules.

Evidence analysed by the Assessment Team showed the service demonstrated services and supports for daily living promote the emotional, spiritual and psychological well-being of consumers. Consumers interviewed by the Assessment Team in relation to this requirement described how beneficial it was for them to speak with staff that have specialised knowledge of their condition to enable specific support and strategies to be provided. Staff interviewed by the Assessment Team described how they have supported the emotional, psychological and spiritual well-being of consumers. Management described during interviews with the Assessment Team the development of an online video channel which included exercise programs, mindfulness sessions, seminars and lectures, and communications to introduce new staff, that consumers could access when services were not able to be provided face to face during the COVID-19 pandemic outbreak. The Assessment Team noted while care planning documentation did not consistently provide information about consumers’ emotional, spiritual and psychological well-being, the service demonstrated that services and supports are put in place to meet consumers’ needs, including wellbeing counselling, support services and social group activities if the consumer chooses.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers interviewed by the Assessment Team advised the social support and group services enable them to take part of their community, do things of interest to them and develop friendships. Both consumers and staff interviewed by the Assessment Team described how consumers appreciate the opportunity to connect with others who are experiencing similar challenges as a result of their disease progression. During interviews with the Assessment Team staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them through their service offerings and through the provision of information regarding metropolitan and regional community social and exercise programs that consumers may choose to connect with.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is documented and communicated within the organisation, and with other organisations where responsibility for services is shared. Consumers interviewed by the Assessment Team in relation to this requirement confirmed the service coordinates their services and support within and/or outside the organisation as required. Staff and management interviewed by the Assessment Team described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated. However, the Assessment Team noted as outlined in Standard 2 Requirement (3)(a) and Standard 8, Requirement (3)(c) information is not consistently documented and shared to facilitators or volunteers coordinating social support groups to inform them of any consumer risks, and strategies to mitigate risks to ensure the safety of consumers whilst receiving services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed by the Assessment Team in relation to this requirement advised referrals had been sent to a range of services, including for one consumer, the supply and installation of home modification services. The Assessment Team noted staff and management demonstrated consumers are referred to other health professionals or organisations timely and appropriately.

Evidence analysed by the Assessment Team showed the service was able to demonstrate, when equipment is provided, it is safe, suitable, clean and well maintained. The Assessment Team noted the service identified in their self-assessment this requirement was not applicable however, Allied Health staff described the assessment, prescription and provision of equipment to consumers. Consumers interviewed by the Assessment Team could not provide comment regarding this requirement as they had not been prescribed goods or equipment. Evidence analysed by the Assessment Team showed care planning documentation showed consultation with a consumer for the selection and trial of a manual wheelchair, following surgery.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as 6 of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(f) is Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | CHSP  | Not Applicable |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | CHSP  | Compliant |

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

# STANDARD 5 Organisation’s service environmentCHSP Compliant

### 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was welcoming, easy to navigate and had enough space for consumers to sit or exercise. Consumers interviewed by the Assessment Team confirmed they feel welcome when they attend the centre-based activities. Staff, volunteers and management interviewed by the Assessment Team described how they ensure consumers feel welcome. Staff and volunteers were observed by the Assessment Team to be welcoming to consumers on entry and interacting with them in a caring and respectful manner. During interviews with the Assessment Team Management described, and observations showed that the head office building has been purpose refitted and designed for people with neurological or movement disorders to ensure the service environment is functional and free from accessibility barriers. Observations of the Assessment Team confirmed the environment was bright, well-lit, comfortable and spacious, and easy to navigate. Management and volunteers during interviews with the Assessment Team discussed the process for ensuring metropolitan and regional community venues used for social support and exercise groups are functional, welcoming and accessible for people with limited mobility.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment, is safe, clean, well maintained and comfortable. Consumers interviewed by the Assessment Team confirmed they feel safe when attending venues for social activities or exercises and the service environments are clean, with volunteers and staff applying infection prevention and control practices. Staff and management interviewed by the Assessment Team described processes to ensure the service environments are safe, clean and well maintained, through the hire of council managed locations with requisite safety and cleaning processes implemented. Observations noted by the Assessment Team showed the head office and social support venue was clean and well maintained. Management interviewed by the Assessment Team discussed parking limitations and liaison with the Local Council to consider a pedestrian crossing on King William Rd to ensure the safety of consumers accessing the head office and BBFS gym.

Observations noted by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers interviewed by the Assessment Team in relation to this requirement confirmed furniture and equipment are suitable for their requirements. Staff and management interviewed by the Assessment Team described processes to ensure service equipment is safe, clean and well maintained, including the purchase of stable heavy based chairs and tables with breaks to assist consumers to push up to stand. These statements were confirmed through observations made by the Assessment Team.

The Quality Standard for the Commonwealth home support programme service is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | CHSP  | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | CHSP  | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | CHSP  | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaintsCHSP Not 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. The Assessment Team noted mechanisms to provide feedback include speaking directly with staff, completing feedback forms, sending emails, through Facebook and via phone. Consumers interviewed by the Assessment Team stated they knew how to provide feedback or make complaints if necessary. Evidence analysed by the Assessment Team showed a feedback and complaints brochure is included in the welcome pack provided when consumers join the service, and in regular newsletters. The Assessment Team based on evidence analysed subsequently noted feedback and complaints are generally not documented, refer to requirement (3)(d) of this Standard for more information regarding documentation and review of feedback and complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team noted management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed and analysed the feedback form including external complaints avenues and advocacy services, which is provided to consumers at entry to service. However, the Assessment Team subsequently noted information for the Aged Care Complaints Scheme was out of date and there was no reference to the Aged Care Quality and Safety Commission. Assessment Team notes show management acknowledged this feedback from the Assessment Team and advised they plan to update this document.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team noted feedback from one consumer who had provided feedback to the service, described how their feedback was promptly responded to, and they were verbally informed of the progress and outcome. The Assessment Team noted documentation viewed for another consumer complaint showed the feedback was actioned immediately and no further follow-up was required. During interviews with the Assessment Team management advised that staff have not been trained in open disclosure, and the service's External Grievance and Complaint policy does not instruct staff to follow open disclosure principles, however, management described how open disclosure principles were used when resolving a mail-out which contained incorrect information.

The Assessment Team analysed evidence and subsequently noted the service was not able to demonstrate they effectively document feedback and complaints, and review and analyse this data to inform service improvements. The Assessment Team noted based on evidence analysed that the service does not have an effective system to capture feedback and complaints, and consequently does not have oversight of the trends in consumer feedback. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth home support programme service is assessed as Not Complaint as one of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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

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

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP  |  Not Compliant |

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

The Assessment Team analysed evidence and subsequently noted the service was not able to demonstrate feedback and complaints are reviewed and used to improve care and services. During interviews with the Assessment Team staff and management advised feedback and complaints are generally trivial in nature, and addressed immediately to the satisfaction of consumers, however the Assessment Team noted statements obtained during these interviews confirmed they are not documented unless serious.

Evidence analysed by the Assessment Team showed the service does not have a dedicated feedback and complaints register to record feedback and complaints to analyse any trends and inform continuous improvements for the service.

During an interview with the Assessment Team one consumer discussed how feedback they provided was acted upon, however the Assessment Team could not locate and/or sight documentation of this feedback and the actions taken. The Assessment Team analysed evidence and subsequently noted documentation showing the most recent recorded complaint was April 2019, based on statements collected through interviews conducted by the Assessment Team the above date is not accurate.

The Assessment Team noted following feedback from the Assessment team, management acknowledged that as the majority of feedback and complaints are not documented, review and analysis is not undertaken to improve care and services. The Assessment Team did note management provided evidence of a survey taken with attendees of a wellness seminar and described how they used the results to inform which topics will be covered in future seminars.

The Assessment Team sighted and analysed the External Grievance and Complaints Management Policy, and noted it includes the requirement of staff to document all complaints, however staff and volunteers interviewed by the Assessment Team did not demonstrate knowledge of this requirement.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team, the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

# STANDARD 7 Human resourcesCHSP Not 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

The Assessment Team analysed evidence which showed the service was able to demonstrate the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers interviewed by the Assessment Team stated there are adequate numbers of staff and volunteers to deliver services as planned, and the workforce turn up on time, as expected, for their services. Staff and volunteers interviewed by the Assessment Team described having sufficient staffing resources to be able to deliver quality services. Management interviewed by the Assessment Team described the impact of COVID-19 on volunteer availability on some occasions and advised there was no impact for consumers as services were always filled by other volunteers or paid staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. The Assessment Team noted sampled consumers confirmed, in various ways, that staff and volunteers treat consumers with respect, they are responsive to their needs and understand their preferences and interests. Consumers interviewed by the Assessment Team who attend the Art group were highly complementary of the staff facilitating the group. Staff and volunteers interviewed by the Assessment Team demonstrated they are kind, caring and were respectful of each consumer’s identity and culture and provided examples demonstrating they understand consumers’ individual and cultural needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate its workforce is competent and has the skills and knowledge to effectively perform their roles. Consumers interviewed by the Assessment Team confirmed staff and volunteers know how to do their job and provide services. Volunteers interviewed by the Assessment Team described how they are supported to competently perform their role. Management interviewed by the Assessment Team described the service’s processes to ensure the workforce has required skills, clearances, and qualifications to perform their role including position descriptions for volunteer roles, codes of conduct for all roles, and induction and ongoing training for volunteers. Management advised the Assessment Team that they track police clearances for staff by having them all apply at the same time, however management conceded that while this process is effective for current staffing levels, they will introduce a register to effectively monitor staff as the workforce increases.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Evidence analysed by the Assessment Team showed the service has a performance appraisal and development process for staff. Staff interviewed by the Assessment Team confirmed they were supported in their performance review process. Volunteers interviewed by the Assessment Team confirmed they are in contact with their coordinator on a regular basis and discuss any concerns that they may have, however volunteers advised the Assessment Team during interviews they have not had a formal performance appraisal. Evidence analysed by the Assessment Team showed the service has policies and procedures in relation to human resources, including regular assessment, monitoring and review of the performance of each member of the workforce.

Evidence analysed by the Assessment Team and subsequently noted showed the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. Evidence analysed by the Assessment Team showed the service does not have effective oversight of training of staff and volunteers. Evidence analysed by the Assessment Team showed staff and volunteers are not supported with effective policies and procedures. Detailed evidence is provided below in the relevant requirements.

The Quality Standard for the Commonwealth home support programme service is assessed as Not as one of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | CHSP  | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity*.

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | CHSP  | Not Compliant |

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

The Assessment Team viewed evidence and subsequently noted the service did not demonstrate the workforce is recruited, trained, equipped and supported to meet the needs of aged care consumers and deliver the outcomes required by the Quality Standards. During interviews with the Assessment Team management advised training needs are determined by requirements in the position description and additional Parkinson's Disease centric training, for example the Assessment Team noted based on evidence viewed all staff are trained in mental health first aid. The Assessment Team analysed evidence and subsequently noted the training is tracked and delivered through individual training plans and on a calendar, however management were not able to demonstrate this process is effective. Evidence analysed by the Assessment Team showed the service does not have a process to determine when refresher training is due, and training completion dates are not included on individual training plans but are recorded.

Staff and volunteers interviewed by the Assessment Team advised they feel they receive the training they need, however, the Assessment Team noted there was no evidence management, staff or volunteers had received training relevant to the Quality Standards, including but not limited to:

* Complaints management and open disclosure.
* Training in cultural safety and diversity.
* Identifying abuse and neglect of consumers.
* Use of restraint.
* Management and prevention of incidents.
* Aged Care Quality Standards.

Evidence analysed by the Assessment Team and subsequently noted showed the service did not demonstrate staff are supported through effective policies and procedures. The Assessment Team analysed evidence and noted multiple policies have not been updated for over 7 years, and many policies do not include practical procedures to guide staff, an example provided by the Assessment Team included the feedback policy which was last updated on 28 April 2015 and contains no instructions for staff or volunteers on how to handle feedback. Furthermore, the Assessment Team found the service does not support staff with policies in areas of care including, but not limited to assessment and planning, reviews and use of restraint. The Assessment Team sighted and analysed a staff induction folder which contained information about the service, policies, WHS and emergency procedures, however, the Assessment Team noted does not contain information to guide staff in the delivery of safe care. Management acknowledged this feedback from the Assessment Team and advised that work instructions are being written, and resources will be dedicated to update policies and procedures.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate some understanding and application of this requirement. The Assessment Team noted management demonstrated a robust recruitment process, including psychological testing and a complex case study to ensure recruited staff have the right profile for the organisation in addition to the requisite skills and qualifications. Sampled volunteers in remote locations stated during interviews with the Assessment Team that they are able to call the Adelaide office for support where required.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team, the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| 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 governanceCHSP Not 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed by the Assessment Team stated they have input about their services and provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. Consumers interviewed by the Assessment Team expressed satisfaction with the quality of the service and have input as to how the service is delivered to meet their diverse needs. In addition, consumers, staff and volunteers interviewed by the Assessment Team stated in different ways that the service is very well run. The Assessment Team noted management described the service’s processes for evaluating feedback received by consumers to inform additional service delivery options in metro and regional areas. The Assessment Team noted based on evidence analysed that the service identified through the self-assessment that they would report areas for improvement monthly under the optimisation and blue-sky section of Board reports.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. During interviews with the Assessment Team Management described the organisation’s governance framework and how the governing body monitors delivery of services through reporting mechanisms.

Evidence analysed by the Assessment Team showed there is a risk management system in place to mitigate organisational and reputational risks for the organisation. The Assessment Team viewed and analysed various documents including governance and risk sub-committee meeting minutes and terms of reference; risk management plans and risk registers; strategic plans and annual business plans to demonstrate the appropriate monitoring and oversight of the service is undertaken by the organisation and Board.

The Assessment Team analysed evidence and subsequently noted the organisation does not have an effective system of identifying and monitoring high impact and high prevalence risks or is accountable for managing and governing all aspects of care and services relating to feedback and complaints, information management and continuous improvement. Detailed evidence is provided below in the relevant requirements.

The Assessment Team analysed evidence and subsequently noted the organisation was not able to demonstrate an effective clinical governance framework, including but not limited to use of restraint and open disclosure. 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 three of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | CHSP  | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | CHSP  | Not 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.*

#### Findings and evidence:

Evidence analysed by the Assessment Team showed the organisation did not demonstrate it has effective organisation wide governance systems in place for managing and governing all aspects of care and services in relation to information management, continuous improvement and feedback and complaints. However, the Assessment Team noted the organisation did demonstrate effective systems were in place for financial governance, workforce governance and regulatory compliance.

**Information management**

The Assessment Team noted based on evidence analysed that the organisation was not able to demonstrate effective information systems and processes to meet the outcomes required by the Quality Standards. For example:

Evidence analysed by the Assessment Team and subsequently noted showed the organisation has a suite of overarching policies and procedures that have recently been uploaded to a new SharePoint system. The Assessment noted based on evidence analysed that the service provided some policies including counselling, access, privacy and feedback policies, however, the Assessment Team noted that the policies and procedures do not reflect the range of services delivered to consumers, nor reflect the Quality Standards or information specific to meet the needs of Aged Care consumers. Additionally, the Assessment Team noted most policies did not contain procedural information to guide staff and volunteers in the delivery of safe and effective services to consumers. Management advised the Assessment Team during interviews that the service will be developing work instructions to provide additional guidance to staff and volunteers.

The Assessment Team analysed evidence which showed the service does not make information regarding the needs and risks of each consumer available to group facilitators. Volunteer facilitators interviewed by the Assessment Team advised they rely on consumers and carers to inform them of risk factors including diabetes and falls risks. Evidence analysed by the Assessment Team showed information surrounding consumer risk is not always collected and is not readily available for staff and volunteers to inform risk prevention. Refer to Standard 2 Requirement (3)(a) and Standard 8 Requirement (3)(d) for further information in relation to the service’s assessment and planning for risk consideration and risk management systems.

Staff and management interviewed by the Assessment Team advised their electronic file management system is not effective, and information is stored in multiple places, with some consumer information held on a dedicated server, and other consumer information held on the cloud. Management advised the Assessment Team that they are researching other file management systems that better suit the needs of the service and will implement when a decision and appropriate budgetary considerations are completed.

The Assessment Team analysed evidence which showed the organisation has a document control policy covering the legal requirements of document control, however the Assessment Team noted there are no procedures to guide staff and volunteers on their document control requirements.

The Assessment Team analysed evidence and noted the organisation does not keep centralised registers for feedback/complaints, continuous improvement, staff training requirements and completion, police clearances and professional registration. The Assessment Team also noted that this information was not readily able to be provided to the Assessment Team during the Quality Audit.

Consumers interviewed by the Assessment Team advised they had access to all the information required from the service.

**Continuous improvement**

Evidence analysed and noted by the Assessment Team showed the organisation was not able to demonstrate effective continuous improvement processes to meet the outcomes required by the Quality Standards. For example:

The Assessment Team noted while management were able to discuss specific plans to improve the service, including writing new work instructions and obtaining a more suitable electronic file management system, they were not able to demonstrate an effective system to track progress or measure effectiveness.

The Assessment Team analysed evidence and noted the organisation does not have a continuous improvement plan to monitor the status or effectiveness of service improvements, and instead relies on the organisation's strategic plans and performance outcomes assessment.

The Assessment Team observed and analysed the organisation's strategic plans and performance outcomes assessment which described continuous improvement items in overarching statements, however, the Assessment Team noted these statements did not contain details on how each improvement will be achieved, the progress of improvements or the timeframe for implementation for each improvement.

**Feedback and complaints**

The Assessment Team analysed evidence and noted the organisation was not able to demonstrate feedback and complaints are recorded, reviewed and used to improve care and services to meet the outcomes required by the Quality Standards. For example:

Management, staff and volunteers interviewed by the Assessment Team advised feedback and complaints are generally resolved immediately and not documented.

Evidence analysed and noted by the Assessment Team showed the organisation does not maintain a register of feedback and complaints, and consequently is unable to trend and analyse the data to inform service improvements.

The Assessment Team analysed evidence and noted the External grievance and complaints management policy is in place to guide staff and volunteers to document feedback and complaints, however the Assessment Team noted staff and volunteers did not demonstrate understanding of this requirement.

In response to the Assessment Team’s feedback, management acknowledged that by failing to document feedback and complaints, they lack the ability to review complaints and make service improvements. Refer to Standard 6 Requirement (3)(d) for further information in relation to the review of feedback and complaints informing service improvements.

Consumers interviewed by the Assessment Team however, were satisfied that feedback and complaints were resolved quickly and to their satisfaction.

**Financial governance**

Evidence analysed and noted by the Assessment Team showed 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 Assessment Team analysed evidence and noted the management committee have oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. The Assessment Team found the organisation ensures the service has sufficient financial resources to delivery safe and effective services through grants and a series of fundraising activities.

**Workforce governance**

The Assessment Team analysed evidence and noted the organisation demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. The Assessment Team analysed evidence and noted the service demonstrated the workforce is competent and has the skills and knowledge needed to effectively perform their roles in the provision of services to consumers. The Assessment Team noted the service has a system to work out workforce numbers and the range of skills they need to meet consumer’s needs and preferences. However, the Assessment Team noted the service was not able to demonstrate they effectively monitors the training of staff, nor supports them with effective policies and procedures. Refer to Standard 7 Requirement (3)(d) for further information on workforce training and support.

**Regulatory compliance**

The Assessment Team analysed and noted evidence which showed the organisation was able to demonstrate regulatory compliance processes are in place, including the tracking of legislative changes through subscriptions to peak bodies, state and Commonwealth updates. The Assessment Team noted the organisation employs a full-time head of legal risk and governance to ensure all regulatory compliance is met. Evidence analysed by the Assessment Team showed consumers and representatives have been notified in June 2022 through mail of the upcoming Quality Audit, including the Notice of Collection information. The Assessment Team noted although the service provides a copy of the Charter of Aged Care Rights to all consumers, it does not upload a copy to consumers' records, recording the signature of the provider’s staff member or the date on which the provider gave the consumer a copy of the Charter. The Assessment Team discussed this with management who stated they will ensure the Charter is signed and dated by a staff member when it is given to consumers.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team, the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | CHSP  | Not 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.*

The Assessment Team analysed and noted evidence which showed the organisation was not able to demonstrate effective risk management systems and practices to identify, assess and manage risks to consumer’s health, safety and well-being. The Assessment Team noted the service did not demonstrate effective consumer risk assessments are undertaken, and subsequent documentation of risks and management strategies to inform the provision of services to consumers. The Assessment Team analysed and noted evidence which showed the service was not able to demonstrate how they report consumer risks to the Board to ensure appropriate monitoring and oversight. The Assessment Team noted the organisation was not able to demonstrate how it supports their workforce to understand their roles and responsibilities in preventing and reporting abuse. The Assessment Team noted the organisation was unable to demonstrate it has an effective incident management system, which includes policies and procedures to ensure a systemic approach is taken to minimise the risk of incidents occurring. The Assessment Team analysed evidence and noted while the service demonstrated they record and respond to individual incidents, they were unable to demonstrate how consumer incidents are investigated, analysed and reported to prevent incidents from occurring for other consumers.

Evidence analysed and noted by the Assessment Team showed the service did not adequately demonstrate assessment and planning processes included a consideration of high impact or high prevalence risks to inform the delivery of safe and effective service delivery for each consumer. The Assessment Team noted consumers risks are inconsistently documented in various forms of care documentation. Refer to Standard 2 Requirement 2(3)(a) for more information.

Management advised the Assessment Team during interviews the service does not report, analyse or trend consumer risks, including high impact high prevalent risks associated with the service provision of consumers. Evidence analysed and noted by the Assessment Team showed while the service has an effective risk management system to identify and assess work health and safety risks for staff and volunteers in the delivery of services and these are reported to the Board, there are no reporting requirements for the identification and reporting of high impact or high prevalence risks or how these risks could be mitigated to ensure the safety of the consumers receiving services.

Evidence analysed and noted by the Assessment Team showed staff and volunteers did not demonstrate they know what harm, abuse and neglect looks like for aged care consumers, the Assessment Team noted there was no evidence of policies or procedures in place to support the workforce to understand their roles and responsibilities for identifying and reporting abuse.

Staff and volunteers interviewed by the Assessment Team demonstrated they understood what actions to take if an incident took place. Evidence analysed and noted by the Assessment Team showed the organisation demonstrated incidents are documented, investigated and appropriate action is taken, however the organisation treats them in isolation. Management advised the Assessment Team during interviews that incident data is not reviewed to identify service improvements, nor is it reported to the Board.

The Assessment Team analysed evidence and noted there was no evidence of training to support the outcomes of this requirement including:

* The prevention and management of risks associated with aged care consumers at the service such as falls.
* Dignity of risk.
* Identifying and responding to abuse and neglect of consumers.
* Managing and preventing incidents.

The Assessment Team analysed evidence and found the organisation does, however, have systems in place to ensure they support consumers to live the best life they can. The Assessment Team noted information is available for all consumers regarding the management and relief of symptoms of Parkinson's Disease, and strategies to assist with consumer mental health associated with the disease. Management interviewed by the Assessment Team described participation in various research trials, and sampled consumers described the value they draw from participating in something that will help others with Parkinson's Disease.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team, the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | CHSP  | Not Compliant |

*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.*

The Assessment Team analysed evidence and noted the service was not able to demonstrate they have a documented clinical governance framework, and that systems and processes are effective to maintain the reliability, safety and quality of the clinical care consumers receive.

While the Assessment Team did not observe any indication of the use of restraint relating to services provided by the organisation, the Assessment Team did note staff are not supported through any training, policies or procedures in the use of restraint/s. Management advised the Assessment Team during interviews that staff would have this knowledge from their professional qualifications. Staff and volunteers interviewed by the Assessment Team demonstrated an understanding of use of restraint/s, however advised they had not received any training, or seen policies and procedures regarding it

The Assessment Team analysed evidence and noted the service does not have processes in place to ensure open disclosure is used when things go wrong. The Assessment Team noted policies for managing critical incidents and external grievance and complaints management do not guide staff to apply open disclosure principles. The Assessment Team noted management did, however, provide an example where a mail-out was posted with incorrect information, and open disclosure principles were used in the resolution.

The Assessment Team noted as the service provides only specialised support in Parkinson's Disease and social support, the service does not have policies and procedures on anti-microbial stewardship. Management described, and the Assessment Team observed measures taken to combat the COVID-19 outbreak, including: evidence of vaccination for all staff, PPE available to, and worn by staff delivering services, privacy screens at reception and signage to encourage distancing.

The Decision Maker has noted the Approved Provider responded promptly and proactively to the assessment teams’ findings, the Approved Provider provided a detailed and comprehensive response, which included additional documented evidence and clarifying information. The Decision Maker has had regard to the evidence supplied by the Assessment Team and the Approved Provider’s response and considered it against the intent of this Requirement and found at the point in time the Quality Audit was undertaken by the Assessment Team, the Approved Provider was not compliant with this Requirement. The Decision Maker noted the Approved Provider has proactively planned and/or already implemented significant corrective action.

# 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 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.*

|  |  |  |
| --- | --- | --- |
| 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | CHSP  |  Not Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | CHSP  | Not Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | CHSP  | Not 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | CHSP  | Not 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | CHSP  | Not Compliant |

*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.*