**Performance**

**Report**

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| Name: | Prospect Home Assist and Community Care Program |
| Commission ID: | 600144 |
| Address: | 128 Prospect Road, PROSPECT, South Australia, 5082 |
| Activity type: | Quality Audit |
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| Performance report date: | 12 January 2024 |

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

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7923 City of Prospect  
Service: 23735 City of Prospect - Community and Home Support

**This performance report**

This performance report for Prospect Home Assist and Community Care Program (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 7 December 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

**Standard 2**

* Support the assessment team to demonstrate a best practice to assessment and planning.
* Establish meaningful relationships with consumers and develop person centred care plans.
* Ensure care plans reflect the consumer’s current goals, needs and preferences at all times.
* Where a risk is identified, document agreed risk mitigation strategies in the care plan.
* Provide a copy of the care plan to the consumer.
* Provide a copy of the care plan at the point of care.
* Review care plans when a consumer’s circumstances change or at least every 12 months
* Audit assessment and care planning to ensure best practice assessment and care planning is embedded in the day to day practices of staff.
* Ensure 100 per cent of consumers have a care plan.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

The City of Prospect, Prospect Community Support delivers Commonwealth Home Support Program (CHSP) services to local residents. Services being delivered at the time of this quality audit are social programs such as lunch groups, outings, movies and performances, friendship groups, a Men’s Shed, exercise classes and transport.

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

Consumers said the service treats them respectfully and maintains their dignity, culture and identity. Consumers described how staff make them feel included, know their backgrounds and what is important to them. Further, staff and volunteers understand their cultural needs and deliver services with these in mind.

Consumers said the service provides them information about each program, allowing them to choose what suits them best. Consumers described making decisions and changes to exercise plans and choosing when to take different classes.

Staff described how they inform consumers about risks involved in undertaking different activities when taking a booking and said information on risk is also outlined in the service’s activity booklet.

Management described how the service promotes consumer independence and supports consumers with education and supervision to ensure consumers can do what they want to do safely. Consumers attending the Men’s Shed described risk assessments and competencies being undertaken for the use of various tools and machinery.

All consumers and/or representatives sampled said the information they receive from the service is clear and easy to understand.

The service demonstrated each consumer’s privacy is respected, and their personal information is kept confidential. Consumers described their trust and confidence in the service protecting their personal information. Staff and management described the organisation’s privacy and confidentiality procedures. Management said staff and volunteers were respectful of personal information and demonstrated that their systems are effective at protecting consumers’ personal information.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

Requirement 2(3)(a)

The Assessment Team was not satisfied the service demonstrated assessment and planning, includes consideration of risks to the consumer’s health and well-being or informs the delivery of safe and effective care and services.

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

Staff do not undertake their own service based assessments to enable them to consider and/or mitigate risk to a consumer's health and/or wellbeing.

Staff described how the service utilises the My Aged Care (MAC) assessment to guide planning of each consumer’s service(s), outlining how the service uses this assessment to discuss with the consumer their goals and the programs on offer.

The Assessment Team reported care plans do not outline strategies to manage known risks. Noting that ‘transport run sheets’ and ‘attendance sheets’ are generally used to notate risks relevant to the service being delivered. The Assessment Team reported the various sheets, used in lieu of care plans, while stating a risk, did not adequately inform staff / volunteers on how best to support consumers mitigate or manage the risk. Further, staff at the Men’s Shed only receive a verbal handover on consumers and any associated risks.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes the following information and/or evidence to refute the Assessment Team’s assertions.

Staff at the Men’s Shed receive emails from the team with relevant information / documentation on a new consumer wishing to attend the program. Based on this information staff undertake an initial machinery competency check with consideration to the consumer’s physical and cognitive abilities.

Risks are known, and they are recorded on run sheets and attendance sheets to inform staff. The provider submitted an attendance sheet for the exercise program to support this assertion.

The provider also submitted a care plan for a consumer attending the Men’s Shed.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and reviewed submissions by the provider.

In relation to communication between the team and the Men’s Shed on risk, an example of an email from the team to the staff at the Men’s Shed was not submitted for review.

I have reviewed the example of the exercise group attendance sheet submitted by the provider. There is a notation against three consumers on the list, being, ‘brings asthma puffer’ ‘brings medical spray’ and ‘has gopher.’ I do not consider this information adequate to manage risk, it is a statement of fact, rather than a strategy or plan which would support a consumer to manage the risk, for example, an asthma attack.

I have reviewed the example of a care plan for a consumer at the Men’s Shed. I have considered whether the care plan submitted supports safe and effective care. I note that much of the care plan is general social program information and will be generic across all care plans.

The care plan submitted is for a consumer who needs support connecting socially in the context of a recent diagnosis of Alzheimer’s disease and a long standing mobility impairment. In my view, the care plan re-states the service type approved by My Aged Care but does not break down the goals identified by the My Aged Care Assessor into achievable steps.

Based on the information summarised above, I find the service non-compliant with Requirement 2(3)(a) as the service is relying on My Aged Care support plan as a proxy for a care plan and has not developed a care plan that details how the service itself will work with the consumer.

Requirements 2(3)(b)

The Assessment Team reported that the service’s 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.

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

Consumers and representatives said, in various ways, how the services received by consumers are meeting consumer needs, goals and preferences.

Staff described how onboarding discussions with consumers and representatives identify what services are important to the consumer.

Staff discuss advanced care planning with consumers on entry to the service and will post out a brochure to the consumer if they want further information.

Care planning documentation showed personalised goals for each assessed need and included details on how the service can help consumers achieve their desired outcomes.

Staff described the non-response to a scheduled visit process.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response which included an example of a care plan.

I have formed a different view to the Assessment Team and find the service does not comply with Requirement 2(3)(b). I have given consideration to evidence in Requirement 2(3)(d) and Requirement 2(3)e of Standard 2 which I find relevant to this Requirement.

Eight of 12 consumer files viewed by the Assessment Team did not have a care plan completed in consultation with the consumer, this indicates to me a systemic failure to develop care plans. I am not confident, for those consumers without a care plan that staff know the consumer’s needs, goals and preferences. Where staff do have this information, this would be informed by their individual knowledge of the consumer, rather than effective care planning which is the intent of this Requirement.

Of those care plans which are in place, only 18% of reviews have been completed. I am not confident, given reviews of care plans are significantly overdue that consumers have had an opportunity to update their needs, goals and preferences with the service and information in their care plans may not reflect their current needs, goals and preferences.

An example of a care plan submitted by the provider was, in my view brief and overall generic. It did not give me confidence that a meaningful assessment of the consumer’s needs, goals and preferences had been undertaken.

I acknowledge that consumes sampled during the Quality Audit are satisfied that their goals are being met, however, in my view this cannot be confidently stated for all consumers, who either do not have a care plan or are overdue for a review of their care plan.

Based on the information summarised above, the service does not comply with Requirement 2(3)(b) as all consumers in the program to not have a care plan that outlines their current needs, goals and preferences.

Requirement 2(3)(c)

The Assessment Team reported that the service’s assessment and planning is based on an ongoing partnership with the consumer and includes others that are involved in the care of the consumer.

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

Consumers and/or representatives confirmed they are involved in decision making regarding the services they receive. Staff explained the involvement of consumers and/or representatives in assessment and planning of services.

Staff described how they liaise with consumers regarding their referrals from MAC and provide support and information to engage with other service providers.

Based on the information summarised above, the service complies with Requirement 2(3)(c). I am satisfied that where a care plan does exist a conversation with the consumer has taken place.

Requirement 2(3)(d)

The Assessment Team was not satisfied that 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.

Notwithstanding the registration forms for the exercise programs and the newly implemented bus registration forms, no further assessment or care planning information was sighted in the electronic care system for eight of the 12 consumers’ files reviewed by the Assessment Team.

Four care plans sampled did not include information on the outcomes of assessment and planning, and when risks have been identified, this information was not documented within the care plan.

Following feedback from the Assessment Team regarding the lack of documented care plans for consumers, management and staff acknowledged that this is an area for improvement.

The approved provider’s response does not dispute the evidence from the Assessment Team.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response.

Based on the information summarised above, I find the service non-compliant with Requirement 2(3)(d). Consumers are entitled to have a copy of their care plan and for the majority of consumers sampled a care plan was not in place. Staff at the point of service delivery should have sufficient information to deliver a safe and effective service for the consumer.

Requirement 2(3)(e)

The Assessment Team was not satisfied 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 provided the following evidence relevant to my finding.

Four of 11 consumers interviewed could not recall having a review of their services.

Staff said they commenced formal consumer reviews in June 2023 and 18% of reviews have been completed.

A consumer who sustained a fall resulting in a fracture did not have a review of their care plan until three months later.

While staff could demonstrate actions are undertaken following the notification of an incident and/or deterioration, the actions described do not constitute a formal review to reassess consumers for any new or changed care needs.

The Client Review Guideline dated May 2023 states staff will undertake a review of services and overall health and wellbeing of clients on an annual basis and identifies the other communication points with volunteers, contractors and staff regarding changes for consumers, including ad hoc, on-site check ins, courtesy calls to consumers and at meetings.

Staff are not following the service’s guideline in their day to day care planning practice.

The approved provider’s response does not dispute the evidence from the Assessment Team.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and noted the provider’s acceptance of the Assessment Team’s evidence.

Based on the information summarised above, I find the service non-compliant with Requirement 2(3)(e) as I am satisfied care plan reviews are not occurring. I do not have confidence that consumers at the service are receiving all the supports they may need, as a key reason for reviews is to identify if there is a change to the consumer’s needs or goals, or if they may benefit from a different service.

# Standard 3

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

Findings

This Standard does not apply to the service as the provider does not deliver any personal or clinical care.

# Standard 4

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

Findings

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

Consumers and/or their representatives said consumers are supported to live independently through the varied social support and transport services they receive. Consumers described the benefits they receive from the services including improved wellbeing, building muscle strength and improved mobility.

Consumers felt staff and volunteers know them well and felt emotionally supported. Staff described strategies they use to promote a consumer’s psychological wellbeing. Volunteers spoke of being required to report any concerns at the end of an activity so staff can follow-up if consumers need any support.

Staff described processes to ensure a varied range of activities and outings are programmed to assist consumers to stay connected to their community, maintain their health and fitness, and access places consumers want to go but cannot access independently.

Consumers described feeling connected to others in the various activities they attend and how ongoing friendships had developed between consumers.

All consumers were positive about the activities and said they enjoy attending the service.

While the service does not consistently undertake assessment and planning, the service could describe how information is communicated within the organisation and externally in other ways. For example, staff at the Men’s Shed described how they provide a weekly report to the Team Leader which includes updates on the welfare of the consumers.

Referrals are made to My Aged Care where consumers disclose that they need additional services.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4.

# Standard 5

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

Findings

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

Consumers said they feel welcome when using the transport service and at the venues where they attend, including the friendship group, exercise classes and Men's Shed.

Staff and volunteers described how they ensure consumers feel welcome, and observations confirmed the varied service environments were easy to navigate, welcoming and functional.

The Property Manager demonstrated robust processes for the ongoing cleaning and maintenance of the various venues in use.

The Team Leader discussed recent Venue Risk Assessments being implemented for the external community venues where social events take place. The assessment checks if the proposed venue environment is safe for consumers.

Staff and volunteers described processes to ensure the service equipment is safe, clean, and well maintained. There is a maintenance system and a system for reporting hazards.

The Risk Manager described ongoing work at the Men’s Shed to ensure that equipment is safe and well maintained including the development and ongoing review of safety operating procedures for each piece of machinery and the installation of emergency stops on machines.

Documentation showed hazards are effectively identified, investigated and managed.

Consumers are satisfied with the safety of the equipment they use.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

The service demonstrated consumers and others are encouraged and supported to provide feedback and make complaints.

Consumers and representatives said they would feel comfortable providing feedback and would speak to a staff member or a volunteer, or fill out a feedback form if they had a concern.

Staff and management described how they support consumers to provide feedback and make complaints. Complaints records showed consumers and representatives can provide feedback on their services.

The Assessment Team observed the consumer welcome pack and documentation available at the service venues include information about advocacy services and external complaints avenues.

Consumers said that the service handles complaints appropriately and is responsive to feedback.

Staff and volunteers said, and documentation confirmed, training has been delivered to the workforce on feedback and complaint management and the service uses an open disclosure approach when managing complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of services for consumers. Improvements discussed included the introduction of additional activities.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(d)

The Assessment Team was not satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

The service did not demonstrate training includes topics relevant to consumers' aged care needs, including but not limited, to effective assessment, dementia, falls prevention and elder abuse.

Training that has occurred for assessment staff has not been effective in supporting best practice assessment and care planning.

Volunteers said that while they feel supported by the service, more training in aged care specific topics would be beneficial.

The service has identified two consumers with dementia or a cognitive impairment who attend the Men's Shed and use woodworking equipment. Staff and volunteers at the Men's Shed said they have not received any training in dementia awareness from the service, and any knowledge they have comes from their own experience. Staff and volunteers at the Men's Shed said dementia training would be useful.

Volunteers working on the bus and at consumer outings said they have not received any training in falls prevention or dementia awareness.

All staff and volunteers interviewed confirmed they had not received any training in recognising and preventing elder abuse.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes the following information and/or evidence to refute the Assessment Team’s assertions.

The service did demonstrate that the workforce is trained in items relevant to consumers’ aged care needs. Training in 2023 included for volunteers and/or contractors the Aged Care Quality Standards, code of conduct, the Charter of Aged Care Rights, incident management, the serious incident response scheme, professional boundaries and working with older/vulnerable people,

The training scheduled for 31 January 2024 & 1 February 2024 for volunteers will include, but not be limited to, falls prevention, dementia awareness and recognising / preventing elder abuse.

A Consumer Intake Guideline will be created to support assessment staff in their role.

The service will investigate the option of volunteers accessing Prospect Community Support Guidelines.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the provider’s response.

I have considered whether the provider has the capacity and resources to address the deficits in training in a timely manner. I have also considered whether the training program scheduled for January and February 2024 covers the training needs staff and others spoke about with the Assessment Team.

Based on the information summarised above, I find the service compliant with Requirement 7(3)(d). I am satisfied that the provider has the resources to deliver the training proposed in the first quarter of 2024 and I am satisfied, based on the training undertaken in 2023, that staff and volunteers have received a level of baseline training. I encourage the service to prioritise training for staff undertaking assessment and planning.

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e)

The service demonstrated the workforce is planned. Management described how the service has a ‘pool’ of volunteers available. This means if a volunteer who is on the roster cannot attend the activity, management can contact volunteers from the ‘pool’ to find a replacement.

Management described how the service screens volunteers through the council's volunteering programs to ensure the service matches the right volunteers to aged care services.

The number of consumers in any one exercise group is kept to a small number and generally the group is delivered by two staff. The small size means that if one staff member is absent the group can still proceed.

Consumers said where an activity is cancelled they are informed well in advance.

All consumers and/or representatives interviewed said services are delivered in a kind, caring and respectful way. The Assessment Team observed respectful interactions between volunteers, staff and consumers at the friendship group and the Men's Shed.

Staff and volunteers generally stated they have the knowledge to perform their roles effectively. Staff and management described how contracted staff are sourced specifically for their knowledge and skills to deliver specialist groups.

Management described how the service monitors staff and volunteers’ competency with regular observations and consumer feedback.

Based on the information summarised above, I find the service compliant with Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e).

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable |

Findings

Requirement 8(3)(b)

The Assessment Team was not satisfied that the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and demonstrates accountability for their delivery.

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

Management said the service has no formal reporting mechanisms from aged care services to the governing body. Management said the risk escalation pathway is via the executive management reporting line. The Team Leader reports monthly to the Manager Community Relations and Programs on any matters arising.

Management said the governing body receives a whole of council report on risks, incidents and complaints, however this is generalised, and does not differentiate between aged care services and other council programs.

Management said the governing body sets the strategic direction for the organisation.

The service demonstrated effective reporting and oversight at a service level.

The provider did not agree with the Assessment Team’s findings and submitted a copy of a ‘CEO update’ which included information on the quality audit, aged care reforms and a recent program held at the Men’s Shed.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and reviewed submissions by the provider.

Based on the information summarised above, I find the service complies with Requirement 8(3)(b). The Assessment Team’s evidence does not demonstrate a systemic failure at the governance level. I am satisfied that there is up / down communication via the various executive committees to and from the governing body.

Requirements 8(3)(a), 8(3)(c) and 8(3)(d)

The Assessment Team’s evidence relevant to my compliance decision for this Standard is summarised below.

Consumers described how they have input into the quality of the services through surveys and feedback processes. Staff and management described how they proactively seek consumer feedback to improve the services delivered.

The organisation demonstrated to the Assessment Team that it has established, documented and effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

Information is stored securely and in line with legislative requirements. Electronic data is password protected and access is restricted to information relevant to a staff member’s role.

The service's continuous improvement plan contains various items, including creating new guidelines for staff, updating the website and an electronic payment option.

The City of Prospect Council manages finances for the aged care services and other council programs, the finance team reports quarterly.

Short and mid-term projected budgets allow the service to plan activity levels and staffing levels in advance.

Consumers and representatives were notified of the upcoming quality audit and regulatory changes including the serious incident response scheme and the code of conduct.

The service's feedback and complaints system automatically notifies management when feedback is entered, and the feedback is automatically escalated if not resolved within set timeframes.

The service has an incident management system. Incidents are reviewed for their appropriate management and learning opportunities. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service has a system to respond to any allegations and incidents of abuse and neglect of consumers. A staff reflection and review process occurs after each incident.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 8.

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