**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | SALHN - EDWARDSTOWN |
| Service address: | 216 Daws Road, C Block Building DAWS PARK SA 5041 |
| Commission ID: | 600219 |
| Home Service Provider: | Southern Adelaide Local Health Network Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 25 May 2023 to 31 May 2023 |
| Performance report date: | 29 June 2023 |

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

**This performance report**

This performance report for SALHN - EDWARDSTOWN (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24340, 216 Daws Road, C Block Building, DAWS PARK SA 5041

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 21 June 2023.

**Assessment summary for Commonwealth Home Support Programme (CHSP)**

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

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 described staff as kind, caring and respectful. Management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity. Management described, and documentation confirmed, how the service identifies suitable staff for each consumer to ensure they are treated with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Sampled consumers and representatives described what is important to them and how their services are delivered in a culturally safe way. Staff demonstrated an understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation included consumers' cultural background and spoken language. All consumers and representatives sampled advised they feel the service understands their background, culture and what is important to them through the intake process and regular review of services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/representatives confirmed the service involves them in making decisions about the consumer’s care and services. Management described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services. Documentation provided to the Assessment Team demonstrated all staff had completed ‘Partnering with Consumers and Community’ mandatory training.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Sampled consumers, and/or their representatives, indicated they do not intend to take risks, however, the services they receive enables them to maintain their independence make decisions in their day-to-day life including activities that involve risk. The service completes comprehensive risk assessments for each consumer during initial assessment and during review. Identified risks are discussed, documented and mitigation strategies are provided within the care plan. Management demonstrated how they support consumers to make choices and decisions, including informing them of risks and possible consequences.

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. Sampled consumers and representatives confirmed they are provided with timely and relevant information and are able to speak to staff if they require more information. Care planning documents showed that consumers are provided verbal and written information to enable them to exercise choices including a support plan following assessment and review processes, at commencement of services and as required. Staff and management described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Management advised, and the Assessment Team observed, the electronic file management system is password protected, and access limited to staff and management.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives interviewed confirmed in various ways that assessment and planning inform the safe and effective delivery of their care and services. Care coordinators and management described how the service undertakes comprehensive assessments to inform the delivery of safe and effective care and services. Care planning documentation for sampled consumers demonstrated that the service identifies consumer risks through assessments during onboarding and regular review.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives interviewed confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. Care coordinators described how discussions during onboarding with consumers and/or their representatives identifies what is important, including advance care directives which informs the assessment and planning of care and services. Care planning documents for sampled consumers demonstrated that consumers’ needs, goals and preferences are discussed, and how goals are monitored to acknowledge when they have been achieved.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer, and others who are involved in the care and services of consumers. Consumers and/or representatives confirmed they are involved in decision making regarding the care and services they receive. Management and care coordinators explained the involvement of consumer and/or representatives in assessment and planning of care and services, including the option to elect a representative to be present during assessments and reviews. Care planning documents viewed for sampled consumers demonstrated the inclusion of consumers and/or their representatives, as well as others involved with assessment and planning such as health professionals or external providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers and/or representatives could not recall been offered a care plan, however, confirmed that adequate information is provided to inform them about the care and services they receive. Care coordinators described how consumers receive copies of their care plans, and documentation is provided to contracted providers to ensure they receive the information required to deliver care and services. Care planning documents viewed for sampled consumers confirmed that recommendations for services are discussed with the consumers and recorded within care planning documentation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives confirmed that services are reviewed regularly. Management advised that consumers are regularly reviewed and demonstrated the processes used to schedule and monitor for upcoming review dates. Management and care coordinators advised how consumers are reviewed every three months, or more frequently if required. Consumer review dates are monitored and automatically scheduled every three months using an electronic scheduling system.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. While the service does not currently have any consumers receiving personal care, management and care coordinators where able to demonstrate how consumers receive safe and effective personal and clinical care which is tailored to their needs. Documents viewed confirmed that consumer assessments are included within care planning documentation, and information is provided to contracted staff to ensure the safe and effective delivery of personal care. Consumers undergo regular review and validated assessments from various health professionals including nurses, occupational therapist and psychiatrists are completed. Management advised, and care planning documentation confirmed how the service ensures that care aligns with best practice.

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. Care coordinators described the services process to ensure that high impact, high prevalence risk are identified and managed. Management described how the service utilises a collaborative approach to ensures the effective management of consumer risks. Care planning documentation identified consumer risks and documented strategies to minimise these risks. Care coordinators and management could describe how they identify and assess for high impact or high prevalent risk using various validated tools and refer to organisational policies and procedures to guide the management and prevention of these risks.

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. Management advised that the service has not encountered consumer who require end of life support, however, described processes to ensure that consumers receive the appropriate end of life supports when required. Care planning documents showed that advance care directives are discussed with consumers and outcomes are documented within their care plans. Management and coordinators described the services process to ensure that consumers receive end of life support when required by liaising with and referring to the southern palliative care team. Documentation confirmed how information is shared through a referral form to facilitate the assessment and development of a management plan by the specialised team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives sampled felt confident that staff would recognise change in their health and would respond appropriately. Care coordinators and contracted staff described the processes identifying, reporting and escalating changes in consumer health including general deterioration and changes in mental health. Documents viewed demonstrated how deterioration or change in consumer health is identified, and how the service responds by conducting re-assessment and recommending referrals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives stated in various ways that staff know them, and they do not need to repeat information about their needs and preferences. Care coordinators advised relevant information about consumers’ is documented with the care planning documentation and shared with contracted staff to inform the delivery of services. Care planning documentation viewed confirmed comprehensive assessments and identification of risk to inform the delivery of care and 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 and/or representatives confirmed consumers had been referred to health professionals when required. Care coordinators described the processes of referring consumers to internal health professionals or external organisations such as GPs and MAC. This was confirmed through documents provided to the Assessment Team for sampled consumers. Staff and management interviewed provided examples to the Assessment Team of referring consumers to other health professionals both internally and externally.

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 and/or representatives advised that staff use personal protective equipment (PPE) and hygiene techniques to minimise the transmission of infection. Care coordinators and management described the services processes for minimising risks of infection including policies, procedures, training and monitoring for mandatory vaccination requirements. Management advised and documentation confirmed that the workforce receives infection control training and has access to relevant policies and procedures that guide the outbreak management of infectious diseases or multi-resistant organisms.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided optimised their independence, well-being and quality of life. Care coordinators and contracted staff demonstrated they understood what is important to consumers and described how they adapt services according to consumers’ needs and preferences. Care coordinators described how the service supports consumers to optimise their independence and make new connections through the provision of domestic assistance, social support individual and other services. Coordinators advised, and documentation confirmed how goals are regularly reviewed to ensure that consumer are achieving what is expected.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers and/or representatives described in various ways how staff and the services provided promote their psychological wellbeing and support them emotionally. Care coordinators, management and care planning documentation confirmed how the service supports consumers emotionally and promotes their psychological wellbeing. Coordinators and contracted staff demonstrated in-depth knowledge of each consumer and could speak to individual consumers’ emotional, spiritual, and psychological wellbeing.

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 and/or representatives described in various ways their satisfaction with how the service enables them to maintain relationships, meet new people and do things of interest to them. Care coordinators and contracted staff described how the service actively support consumers to develop relationships and participate in activities of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives advised in various ways that staff are aware of their needs and were satisfied that information about their services is shared within the organisation and with others who have involvement in their care. Management and coordinators could describe how information is shared within the organisation and contracted providers. Coordinators and management provided examples of how the service communicates with contracted providers, representatives and the wider multidisciplinary team regarding information about consumers conditions and 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. Staff and management were able to describe and demonstrate the service internal and external referral process. Care planning documentation listed contact details to aid consumer and representative when seeking additional mental health supports. Care coordinators advised and documentation confirmed how the services refers consumers to MAC so they can receive an Aged Care Assessment Team (ACAT) assessment and access higher levels of care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Care coordinators and documentation confirmed how the service ensures that consumers equipment needs are assessed and reviewed by occupational therapists (OT). Care coordinators advised and documentation confirmed how OT's conduct assessments, provide recommendations and order new equipment for consumers. Once installed, OT's conduct a follow up review to ensure that the equipment is suitable for the consumer.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

All individual Requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable and was not assessed during the Quality Audit.

# Standard 6

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers and others are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives said, should they have issues with the services, they would speak to their coordinator to discuss their concerns. Staff and management described how they support consumers to provide feedback and make complaints. Management advised, and documentation confirmed, that consumers are provided information on the various ways to provide feedback through the welcome pack and pamphlets within the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed stated they would feel comfortable speaking to their workers or calling the care coordinator to discuss their concerns. 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. Consumers and representatives said they would feel comfortable providing feedback and would speak to their care coordinator or a staff member if they had a concern.

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. All consumers sampled have not made a complaint however felt confident the service would be responsive to their concerns. The service has not received any complaints for their CHSP consumers however, provided evidence of complaints outcomes and the use of open disclosure for Older Peoples Mental Health Services. Staff interviewed confirmed they would resolve issues identified by consumers immediately and report it through the feedback processes. Management discussed the service’s processes for managing complaints. Complaint’s documentation demonstrated open disclosure is used as part of the complaint management process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation showed how the service uses consumer feedback to improve the quality of services. Management described any identified issues including feedback is discussed during a huddle with all staff present and is either resolved or escalated for further discussions. This information is then shared with the continuous improvement team and other divisions. The Assessment Team viewed the ‘Consumer Advisory Service Mental Health Report’, which tracks and trends all compliments, complaints, suggestions and advice, including the method of collecting the feedback.

# Standard 7

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives stated they are happy with the number of, and the support provided by staff delivering care and services. Management discussed processes to ensure there are enough staff to deliver care and services. All consumers and representatives sampled advised that staff always arrive on time for their scheduled shifts and have enough time to provide quality care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and/or representatives said staff are kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The Assessment Team viewed a sample of position descriptions for various positions within the service and found that all contained the service's values and behavioural expectations highlighting kind, caring and respectful care and service delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed confirmed they felt staff delivering care and services were competent. Staff advised they are provided education and support which enables them to competently perform their roles. Management described how they ensure staff have appropriate training, experience and personal attributes to deliver high quality care and services. Consumers and representatives interviewed advised, in various ways, they have confidence in the knowledge and skills of staff, and said they know what they are doing.

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Consumers and representatives indicated they were satisfied with the level of training provided to staff. Staff in various roles described completing relevant training and being supported by management, through policies and procedures to perform in their role. Management explained how their recruitment process, onboarding of staff including buddy shifts, training modules specific to each role, access to comprehensive policies and procedures, and regular formal and informal performance discussions support staff to implement safe and effective care and services to consumers.

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. Staff confirmed they were supported in their performance review process. Management described their process for regular assessment and monitoring of staff performance. Management described formal and informal performance discussions with supervisors, which includes a survey completed by staff prior to the meeting which documents achievements and contributions, priorities over the coming months, skills/knowledge/mandatory training, and any further points for discussion with their manager. The Assessment Team viewed a comprehensive system that monitors staff reviews and confirmed staff complete performance reviews six monthly.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled described how they have input about services provided. Management and staff described how consumers have input about their services through formal and informal feedback processes. Consumers and/or representatives felt they were supported by the service to have engagement into the consumer’s care and services and have the ability to provide feedback. Management advised and provided documentation showing that consumers have input into services through feedback and complaints processes, surveys, care and services reviews, and ongoing communication. They advised that the service has planned to implement a Your Experience of Service (YES) survey for all CHPS consumers in the future.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Management discussed the governance structure, reporting processes, continuous improvement processes implemented to ensure they are accountable for the delivery of safe, inclusive and quality care and services. For example, the Board receive regular updates from all areas of the organisation to enable them to analyse risks, identify areas for service improvements or staff training, and identify processes and policies to be updated.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an 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 management:*

Evidence analysed by the Assessment Team showed all consumer information is stored securely, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems. Management advised, and staff confirmed, that at the point of care, they receive all the information they need to know when delivering care and services through the care plan which highlights risks and mitigation strategies for each consumer.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the organisation has a Quality Plan for 2022-2024 which identify areas for improvement across the organisation. The document provides a timeline in which the improvements will be implemented allowing staff to be able to assess, monitor and improve the quality and safety of the care and services provided. The organisation uses the continuous improvement framework which has an 8-step problem solving framework.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an approved provider of CHSP services.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Aged Care Quality Standards, including the assignment of clear responsibilities and accountabilities.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the service has effective systems to track COVID-19 vaccinations, qualifications, drivers licences, and training completions for all staff. Management advised there have not been any adverse findings by another regulatory agency or oversight body in the last 12 months, consumers and representatives have been notified through mail out of the upcoming Quality Audit and staff are updated though email for all regulatory changes for example Serious Incident Response Scheme (SIRS).

Feedback and complaints:

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure. The service uses information from consumer feedback and complaints and is analysed to identify trends and identify systems improvements that could be considered. – *End of “feedback and complaints” heading.*

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation has effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Care documentation viewed, and interviews with staff and management, demonstrated there are robust processes in place to manage high impact and high prevalence risks for consumers, through detailed communication to staff delivering care and services, and monitoring of risk by the clinical lead and executive leadership team. The Assessment Team viewed, and management described effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation has an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Management described, and documents viewed by the Assessment Team showed, comprehensive processes in antimicrobial stewardship, restrictive practices and open disclosure to ensure safe delivery of care and services, and detailed monitoring and reporting. The service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management and detailing key performance indicators to ensure the service can measure their performance.

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