**Performance**

**Report**

**1800 951 822**

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| Name of service: | Serbian-Social Services and Support |
| Service address: | Shop 4, 350 Main Road West ST ALBANS VIC 3021 |
| Commission ID: | 300530 |
| Home Service Provider: | Serbian-Social Services and Support Inc |
| Activity type: | Quality Audit |
| Activity date: | 24 April 2023 to 27 April 2023 |
| Performance report date: | 5 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 Serbian-Social Services and Support (**the service**) has been prepared by M Cooper, 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, 25790, Shop 4, 350 Main Road West, ST ALBANS VIC 3021

# 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 30 May 2023
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

* Requirement 1(3)(e)
* Requirement 2(3)(a)
* Requirement 7(3)(d)
* Requirement 8(3)(c)

# 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers are treated with respect and is providing a Serbian culturally specific meal service to consumers on a weekly basis. However, the assessment team reports that the service is not providing information to consumers to make informed choices or ensuring consumers personal information is kept secure.

Requirement 1(3)(e)

The Provider could not demonstrate that consumers are provided with information that is current, accurate and enables them to exercise choice. Consumers stated that they had not received any information packs, however, staff and volunteers tell them anything they want to know. Consumers stated that they get letters in English and Serbian telling them about the lunch group meeting time, venue and date.

Staff stated the consumers are provided with a brochure that outlines the social support group and individual program information. Information on the Charter of Aged Care Rights, My Aged Care, privacy, advocacy, fees, referrals, complaints internal and external is not provided to the consumer.

Staff stated that information is discussed verbally with consumers. Staff and management stated that all information is in an office manual and is provided to consumers if they have an issue and ask for the information.

Consumer files reviewed did not have a signed copy of the Charter of Aged Care Rights and management stated that they were unaware that there was a new charter that needed to be signed. Staff and consumers are unaware that all consumers need to have a referral from My Aged Care to access services. The majority of consumers have not been referred by My Aged Care. Management stated that they accept self-referrals and do not check to see if consumers receiving a Home Care Package are eligible for services.

Staff and management stated that they are referring all current consumers as grandfathered consumers. However, some of the consumers have only recently commenced services. As the service is taking on self-referred and home care package consumers the service cannot accept the consumers referred from My Aged Care for services. The Assessment Team observed that all the brochures and documents in the service were obsolete and out of date.

An office manual was viewed on site however, staff stated information asked by consumers is mostly about how consumers can have documents translated or support to fill out Centrelink or passport/visa documentation.

Response to Assessment Team report

The approved provider has indicated that the Charter of Aged Care Rights has been printed (both in English and Serbian) and will be given to our consumers during our Social Support Group (SSG) gathering starting from this week. The signed English version will be kept in consumers files and the Serbian will be given to them for their information (See attachments 1 & 2).

Regarding the Information Pack the Provide has started creating a “Working Info Sheet” and extracting information that is beneficial to our consumers such as a list of Serbian speaking doctors, lawyers, interpreters, and nursing homes with Serbian speaking staff etc and downloading brochures (e.g., Services available through My Aged Care - MAC, Dementia etc.). This information was previously available to all consumers per request but now all consumers will be provided with a copy of it.

However, the Provider is also considering updating the existing brochures (which are bilingual) that outline the Social Support Group (SSG) and Social Support Individual (SSI) program information provided by the organization. The updates of the existing brochures will be subject to available funding (See attachments 3, 4, 5 & 6). The Provider has finished entering the Grandfathered consumers into the MAC portal and are in the process of calling all consumers and discussing options of how they will be referred to the Provider (either having their GP organising the referral or our organisation lodging the referral). The Provider is discussing options with consumers who are receiving the Home Care Packages (HCP) and are they eligible for our services.

Analysis

In considering the issues raised in the Assessment Team report I am of the view that it is relevant to turn my mind to the Guidance and Resources for Providers to support Aged Care Quality Standards, (the Guidance). I note that the Guidance states the purpose and scope of Standard 1 is that it is a foundation standard that reflects 7 important concepts these concepts recognise the importance of consumer’s sense of self. More specifically the Guidance states that the intent of requirement 1(3)(e) is that timely and easily understood information is vital for consumers to be able to make informed choices. It's expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations. Each consumer’s needs and ability will affect the kind of information they need and the way it needs to be communicated. Providing information in an appropriate format, through different channels and in languages consumers understand, will help consumers get the most out of their care services.

At the time of the audit the Provider informed the Assessment Team that staff and volunteers tell consumers anything they want to know. Further to this, consumers stated they get letters in English and Serbian telling him about lunch group meeting times, venue and date. The consumers are also provided with a brochure that outlines social support group and individual program information. Although this information is helpful in allowing the consumer to plan day-to-day activities it is clearly insufficient to allow the consumer to make an informed choice for anything that may impact upon their care or services.

The obligations of the Provider are clearly stated in the User Rights Principles 2014. Division 3 Responsibilities of Approved Providers of Home Care - Provisions of Information to care recipients, section 20 information to be given to new care recipients about rights and responsibilities states ‘for the purpose of paragraph 56-2(1) of the Aged Care Act an approved provider of home care must give a perspective care recipient information about the care recipients rights in relation to the approved providers home care service under the charter of Aged Care Rights set out in schedule 1’.

Subsection (b) states the copy of the charter of age care rights must be given to the consumer. The user rights principles further states that the approved provider must assist the care recipient to understand the information and the charter of age care rights given under subsection 1 and ensure the care recipient and an authorised person for the care recipient has been given a reasonable opportunity to sign the copy of the charter of age care rights under paragraph (1)(b).

I note from the Provider’s response that was received on 30 May 2023 that they have already started to develop an information package consisting of Charter of Age Care Rights in English and Serbian, COVID-19 grief and trauma support services in Serbian and English, a list of Serbian speaking doctors’ lawyers etc and a template for a progress note. I commend the provider being proactive in this regard but at this point in time I cannot see any evidence that these strategies have been successfully implemented and that consumers are benefiting from them.

In the information I have before me it is clear that the Provider has not comply with its obligations on the Aged Care Act and User Rights Principles in relation to providing consumers with mandatory information that will enlighten them as to their rights and obligations in relation to home care provision.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 56-2 (k) of the Act creates a legal obligation on the approved provider not to act in a way which is inconsistent with any rights and responsibilities of care recipients of the specified in the user rights principles.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with this Standard.

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

# 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. | Non-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

The Assessment Team reports that the Approved Provider is undertaking assessment and care planning in partnership with consumers and their representatives. Consumers are being provided with a copy of their care plans which also includes advance care planning.

However, the Assessment Team reports the service is not documenting consumer risks and monitoring the safe delivery of services through documented progress note and feedback from consumers. Volunteers are not being provided with clearly documented directives on how to support a consumer in their home and providing information about what services can and cannot be delivered under social support individual programme.

Requirement 2(3)(a)

The Provider did not demonstrate that assessment and planning includes the consideration of risks to consumers. All consumers and their representatives interviewed were satisfied that the care and services provided are planned to meet their needs. Staff discussed assessment and care planning stating ongoing monitoring of consumers was completed through welfare checks. Of the seven files reviewed, consumers health diagnoses were listed, however risks identified did not trigger risk assessments, such as diabetes or falls risk assessments. Home risk assessments are not undertaken to identify risks to consumers and volunteers.

The consumer files sampled did have a care plan, an initial assessment upon entry to the service, and a reassessment plan, however the files did not show evidence of progress notes, or information about follow ups undertaken to monitor consumers health conditions. Health conditions recorded on the file does not include consideration of the continuing risks for the consumers with these health conditions, such as diabetes, arthritis and high blood pressure.

One consumer who has diabetes, high blood pressure and arthritis problems with low back and knee pain. Documentation states she must avoid fatty foods, that are high in salt and fat. There is no evidence that this information is provided to the volunteers preparing and serving the meals. On the day of the Quality Audit the service was providing whole roast pig, salad and two deserts.

The service provides lunches every week at different sites. No consumer risks to attend these lunches are documented. Consumers are also receiving one on one individual social support through a volunteer. Staff were unaware of consumer risks and if risks are undertaken by consumers in their daily life. Volunteers are provided with verbal information but no clear directives on how to support a consumer in their homes or while taking them out shopping. Consumers risks such as falls, diabetic or dementia support plans are not noted on consumer files. No risk assessments are undertaken or documented in consumer files. Information on special dietary requirements while documented in consumer files is not provided to volunteers preparing and serving meals.

Documentation reviewed showed that there were no case notes, progress notes, or any ‘Charter of Aged Care Rights’ for consumers. Diabetes risk is not documented and needs to be included on each consumer’s file who is at risk. As progress notes were not evidenced, trends and consumers deterioration could not be established.

Response to non-compliance

Standard 2(3)(a)

Regarding the progress notes the Provider has started creating them on the newly developed forms. It is also combining the existing SSG & SSI activity form into a new Service User Activity Form for both SSI & SSG to have all activities provided to the service user on one form (which will be filed in their folder). The Provider has also started updating actions and goals in the reassessments and care plans (giving additional information to meet consumer needs). It is creating an updated risk assessment (e.g. personal alarm, diabetes or falls). We already have the Hazard Report Form (Client’s Home) which is completed during the initial Assessment process; however, the form will be added to the client file.

Analysis

I note that this Provider has been approved to provide care and services in the form of social support individual and social support group. In reviewing the Commonwealth Home Support Programme CHSP manual (the manual) I note that social support individual entails accompanied activities e.g. shopping, telephone/web contact and visiting. The manual further clarifies that social support individual would include accompanied shopping, bill paying and attendance at appointments.

The manual describes social support group as assisting frail older people to participate in community life and socially included through structured, group-based activities that develop, maintain all support independent living and social interaction with whilst facilitating their wellness and reablement goals. Activities may take the form of group-based activities held in or from a facility centre, group excursions conducted by centre staff but held away from the centre, online group activities facilitated by the CHSP provider. This may include computers laptops or devices owned by or least two clients. Services may include light refreshment and associated transport and personal assistance e.g (help with toileting) involved in attendance at the centre.

I note that the Assessment Team have indicate that the Provider does not inform its staff how to support consumers in their home. It is clear that the Provider does not provide in home support and at most would attend the consumer’s home to pick up and drop off the consumer. Therefore, I am of the view that the Provider is under no obligation to provide this information to its staff, however, as the staff do attend the consumer’s property there should be an assessment of risks that may be encountered by staff upon entering the property e.g. uneven or broken paths etc that may impact upon their ability to assist the consumer to and from the bus. Further to this, in the case of the consumer with diabetes the Provider must educate its staff to recognise and respond to diabetic related episodes such as the Consumer suffering from hypoglycaemia or hyperglycaemia and to identify any aspect of their Consumers health that may be impacted upon whilst in the Provider’s care. For example, if a consumer had balance issues, staff should be made aware to prevent the consumer falling or being injured whilst travelling in the bus.

I note with interest that the Approved Provider has not been approved to supply meals as part of the services they provide and yet a major focus of its SSG services is the provision of lunches that are supplied by the Provider at various locations. The Provider has clarified that sponsors provide financial support so lunch can be provided with consumers, if they want to attend, paying $5.00 along with volunteers and staff who also must pay $5.00.

In determining if this Approved CHSP Provider has failed to comply with requirements 2(3)(a) it is important to understand its obligations as stated in the manual. The manual states that the CHSP provides a small amount of services to help frail older people maintain their independence and continue living safely at home and in their communities.

The CHSP is not designed for older people with more intensive or complex care needs. Clients who need ongoing high intensity care are outside the scope of this program. People with higher needs can receive appropriate support through other aged care programs, such as the Home Care Package (HCP) program or residential aged care. The CHSP does not replace or fund support systems provided under the health care system.

In saying that the manual states that service providers are responsible for ensuring services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in my aged care support plan. CHSP service providers also have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. If the consumers’ needs are not being met, then the Provider should refer the client to their most recent assessment service for a support plan review or re-assessment if their needs change.

Where the client requires a different service or a significant increase in services, or where the service provider’s review highlights needs or goals not identified on the client’s support plan, the service provider must request a support plan review refer the client to the RAS (or the latest assessment organisation) through the provider portal.

However, as the Approved Provider has a legal obligation under section 54 (1)(d) of the Aged Care Act 1997 to comply with the Aged Care Quality Standards it is pertinent to review the providers obligations under Standard 2. The Guidance and Resource for Providers to Support the Aged Care Quality Standards (the Guidance) states that scope and purpose of Standard 2 is that it builds on the foundations of Standard 1 and includes requirements for organisations to work in partnership with consumers. This standard describes what organisations need to do to plan care and services with consumers.

There is a clear obligation for the Provider to regularly review plans so that changes in consumers health and or ability are picked up however this is tempered by the comment that the level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning than an organisation providing residential aged care services.

The Guidance further states that the intent of requirement 2(3)(a) is about making sure that assessment planning is effective. These processes will support organisations to deliver safe and effective care and services. Relevant risks to consumer safety, health and well-being need to be assessed, discussed with consumers an included in planning consumers care.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 2(3)(a).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

# 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

The Quality Standard for the Commonwealth Home Support Programme services was not assessed as the Approved Provider does not provide personal or clinical care and therefore Standard 3 is not applicable.

**Standard 4**

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

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers are able to socialise, meet with friends and make new friends and therefore enhance the consumers’ quality of life baking provider is ensuring that staff and volunteers know when consumers are feeling low. However, the assessment team reports the service is not ensuring referrals are undertaken to support consumers to access other services if necessary for the consumer.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

# 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 reports that the Approved Provider is providing a welcoming environment to consumers attending social group luncheons and is ensuring kitchen, furniture and equipment is clean and well maintained.

However, the Assessment Team reports that the Approved Provider is not meeting required regulations with regards to vehicle (bus) roadworthy checks annually.

Requirement 5(3)(c)

The Assessment Team reports that the Approved Provider is providing a venue for the group lunches that was clean and well maintained with infection control procedures and the use of the equipment’s operational procedures in place. A review of the kitchen identified a commercial kitchen that is not used by the service. All food is prepared off site and served from the kitchen. Volunteers serving food were observed to be wearing hats and gloves while serving food.

However, the Provider could not demonstrate that they had effective procedures to manage maintenance servicing and roadworthy certification of its vehicles especially the annual roadworthy check required for all buses. Management advised that they were unaware of the new regulations regarding buses. The Provider was unaware that they need a public transport roadworthy certification annually for all buses transporting consumers. Therefore, currently the bus transporting consumers is not meeting public transport guidelines.

Response to non-compliance

Requirement 5(3)(c)

As any organisation transporting consumers from 2020 needs to have the roadworthy certification, so the roadworthy appointment of our vehicle (minibus 12-seater) has been scheduled with the Road Traffic Authority for the 1st of June 2023 (See attachment 11).

Analysis

In reviewing the Assessment Team report it would appear that their main concern is the fact that the Provider could not demonstrate effective procedures that would indicate that it is managing the maintenance, servicing and road worthiness of its vehicle especially the annual check required for all buses transporting consumers under the Bus Safety Act 2009 (Vic). On the 22nd of May 2023 I contacted the Provider who indicated they had a 12 seat bus that they used twice a month to take consumers to and from social events they indicated to me that the bus had been booked in for an inspection on 30 May 2025. I am advised that the Provider has had the bus about 15 years and on the average, it travels about 8000 kilometres a year.

The Provider states that the bus is regularly maintained and is inspected annually in relation to the registration requirements for any road vehicle in Victoria. The fact that the bus is now subject to additional roadworthy inspections under the bus Safety Act 2009 has been brought to the attention of the Provider. Any breaches of the Bus Safety Act would be the subject of investigation and appropriate action by Transport Victoria. However, as the bus is regularly maintained and inspected, I'm satisfied that Provider has complied with requirement 5(3)(c).

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

# 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 reports that the Approved Provider is reviewing feedback and implementing changes if possible. It is providing information on interpreters, advocacy and other supports to consumers who request information. However, this Assessment Team reports that the provider is not providing internal or external information to consumers on how to provide complaints and feedback.

Requirement 6(3)(a)

The Assessment Team reports that the Approved Provider demonstrated that consumers are not provided with written information about how to make a complaint or provide feedback. The Consumers interviewed were unaware of how to make a complaint. Consumers stated that they were very happy with the social support group meal provided and did not have anything to complain about. Management advised that information is provided to consumers through word of mouth and recently through a ‘YouTube’ video.

Feedback is done in various ways in order to improve the service, like word of mouth, phone calls, online or consumers can come into the office. However, information on how to provide feedback or complaints externally is not provided to consumers, brochures observed in the office about external complaints were obsolete and had not been updated with current ones. The service provided a feedback register in Serbian that was unable to be read by the Assessment Team. A translated copy of feedback from 1 January 2023 was provided on site in both English and Serbian. The document shows 10 feedback entries from volunteers, club members and a few who identify as consumers.

In considering requirement 6(3)(a) I note that the Provider is supplying information in relation to feedback to consumers through word of mouth, phone calls, online or consumers can go to the office. The Assessment Team's concern is that the Provider has not supplied the consumers with information on how to make complaints to external organisations such as the Age Care Quality and Safety Commission or aged care advocates. In saying that, the Provider does have a feedback register that shows there are 10 entries from various persons.

In reviewing the Guidance in relation to Standard 6 I note that the purpose and scope of Standard 6 is that it requires an organisation to have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. More specifically the guidance states the intent of requirement 6(3)(a) is that this requirement describes how organisations need to welcome feedback and complaints as an opportunity to learn about ways in which they can improve outcomes for consumers.

I also note the Assessment Team's comments that they did observe brochures in the office about external complaints but the brochures were obsolete and hot had not been updated for current ones. Although not optimal there is information available to consumers in relation to external agencies however the fact that the information is obsolete should probably have been dealt with under Standard 1(3)(e) which requires consumer to get timely information in a form of language they understand.

In finalising my decision in relation to standard 6 I am swayed by the advice from the introduction on pages three and four of the Guidance that says in part each organisation should interpret the guidance material considering its own service delivery model. Further to this, it comments that quality assessors are to be proportionate in how the quality standards are applied to different types of service. The strategies used to achieve the outcome will vary in complexity, scope and scale, based on the type of organisation, the consumer profile, and the risk to the safety health and well-being of the consumer. I note that this provider is supplying entry level CHSP services to consumers the consists of social support individual and social support group. In my view these services present minimal risk to the safety, health and well-being of consumers. I also note that the Provider is actively setting seeking feedback from its consumers and using it to inform service delivery.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is recruiting staff and volunteers to meet the demands of the program whilst it ensures that volunteers are bilingual and can communicate with the consumers receiving services. However, the Assessment Team reports the Provider is not ensuring that all staff and volunteers especially those with unsupervised access to consumers have had first aid training.

Requirement 7(3)(d)

The Provider demonstrated that staff and volunteers undergo a recruitment process and have a one-on-one induction. However, volunteers are not trained and equipped to deliver individual support in the home. Volunteers are first introduced to consumers by the program manager. Management stated that staff and volunteers have not been provided with first aid training recently. Training on supporting consumers with dementia and other risks such as diabetes, falls and recognising deterioration is not provided to volunteers. Management stated that they only provide free training to staff and volunteers. Management stated they will be reviewing and organising training for all staff and volunteers. Staff interviewed were not aware of the Aged Care Quality Standards and the requirements to meet the standards. Volunteers are not provided with any specific training or care directives to support consumers in their homes. Management stated and volunteers confirmed that they receive information about consumers verbally. Home risk assessments to support consumers and volunteers in the home while providing services are not undertaken. Volunteers are mostly bilingual. They are required to have a current police check, immunisation and vaccinations and a current driver’s licence. Volunteers transporting consumers have to have vehicle insurance. All volunteers and staff have had food handling and food safety training.

Response to non-compliance

Standard 7(3)(d)

The Provider indicated that besides the bilingual manual for Volunteers and Serbian Cultural Profile an induction manual for supporting consumers with dementia and other risks such as diabetes, falls, recognising deterioration will be created. Training will be provided to all staff and volunteers and first aid training will be organised and provided to all staff and volunteers who do not have a current certificate with training to be completed by the end of June 2023. All volunteers have been advised that they will be given a detailed care directives for the consumer (e.g., when visiting at home, taking them shopping or to medical appointments etc.). A checklist has been updated for volunteers and staff with additional information regarding immunisation, current drivers’ licence and vehicle insurance (See attachment 12).

Analysis

I note that the Assessment Team has indicated that staff and volunteers are not trained or equipped to deliver individual support in home. They are not provided with training in relation dementia and other risks such as diabetes, falls or recognition in deterioration and they're not given specific training or care directives to support consumers in their home and at home risk assessments to support consumers and volunteers in the home while providing services are not undertaken.

As mentioned previously this Provider is approved to provide social support individual and social support group it is not approved to supply in home support such as domestic cleaning, cooking, personal or clinical care to consumers. As this Provider is a CHSP service provider the manual states that the provider is responsible for ensuring that services delivered to clients are in line with individual goals recommendations and assessment outcomes as identified in their individual my aged care support plan.

However, I am of the view that as this Provider does not provide in home supports, personal or clinical care there is no obligation to train staff on supporting consumers in their home. However, in order for the Provider to comply with its obligations to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. The Provider will need to train its staff to identify any changes to in the Consumer’s health or cognitive abilities and take appropriate action.

All staff and volunteers in direct care roles with responsibility for the safe delivery of service to clients or groups of clients must have a current and accredited first aid certification. The fact that the provider has not ensured their staff and volunteers have a current first aid certificates is a clear non-compliance with this requirement.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

# 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. | Non-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

The Assessment Team reports that the Provider is consulting with consumers on services they would like to receive. However, the Provider is not managing effective governance processes and is not aware of its obligation to meet regulatory compliance with changes occurring within the program. It is not ensuring board members are aware of their responsibilities as key personnel of the service and requirements of the program such as police checks and age care quality standards. The service is not providing documented financial reporting on use of CHSP funding to the board.

Requirement 8(3)(b)

The Provider is governed by a Board of Management who meet bi-monthly. The Board has 10 members who are re-elected annually. Management stated that the Board is provided with information on risk management, continuous improvement and financial situation. However, clear financial reporting on the use of CHSP funding was not available for review. Management stated that they have a tax consultant who reports on finances. Management stated that the service is a benevolent organisation that looks at using funds from grants, fund raisers such as bingo to support the activities provided to consumers.

Management advised that the financial information is provided to the Board by the tax consultant. A review of the minutes of meetings provided showed a repeat of the same information at meetings and there was no clarity on financial issues of the CHSP program. The Board is unaware of the exact number of CHSP funded consumers as the service does not report on this. The majority of consumers have not been referred through My Aged Care for CHSP services.

However, Incidents, accidents and staff issues are reported to the Board and Board members have undertaken the ‘serious incident response scheme’ (SIRS) training.

Requirement 8(3)(c)

The service could not demonstrate that the service has effective governance systems relating to information management, financial governance, workforce governance and regulatory compliance.

Information management

The service does not ensure consumers are provided with information to make informed choices. Consumer files both electronic and hard copy are kept in locked cabinets and password protected. However, photocopies of personal information were noted on consumer files viewed. The backup copy of consumer information is stored in a USB and kept in a locked drawer in the office.

Continuous improvement

The service has a continuous improvement plan and document improvements as identified. A current improvement the service has implemented is to provide consumers with information about group lunch venues and times through a short message service text (SMS).

Financial management

The service has a tax consultant that does the finances for the organisation. Management and the Board are unaware of how the funding for the CHSP program is being spent. Management was unaware the exact number of consumers receiving home care packages and whether they are approved for CHSP top up funding or have to pay full cost recovery fees. The service is unaware that consumers on a home care package pay full cost recovery for attending programs. Management asked how full cost recovery is calculated. Currently all consumers pay $3 for a social support individual visit by a volunteer and $5 for social support group lunch.

Workforce governance

While the service employs five staff one is currently on maternity leave. The service has 32 volunteers. Staff have not been trained in the current Aged Care Quality Standards however they are engaged and participating in the review of the new Quality Standards under review. Staff and volunteers have not had first aid training. Volunteers are not provided documented information or trained to support individual consumers in their home and many identified risks.

Regulatory compliance

The service could not demonstrate that it meets regulatory compliance. The service is unaware of the requirements under the CHSP program. Currently four Board members have expired police checks and one Board member does not have a criminal history (police) check as they are experiencing issues with citizenship.

The service was not aware of the changes to the Charter of Aged Care Rights and no consumers have been given a copy or signed the charter. The service stated they were unaware that all consumers receiving the funded CHSP services must be registered with My Aged Care. The majority of consumers have not been referred through My Aged Care for CHSP services.

The majority of consumers receiving CHSP services are self-referred and have not been approved by My Aged Care to receive CHSP funded services. The service provided a copy of a letter from the Department informing them that consumers receiving services prior to 2015 were to be transitioned to the CHSP program to ensure continuity of care under a grandfathering service. The service has not done this and new consumers are currently being taken on without being registered or referred by My Aged Care.

Management advised that they have a wait list on My Aged Care of consumers they cannot take on board as they are overproviding services. This is because consumers are self-referring and the service has no process to ensure a fixed number of consumers can attend any one program. The service is a free for all and consumers can attend as many lunches or get as many social support individual services as they ask for. Dex reporting is based on the number of consumers signed in on the attendance sheet not the number of CHSP consumers only.

The service is providing CHSP services to at least 10 consumers that they know are receiving home care package funding and they are not paying full cost recovery for attending the CHSP programs. The service is unaware or changes in regulation to the safety of vehicles such as undertaking an annual public transport roadworthy for the 12-seater bus it uses to transport consumers. Therefore the bus is currently not compliant with road safety regulation.

Feedback and complaints

Refer Standard 6

Response to non-compliance

Standard 8 (3)(b)

In the past 3 years because of COVID-19 the Provider has had difficulty to meet the bi-monthly meetings and on the 23rd of March 2023 an Annual General Meeting (AGM) was organised. The next Board of Management (BOM) Meeting was the 25th of May 2023 where the CHSP funding and number of consumers was discussed and documented in the minutes of the meeting (See attachments 13 & 14).

Standard 8 (3)(c)

Copies of consumers personal information (driver licence, Medicare card etc.) has been removed from all consumers files (See attachment 10) and the Provider is also looking into a program to share and protect consumers personal information which is subject to availability of funds. Training by Aged Care Online Learning Portal - ALIS has been discussed amongst the staff and we anticipate for the training to start soon (See attachment 15). The Provider is now aware that consumers on a Home Care package pay full cost recovery for attending our programs and we have calculated our unit price costs for SSI and SSG.

Clients have been informed to call the Provider prior to the SSG gatherings (to let us know are they able to come and if they need transport) so we can have a fixed number of consumers attending the activity. However, we will continue informing clients by sending them the monthly SSG roster of activities and providing them with choice of food (depending on their dietary requirements).

Analysis

Requirement 8(3)(b)

The Guidance states that requirement 8(3)(b) requires the organisations governing body to promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Guidance further qualifies this by saying the intent of requirement 8(3)(b) is that it the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality, care and services in the organisation. The governing body of the organisation is also responsible for overseeing organisations strategic direction and policies for delivering care to meet Quality Standards.

I note that the focus of the assessment teams report for requirement 8(3)(b) is the fact that there appears to be a lack of reporting on the use of CHSP funding and that the board is unaware of the exact number of CHSP funded consumers as the service does not report on this. Although this is of concern it would appear that this does not fall into the ambit of requirement 8(3)(b) and should more properly fall into the ambit of requirement 8(3)(c) under financial management. Therefore, I have reasonable grounds to form the view on the information before me that the provider has complied with requirement 8(3)(b).

Requirement 8(3)(c)

The Guidance states the purpose and scope of Standard 8 is that it is to hold the governing body of the organisation responsible for the organisation and delivery of safe and quality care and services that meet the Standards. It also states that while governance systems are a foundation for most businesses, this standard is focused on how these systems support the delivery of safe and quality care aged care services. It's expected the organisation has governance systems in place to assess monitor and drive improvements in the quality and safety of the care and services they provide.

More specifically the guidance states the intent of requirement 8(3)(c) is that organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the chief executive (or similar), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide government systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

The Guidance offers quite specific advice as to what a Provider should do in order to comply with the 6 sub requirements listed in requirement 8(3)(c). I note that the Provider has pro-actively began to address the non-compliance identified in information management, continuous improvement, financial governance and workforce governance, however, I am of the view that as these initiatives have not yet been fully implemented, I am unable to make an informed judgement as to their effectiveness.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four applicable requirements has been assessed as non- compliant.

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