**Performance**

**Report**

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| Name: | Shire of Yarra Ranges |
| Commission ID: | 300686 |
| Address: | Anderson Street, LILYDALE, Victoria, 3140 |
| Activity type: | Quality Audit |
| Activity date: | 29 January 2024 to 30 January 2024 |
| Performance report date: | 5 March 2024 |

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

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8451 Shire of Yarra Ranges  
Service: 25388 Shire of Yarra Ranges - Community and Home Support

**This performance report**

This performance report for Shire of Yarra Ranges (**the service**) has been prepared by K Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and others

The provider did not submit a response to the Quality Audit report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

Findings

Consumers stated staff make them feel respected and valued as an individual. Staff spoke respectfully about consumers, described how the consumers are at the centre of their attention and showed an appreciation for each consumer’s individual identity, culture and diversity. Management reported that there has been no feedback or complaints regarding disrespectful conduct from consumers or staff. Care documentation reflects background information for each consumer, including information about their cultural background and preferred language. Consumers are provided with the Charter of Aged Care Rights and a staff code of conduct supports consumer dignity and respect.

Consumers confirmed they feel culturally safe during service provision. Staff described ways they meet consumers’ cultural needs and preferences and said they participated in cultural awareness training. Management described how they provide care and services in a culturally safe way, including through respectful conversations, embracing consumers’ diverse cultural identities and being considerate of how much information consumers wish to share around their culture and diversity. Consumer documentation generally shows that the service is enquiring into each consumer’s culture through asking questions and documenting each consumer’s country of birth, language, and Aboriginal or Torres Strait Islander identity.

Consumers described how they are supported to make decisions about care and services, involve family members if required, maintain relationships and build connections. Staff described how they support consumers to make choices and decisions about their care, Management discussed the processes that support consumers to make informed choices and decisions, including consumer consent processes and documentation. Care documentation reflects the involvement of carers and family members the consumer wishes to include in decisions.

Consumers confirmed risks are discussed with them, and the service supports the consumer to take the identified risk to live the best life they can. Staff described support and assistance measures, such as dignity of risk discussions, home risk assessments, encouraging consumers to use mobility aids and My Aged Care referrals, to ensure consumers are as safe as possible. Management described how the service takes reasonable care to avoid risks without limiting the ability of consumers to make choices of how they wish to live their best life. The service has person-centred care policies and procedures that address choice, independence, dignity of risk and the management of risk.

Consumers confirmed they receive information about the care and services available, they have a copy or can access their care plan and they have received a schedule of services and costs. Staff discussed how they would adjust how they provide information to people with different communication preferences and needs, including the use of translation services. Documentation showed the service provides information to consumers in a welcome pack, including information about the Charter of Aged Care Rights, advocacy services and translation services.

Consumers confirmed the service keeps their personal information private and confidential. Staff described ways in which they protect consumer information and said they have received training on privacy, information handling and confidentiality. Management confirmed that privacy is part of the induction process, and all staff participate in online training on privacy and code of conduct modules. The service has a privacy policy and a privacy officer. Consent is obtained prior to information being shared.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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. | 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

Consumers confirmed assessment and planning occurs prior to commencement of services. Management and staff described the processes for consideration of risk during the assessment and planning process. Documentation showed onboarding, assessment and reassessment tools and practices are thorough, comprehensive and fit for purpose to inform the delivery of consumer services.

Consumers expressed satisfaction that their goals, needs and preferences are identified in the assessment and planning process and are central to the services the consumer receives. Management and staff described processes used to identify each consumer’s current needs, goals and preferences, including regular meetings and assessment and planning processes. Documentation showed assessment tools are community-focused and have a strong emphasis on connecting to the elderly demographic in the community and the service provides information to consumers about end of life and advance care planning.

Consumers confirmed they are involved in assessment and planning of their services. Staff described how they involve the consumer and those who they consumer wishes to be involved in assessment and planning processes. Management discussed processes used to ensure the inclusion of other parties involved in the care of consumers. Documentation evidenced ongoing communication with consumers and their representatives in relation to assessment and planning processes.

(3)(d) Consumers confirmed they have access to assessment outcomes and care plans. Staff stated they have access to consumer files and care plans on an electronic management system and condensed manual copies are available in a folder for transportation and meal delivery staff. Management stated all assessment and planning is undertaken in consultation with the consumer and/or representative and the service ensures outcomes of the assessment and planning are understood and agreed upon by the parties. Documentation evidenced care plans are agreed to by the consumer and/or their representative.

Consumers confirmed their care plans and services are reviewed regularly and when changes to the consumer’s needs occur. Management and staff stated all services are reviewed at annual intervals and more regularly when situations/conditions change, and these changes are uploaded to the electronic management system. Documentation showed care plans are regularly reviewed and when circumstances change.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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

Findings

This Quality Standard was not assessed as the service does not provide personal or clinical care for consumers. Quality Standard 3, Personal care and clinical care, is not applicable for the service.

# 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

Consumers stated the service listens to them and provides them with services and supports they need, which helps them to continue to do things independently. Staff described how they support independence, health and well-being through providing support for consumers to access community events including social groups. Management stated the service ensures the care and supports provided are optimising consumer independence and quality of life through direct communication with consumers. Documentation including care plans, menus and surveys showed consumers’ needs, preferences and goals are identified and documented.

Consumers confirmed the services they receive help with their emotional and psychological well-being. Staff and volunteers described how they provide support for consumers to meet the consumers’ well-being. Documentation shows the assessment and planning policy contains information and questions designed to help the service identify the consumer’s unique emotional, spiritual and psychological needs, with this information used to plan services and supports that promote consumer well-being.

Consumers confirmed the services they receive assist them to participate in the community, maintain personal and social relationships and do things of interest to them. Staff described how lifestyle and social activities are important for the consumers. Management explained staff supporting consumers with social support group and transportation develop programs and activities to meet consumers’ interests. Documentation includes individual consumer likes, interests, preferences and goals and actions to support the engagement of the consumer in activities of interest.

Consumers confirmed staff and volunteers know what the consumer needs and wants. Staff demonstrated knowledge of consumers and explained information is updated on the consumer management system. Management explained staff have access to the consumer management system and complete progress notes in the system with regular communication and meetings held with other services and providers to share current information. Documentation showed care plans and changes to services and consumer preferences and needs are communicated within the organisation and with others responsible for services.

Consumers confirmed the service refers consumers to other providers and services when required. Staff stated they obtain consent to share consumer information from consumers who are interested in accessing external services. Management explained they follow up if it has been identified additional support and higher level of care is required and make referrals to relevant organisations. Documentation showed the service uses a policy on referral and service allocation management which guides staff on the referral process.

Consumers confirmed they receive meals which meet their preferences, including options for vegetarian and gluten free meals. Staff confirmed information collected from consumers includes food likes, dislikes and allergies and consumers are provided options for their meals. Management advised the service completes surveys on the food provided and staff and volunteers receive verbal feedback about meals. Documentation showed consumers have various options for meals, including gluten free, dairy-free and vegetarian meals, with menus offering choice of meals.

The service does not provide equipment. Therefore, Requirement 4(3)(g) is not applicable and was not assessed.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 4, Services and supports for daily living.

# 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. | 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

Quality Standard 5, Organisation’s service environment, is not applicable as the service does not maintain a physical environment through which care and services are delivered.

# 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

Consumers confirmed they are aware of the feedback process, and they are encouraged to provide feedback and raise complaints and they feel safe to do so. Staff described how they actively seek feedback on the consumer’s experience. Management described supports for consumers and others to provide feedback and make complaints, with regular distribution of feedback forms to seek opinions and suggestions, and a form and information about how to provide feedback available on the organisation’s website. The service has a feedback, compliments, comments and complaints policy that guides staff to actively encourage and support feedback and complaints, and consumers are provided with information about the feedback and complaints process in the consumer information pack.

Consumers stated they had no need to use advocacy or interpreter services. Staff reported although they have not had to support consumers to access advocacy or language services, they have access to this information if required. Management described ways they make consumers and representatives aware they can provide feedback and complaints, and that consumers can access various other services if required, including advocacy services. The consumer information pack documents each consumer’s right to be represented by an advocate and includes complaints information for both internal and external complaints mechanisms.

Consumers reported feeling confident that the service would effectively follow up their complaints and feedback. Staff described how they would report and manage any complaints received and how they will escalate it to the management if unable to resolve at their level or on request from the consumer. Management explained how the service ensures complaints are addressed in a timely manner and that open disclosure is practiced. Staff and management described how principles of open disclosure are practiced in the day-to-day operations and in relation to feedback. The service follows their open disclosure policy and there are discussions during quality meetings to discuss feedback and complaints.

While only one consumer has made a formal complaint, the service demonstrated the service reviews feedback and complaints recorded in consumer notes to inform and improve service delivery. Volunteers and staff described how they enter feedback or complaints they receive into the electronic system and advise management. Management discussed the service’s processes for reviewing, monitoring and using feedback and complaints to improve the quality of care and services, including reporting information about feedback and complaints to the governing body.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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

Findings

Consumers confirmed staff are punctual and would ring if there was a delay in arriving. Staff and social group coordinators have access to a roster system and inform consumers of any changes to the regular services. Management discussed the workforce planning that determines the number and mix of staff by reviewing each service the council operates. Workforce planning is undertaken in response to funding targets and the program organisational structure reflects the front line, volunteers, administrative support, coordinators and managers required to exercise appropriate oversight over the delivery and management of services.

Consumers confirmed staff are respectful, kind and caring. Staff described how they treat each consumer respectfully and are aware of individual consumer’s preferences including cultural needs and background. Management showed understanding of the cultural needs of individual consumers. Management explained cultural awareness training is provided to staff.

Consumers expressed satisfaction with staff competence. Staff described the processes to ensure they are competent and qualified for their roles, including having a position description, regular supervision, compulsory training, monthly face to face meetings and annual performance reviews. Management stated they monitor staff qualifications and use information from discussions and feedback to identify workforce competency and any requirements for training. Documentation showed the service has position descriptions for each role, which detail required qualifications, certifications and experience to perform the role.

Staff reported that the service provides induction at commencement and provides staff with ongoing support. Volunteers described how the service has provided buddy shifts when they started. Staff and volunteers confirmed that they have access to online and face-to-face training. Management explained training needs are identified through incidents and complaints, consumer and staff feedback, staff meetings and surveys to identify gaps in the training. Management described the service’s embedded recruitment, onboarding and induction process. Documentation showed staff have access to ongoing training, with a training matrix and register used to ensure staff completed required training.

Consumers expressed satisfaction with staff performance. Staff advised that they have regular discussions with their line managers about their performance and they complete an annual performance review. Management stated that all new staff complete a six-month probation review and an annual review thereafter. The organisation has a workforce management framework including policies and procedures for the review, monitoring and performance management of staff.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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

Findings

Consumers confirmed they are engaged in providing feedback and input into the development of services through feedback forms and speaking with volunteers and staff. Staff stated the organisational culture promotes communication resulting in quality services for consumers. Management described how the service seeks feedback from consumers and representatives to feed into broader service improvements and reviews feedback to identify service improvement opportunities. Documentation showed consumers receive regular surveys which assists the service to identify potential improvements.

The organisation’s governing body receives and considers reports about the service’s performance regularly. Management reviews monthly reports covering internal audits, incidents and investigations, health and safety, legislative changes, performance indicators, resources, business continuity and continuous improvement. The governing body ensures governance policies are established to provide strategic oversight and monitoring of the service’s performance and quality.

Consumers, staff and management feedback and documentation reviewed showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management discussed the organisation’s policies and processes used to achieve effective organisation wide governance systems, with examples of how continuous improvement processes has been used to improve outcomes for consumers and resulted in improvements in systems.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life and managing and preventing incidents. Management confirmed if a consumer is deemed at risk of vulnerability, adjustments are made to the consumer’s services to reduce any risks and escalation processes are followed to ensure appropriate care and referrals are provided. Staff and volunteers discussed how they inform management of any changes in a consumer’s condition or environment and how they are trained to recognise elder abuse and neglect. Staff described how they support consumers to life their best life, including asking about preferences and ensuring services meet the consumer’s goals. All staff have received training on incident management policies and procedures and reporting requirements. The organisation has an incident management system for recording and responding to incidents.

The service does not provide clinical care. Therefore, Requirement 8(3)(e) is not applicable and was not assessed.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8, Organisational governance.

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