**Performance**

**Report**

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| Name: | South West Carer Respite Program |
| Commission ID: | 300256 |
| Address: | Archie Graham Community Centre, 118 Timor Street, Warrnambool, Victoria, 3280 |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2023 to 15 November 2023 |
| Performance report date: | 14 February 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: 8718 WARRNAMBOOL CITY COUNCIL  
Service: 25844 WARRNAMBOOL CITY COUNCIL - Care Relationships and Carer Support  
Service: 25842 WARRNAMBOOL CITY COUNCIL - Community and Home Support

**This performance report**

This performance report for South West Carer Respite Program (**the service**) has been prepared by Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

The provider did not submit a response to the assessment team’s 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

Standard 2 requirement (3)(e)

* Ensure care and services are reviewed at least annually, consistent with the Commonwealth Home Support Programme Manual.
* Review policies and procedures to support the regular review of care and services.
* Implement monitoring processes to ensure staff adhere to review processes to ensure improvements are sustained.

Standard 8 requirement (3)(b)

* Review processes to ensure the governing body is aware of undertakings within the service and is sufficiently informed, including in relation to feedback, complaints and incidents for all consumers including those receiving brokered services.
* Implement processes to monitor brokered service providers to ensure they are providing safe and quality care and services consistent with the Quality Standards, including monitoring of police checks and where required seeking a statutory declaration for staff and volunteers who have worked oversees.
* Ensure brokered service providers are adequately informing the governing body of undertakings impacting care and service for consumers who are receiving brokered services.

Standard 8 requirement (3)(c)

* Review organisation-wide governance systems including in relation to continuous improvement and feedback and complaints.
* Implement and monitor staff adherence to the plan for continuous improvement to improve the quality and safety of care and services being delivered.
* Review processes to ensure feedback and complaints are identified, recorded and monitored for all consumers receiving care and services to identify opportunities for improvement.

Standard 8 requirement (3)(d)

* Implement an incident management system to support the identification, monitoring, and review of incidents.
* Review processes to ensure for all consumers, incidents of abuse and neglect are identified and responded to, and recorded in the incident management system.
* Review processes to ensure organisational risks impacting the service are recognised with mitigating strategies developed.

# 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 and representatives stated that they are treated with dignity and respect, with their culture and identity valued. Staff interviewed stated they always treat consumers with respect and were able to describe discussing consumers’ interests and background with them whilst delivering care and services. Documentation viewed included information on consumers’ backgrounds and cultures.

Management confirmed staff complete online modules for cultural safety and support workers interviewed stated they have received training on cultural safety. Consumers and representatives confirmed the delivery of culturally safe services. Consumers and representatives said family members and others are involved in making decisions and are supported to exercise choice and communicate their decisions. Staff described how they support consumers involved in decision making and documentation viewed showed consumers are involved in decision making.

Consumers and representatives discussed how they are supported to take risks and live their best life with documentation confirming consumers are being effectively supported. Consumers and representatives discussed receiving a range of information including an information pack on commencement and monthly statements that are clear and easy to understand.

Consumers and representatives confirmed their personal information is kept confidential and private. All staff interviewed stated they have received training in privacy and confidentiality. Observations of the electronic consumer management system demonstrated the system is secure and staff maintain consumers’ privacy.

Based on the evidence documented above, 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. | Not Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirement (3)(e) is non-complaint.

Requirement (3)(e)

The assessment team recommended requirement (3)(e) not met as the service did not demonstrate consumers’ care and services are regularly reviewed or following implementation of additional supports. The following evidence was considered relevant to my decision;

* Consumers and representatives stated they could not remember their care plan being reviewed since they commenced with the service.
* Management were unclear how many annual reassessments are outstanding and provided an approximate number of between 44 to 146.
* For one consumer their documentation did not accurately record the services the consumer is receiving. In addition, the consumer experienced an incident previously and whilst additional services were implemented a reassessment was not undertaken.

Based on the assessment team’s report, I find the service did not demonstrate care and services are reviewed regularly for effectiveness; when circumstances change or when incidents impact on the needs, goals, or preferences of consumers. I have considered the requirements outlined in the Commonwealth Home Support Programme (CHSP) Manual for service providers to undertake a review of the services they deliver at least once every 12-months and for a significant portion of consumers the evidence demonstrates a review has not been undertaken in this timeframe. I have also noted at least for one consumer, their care and service plan was not reviewed and updated despite the consumer requiring additional supports.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-complaint.

**In relation to all other requirements under this Standard**, staff access My Aged Care assessments which guide assessment and planning processes. Consumer files viewed showed information around health, vision, hearing, and mobility status were recorded to support service delivery. The service maintains a vulnerable consumer list to support service delivery including for consumers who are vulnerable to social isolation, and to inform emergency management.

Initial assessments identify consumers’ current needs goals and preferences. Consumer’s needs, goals, and preferences are discussed in detail during the assessment process where goals are developed. Consumers confirmed discussions regarding advance care planning and assessment processes.

Consumers and representatives confirmed assessment occurs in partnership and include other organisations. Staff confirmed involving, consumers, representatives and medical service providers in assessment and planning in partnership. Consumers confirmed they have access to a care plan and care staff confirmed they can access information through their mobile application on their electronic devices, however 3 staff stated care directives are not always clear and they seek further clarification from the consumer.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b), (3)(c) and (3)(d) 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. | 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

Consumers and representatives described being satisfied with the delivery of personal care. Support workers demonstrated an understanding of the care and services being delivered to consumers, and how the care and services are delivered in accordance with consumers’ needs and preferences.

All consumers interviewed receiving personal care and respite services were satisfied with the care and services being provided. Staff were able to describe how they manage consumers’ falls related risks which was confirmed in documentation viewed. While the service does not use validated risk assessment tools, intake staff utilise assessments undertaken through My Aged Care and undertake further assessments where required. Documentation showed how the service involved an occupational therapist and building contractor to assess, identify and install safety equipment to manage a consumer’s falls related risk.

Consumers requiring palliative care are encouraged to be reassessed for a home care package and staff liaise with palliative care services, where required, and provide personal care in the interim. All consumers felt confident staff would identify incidence of deterioration and respond appropriately. Management described being informed by support workers when consumers experienced deterioration. Care documentation demonstrated changes in a consumer's health or condition are reported and addressed.

Information about the consumer’s condition, needs and preferences is documented and communicated. Consumers and representatives confirmed staff being aware of consumer’s personal care needs. Most support workers interviewed were satisfied with the information they receive on their mobile device however a small portion said the information accessible on the mobile device is quite limited.

Consumers are referred to individuals, other organisations and other providers of other care and services. Consumers gave examples such as being referred to meal service providers, allied health professionals and to My Aged Care.

Processes support the minimisation of infection-related risks. The service has implemented the council’s COVID-19 safe management and infection control policies and procedures to support effective infection control. Consumers and representatives were satisfied with staff practices to minimise infection-related risks including the wearing of personal protective equipment.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the service provides safe and effective services and supports to maintain consumers’ quality of life and provided examples of social support services and how this positively impacts their independence. All support workers interviewed said they understand how to provide safe and effective services and supports for consumers. Documentation viewed showed how services and supports are considered to maintain consumers’ independence.

Consumers and representatives confirmed the service would support them if they were feeling low and provided examples of how emotional and spiritual support is provided during the provision of services and supports.

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Volunteers and support workers described reporting to management if they identified changes to a consumer’s emotional well-being.

Services and supports for daily living assist each consumer to participate in their community, maintain relationships and undertake activities of interest. Consumer and representatives provided examples regarding how the provision of meal services and social support enables consumers to undertake activities of interest, including being able to attend orchestral events and community groups. Another consumer described how without the services they receive they would not have been able to maintain any social connections as they no longer drive. Staff interviewed described how they support consumers in their preferred activities.

Consumers and representatives were satisfied with how information about their preferences is communicated within the service and staff knew their needs and preferences. Documentation viewed showed information being communicated and all consumers’ care documentation viewed included a goal directed plans and task lists to support staff in their role. Management described how information is shared via a mobile telephone application to inform staff.

Consumers and representatives confirmed consumers are referred for other services where required and provided examples including referral to a respite service and a hydrotherapy program. Intake staff discussed how referrals are considered during the initial assessment process. Documentation viewed showed staff undertake a range of referrals including referrals to allied health professionals and to My Aged Care.

Consumers and representatives were satisfied with the meal services provided. Staff described how consumers’ likes, dislikes, allergies and intolerances are considered when providing meal services. Volunteers described how they are provided information to support the delivery of the meals. Dietary information for consumers viewed confirmed preferences, allergies and meal choices were recorded and supported.

The assessment team’s reports stated requirement (3)(g) of this Standard was not assessed as the service was not funded to provide equipment. I have considered evidence outlined in Standard 5 Organisation’s service environment specifically in relation to the bus which is used to transport consumers on scheduled activities and to access the social support group demonstrating the requirement was assessed during the Quality Review. The evidence demonstrates the bus was clean, well maintained, and suitable for consumers and staff.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements 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. | 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 service environment includes a centre-based vision support group, and consumers confirmed the environment accommodates their needs by being well lit and amenities are easily accessible. Staff described how they to set up the room for the vision support group to support consumer independence and function. The service also has a social support room, and staff described how when there is an adverse weather event, the bus program is changed to a centre-based activity such as such as a movie to ensure services are consistently delivered.

Consumers interviewed described their satisfaction with the environment being clean and comfortable and provided examples specifically in relation to the bus and social support environment. The social support room was observed to be clean and supported consumers to move freely with 2 entry and exit points. Cleaning staff were observed maintaining cleanliness of the service environment.

Consumers were satisfied with the with furniture and fittings in the social support room. The support room contained, chairs and tables which were clean and well maintained and activity tubs were labelled and easily accessible. The room also included a kitchenette that is accessible for all consumers. Records demonstrated regular cleaning and maintenance of the environment.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 5 Organisation’s service environment.

# 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

Requirement (3)(d)

The assessment team recommended requirement (3)(d) of this Standard not met as the service did not have a process to record and document feedback and complaints to improve the quality of care and services. The following evidence was considered relevant to my decision;

* Management and staff advised that all feedback is actioned by the person receiving the complaint or feedback. An example was provided of a complaint of a serious nature which was escalated.
* Management staff were not able to describe any recent improvements as a result of feedback.
* An example was provided of a consumer expressing to the assessment team that staff do not understand how to interact with them effectively as they have a vision impairment. Management stated they were not aware of the issue or concern.

Based on the assessment team’s report, I have come to a different view and find the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. In coming to my finding, I have noted considerable evidence demonstrating consumers were satisfied with the provision of care and services. In addition, I have noted evidence outlined in requirement (3)(c) of this Standard which demonstrates that as a result of feedback from a survey a trend was identified and improvements were implemented in relation to the feedback process. In addition, I have considered deficits in the recording and monitoring of feedback and complaints in requirement (3)(c) in Standard 8 Organisational governance, as the core deficit relates to an ineffective organisational process to support the recording and trending of feedback to identify opportunities for improvements.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

**In relation to all other requirements**, consumers and representatives said that they are provided with information about making a complaint but have not needed to make a complaint and were satisfied with the delivery of care and services. Following a survey where a large portion of consumers and representatives were not aware of feedback processes, additional information was provided through the newsletter to support consumers in feedback processes. The welcome pack and customer service folder provided to consumers and representatives on entry also includes information regarding internal and external feedback and complaint processes to support effective complaint and feedback management.

The consumer welcome pack contains information on consumer’s right to be represented by an advocate and includes access to language services and other methods to resolve complaints. Intake staff described how they ensure clients are aware of advocacy service. A range of advocacy services were described as available to consumers and their representatives and include Older Persons Advocacy Network (OPAN) and Seniors Rights Victoria.

Consumers and representatives were satisfied with feedback processes. Documentation viewed demonstrated where feedback was provided such as in relation to meals, the feedback was investigated and addressed and open disclosure processes were used. Management advised that they receive very few complaints and while they have a complaints and feedback policy most complaints get addressed at the time.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers expressed being satisfied with the sufficiency of staff and skill mix. Management described how they roster staff based on consumer priorities to support service delivery. Consumers said staff were respectful, kind and caring and provided examples of how staff provide effective personal care which is gentle and respectful. All staff were able to provide examples to demonstrate how they treat each consumer respectfully and were aware of their individual preferences.

Most consumers and representatives interviewed were satisfied staff providing care and services were competent to effectively perform their role. However, one consumer provided an example of staff not having the skills to support their specific needs which the assessment team discussed with management. All staff recruited have appropriate qualifications and are provided with a position description to support them in their roles on commencement to ensure competency.

Processes support the recruitment and training of staff to ensure safe and effective service delivery. Management advised all staff recruited have appropriate qualifications and undertake further training during induction and orientation. Staff confirmed ongoing training being provided including on the code of conduct and elder abuse. Staff and volunteers are provided with a range of handbooks to support them in their roles and police checks are undertaken on commencement and based on a set schedule for internal staff and volunteers.

The performance of the workforce is regularly monitored and reviewed, and management were able to describe the process. A newly employed staff member described being supported through buddy shifts and undertaking probationary supervision. Documentation viewed showed performance appraisals are undertaken and the performance plan includes staff goals, training needs, and other projects the staff member may undertake.

Based on the evidence documented above, 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. | Not 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. | Not 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. | Not 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 Assessed |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirements (3)(b), (3)(c) and (3)(d) are non-complaint.

Requirement (3)(b)

The assessment team recommended requirement (3)(b) not met as the service was not able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The following evidence was considered relevant to my decision;

* The service has contracts with brokered service providers however the program does not have processes to monitor the brokered providers. Information on incidents, complaints and feedback provided by consumers to brokered service providers is not communicated to the governing body. Management advised that they would be commencing monitoring of the brokered service providers following the Quality Review.
* The service does not maintain an incident or complaints and feedback register to support effective reporting to the governing body.

Based on the assessment team’s report, I find the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. I have considered the governing body has not sought feedback and monitored brokered service providers to ensure brokered service providers are delivering safe and quality care and services. In addition, I have considered that whilst the service provides a report to the governing body this report is brief and does not adequately inform the governing body of undertakings within the service.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance non-compliant.

Requirement (3)(c)

The assessment team recommended requirement (3)(c) not met as the service did not demonstrate effective organisation wide governance systems relating to continuous improvement, regulatory compliance and feedback and complaints. The following evidence was considered relevant to my decision;

* In relation to regulatory compliance, whilst management described processes to monitor changes in regulatory compliance, the service does not monitor police clearances for brokered service providers and was not aware of statutory declaration requirements for staff and volunteers who have resided overseas.
* In relation to feedback and complaints, the council does not receive reports on trends in complaints and feedback.
* In relation to continuous improvement the service does not have a continuous improvement plan.

The assessment team also outlined evidence of the service being able to demonstrate aspects of the requirement, specifically information management with the service having effective information management systems in place, financial governance with appropriate processes in place in relation to fees and financial oversight, and workforce governance with all staff having position descriptions and staff having access to a human resource department.

Based on the assessment team’s report, I find the service did not demonstrate effective organisation-wide governance systems relating to continuous improvement and feedback and complaints.

In relation to continuous improvement, I find the service does not have a continuous improvement plan and a process to check their progress in making improvements in care and service delivery.

In relation to feedback and complaints, I have considered evidence documented in Standard 6 requirement (3)(d) which demonstrates whilst feedback is addressed the feedback is recorded in the consumer’s documentation impacting on the organisation’s ability to monitor and identification of trends. This information has been considered in this requirement as the deficit is related to the feedback and complaints system and specifically the ineffective process of recording feedback in consumer’s care documentation to support effective identification and monitoring of trends whilst noting the service has a large cohort of consumers.

In relation to regulatory compliance, I find the service has an effective process to ensure staff are aware of their legislative responsibilities and in relation to staff not monitoring police checks of brokered service providers, this has been considered in requirement (3)(b) in this Standard as the deficit related to the governing body not ensuring effective monitoring processes exist for brokered service providers.

I find the service was able to demonstrate effective organisation wide governance processes in relation to information management, financial governance and workforce governance as detailed in the assessment team’s evidence.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

Requirement (3)(d)

The assessment team recommended requirement (3)(d) not met as the service did not have an incident register to support the effective use of the incident management system and risks impacting the service were not identified and recognised as the service does not have a service specific risk register. The following evidence was considered relevant to my decision;

* The CHSP program does not maintain a risk register. Potential and actual risks are not documented or reviewed by management.
* The CHSP program does not maintain an incident register. Potential and actual incidents are not reviewed by management.

The assessment team also included evidence of effective risk management systems and practices with evidence of an incident of potential abuse / neglect being addressed and consumers confirming the services they receive support them to live the best life they can.

Based on the assessment team’s report, I find the service was not able to demonstrate effective risk management systems and practices and specifically in relation to managing and preventing incidents, including the use of an incident management system and identifying and responding to abuse and neglect of consumers.

In relation to managing and preventing incidents and using the incident management system, I find this system is not effective as a clear process was not demonstrated to identify, record and monitor incidents to support effective use of the incident management system. I have considered that an effective incident management system ensures appropriate safeguards around the delivery of care and services which was not demonstrates as the service did not have an effective incident management system. Whilst evidence of one incident was detailed in relation to responding to abuse and neglect of a consumer, I have considered the one incident in the context of the size of the consumer cohort and limited evidence to demonstrate all potential incidents are being recognised and addressed. I have placed weight on this aspect of the requirement when making my decision. I have also considered the service has not considered service specific risks including developing a service specific register with relevant strategies to mitigate identified risks.

In relation to supporting consumers to live the best life they can and management of high-impact and high-prevalence risks impacting consumers, I have considered evidence documented in Standard 1 Consumer dignity and choice requirement (3)(d) where it was found consumers are supported to take risks and evidence in requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers where risks are identified to support care planning and service delivery including high-impact risks associated with falls.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**In relation to all other requirements,** consumers and representatives are engaged in the development, delivery and evaluation of care andservices and are supported in that engagement. Consumers and representatives described how they have provided feedback through a recent survey and were satisfied with the care and services provided. The survey identified consumers and representatives were not aware of complaint processes and an improvement was initiated and completed.

The assessment team did not assess requirement (3)(e) as the service does not provide clinical services. I would encourage the provider to consider implementing a clinical governance framework as the service provides personal care and Standard 3 Personal care and clinical care was assessed as part of the Quality Review.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with requirement (3)(a) in Standard 8 Organisational governance.

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)