Performance

Report

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| Name of service or service group: | Performance report date: |
| Southern Midlands Respite Care Service | 1 July 2022 |
| Commission ID: | Activity type: |
| 300483 | Quality Audit |
| Home Service Provider: | Activity date: |
| Tasmanian Health Service | 30 May 2022 to 1 June 2022 |

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 Southern Midlands Respite Care Service (**the service**) has been prepared by A. Grant delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

* CRCS - Centre-based Respite, 4-227GUOB, 13 Church Street, OATLANDS TAS 7120
* Domestic Assistance - Community and Home Support, 4-7XBE9OV, 13 Church Street, OATLANDS TAS 7120
* Personal Care - Community and Home Support, 4-7XC77FH, 13 Church Street, OATLANDS TAS 7120
* Transport - Community and Home Support, 4-7XC77SF, 13 Church Street, OATLANDS TAS 7120

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Assessment Team 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 June 2022.

# 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 | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not 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.

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| 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. |
| 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. |
| 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   includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. |
| 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. |
| 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. |
| 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. |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. |
| 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. |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. |
| 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. |
| 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   managing and preventing incidents, including the use of an incident management system. |

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers interviewed by the Assessment Team all stated they are treated with dignity and respect by staff and feel staff and management deliver care and services with respect and consideration. Consumers interviewed by the Assessment Team stated they are able to exercise choice and independence and make their own decisions regarding the way their service is delivered, and who they would like to be involved in their care.

Consumers interviewed by the Assessment Team all stated that information is readily available from the service when they need. Consumers interviewed stated they receive information initially in a welcome pack. The pack includes a handbook for clients with services provided, a breakdown of what each service includes, fees, intake process, charter of aged care rights, complaint procedures, information about advocacy services and interpreters, and the visiting services available.

Staff interviewed by the Assessment Team provided examples of how they understand each consumers’ culture and diversity and stated they are respectful of consumers’ possible cultural differences. Staff interviewed by the Assessment Team stated they have completed training which includes mandatory modules on Cultural Awareness (Aboriginal and Torres Strait Islanders), as well as modules covering Culturally and Linguistically Diverse (CALD) backgrounds.

Management interviewed by the Assessment Team described the importance of understanding consumers’ background and values to ensure care and services meet their needs and preferences. Evidence analysed shows the service is monitoring changes in the community and will reflect these changes with the care and services provided. Management stated during interviews that the service has not received any complaints about disrespectful treatment of consumers.

The Assessment Team analysed evidence which showed policies and training records indicate that consumer identity, culture and diversity is considered during service delivery. Evidence analysed showed documentation generally identified consumers’ ethnicity, religion interests and language, are taken into account in the initial commencement assessment.

The Assessment team analysed evidence which showed access to electronic records in the information management system requires employee credentials and a password protected VPN and access to the office area at the centre is via a door with a coded lock. Evidence analysed showed the service has privacy, confidentiality and security of information policies and procedures in place and are covered as part of mandatory training.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | Not Compliant |
| 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| 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. | Not Compliant |
| 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| 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

The Assessment Team analysed evidence which showed the service does not have robust processes and procedures to effectively conduct, across all service offerings, timely assessment and planning for consumers. Evidence analysed showed consumer files do not consistently reflect the completion or review of individual consumer assessments or care planning to deliver safe and effective services. The Assessment Team interviewed a staff member who was able to describe consumer assessment and planning processes for domestic and personal care services, however evidence showed this is not consistently applied to users of the transport and day respite centre services.

The Assessment Team analysed evidence which showed domestic assistance and personal care consumers have current assessments and care plans, while transport and day respite centre consumers do not routinely participate in assessments to inform the development of consumer care plans. Evidence analysed showed where day centre respite care plans have been developed they have not been reviewed within the service protocol of 12 months.

The Assessment Team analysed evidence which showed the service was unable to identify or access assessment or care planning policies or procedures. Management stated during interviews with the Assessment Team staff are aware of what to do, although it is not documented.

The Assessment Team analysed evidence which showed the service does not routinely collect information regarding consumers who may be diagnosed with a health condition, for example dementia, swallowing difficulties or diabetes. The Assessment Team analysed evidence which showed six of seven, day respite centre and transport files contained inconsistencies in assessment and care planning. For example:

* Consumer 1’s care plan has not been not reviewed/re-assessed since 13 October 2020, in addition to no goals being recorded for Consumer 1.
* Consumer 1's file contained two signed and dated 21 January 2020 and 13 October 2021, client health summary request forms, (used to provide referrals for consumers), the forms absent of information and what action was taken.

The Assessment Team analysed evidence which showed the service does not have consistent, robust assessment and planning processes and procedures to identify consumer goals, across all service offerings. Consumers and representatives interviewed by the Assessment Team expressed satisfaction with the services provided however consumer files did not consistently identify and record consumer needs, goals or preferences. Staff interviewed by the Assessment Team were unable to demonstrate consistent application or identification and recording of consumer goals across all service offerings.

The Assessment Team analysed evidence which showed the service does not routinely record consumers preferred domestic assistance or personal care schedule day, or time of visit in their file. For example:

* + Consumer 2 receives domestic assistance of 60 minutes per week, including cleaning duties, bed making, laundry and other tasks. The Assessment Team reviewed Consumer 2’s file and found there is no actual day or time recorded to inform her preference for service delivery. Management stated during an interview the day and time of visit is not recorded as it changes frequently due to staffing issues.

The Assessment Team analysed evidence which showed the service has paper-based documentation, which can accommodate consumer goals, needs and preferences but this information is not always completed, across all service offerings. The Assessment Team reviewed eleven consumer files and identified four consumers of the eleven do not have their goals recorded.

During Interviews with consumers and representatives the Assessment Team obtained statements which showed some consumers and representatives were unable to recall involvement with assessment and care planning. The service does not have robust assessment and planning systems and procedures, across all service offerings.

The Assessment Team analysed evidence which showed assessment and care planning is not consistently undertaken across all service offerings, in particular the day respite centre and transport, the service was unable to demonstrate on-going partnership with others, in particular consumers and representatives, in assessment, review and planning.

The Assessment Team analysed day respite centre and transport consumer files in which six of seven, did not include evidence of assessment and care planning. As a result, the service was unable to demonstrate ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of care and services.

The Assessment Team analysed evidence which showed the assessment and care planning is not consistently undertaken across all service offerings the service was unable to demonstrate documented consumer assessment and outcomes in all consumer files. As a result, the service does not have a care and services plan that is readily available to all consumers or their representatives. Evidence analysed showed six of eleven consumer files reviewed did not include a consumer care plan. Evidence analysed showed the service does not have policies or procedures to guide staff in the need for the development of a consumer care plan or for consumers or representatives to have access to a care plan. Consumer 5’s representative said her mother has a care plan from her primary provider, although does not recall having discussions with Southern Midlands regarding assessment or care planning.

During Interviews with consumers and representatives the Assessment Team obtained statements which showed while staff explain changes in their services to them, they were not aware of having been reviewed or re-assessed. Evidence analysed showed the service does not have robust consumer review or re-assessment processes, procedures and guidelines across all service offerings. Evidence analysed showed the service does not consistently assess, and subsequently utilise assessment tools to determine changes to consumer needs and preferences, across all service offerings.

The Assessment Team analysed evidence which showed the service does not have policies or procedures to guide staff in the need to regularly review transport or day respite centre consumers for effectiveness, and when circumstances change or when incidents impact on their needs, goals or preferences. For example:

* + In December 2021, consumer 7 fell out of the passenger seat of the transport car. While the incident was recorded in the service incident register, and a meeting was conducted with volunteer drivers, no further action was taken.
  + There are no guidelines for staff to determine under what circumstances a consumer review or re-assessment might occur and the procedures to undertake the review or re-assessment.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as five of the five requirements have been assessed as not compliant.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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 interviewed by the Assessment Team expressed satisfaction with the personal care services they receive. The Assessment Team analysed evidence which showed consumers receive services that are delivered to meet their needs to optimise their health and well-being.

Consumers and representatives interviewed by the Assessment Team stated the service is responsive to any support they require. The Assessment Team analysed evidence which showed the service documents include progress notes and makes changes, in conjunction with other service/s responsible for the consumers care.

Consumers and representatives interviewed by the Assessment Team stated staff demonstrated a good understanding of infection control practices when delivering services to them. Staff demonstrated a good understanding of the need to adhere to contemporary infection control protocols.

Staff interviewed by the Assessment Team stated they draw on their intimate knowledge of individual consumers when providing services. Staff also stated during interviews they refer to consumer documentation, where applicable. The Assessment Team noted staff demonstrated a good understanding of what to do in the event of a consumer incident.

Staff interviewed by the Assessment Team stated they use the consumer visit signing sheet, to identify any changes in the consumers health or general well-being and they would ring the service office to notify management of the changes.

The Assessment Team noted during the Quality Review staff demonstrated they were aware of what to do, if they identified a consumer condition, needs or preferences had changed. The Assessment Team interviewed staff who stated due to the nature of their service delivery they often rely on the consumer or their representative to inform them of any changes.

The Assessment Team interviewed management, during these interviews’ management stated staff have access to a range of Tasmanian Health Service training and information, including mandatory topics which reflects contemporary practices.

The Assessment Team noted statements from management which show where a consumer is identified as deteriorating the matter is discussed with them, which may, with the consumer or representative consent, result in a recommendation that the consumer seek assistance from medical practitioner or make contact with another service provider.

The Assessment Team noted statements from management which showed the service routinely notifies staff of any changes via a staff electronic messaging system, and conducts one to one and group meetings, where changes to consumers are discussed. Management stated to the Assessment Team the service operates a ‘staff information folder’ which is located in the staff sitting area and staff pigeon holes for specific individual notices.

The Assessment Team reviewed personal care consumer files and noted consumer progress notes reflect the consumers were receiving the services and support required to meet their needs and preferences.

The Assessment Team analysed evidence which showed Referrals to and from various sources were identified in consumer files and were included in the consumer paper-based records. Referrals include emails, and formal letter head documentation from other providers, where applicable. Evidence analysed showed the service engages with a range of other service providers including community nursing, palliative care, equipment suppliers and the adjacent regional hospital/aged care service.

The Assessment Team analysed evidence which showed the service demonstrated robust practical infection control practices including initial and on-going staff screening and the provision and application of infection control practices and equipment. The Assessment Team noted observing staff in the service office adhering to infection control practices, such as wearing face masks and routinely sanitising their hands as well as utilising and directing visitors to the electronic infection control screening device. During the Quality Review the Assessment Team observed ample supplies of a range of infection control equipment including gloves, eye goggles, aprons, and spills kits in both the day centre and on the transport bus. Management stated during interviews the service has access to additional equipment via the Tasmanian State Health service, if required.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as compliant as six of the six applicable requirements have been assessed as compliant. Requirement 3(3)(c) is not applicable and has not been assessed.

# Standard 4

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| Services and supports for daily living | | Not Compliant |
| 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. | Not Compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Select consumers and representatives when interviewed by the Assessment Team expressed concern regarding consumers not being able to attend the day respite centre and the impact this is having on consumer well-being and quality of life. Consumers and representatives stated during interviews with the Assessment Team the closure of the day respite centre had impacted on consumers emotional well-being. Evidence analysed by the Assessment Team showed the service does not have processes and procedures to identify supports for daily living to promote individual consumers emotional, spiritual and psychological well-being. Evidence analysed showed service does not have processes and procedures to undertake day respite centre consumer assessments or care planning to identify and subsequently optimise their well-being and quality of life.

The Assessment Team analysed evidence which showed activities of the Southern Midlands Respite care service are supported by two staff, namely, the day centre co-ordinator, who is currently on leave, and the respite centre support worker who resigned, although has not been replaced. Management when questioned were unable to identify when it will re-open.

The Assessment Team interviewed consumers and representatives and when asked questions surrounding the closure of the day respite centre the following statements were made:

* Consumer 7 when interviewed by the Assessment Team stated ‘she is not very happy with the day centre’. It is important being with the group of people that is there, very friendly nice people. She gets morning tea, lunch and afternoon tea and bingo, ‘beats sitting at home watching the box’.
* Representative 1 stated when interviewed by the Assessment Team Consumer 8 gets very lonely and isolated. She can’t drive and finds it difficult.’ She has become a prisoner in her own home, lonely and detached from society, demotivated and nothing really to get up for’.
* Representative 2 stated when interviewed by the Assessment Team ‘Consumer 9 is missing out on attending the day centre and he finds it a bit lonely. He is bored and sleeping all the time. Subsequently he is having trouble sleeping at night because he is sleeping all day.’
* Consumer 10 stated when interviewed by the Assessment Team she misses the day centre as she doesn’t seem to have anything to do. ‘It’s causing some distress as she enjoyed seeing people and having a meal’.

The Assessment Team analysed evidence which showed the service was unable to demonstrate what alternative actions had been taken to support participants of the day respite centre since its closure. Evidence showed the service does not routinely conduct surveys, audits or meetings to determine consumer satisfaction with the services provided.

The Assessment Team interviewed consumers who described being supported to maintain contact with the people important to them. Evidence showed the service supports consumers to maintain social relationships including maintaining contact with the wider Oatlands community. Evidence analysed of the service meeting this requirement includes; Staff when interviewed described assisting consumers into social support groups, conducting routine telephone calls and providing access to outings and where a consumer is identified as not having attended the day respite centre the service conducts routine welfare check phone calls.

Statements obtained by the Assessment Team during interviews with representatives showed they are satisfied consumers’ needs and preferences are communicated within and with others where responsibility of care is shared. The Assessment Team analysed evidence which showed consumer documentation communicates the condition, needs and preferences of the consumer within the organisation and with others where care is shared. When interviewed by the Assessment Team staff demonstrated an understanding of the need to communicate consumer needs and preferences within and outside the organisation, where required.

The Assessment Team interviewed consumers and representatives who expressed a high level of satisfaction with the meals, including the variety, quality and quantity. The service operates a twice weekly day respite centre luncheon, which includes a hot fresh cooked, two course main meal and dessert. Staff and volunteers said the consumers enjoy the meals. Evidence showed the service operates a seasonal 4-week lunch menu, which includes 2 hot lunch options and alternatives such as sandwiches and salad. Evidence analysed showed the menu has been reviewed by a dietician.

The Assessment Team interviewed consumers and representatives and obtained statements to show the service has adequate supplies of activity related equipment which is safe, clean and generally well-maintained. Consumer 8 stated ‘the day centre has ample supplies of equipment to provide a variety of activities.’

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as two of the seven requirements have been assessed as not compliant.

# Standard 5

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| Organisation’s service environment | | Not Compliant |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant |

## Findings

The Assessment team interviewed Consumers and representatives who provided positive feedback regarding the layout and functionality of the service. The Assessment Team noted the service was observed to be welcoming and offers a large communal space that optimise consumer engagement and interaction. Staff and volunteers described when interviewed how they make consumers feel welcomed by providing a warm, home like environment. Evidence of the service meeting this requirement includes; the twice weekly, Tuesday and Thursday, day respite centre activity and lunch event which has been suspended since 9 May 2022, due to staff shortages. Evidence showed consumers of the twice weekly day respite centre activity and luncheon event arrive via the spacious and secure car park and subsequent main entrance to the building.

Consumers and representatives interviewed stated the environment is welcoming and the environment is nice do undertake crafts and activities within. The Assessment Team noted the service environment is a light, spacious room with kitchen facilities and bathrooms within easy access.

Consumers and representatives interviewed expressed a high level of satisfaction with the service environment with the following statements being made; the service environment is clean, comfortable and enables free movement indoors and out. The Assessment Team noted the service building contains a number of offices and allied health treatment rooms. Staff and volunteers interviewed by the Assessment Team stated the environment is always kept clean, well maintained and comfortable.

When interviewed staff clearly explained the process of notifying management when maintenance or comfort issues are identified, which are in the main, attended to in a timely manner. Evidence analysed by the Assessment Team showed the environment is subject to routine building and emergency maintenance inspections and the Assessment Team observed operating exit lights and fire extinguishers and lighting and heating/cooling system to be in good order. Evidence showed the environment is monitored and managed by the organisations central office personnel including scheduled and reactive processes, including checks and maintenance conducted by internal and external, qualified trades and services personnel.

During the Quality Review the Assessment Team did identify and analyse evidence to show the service does not have robust processes and/or procedures to ensure all equipment and supplies in the day respite centre are maintained and suitable for consumers. During observations of the environment the Assessment Team identified small electrical items past their due test date, a number of packaged food items past their best before date, equipment and supplies stored incorrectly or in disrepair, and the service transport/outing bus has had not been re-accredited. A sample of evidence to support this finding is below:

* The Assessment Team located four small electrical items past their test due date. Management stated they are notified of routine test and tag events and as such are requested to place electrical items on tables and benches.
* The Assessment Team located equipment and supplies stored on top of cupboards and shelves in a dishevelled manner representing a potential risk to consumers and staff.
* The Assessment Team identified the service transport/outing bus has not been accredited since 2018. Management said the bus is used by both the day respite centre and the adjoining hospital/aged care facility.
* Staff stated during interviews the tap ‘boiler’ in the day respite centre kitchen has been broken for some time and although requests have been made for it to be repaired a number of times, it remains broken.

In response to this feedback management stated they will introduce a monthly checklist to include electrical item testing and tagging, food packaging and use by dates and general equipment serviceability/useability checks.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the three requirements have been assessed as not compliant.

**Standard 6**

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

## Findings

The Assessment Team interviewed consumers and representatives who stated they are encouraged to provide feedback during service activities by staff and management, directly to staff, volunteers and management. During interviews with the Assessment Team staff and volunteers described the steps they take to ensure feedback is escalated accordingly.

The Assessment team analysed evidence which showed written information encouraging feedback and complaints is provided to consumers at service commencement in a welcome pack (including the Charter of Aged Care Rights and do you have a concern or complaint brochure); brochures are on display in the centre, and a reminder is routinely reiterated in the quarterly newsletter distributed to consumers and representatives. The Assessment Team noted many recent cards and letters from consumers expressing thanks and appreciation for the service provided.

The Assessment Team interviewed consumers and representatives who stated they are made aware of, and could access advocacy and language services if required, however they have not felt they require these services. Evidence showed consumer information packs include advocacy details and staff stated during interviews that they reiterated advocacy information to consumers.

The Assessment Team analysed evidence which showed written information, pamphlets and information sheets, about advocacy and interpreter services is provided to consumers at service commencement in a welcome pack. Evidence analysed showed posters publicising the Older Persons Advocacy Network (OPAN) are displayed prominently in the community centre and the pamphlets and brochures are readily available at the centre.

The Assessment Team interviewed management and staff who were able to describe how appropriate action is taken and how open disclosure is used when something goes wrong. Management and Staff advised during interviews that feedback, concerns and complaints are responded to in a timely manner, however there were no recent complaints to demonstrate the practice. The Assessment Team analysed evidence which showed complaints are actioned in a timely manner and the principles of open disclosure principles are practiced in during resolution. During interviews with the Assessment Team management described how complaints are managed through an electronic reporting and monitoring system which identifies who is involved in the investigation and response, and the timeframe to close the complaint, based from a risk matrix.

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

**Standard 7**

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| Human resources | | Not Compliant |
| 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. | Not Compliant |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Assessment Team analysed evidence which showed the service was not able to demonstrate the workforce is planned to enable, the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. During the Quality Review the Assessment Team noted management statements of, and documentation showed ongoing staff shortages to enable the service to fill required shifts. During Interviews with the Assessment Team consumers stated they are aware of current staff shortages and the impact on their care and services. Management stated to the Assessment Team they are attempting to address the shortage by recruitment of staff, however no intermediate action has been developed. A sample of evidence to support this observation is below:

* During an interview with the Assessment Team Consumer 11 stated she has a cleaner come once a week, for 1 hour, and this hasn’t occurred for nearly 3 weeks. Consumer 11 stated the service has been in contact with her and domestic services would start again after 30 May 2022.
* The Assessment noted the day respite centre, which usually operates every Tuesday and Thursday of the week has not been open to consumers, due to the shortage of staff. Management stated to the Assessment Team the day centre coordinator is on personal leave and the respite support worker role remains vacant. The Assessment Team noted this is directly impacting several consumers who regularly use this service to maintain social support. Management stated to the Assessment Team there is no way to fill the positions on a short‑term capacity.
* The Assessment Team analysed evidence which showed 24 shifts remained unfilled between 3 May and 31 May 2022. This included 10 administrative shifts, 7 day centre coordinator shifts and 7 respite support worker shifts. The day respite support worker role remains unfilled and the centre-based respite coordinator is on personal leave.

Management stated to the Assessment Team they are aware of the relatively small size of their workforce and the distinct detrimental impact of not having staff available. Management stated the service currently has 5 of 11 staff on personal leave and 1 position remains unfilled. Management stated there is no interim plan in place to ensure continuity of service to consumers and the program area manager is currently on annual leave and due to return to work mid‑June 2022. Management stated workforce strategies will be discussed on his return.

The Assessment Team interviewed consumers and representatives who stated that staff and volunteers are kind, caring, respectful and know what they are doing. Consumers stated that staff take an interest in them, their circumstances and their background. Staff interviewed by the Assessment Team were familiar with treating each consumer as an individual and understanding the needs of the consumers to whom they deliver services. Evidence analysed showed the service has a range of material available to support staff to understand diversity within the community.

The Assessment Team interviewed consumers and representatives who stated they felt staff and volunteers were competent and effective at performing their duties. The Assessment Team noted management demonstrated that the workforce is competent, qualified and has the knowledge to effectively perform their roles. The Assessment Team noted the service’s recruitment, onboarding and development assessment processes ensure that the workforce is qualified and competent to perform their role. Management described during interviews with the Assessment Team how they ensure staff have appropriate qualifications, including registrations as part of their monitoring process.

The Assessment Team analysed evidence which showed the service recruits staff based on their qualifications, skills and knowledge for their role, delivers relevant training and development, and maintains the currency of credentials. For example, Community Care Support Workers’ files include the Certificate level III in Community Services (Aged Care), which is the minimum requirement for the role.

Evidence analysed by the Assessment Team showed staff performance is monitored in an ongoing capacity and during annual performance appraisals. Management reported that annual performance appraisals are used to identify behaviours and conduct, training needs and other development opportunities. Staff interviewed by the Assessment Team confirmed they were supported in their performance review process.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as one of the five requirements have been assessed as not compliant

**Standard 8**

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| --- | --- | --- |
| Organisational governance | | Not Compliant |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant |
| 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 |
| 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 |
| 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 |
| 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

The Assessment Team analysed evidence which showed the service was unable to demonstrate that consumers are encouraged to participate in the development, delivery and evaluation of services. During Interviews with the Assessment Team consumers stated that they are regularly invited to provide feedback or complaints however, they have not been fully engaged in the development, delivery or evaluation of their services.

Management reported during interviews with the Assessment Team that complaints received feed into changes in the service delivery. However, there are no recent feedback and complaints documented in the electronic system and therefore the system is not useful for monitoring, trending or evaluating the consumers' experience of the service. Evidence analysed shows the service does not currently seek ongoing feedback from consumers.

Management reported during interviews with the Assessment Team that a survey form is currently being developed for distribution to consumers and representatives, evidence showed management are not able to currently demonstrate an effective method of engaging consumers in the development, delivery and evaluation of their care and services.

**Information management**

The Assessment Team noted consumer files, which are paper‑based included a range of standardised templates of various versions, for example, an individual assessment form, which is used for personal care to capture information about the consumer. Evidence analysed showed while details such as country of birth, ATSI identification, religious background were included, there was no inclusion of whether consumers identify with the LGBTQI cohort. Management are aware of this and an improved form is being developed.

The Assessment Team noted information systems are a combination of paper‑based files and electronic filing and information sharing systems. Evidence analysed showed staff files were comprehensive and included evidence of suitable qualifications, training and development for the roles they undertake.

The Assessment Team analysed evidence which identified care files containing consumers information are not always revised in line with changes to their health. Management acknowledged the deficiencies in consumer reassessment, care planning and review processes and documentation during interviews with the Assessment Team.

**Continuous improvement**

The Assessment Team analysed evidence which showed the organisation did not demonstrate that an effective continuous improvement system and processes are in place to assess, monitor and improve the quality and safety of care and services provided by the service. Evidence analysed showed while management demonstrated the existence of the Quality Improvement register on the feedback and complaints electronic system, management could not demonstrate using it to drive the continuous improvement process.

The Assessment Team analysed evidence which showed the service was not able to demonstrate effective risk management systems and practices to identify, assess and manage risks to consumer’s health, safety and well-being. Evidence analysed showed the service did not demonstrate effective consumer risk assessments are undertaken, and subsequent documentation of risks and management strategies. Evidence analysed showed while staff and management reported knowledge of the risks associated with consumers receiving services, such as risk of falls and social isolation, management confirmed during interviews with the Assessment Team that a formalised risk assessment framework and protocol needs to be developed.

The Assessment Team analysed care files which identified consumers information is not always revised in line with changes to their health. During Interviews with the Assessment Team management acknowledged the deficiencies in consumer reassessment and review documentation.

Management advised the Assessment Team that abuse, and neglect of consumers would be identified and responded to through monitoring and assessment of consumers. Management stated consumer feedback and staff training would assist to identify abuse and neglect of consumers. The Assessment Team analysed training records and conducted staff interviews which did show that staff complete Elder Abuse training, and information packs provided to consumers are evidence that the service equips staff and consumers to identify and respond to elder abuse.

The Assessment Team analysed evidence which showed the service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Evidence analysed by the Assessment team showed the service has appropriate protocols, and electronic systems in place to provide pathways for service management and staff to follow in-regards to providing care and services. Evidence analysed showed the service has protocols for the safe, effective care of consumers, including requisite staff qualifications and training. Evidence analysed showed the online system provides access to mandatory training in cultural awareness, Work Health Safety, First Aid, as well as the clinical governance framework, Charter of Aged Care Rights and code of conduct for employees.

The Assessment Team analysed evidence which showed the service demonstrated it has an effective clinical governance framework. Evidence analysed showed the service has a framework for minimising the use of restraint and using open disclosure.

The Assessment Team analysed evidence which showed the service adheres to Tasmanian Health’s suite of policies and procedures including staff guidance on restrictive practices and open disclosure. Evidence analysed showed the service demonstrated a system which acknowledges fault and involves consumers in the investigation and resolution of complaint.

It is noted that the service responded proactively to the assessment teams’ findings and planned/already implemented corrective action, however, at the time of the quality review, the service was not able to demonstrate compliance with these requirements.

The Quality Standard for the Commonwealth Home Support Programme service is assessed as not compliant as three of the five requirements have been assessed as not 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-2)