**Performance**

**Report**

**1800 951 822**

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| Name of service: | Southern Shoalhaven Multi Service Outlet |
| Service address: | 1/78 St Vincent Street ULLADULLA NSW 2539 |
| Commission ID: | 200565 |
| Home Service Provider: | Southern Shoalhaven Zone Meals on Wheels Incorporated Association |
| Activity type: | Quality Audit |
| Activity date: | 22 June 2023 to 29 June 2023 |
| Performance report date: | 20 September 2023 |

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

**This performance report**

This performance report for Southern Shoalhaven Multi Service Outlet (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24805, 1/78 St Vincent Street, ULLADULLA NSW 2539

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 18 July 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 4(3)(a), Requirement 4(3)(b) & Requirement 4(3)(c)
* Ensure each consumer gets safe and effective services that meet the consumer’s needs, goals, and preferences.
* Ensure that services & supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* Supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them.
* Communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required.
* Requirement 6(3)(a), Requirement 6(3)(c) & Requirement 6(3)(d)
* Ensure the workforce is trained and provided with education to ensure they know how to contact advocacy and language services and staff are able to describe how they assist consumers to communicate issues and make complaints via advocates and using interpreters.
* Ensure the service encourages complaints and continuously asks consumers for feedback and provides the organisations governing body the feedback in a timely manner.
* Ensure the organisation is uses information from complaints to make improvements to safety and quality systems and regularly reviews and improves the management of complaints.
* Requirement 7(3)(a), Requirement 7(3)(c), Requirement 7(3)(d) & Requirement 7(3)(e)
* Ensure staffing levels are appropriate to ensure all supports and services can be delivered in a safe and timely manner.
* Ensure annual performance appraisals for staff are undertaken.
* Ensure ongoing training in complaints and feedback, including open disclosure; SIRS; or abuse and neglect.
* Requirement 8(3)(a), Requirement 8(3)(c) & Requirement 8(3)(d)
* Documenting in the continuous improvement plan changes made because of feedback, complaints, or surveys
* Presenting to the Management Committee, current consumer feedback and complaints, or how the service is developing and actioning continuous improvement of consumer services and supports
* Providing training to staff and volunteers on abuse and neglect
* Ensure the service has effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement.

* Ensure the service has embedded systems and process to assess, monitor and improve the quality and safety for the care and services provided by the organisation.
* Ensure the service has a plan for continuous improvement and check the progress against this plan to improve the quality and safe of care services.

(iii) financial governance.

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities.

* Ensure the service has in place systems and processes to make sure the organisation has enough skilled and qualified members of the workforce.

(v) regulatory compliance.

(vi) feedback and complaints.

* Ensure feedback and complaints systems actively look to improve the results for consumers. The system used is relevant and proportionate to the range and complexity of care.
* Requirement 8(3)(d)
* Ensure the service has risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers.

(ii) identifying and responding to abuse and neglect of consumers.

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

# 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 interviewed indicated they are treated with dignity and respect, can maintain their identity, and make choices regarding their care and services to live the life they choose.
* Several consumers described in various ways how the service treats them with dignity and respect, and they are confident staff know their identity, culture and background and support them to do things that are important to them.
* Consumer A’s representative interviewed stated the service support her mother to participate in a social group and participate in daily activities when and how she likes to.
* Most staff interviewed indicated they promote a culture that is inclusive, supports consumers to exercise choice, independence, and respects the consumers privacy.
* Staff interviewed advised if a consumer has specific dietary requirements associated with their cultural background, they will support the consumer to ensure the meals provided are appropriate and meet their needs.
* Staff interviewed they are guided by consumers when planning meals or social services.
* Staff interviewed said all information management systems are password protected and they provide information to volunteers on a need-to-know basis.
* Review of documentation supported the evidence presented above demonstrating the service promotes and supports consumer dignity and choice.
* Care plans sighted by the Assessment Team demonstrated all relevant consumer personal information was included and utilised by staff when providing care and services.
* The risk management procedure sighted outlined the process undertaken when a consumer chooses to take risk and the services response to the consumer clearly and easy to understand.
* Consumer files sighted demonstrated that privacy and confidentiality is discussed during the intake process and privacy consent forms are endorsed and signed by the consumer.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 1 demonstrates the service has:
* Updated website to reflect the inclusion of the Aboriginal and Torres Strait Islander Aged Care Program.
* Client Consultation Policy and Promotion of Service Policy has been developed and implemented.
* Client and Volunteer Handbook has been reviewed and updated as required.

Based on the evidence summarised and the response provided by the service inclusive of actions taken, I find the service compliant with Standard 1 of the Aged Care Quality Standards as six of the six applicable requirements have been found compliant.

# Standard 2

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

Findings

* Consumers and representatives interviewed indicated they are involved in the intake, assessment, and planning process and were able to have their families or representatives present if they wish to.
* Consumer B stated her, and her partner receive meals deliveries and undertake planning assessments together as they like to receive the same meals and have an easy planning session.
* Consumer C stated the assessment process was efficient and he receives the services he requires. However, has not receiving or sighted a copy of his care plan.
* Consumer D advised he has been receiving services for over 10 years and recalls only having a “couple” reviews.
* Staff and Volunteers interviewed in various ways described how they support the ongoing assessment and planning for care and services in partnership with the consumer that is focused on optimising the health and well-being of the consumer.
* Staff interviewed said they obtain enough information about the consumer to deliver care. However, staff advised often specific instructions regrading the delivery of care are not made clear or available to staff.
* Staff interviewed said they keep in regular contact with the consumer to keep them updated regarding their services as they do not receive a copy of their care plan.
* Staff interviewed advised care plans are required to be reviewed at least every twelve months and acknowledged at the time of the Quality Audit several care plans were overdue for review.
* Review of documentation supported the evidence presented above and demonstrated the service has several policies in place to support the ongoing assessment and planning. However, the service did not demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to a consumer.
* At the time of the Quality Audit the service did not evidence a policy and procedure is in place relating to care planning, consumer assessment and advance care planning.
* At the time of the Quality Audit the service did not evidence a care planning policy or procedure is in place to document and communicate the information from the consumer assessment or care plan.
* At the time of the Quality Audit the service did not evidence a care planning policy or procedure that outlined timeframes for review.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 2 demonstrates the service has:
* Advanced care planning or end of life planning and information will be provided as part of the onboarding process.
* New care plans have been established and is being piloted by the service for efficiency.
* The policy booklet has now been amended to include information regarding client assessment and care planning.
* Client Assessment Policy and Client Consultation Policy have been developed and implemented to inform ongoing planning and assessment.
* Care plans have now been reviewed and updated. The newly implemented care plan template has dates for review noted and requires a staff signature upon completion.
* Client Care Planning, Coordination & Case Management Policy and Client Records and Complaint and Appeals Management Policy have been developed and implemented to inform ongoing planning and assessment.

Based on the evidence summarised and the response provided by the service inclusive of actions taken, I find the service compliant with Standard 2 of the Aged Care Quality Standards as five of the five applicable requirements have been found compliant.

# Standard 3

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

Findings

The service is not funded to provide personal and/or 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

* Consumers and representatives interviewed indicated they receive the services and supports for daily living that are important for their heals and wellbeing and enable them to do the things they want.
* Consumer E interviewed said that since living alone, the individual support he receives gives him something to look forward to and reduces his level of anxiety. The Consumer said he enjoys receiving meal deliveries as he was finding grocery shopping for himself increasingly difficult.
* Consumer F said they are always happy with the meals they get and have tried most things on the menu. They said there are lots of options and do not get bored of the selection.
* Staff and Volunteers interviewed described in various ways how they provide safe and effective services and support for daily living that optimise the consumers independence, health, well-being, and quality of life.
* Staff interviewed described the ways they support consumers to ensure that their needs and preferences are met.
* Staff interviewed said they know consumers well and are in frequent contact with consumers to discuss their services and to see if their preferences have changed. However, staff could not identify consumer goals, and these were not documented in any consumer files or care plans.
* Staff interviewed they are aware of the strategies they need to follow to identify mood changes to consumers when they deliver meals to the consumer and the escalation process to be followed to the office to alert management relating to the consumers circumstances. However, staff do not document notes on run sheets regarding the concerns identified in relation to the consumers mood, changes to health or other areas of concern.
* Staff interviewed said they aim to ensure consumers are engaged in their community and doing things of interest to them by researching and customising activities and social groups. Staff said they often receive feedback regarding social groups and activities, the feedback is taken onboard, and staff ensure they accommodate consumers and personalise social groups and activities.
* Management interviewed said they encourage consumers to participate in their community by attending the multiple social groups offered. However, consumers are not currently provided a program with upcoming activities they participate in.
* Staff interviewed demonstrated the understanding of the ability to access information relating to consumer needs and preferences. However, information is not always shared with all parties involved in the delivery of care.
* Staff interviewed said they make referrals to My Aged Care for consumers who require additional services or have requested support in other areas. Staff assist and encourage consumers to contact My Aged Care themselves if they can do so.
* Review of documentation undertaken evidenced the service did not demonstrate:
* Consumer files sighted did not include consumer goals and preferences that will allow them to meet their goals.
* Consumer G care plan evidenced the service has not had a discussion with the consumer to explore their goals and preferences. No information has been documented regarding what activities the consumer would like to complete during their social support or strategies to manage their agoraphobia.
* Policies and procedures are not in place regarding the safe and effective delivery of supports for daily living and supporting consumers to optimise their independence and quality of life.
* Changes to a consumer’s emotional, spiritual, and psychological well-being are not consistently documented and no mitigation strategies are in place.
* Policies and procedures are not in place to guide staff to promote consumer’s psychological, spiritual, and emotional well-being.
* Consumer care plan’s sighted demonstrated the service does not communicate effectively with other parties involved in the consumer’s care. No documented discussion were evidenced by the service.
* Consumer files sighted demonstrated the service makes timely and appropriate referrals.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 2 demonstrates the service has:
* Acknowledged consumer goals and preferences have not been consistently documented and as a result developed a new care plan template that will document consumer goals, preferences, and strategies to support consumers to achieve their goals.
* Acknowledged client notes and run sheets have not been consistently documented and updated and as a result a discussion has been held with staff and volunteers to ensure this is implemented moving forward.
* Feedback and recommendations regarding social groups will be considered in future scheduled social group activities.
* Schedule of social programme has now been distributed to all consumers encouraging them to attend multiple social groups as well as tailor the social activity to the consumers needs and preference.
* Acknowledged communication regrading consumer care is not always shared with other parties. The service has indicated strategies and discussions will be held to improve communication and ensure it is shared with all parties involved.
* Policies and procedures have now been developed and implemented by the service to support and inform the ongoing delivery of care as well as sharing information with other parties.

Based on the evidence summarised and the response provided by the service inclusive of actions taken, I find the service non-compliant with Standard 4 of the Aged Care Quality Standards as three of the six applicable requirements have been found non-compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

* Consumer and representatives interviewed indicated they feel they belong, are safe and comfortable in the service’s environment.
* Consumers interviewed said the service environment including vehicles are clean and comfortable and they can move freely indoors and outdoors.
* Consumer H said that volunteers and staff always welcome them when they arrive for group activities and stated the activity room is always well set up and clean.
* Observations made by the Assessment Team demonstrated the service confirmed the service provides a safe and comfortable service environment that promote the consumers independence function and enjoyment. The Assessment Team observed:
* Activities room to be clean and spacious with no hazards or apparent risk to consumer safety.
* A freezer area used for meals was clean and tidy, clearly labelled and temperature check points were in use.
* Bus used for consumer transport is cleaned by the driver after each use and is stored at a secure bus depot.
* Furnishings in the centre were clean and well maintained.

Based on the evidence summarised and the response provided by the service inclusive of actions taken, I find the service compliant with Standard 5 of the Aged Care Quality Standards as three of the three applicable requirements have been found compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

* Consumers and representatives interviewed said they feel comfortable raising concerns and feedback by contacting the service directly however stated that no information or follow-up consultation is undertaken.
* Consumers interviewed stated the service has not sought their feedback.
* Consumers interviewed advised upon raising a concern or feedback, the service does not provide information regarding the actions undertaken or follow-up with the consumer with a resolution.
* Consumers interviewed said when they have contacted the service with feedback, they are unsure if their feedback is used to improve the services delivered.
* Consumer I said she contacted the service providing feedback on the meals she is receiving and said she is unsure if follow-up action was undertaken as the service did not communicate further with her.
* Staff and Volunteers interviewed in various ways described how they support consumers to provide feedback and access advocacy services. Staff and volunteers interviewed were unable to demonstrate they understood and had knowledge of following open disclosure when required.
* Staff interviewed said they encourage consumers during care plan reviews to provide feedback and advise all information collected is confidential and documented.
* Staff interviewed demonstrated how they support consumers to access advocacy services as well as interpreters when required.
* Staff did not demonstrate understanding of open disclosure however, advised they apologise and work with the consumer when things go wrong.
* Volunteers advised they provide staff at the service with information verbally of any feedback or complaints received during delivery of care however said that this is not documented.
* Review of documentation undertaken evidenced the service did not demonstrate:
* The volunteer and consumer information booklet sighted evidenced information on how the service encourages consumers to provide complaints and feedback and how complaints are handled within the service referencing confidentiality and documenting of records.
* Complaint’s register sighted demonstrated several complaints had been recorded however no record of resolution, or communication with the consumer that is undertaken as part of open disclosure.
* Documentation to demonstrate feedback and complaints are reviewed, and that information receives is used to improve the quality of care and services or is used to identify trends.
* A food quality survey was evidenced by the service however has ceased being distributed to the consumers and was replaced by a suggestion box located in the activities room that was not in use.
* Complaints and feedback are documented in the complaints register; however, no complaints have been documented since September 2022.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 6 demonstrates the service has:
* Acknowledged complaints and feedback are received verbally and not documented. The service has developed and implemented a client management system that is inclusive of recording of complaints and feedback. Staff have received appropriate training to ensure feedback and complaints are adequately documented and actioned.
* Acknowledged staff had not been trained in open disclosure. The service has developed an open disclosure policy that has now been distributed to staff to provide guidance on open disclosure.
* Acknowledged feedback and complaints have not been consistently documented and acted upon. The service has indicated the intent to develop complaints register that will require staff to document all feedback and complaints receive as well as follow a process currently being developed for open disclosure and communication with the service.

Based on the evidence summarised and the response provided by the service inclusive of actions taken and perspective actions that will be taken, I find the service non-compliant with Standard 6 of the Aged Care Quality Standards as three of the four applicable requirements have been found non-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. | Non-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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

* Consumers and representatives interviewed said they know the workforce that provides care to them, the staff are caring and respectful and make them feel safe. All consumers interviewed said that the staff are competent and are effectively performing their roles.
* Consumer J said that the service is efficiently run, and they have never missed a meal.
* Consumer K said that staff and volunteers are competent and always timely.
* Consumers interviewed said volunteers and staff are wonderful, however the service has not sought their feedback on staff performance.
* Staff and volunteers interviewed in various ways provided information relating to significant staffing issues currently impacting the service, were able to provide information in relation to their engagement with consumers that is respectful, kind, and caring. For example:
* Staff interviewed said they feel rushed, understaffed, and advised they are only provided with time to ensure consumers receive the relevant services, however, are not provided with time to ensure information is adequately documented and recorded in care plans to inform future reviews.
* Staff interviewed said they know the consumers they deliver care to and interact in a respectful and kind manner.
* Staff and volunteers said that they undertook an induction and buddy roster on commencement.
* Staff and volunteers interviewed said that they had not received training on the Serious Incident and Response Scheme (SIRS) or had received training in identifying or responding to abuse and neglect.
* Review of documentation undertaken evidenced the service did not demonstrate:
* Management said that currently the service has only a brief meet and greet, and new volunteers are provided a copy of the volunteer handbook. There is no training, induction, or explanation of the code of conduct. Volunteers then undertake a buddy shift.
* A training matrix for staff was not evidenced to record and monitor training for staff and volunteers.
* Documentation was not evidenced to demonstrate regular assessment, monitoring and review of performance of each member has been undertaken.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 7 demonstrates the service has:
* Acknowledged the Assessment Team findings and has provided actions that will take time to become embedded and utilised in practice.

Based on the evidence summarised and the response provided by the service inclusive of actions taken and perspective actions that will be taken, I find the service non-compliant with Standard 7 of the Aged Care Quality Standards as four of the five applicable requirements have been found non-compliant.

# Standard 8

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

Findings

* Feedback from consumers and representatives is currently not sought and used to improve care and services.
* The service did not demonstrate that feedback and complaints were collected and used by the service to identify trends and in cooperate as part of continuous improvement.
* The Service did not demonstrate knowledge of their legal obligation relating to serious incident response scheme (SIRS).
* Interviews with consumers and staff, and documentation showed there is no effective governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are no systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.
* In response to the Assessment Team report the service responded proactively and has implemented various actions. The service provided additional details, evidence and a comprehensive list of actions that have been implemented post the Quality Audit. Evidence provided by the service in relation to Standard 6 demonstrates the service has:
* Client feedback survey has been developed and implemented and a client forum has been introduced for feedback and suggestions.
* Feedback and suggestions for daily activities will be sought through monthly evaluation and regular suggestions that will be encouraged and supported by staff.
* Acknowledged the use of feedback and complaints is not used to improve the quality and care of services delivered.
* Acknowledged the service did not have knowledge of (SIRS) and has not previously undertaken training relating to SIRS.

Based on the evidence summarised and the response provided by the service inclusive of actions taken and perspective actions that will be taken, I find the service non-compliant with Standard 8 of the Aged Care Quality Standards as three of the four applicable requirements have been found non-compliant.

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