**Performance**

**Report**

**1800 951 822**

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| Name of service: | Southside Community Services Inc |
| Service address: | 63 Boolimba Crescent NARRABUNDAH ACT 2604 |
| Commission ID: | 200962 |
| Home Service Provider: | Community Services #1 Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 18 November 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 Southside Community Services Inc (**the service**) has been prepared by J Taylor, 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

**Home Care:**

* Home Care Packages Level 1 to 4, 26458, 63 Boolimba Crescent, NARRABUNDAH ACT 2604

**CHSP:**

* CHSP - Home Maintenance, 4-22CHADP, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Personal Care, 4-22CHAG5, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Domestic Assistance, 4-22CHAIC, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Transport, 4-22CHAJY, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Goods, Equipment and Assistive Technology, 4-22CHA9U, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Social Support - Individual, 4-22CHAFC, 63 Boolimba Crescent, NARRABUNDAH ACT 2604
* CHSP - Social Support - Group, 4-22CHAJF, 63 Boolimba Crescent, NARRABUNDAH ACT 2604

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 9 November 2022.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

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| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | | Non-compliant | Non-compliant | |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | | Non-compliant | Non-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. | | Non-compliant | Non-compliant | |
| 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. | | Non-compliant | Non-compliant | |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | | Non-compliant | Non-compliant | |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | | Non-compliant | Non-compliant | |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | | Non-compliant | 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. | | Non-compliant | Non-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 | Non-compliant | |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | | Non-compliant | Non-compliant | |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | | Non-compliant | Non-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 | | | Non-compliant |

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Non-compliant | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives interviewed confirmed consumers were always treated with dignity and respect. Consumers reported they felt accepted and valued regardless of their religion, ethnicity, background, age and spirituality. Consumer documentation reviewed demonstrated care plans captured the consumers' story, and provided an overview of what the consumers would like the service staff to know about them and what was important to them.

Review of the service's activities calendar demonstrated inclusivity was promoted through various cultural group engagements. There were weekly, sometimes biweekly, opportunities for Chinese, Croatian and Spanish consumers to get together for morning tea, lunch, performing arts, adventure or health workshops. Although the Assessment Team noted a lack of formal training was evident, consumers and representatives reported that the care and services delivered were culturally safe and staff were able to demonstrate knowledge of cultural sensitivity.

Consumers interviewed stated that the service actively encouraged and supported them to make decisions about their care and services, including whom they want to be involved in those discussions and when. Care planning policy and procedure documentation reviewed described the service's approach to care assessment and planning focused on consumer consultation, supported their independence and promoted their right to make decisions.

Consumers and representatives interviewed expressed confidence that the service would support consumers as they felt that staff listen to what is important to them, were responsive and communicated well. Management interviewed described the services approach to consumers taking risks. They highlighted the significance of having an open dialogue with the consumers on goals, risks, viability, importance, and strategies, and providing sufficient information to enable the consumers to make informed decisions on risks. Care plans reviewed outlined identified risks, preferences, goals and strategies to support consumers maintain their independence.

Consumers and representatives interviewed raised concerns relating to the monthly statements, which they found to be complicated and difficult to understand. For example:

* One consumer stated that they were charged for services they did not receive. The consumer was informed they had overspent their assigned funding and when this was raised with the service, they were informed the service imagined that it was a mistake. The consumer stated they had not paid a bill for a couple of months as they think the service is still sorting out the issue.
* A representative stated they wanted more information on the monthly statements as there were variations from month to month, but they receive regular service.

The Assessment Team viewed statements for two consumers for services provided across August and September 2022 and found each monthly statement consisted of five pages of information. The Assessment Team found the breakdown of fees and services provided was difficult to comprehend and the format presented made it difficult to navigate as it required the reader to keep going back and forth to reconcile the information.

The service had identified this and was in the process of introducing an updated version of the monthly statement. However, at the time of the visit, this had not been fully rolled out to all consumers and the service had not had the opportunity to gain feedback from the consumers concerning the new statement.

Consumers and representatives interviewed stated they were satisfied staff protected their privacy and confidentiality of their information. Consumers described how staff delivered care and services in a manner that demonstrated that they respected consumers’ privacy. Review of the service's Client Privacy Policy outlined the procedure for the disclosure and sharing of personal information. It described that the service does not disclose personal information to anyone or any organisation without the consumers' consent except to prevent serious harm and imminent threat or as required or authorised by law.

In response to the Assessment Report, the service provided a copy of the new Monthly Statement and letter sent to consumers in September 2022 advising of the changes to consumer statements and notifying consumers additional enhancements to October and November statements. It is noted that the letter encourages consumers and families to raise any questions or feedback with the allocated Home Care Package Officer however it was not clear in the service response how the service will confirm understanding of the changes with consumers and families. The service also provide the Plan for Continuous Improvement which included actions to revise care plans and goal planning tools and to increase service newsletters, updates, and upcoming events by December 2022.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as it is not clearly articulated how the service will ensure consumer understanding of the new statements. It is not clear if feedback will also be sought from consumers outside of the request for consumers to contact the service as per advice in the letter sent in September 2022.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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 | 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. | Non-compliant | Non-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 | 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. | Non-compliant | Non-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 | Compliant |

Findings

Program Coordinators interviewed described how risks to consumers were identified during the care assessment, planning and review process. Where a risk was identified, Program Coordinators escalated this to the appropriate medical professional or service provider. Home assessments were conducted annually or as things changed.

Consumers and representatives interviewed expressed satisfaction with their care plans adequately reflecting their needs, goals and preferences however, were unable to confirm the service had spoken to them regarding an advanced care plan (ACP). Care plans sighted by the Assessment Team included an ACP section which prompted staff to ask consumers if they had an ACP however, staff interviewed reported that if a consumer indicated they did not have an ACP, there would be no further discussion (as appropriate to the type of care provided). Staff interviewed said if a consumer indicated they did have an ACP; no further enquiries were made to determine what their individual preferences were. While the service's Care and Clinical Governance framework stated the provision of various services which included end of life care, the service's Support Planning and Delivery Procedure did not set out processes/expectations concerning ACP and end of life planning. The Assessment Team noted no training was provided to staff relating to advance care planning or end of life care to empower and support staff to have these discussions.

Program coordinators interviewed described care plans were co-designed and made in consultation with consumers and those whom consumers wished to be involved. Consumers and representatives interviewed reported the service makes it easy for them to be involved and encouraged them to make decisions about the care and services they receive. Various policies and procedures were sighted by the Assessment Team, which described how care plans were developed in consultation with consumers and their representatives.

All consumers and representatives interviewed stated that they received a copy of their individual care plan. For example:

* A representative interviewed stated they met with the Program Coordinator who spoke to the family about the care and services the consumer was receiving. The Program Coordinator thoroughly explained the services such as continence and protein supplement drinks among other things.

While the service demonstrated their staff had access to consumer care plans to support services provided, the brokered service staff stated they were not provided with care plan information rather they relied on consumers and representatives to direct them. For example:

* A staff member interviewed stated that they depended on their rostered schedule to know what services to provide.
* Another staff member reported that a representative left a checklist of tasks that instructed the support worker on what to complete.

Although the service evidenced provision of consumers’ information and at times care plans to the brokered service provider, the brokered support workers did not know details about the consumers’ needs, goals and preferences for care and services at the point of care.

All consumers and/or representatives interviewed stated that they had confidence that the Program Coordinators were responsive to their needs and preferences should these change over time. The Program Coordinators interviewed described the service's review process with the care plans sighted by the Assessment Team demonstrating recent reviews had been conducted.

In response to the Assessment Report, the service provided a list of actions contained in the services Plan for Continuous Improvement indicating additional training for staff to build knowledge and support conversations in Advanced Care Planning and End of Life.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as the actions identified by the service are expected to be completed by June 2023 and yet to be embedded in standard practice.

# Standard 3

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| Personal care and clinical care | | HCP | 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. | Non-compliant | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Non-compliant | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Care plans reviewed demonstrated that the service identified consumers' needs and preferences and provided support workers with adequate information to deliver safe and effective personal and clinical care that optimises their health and wellbeing. The service did not evidence policies and procedures guiding the delivery of clinical care (e.g., falls, wound or behaviour management) nor was there evidence of training provided to support staff in the care and services delivery relating to behaviour management. Additionally, the service was unable to demonstrate adequate oversight concerning the quality of care provided by brokered services.

The service demonstrated high impact or high prevalence risk associated with the care of consumers was adequately considered during care assessment, planning and review processes. The application of risk mitigation strategies was evidenced via review of referrals associated with individual consumer risk. Staff interviewed stated they had not received training on supporting consumers with dementia. Management interviewed confirmed this and stated training in this area had been identified as a gap with a training program underway. The service evidenced an organisation risk register which was reported to the board monthly and had a risk subcommittee. However, clinical risks were not identified and included in the risk register. Consequently, the service was unable to demonstrate how clinical risks were governed and mitigated.

Management interviewed articulated support services available for consumers nearing their end of life however, the service's Support Planning and Delivery procedure did not include or specify processes for asking consumers about their end of life wishes and processes for connecting consumers with specialist palliative care providers. Additionally, even though care plans had a section prompting staff to inquire if consumers had an Advanced Care Plan, the staff did not ask what those preferences were. Furthermore, the service was unable to provide evidence of staff training or other records to support the workforce to recognise and address the needs, goals and preferences of consumers nearing the end of life to ensure their comfort and preserve their dignity.

Staff interviewed described how they look for signs of deterioration in consumers and how to respond in different situations. While staff indicated they had not received training regarding how to recognise deterioration or change in the consumers' condition, they were able to identify the signs due to work experience.

Consumers and representatives interviewed reported they felt staff knew their care needs however, new staff required prompting according to feedback from consumers but this to ensure minor details were attended to. While the service demonstrated information relating to consumers, including care plans, were communicated to the brokered service, this information did not filter to the brokered service support workers which could potentially impact service provision.

The service demonstrated it provided timely and appropriate referrals to individuals, other organisations, and providers of other care and services which was evidenced in documents reviewed where a consumer was identified as a potential falls risk. Documents reviewed evidence identification of the concerns, referral to allied health professionals and installation of recommended equipment.

All consumers and representatives interviewed described staff wearing Personal Protective Equipment (PPE) appropriate to the service being delivered. Training documentation reviewed relating to infection control and prevention included a spreadsheet tracking certificates provided and completion dates. The service utilises ACT Health's Infection Control training modules and encourages staff to regularly, once per year, complete the ACT health modules via email however, this is not mandated and only one support worker completed it in 2022. Various policies and procedures relating to management of infectious diseases focused on a child care setting without reference to service provision in the aged care sector. The response from the service provided further documentation detailing a Home Care Service COVID Response Plan, a Control Infectious Disease Procedure and further documents evidencing the service can meet the required standard pertaining to minimising infection related risks.

In response to the Assessment Report, the service acknowledged the concerns raised by the Assessment Team and advised the following actions in the Plan for Continuous Improvement relating to each of the requirements assessed as Non-Compliant.

Requirement 3(3)(a) – the service will provide training to direct care staff to identify, report and respond to behaviour indicators, develop policies and procedures for clinical care, wound care, falls risks and behaviours (Dementia), develop policies and procedures to monitor the delivery of clinical care and behaviour management with brokered partners.

Requirement 3(3)(b) – the service will implement a clinical risk reporting tool.

Requirement 3(3)(c) – the service will provide care management staff process and training for electronic reporting capability.

Requirement 3(3)(e) – the service will improve feedback captured in electronic system to enable quicker response to changes or escalated consumer needs and develop communication mechanisms to provide consumer care plan information to brokered service providers.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as the improvements identified by the service are yet to be implemented and will take time to embed into standard practice.

# Standard 4

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

Findings

Consumers interviewed provided examples of how the services and supports received help them maintain their independence, well-being and quality of life. Consumers reported the service made them feel safe, and that they were able to receive supports and services that enabled them to remain at home. Care planning documentation sighted by the Assessment Team confirmed the current needs, goals and preferences of consumers are documented and care plans were all up to date.

Support workers interviewed explained how they would know a consumer is feeling low and described what they would do to support them. This included asking the consumer if they were ok and escalating their concern to the service coordinator if they could not help the consumer feel better. Care plan documentation reviewed reflected individual consumers service and support needs. The Assessment Team sighted a care plan which detailed a consumer living with a mental health diagnosis and how contact with the social support groups support their psychological and emotional wellbeing.

Consumers sampled said the service enables them to participate in their community, do things of interest to them, and maintain social and personal relationships. The service offers a weekly schedule of group activities including Spanish, Croatian and Chinese groups, movies, lunch and social group bus trips, chair dancing, strum for fun, gardening group and senior’s bingo. The activity coordinator interviewed indicated the consumers choose the destination for the bus trips which is agreed upon the fortnight before.

Interviews with support workers, via the brokered services, said they did require prompting by consumers to know what they needed to do within the home. Not all the brokered support workers interviewed were given up to date information regarding the consumers condition. For example:

* one support worker roster reviewed stated basic information e.g. domestic assistance or personal care, no additional information was provided. Support workers stated they ask the consumer what they need when they arrive at their home.

The service demonstrated care plan documentation regarding consumer’s needs, preferences or condition, is current and shared within the organisation via a centralised management system. They explained how this information was shared with brokered services via a service request and that care plan information is forwarded onto the brokered services however, the brokered support workers did not have access to this information at the point of care, placing the consumer at risk as their needs, goals and preferences are unknown to the support worker.

Consumers interviewed confirmed they would contact the Program Coordinator if they needed additional support services. Review of referrals covered a range of brokered and internal services, including home modifications, equipment and safety products, meal delivery and gardening.

The Assessment Team observed morning tea provided by the activity coordinator who served the consumers coffee, milo and toasted sandwiches. The activity coordinator holds a current food safety training certificate titled ‘I’m alert in food safety’. The Assessment Team reviewed care plan documents and noted that dietary preferences are noted under nutrition and hydration.

Consumers interviewed were satisfied with the equipment provided for use in their home and reported that they were safe and suitable for their needs. Mobility and homecare aides, as required by consumers, are organised by the service after an occupational assessment. Transport is provided via a bus which was observed by the Assessment Team to be clean, comfortable, seat belts were present on all seats, a first aid kit and fire extinguisher included as required. The support worker and activity coordinator were observed to be assisting the consumers in and out of the vehicle and ensured they were comfortable and had their seat belts on.

In response to the Assessment Report, the service acknowledge the concerns raised by the Assessment Team and advised work has commenced to review contracts with brokered partners to ensure appropriate handling of consumer information, brokered care staff have access to consumer care plans and brokered staff have access to feedback mechanisms in support of consumer care.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as the identified actions are yet to be embedded into standard practice.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team interviewed consumers and staff who attended the social support group activity at the service’s onsite hall. Consumers all said they enjoy the interaction with support workers and other consumers and said it makes them feel happy. The support worker and activity coordinator were seen to help the consumers off the bus as they arrived and welcome each consumer by name as they entered the hall. They supported their independence by only helping the consumers when they required or requested assistance.

The Assessment Team observed the site to be welcoming with easy access for consumers with physical limitations via a double door with a ramp to the road. The hall was spacious, and light filed with both heating and cooling options available. Tables and chairs were observed to be stacked away to provide a large, uncluttered area and only brought out for use during activities. Management interviewed described the process of managing the maintenance of the environment via contact with ACT local government to assign the job and then monitoring the issue until completed. They confirmed that the onsite hall is cleaned daily (floors, bathroom and bins) by a contracted service.

Furniture, fittings and equipment at the onsite hall were observed to be clean and suitable for consumers to use. The Assessment Team observed the hall to contain chairs and tables which were cleaned with alcohol spray by the activity coordinator after every class. Management described the process of maintenance regarding the furniture and equipment and stated that they conduct a Work Health and Safety (WHS) assessment on a three-monthly basis to report any issues. They went onto say that all staff are encouraged to report any maintenance issues immediately to ensure the safety of the consumers.

Considering the information provided in the Assessment Report, I find this Standard to be Complaint as the service has evidenced compliance with each of the requirements against this standard.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Review of the client handbook included several options to provide feedback including via email, phone, in person, mail or through a feedback form on the service’s website. The consumer service agreement reviewed included a clause regarding Comments and Complaints stating – ‘all complaints can be made without fear of reprisal to you and the nature of any complaint is kept confidential’.

Consumers are provided with information regarding advocacy services and external complaints contacts in their client handbook. This included contact information for the Aged Care Quality and Safety Commission, Human Rights Commission and the Older Persons Advocacy Network. The Assessment Team sighted feedback and complaints brochures and posters within the service environment.

All staff demonstrated to the Assessment Team what open disclosure means and the process they would take if something went wrong. The services Care and Clinical Governance Framework promotes open disclosure and the Feedback and Complaints Procedure describes steps to take immediately in the case of a complaint being raised including offering an apology and undertaking remedial action.

The service demonstrated a feedback and complaints register which is updated and describes actions taken by the service for each complaint, the name of the staff member who received the complaint and the final outcome. The service actively encourages consumers to provide feedback to ensure continuous improvement in the quality of care and services provided. The service is currently implementing multiple system improvements as a result of complaints and feedback received. The service plans to introduce consumer forums in the new year.

Considering the information provided in the Assessment Report, I find this Standard to be Complaint as the service has evidenced compliance with each of the requirements against this standard.

# Standard 7

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

Findings

All consumers and representatives interviewed said staff arrive on time, and there is sufficient time allocated to complete the service. Management interviewed stated if there is a change in services such as a support worker on leave, the service sourced at least two different staff and times from brokered services, so they can offer choices to the consumer when arranging alternative arrangements.

Consumers and representatives interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff are kind, caring, respectful and helpful. Care plan documentation captured the consumers story and provided information on the consumers background and what was important to them. The Support Planning and Delivery procedure demonstrated the service's commitment to ensuring staff have an understanding of the importance of respecting consumers' cultural preferences.

Management interviewed said they ensure support workers are suitably qualified during the onboarding process with referee checks undertaken, proof of qualification (minimum Certificate III), police checks are undertaken and assessment of staff ability during buddy shifts. Management said they also seek regular feedback from consumers. The Assessment Team sighted position descriptions and duty statements for all roles and confirmed a copy is provided to staff on commencement.

The Assessment Team sighted service agreements with brokered services which outlined the expectations and obligations however, the service could not demonstrate current audits are being undertaken to ensure the brokered staff have the qualifications and knowledge to effectively perform their roles. The service has recently employed a Partnership Manager who said audit surveys are currently being undertaken in NSW, and ACT will be done in the new year.

While the service demonstrated induction training occurs relating to system access, payroll and general information, the service did not evidence regular mandatory training in place such as infection control, manual handling, working with consumers living with dementia, open disclosure, minimising restraint, risk management, elder abuse, cultural diversity, etc. Ongoing, regular training had been identified in the services Plan for Continuous Improvement, however due to staff shortages, this has not occurred to date. The service is currently rolling out mobile access to the electronic client system to support workers, however, not all staff have received access to this. Support workers currently receive information regarding the consumer through emailed care plans and details provided by their coordinator.

All consumers and representatives interviewed stated that feedback is sometimes sought on support workers' performance during reviews, however if they had a concern with the performance of a support worker, they will call the service and action is taken.

At the time of the audit management interviewed said the service does not currently have a performance management framework and performance appraisals are not being undertaken by the service. Management said the service is reactive when managing staff performance issues and will put in place a performance management plan if poor feedback is received regarding a staff member. The service has identified in their Plan for Continuous Improvement to have a performance management framework in place by June 2023. Support workers interviewed said they have not completed a performance appraisal with their managers. All directly employed support workers are subject to a 6-month probation period on commencement.

In response to the Assessment Report, the service acknowledged the concerns raised by the Assessment Team at the time of the audit and advised the following against the requirements deemed to be Non-Compliant.

Requirement 7(3)(c) – the service stated the Plan for Continuous Improvement includes actions for the service to develop audit mechanisms for staff skills, increased training opportunities and mandatory requirements for reporting of such with brokered partners as part of contractual agreements.

Requirement 7(3)d) – the service acknowledged that while staff are provided with informal training, formal training is required. The service advised development of a training framework has been included for action in the Plan for Continuous Improvement with the service also pursing training memberships with relevant agencies.

Requirement 7(3)(e) – the service provided templates for performance appraisals, professional development fact sheets and a performance 6-month review template however, this requirement is in relation to the monitoring and review of staff performance. While the service provided further information, the service also acknowledged that performance appraisals had not been undertaken regularly. The service evidenced in the Plan for Continuous Improvement a revised performance management framework has been identified as an action. I therefore find this requirement to be Non-Compliant.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Compliant as it will take time to embed the identified activities in standard practice.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | 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. | Compliant | Compliant |

Findings

Consumers and representatives interviewed said they can provide feedback at any time. They are asked for input on the delivery of care and services and this occurs regularly through their coordinators. Consumers and/or representatives said they can provide feedback at any time. They are asked for input on the delivery of care and services and this occurs regularly through their coordinators. Management said the majority of board members have participated in the organised social groups, including volunteering in the food pantry. They said this was a valuable opportunity for board members to see consumers in person and talk with them about service improvements.

The Assessment Team sighted board minutes from the previous 9 months which demonstrated aged care services being promoted by the board to promote a culture of safe, inclusive, and quality care. Several reports were noted to be provided to the board at each meeting including reports from the finance sub-committee, Care and Clinical Governance, Deputy CEO and CEO. Vulnerable consumers are identified through various means such as risk assessments conducted during regular reviews. Where a consumer is identified as potentially vulnerable a service manager provides guidance to the coordinators on strategies to assist the consumer. For example:

* A consumer has been identified as a vulnerable consumer as they resist services and care due to hoarding behaviours and squalor. They have been appointed an advocate who they talk with each week and the service contacts them regularly to offer services. The consumer told the Assessment Team they speak to their advocate every week and that they find it helps them.

**Information Management**

The Assessment Team sighted the Records Management and Archiving procedures which provided instructions on how information should be stored and when documentation should be destructed. The service demonstrated a centralised management system in place which enables consumer care plan documentation to be stored securely and accessed by relevant staff. The system is password protected and when accessing the system from mobile devices, the system requires a 3-point authentication process to access information.

**Continuous Improvement**

The service demonstrated a Plan for Continuous Improvement (CPI) that includes consumer and staff feedback. The CPI included identified improvements to consumer care plans and assessment tools, improved training regime for staff, increased consumer engagement, implementation of the care and clinical governance framework, improvements to incident and hazard reporting mechanisms, improvement of financial statements for consumers, improved reporting and monitoring of complaints, ensuring compliance with brokered services, review of workforce strategy, improved performance management of staff, etc. The CPI includes responsible person and planned completed dates.

**Financial Governance**

The board is provided with financial reports at each board meeting and the meeting minutes show evidence of the board requesting additional financial information and discussing issues regarding deficits.

The Assessment Team noted an audit of Home Care Packages commenced in April 2022 which discovered many consumers were not invoiced correctly and a large debt was accumulated. The board was not advised of the debt until the August meeting and expressed their disappointment of only being made aware of the issue in August which gave them little time for decision making. The outcome highlighted a number of actions, including the debt written off and improved standard operating procedures.

**Workforce Governance**

The Assessment Team sighted the services organisational chart, job descriptions, staff code of conduct and the staff handbook, which is supplied to new staff. The onboarding process to recruit staff is sound and copies of qualifications, vaccination status, driver’s licence and police checks were captured and maintained by People and Culture.

It was noted a regular, ongoing training regime is not in place and staff are trained or refreshed regarding infection control, manual handling, working with consumers living with dementia, open disclosure, minimising restraint, risk management, elder abuse, cultural diversity, etc.

As indicated earlier in this report, brokered services are not currently being audited by the service to ensure they are delivering safe and effective care and services and meeting required standards. This has been identified in the services Plan for Continuous Improvement and auditing surveys are due to be conducted early 2023.

**Regulatory Compliance**

The service evidenced subscriptions to regulatory organisations to keep abreast of any changes to compliance or legislation. All executives and board members advise the Compliance Manager of any changes that they identify through their networks and meetings. Policies and procedures are then developed and/or amended in consultation with the relevant business areas to reflect changes and revised documents are provided to relevant staff for their action/information however, as noted earlier in this report, not all procedures are reflective of the aged care sector.

**Feedback and Complaints**

Complaint trends that have been identified and triggered change, are recorded in the plan for continuous improvement for action, for example a new staff training framework.

The service demonstrated a risk management framework is in place and high-impact or high prevalent risks associated with the care of consumers is considered during the assessment of the consumer. Risk mitigation strategies are applied to any identified risks and communicated to the support workers through the consumers care plan. Home risk assessments, including falls and behaviour are carried out for all consumers receiving care and/or services in their home.

The service has an accident, incident and near miss register which identified incidents and documented consumers and/or staff involved and what actions occurred following the incident. All major incidents are reported to the board.

The service advised the Care and Clinical Governance Framework is currently being implemented. The framework outlines clear roles and responsibilities for all staff members in the organisation, including the board. Management said the framework includes care as well as clinical governance to ensure wholistic care and services for consumers. While the Assessment Team noted the framework does not have information pertaining to minimising the use of restraint and management said they do not currently have any policies and procedures in place on how to manage the use of restraint with consumers, the services response to the Assessment Report detailed what is currently in place for a residential aged care setting. The service advised they are currently in the process of developing policies and procedures, including staff education relating to restrictive practice in a home care setting. I therefore find this requirement to be Compliant.

In response to the Assessment Report, the service acknowledged at the time of the assessment it was unable to demonstrate evidence to meet the requirements for workforce governance and advised actions in the Plan for Continuous Improvement includes a staff training framework, improved feedback, and audit mechanisms for brokered services.

Whilst considering the information provided in the Assessment Report, further information provided by the service and acknowledging the work currently underway at the service, I find this Standard to be Non-Complaint as one of the five requirements is deemed to be Non-Compliant.

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