**Performance**

**Report**

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| Name of service: | Spinal Advisory Service - Spinal Disabilities |
| Service address: | 109 Logan Road WOOLLOONGABBA QLD 4102 |
| Commission ID: | 700379 |
| Home Service Provider: | Spinal Injuries Association Inc. |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 5 May 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 Spinal Advisory Service - Spinal Disabilities (**the service**) has been prepared by J.Bayldon, 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:**

* CHSP - Allied Health and Therapy Services, 4-24XQPLK, 109 Logan Road, WOOLLOONGABBA QLD 4102
* CHSP - Allied Health and Therapy Services, 4-24XQPLK, Unit 1/325 - 327 Sheridan Street, NORTH CAIRNS QLD 4870
* CHSP - Allied Health and Therapy Services, 4-24XQPLK, 488 Ross River Road, CRANBROOK QLD 4814

# 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 18 April 2023.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | 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 |
| 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. | Non-compliant |

# 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued.
* Demonstrating practises that ensure delivery of culturally safe consumer care and services.
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can.
* Evidencing practices that ensure consumer privacy is respected and protected.

At the time of the performance report decision the service was not:

* Ensuring that the provision of information to consumers is accurate, timely, and easy to understand.

At the time of the quality audit, consumers/representatives stated that the information they receive assists them to make choices about their care and services and that they are involved in discussions with the service.

However, upon reviewing consumer documentation, the assessment team found the following:

* Consumers are not provided with the Charter of Aged Care Rights up starting at the service, as set out in 6.1.2 of the CHSP program manual.
* Information provided to consumers in relation to Feedback and Complaints is not up to date or accurate.
* Terms and conditions information contained in quotation documents does not refer to the Aged Care Quality Standards.

In response to the Assessment Team Report, the service acknowledged the findings of the assessment team and outlined a plan to rectify the above matters over the coming months.

Acknowledging the comments made by the service, at the time the of performance report decision, I find the service to be non-compliant with requirement 1(3)(e).

# 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

At the time of the performance report decision, the service was:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals, and preferences.
* Evidencing consumers are involved and engaged in the assessment and planning of their own services.
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.
* Evidencing the regular and episodic review of consumer care and services.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

At the time of the performance report decision, the service was:

* Demonstrating safe and effective clinical care practices that reflect the individualised needs and preferences of consumers to optimise their independence, health, and well-being.
* Effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.
* Evidencing that consumer deterioration is recognised and responded to by service staff in a timely manner.
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.
* Demonstrating the service makes timely and appropriate referrals to other organisations.
* Demonstrating practices that minimise infection-related risks for consumers.

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

Findings

This Standard was not applicable to the quality review as the provider does not provide services and supports for daily living to consumers.

# 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

At the time of the performance report decision the service was:

* Demonstrating a welcoming service environment, optimising the interactions of each consumer whilst maintaining their independence.
* Evidencing a clean, comfortable, and well-maintained environment where consumers can move freely.
* Evidencing safe, well maintained, and suitable equipment and furniture for all consumers.

# Standard 6

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

Findings

At the time of the performance report decision, the service was:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.
* Responding to complaints appropriately ensuring an open disclosure process is used when responding to feedback and complaints.
* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

# Standard 7

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

Findings

At the time of the performance report decision, the service was:

* Demonstrating a planned workforce in the delivery of essential services, communicating changes to consumers where required to enable the continued management of safe and quality care services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises.

At the time of the performance report decision, service was not:

* Providing the workforce with the resources and training required to deliver quality care and services.

At the time of the quality audit, both management and the learning and development team confirmed that staff had not received training in the Aged Care Quality Standards as well as the Serious Incident Response Scheme (SIRS) including relevant reporting obligations.

In response to the Assessment Team Report, the service acknowledged the findings of the assessment team and advised that it would include training in both the Aged Care Quality Standards and Serious Incident Response Scheme (SIRS) over the next few weeks and as new staff are onboarded.

Acknowledging the comments made by the service, at the time the of performance report decision, I find the service to be non-compliant with requirement 7(3)(d).

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 |
| 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. | Non-compliant |

Findings

At the time of the performance report decision, the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.
* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive, and quality care.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.

At the time of the performance report decision, the service was not:

* Evidencing effective organisation wide governance systems.
* Evidencing a clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure.

At the time of the quality audit, the assessment team found that with respect to regulatory compliance, the service was unable to demonstrate effective governance system to support it to meet the program requirements in respect of the Commonwealth Home Support Programme (CHSP).

Consumers/representatives were not provided with the Charter of Aged Care Rights as required per the CHSP manual 6.1.2. When interviewed, management stated that no training had been conducted with care staff and management in relation to the Aged Care Quality Standards or Serious Incident Response Scheme (SIRS).

The assessment team also found that the service does not have a documented clinical governance framework to guide staff and ensure the organisation has oversight of the scope and breadth of clinical care aspects for consumers and had not considered capturing and analysing clinical data. Management also stated that staff are required to conduct one-on-one discussions with therapists to discuss their workload and cases (including complex issues), however confirmed that these conversations are generally not recorded and may have led to decision-making regarding changes in how consumers receive care and supports.

In response to the Assessment Team Report, the service was able to evidence that it would undertake the relevant training in relation to the Aged Care Quality Standards and SIRS over the next weeks and as new staff are onboarded. The service also stated it would modify its welcome packs and processes for consumers to ensure that the Charter of Aged Care Rights was included and discussed. In relation to clinical governance framework, no response was received by the service.

Acknowledging the comments made by the service, at the time of the performance report decision, I find the service to be non-compliant with requirements 8(3)(c) & 8(3)(e).

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)