**Performance**

**Report**

**1800 951 822**

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| Name of service: | St John Ambulance Australia Inc.-Community Care Branch - Statewide |
| Service address: | 177 Main Road MOONAH TAS 7009 |
| Commission ID: | 300341 |
| Home Service Provider: | St John Ambulance Australia Inc.-Community Care Branch - Statewide |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 31 March 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 St John Ambulance Australia Inc.-Community Care Branch - Statewide (**the service**) has been prepared by M Cooper, 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, 23941, 177 Main Road, MOONAH TAS 7009

# 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 17 March 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Standard 2
* Requirement 4(3)(a)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Standard 6
* Requirement 7(3)(d)
* Requirement 7(3)(e)
* Standard 8

# 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. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Non-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. | Non-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

The Assessment Team reports that the Approved Provider is supporting consumers to exercise choice and decisions about their services whilst protecting consumer privacy and information. However, the Provider is not collecting information to sufficiently identify and subsequently deliver services that meet consumer identity, culture and diversity or supporting consumers to take risks to enable them to live the best life they can. The Provider is not providing current and timely information to enable consumers and representatives to exercise choice.

Requirement 1(3)(a)

The Provider was unable to demonstrate processes or procedures to identify, support and deliver services that meet individual consumer culture and diversity. Consumers and representatives described staff and volunteers treat them with dignity and respect.

The Assessment Team reviewed 8 consumer files and noted that the Provider was not collecting limited personal information. Assessment tools used by the Provider identify if consumers identify with the Aboriginal and Torres Strait Islander cohorts, there is no provision for the identification and recording of culturally diverse consumers, should the consumer wish to identify with these cohorts. Staff and volunteers said they treat consumers as they would like to be treated themselves. However, staff have not been provided with training to support individual consumer culture and diversity. The service does not have guidelines, polices or procedures to support the identification and delivery of services to consumers who may identify as diverse.

Requirement 1(3)(b)

The service was unable to demonstrate consumer services are culturally safe, although consumers and representatives said staff and volunteers understand their needs and preferences. The Assessment Team reviewed 8 consumer files and noted the service does not gather information regarding consumer culture and diversity and therefore this information is not transposed into the consumers care plans to guide and inform staff and volunteers.

The service supports consumers from Italian, Croatian and Greek backgrounds, who have identified as experiencing difficulties with English. The service has not established, and therefore promoted, the use of a translator service for those consumers who identify as culturally diverse. Staff said where a consumer has language difficulties they discuss matters with the consumers representative, although this approach does not allow for privacy and confidentiality of information, should the consumer wish.

The service does not identify and record consumer preference for a male or female volunteer. The service does not have guidelines, polices or procedures to support the identification and delivery of services to consumers who may identify as diverse. Volunteers said they get to know consumers and communicate the best they can. Neither staff or volunteers have been provided with training to support individual consumer culture and diversity.

Requirement 1(3)(c)

The service was able to demonstrate how each consumer is supported to exercise choice and independence about their services, including when others should be involved. Consumers and representatives said consumers are supported to make decisions and involve others, where required.

The Assessment Team reviewed 8 consumer files and noted whilst consumers and representatives are consulted about the way their services are delivered and can subsequently make choices, the service does not routinely record this information, or their needs and preferences. (Please refer to Requirement 2 3(a) for further information).

Requirement 1(3)(d)

The service was unable to demonstrate consumers are supported to take risks to enable them to live the best life they can. When consumer representatives were interviewed they said consumers are encouraged to do the things they like to do. The Assessment Team reviewed 8 consumer files and noted, the service does not have systems, processes or procedures to identify consumer risks. While the services assessment tools include the identification, via a tick box, of a consumer’s vision, hearing, walking and mental state, information does not detail what needs, preferences or assistance is required to support the consumer.

Where a potential risk has been identified through the initial assessment, such as ‘getting in and out of the car’, this is not transposed into the consumer care plan to guide staff and volunteers on how to assist the consumer. The service does not have guidelines, polices or procedures to support the identification and delivery of services to accommodate consumers to take risks and enable them to live the best life they can. Staff have not been trained in the identification of consumer risks, nor the recording of the same. The service does not have a robust review/re-assessment or incident management systems, and therefore is unable to identify, respond and communicate to relevant parties, such as volunteers, the changes to consumer support and services regarding risks, including post incident or hospitalisation.

Requirement 1(3)(e)

The service was unable to demonstrate they provide current, accurate and timely information to consumers. Four of 6 consumers and representatives said they were not aware of or had not been provided with information by the service. Staff advised consumers and/or their representatives are provided with a handbook and brochure information, including Advocacy services, on entry, although no further information, such as changes to legislation which may impact on them, is routinely forwarded. Consumers and representatives were only informed of the Quality Audit on the day of the initial meeting with the Approved Provider. The Assessment Team reviewed the consumer handbook and noted there is no reference on how to make an internal complaint or to make an external complaint using assistance via the Aged Care Quality and Safety Commission or interpreter services. The service does not have access to an interpreter service or information available for consumers, in a range of languages.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) states that the purpose and scope of Standard 1 is that it is a foundation Standard that reflects seven important concepts. These concepts recognise the importance of a consumer’s sense of self. They also highlight the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and well-being. The Guidance defines Cultural Safety as ‘Care and services that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe and respectful for consumers. Culturally safe care and services also ensure that a person’s identity is respected so that who they are and what they need is not questioned or denied.’

In considering requirement 1(3)(b) I note that the Assessment Team stated ‘Staff said where a consumer has language difficulties they discuss matters with the consumers representative, although this approach does not allow for privacy and confidentiality of information, should the consumer wish. However, I note that in requirement 1(3)(c) the Assessment Team found that, ‘consumers and representatives said consumers are supported to make decisions and involve others, where required’. I am of the view that these assertions are contradictory, and I have reasonable ground to form a view that when a support worker approaches the representative of a consumer it is done so with the consumer’s knowledge and agreement. However, when viewed holistically I have reasonable grounds the form the view that the Provider has not complied with requirement 1(3)(b).

In its response of 17 March 2023, the Provider supplied a copy of its Community Care Improvements Plan. The plan has identified key issues that need to be addressed in order for the Service to become compliant. The plan includes, amongst other things the development of Diversity policy and plan. It is pleasing to note that the Provide has reviewed the Assessment Team report and has proactively developed an Improvement Plan to address the identified non-compliant requirements.

However, having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 17 March 2023, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 1(3)(a), 1(3)(b), 1(3)(d) and 1(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the six specific requirements have been assessed as non-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. | 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 |
| 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. | 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 |
| 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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is undertaking assessment and planning to inform the delivery of safe and effective care and services to consumers. The Provider is identifying consumer current goals, needs and preferences including advanced care and end of life planning. Consumers and others are involved in the care of the consumer where the consumer wishes. The outcomes of assessment and planning are not being communicated to consumers and care plans are being regularly reviewing consumers services for effectiveness and when circumstances change.

Requirement 2(3)(a)

The service was unable to demonstrate processes and procedures to conduct consumer assessment and planning to inform the delivery of safe and effective care and services.

The service was unable to demonstrate consumer assessment and planning includes consideration of risks and health and well-being, to inform the delivery of safe and effective care and services. However, consumers and representatives said they are happy with the care and services provided.

The service utilises 2 consumer assessment tools for consumers on entry to the program. One is used for volunteer transport, which is when a volunteer uses their own car and the second for transport, using the St John Ambulance car for transport, and delivery of other services. One assessment tool is also used as the consumer care plan. The service ‘transport client registration form/care plan’ is forwarded to the consumer for completion and returned to the St John Ambulance office for volunteer matching and scheduling. The transport, social support, maintenance and domestic assistance assessment and separate care plan is undertaken in the presence of the consumer and/or their representative.

The service was unable to demonstrate consumer assessment and planning includes consideration of the consumer health and well-being to inform the delivery of safe and effective care and services. The service does not conduct assessments to determine the risk to the organisation or consumer, such as the type of support required by volunteers in line with identified risk. The service does not have guidelines or procedures to support staff to identify consumer risk, including vulnerability. The service does not have a risk management policy or risk matrix to identify and support real or potential consumer risk. Management said they have previously identified this anomaly, in October 2022 via an internal audit, and have commenced developing policies and procedures.

Some consumers assessments were observed to be incomplete. The consumer care plans do not routinely reference information gathered from their initial assessment. The service does not gather consumer risk-related data or information for review by senior management and the governing body. The service does not have policies and procedures to guide staff in the completion of consumer assessments and care plans. Management acknowledged consumer assessment and care planning anomalies and indicated they would attend to matters.

Requirement 2(3)(b)

The service was unable to demonstrate processes and procedures to identify and address consumer current needs, goals and preferences including advanced care planning and end of life wishes. Consumers and representatives said consumers’ needs and preferences are being met, although they were unable to recall a discussion with the service regarding advanced care planning and end of life wishes. The service was unable to demonstrate consumer assessment and planning includes consumer current needs, goals and preferences, including advanced care planning and end of life wishes.

Requirement 2(3)(c)

The service was unable to demonstrate ongoing partnership with other organisations and providers of other care and services. Consumer representatives confirmed discussions regarding consumer care and services is undertaken, although not on a routine basis. The service was unable to demonstrate internal communication systems, including communication with volunteers and staff, regarding changes to consumers’ needs and preferences, where applicable. While the service has the facility, in the form of individual consumer ‘notes’ spreadsheets, to document communication with the consumer and/or their representative, this is not routinely populated. The service was unable to demonstrate other organisations and providers of care and services are involved in the care of the consumer.

The service does not have policies, processes or procedures to identify the need for, or to capture information to refer consumers to other aged care services and organisations. The service has not established agreements with other referral services or organisations to support consumer care and services, should they be required. Management said a number of consumers are registered as Home Care Package (HCP) recipients.

Requirement 2(3)(d)

The service was unable to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and their care and services plan is readily available to the consumer.

Four of 6 consumers and representatives said they were not aware of or had not been provided with a copy of the consumers care plan. The service was unable to demonstrate its processes and procedures to ensure the outcomes of assessment and care planning are effectively communicated.

Requirement 2(3)(e)

The service was unable to demonstrate consumer care and services are regularly reviewed for effectiveness and when circumstances change. Consumers and representatives said they have had contact with the service although they were unable to describe if this was for review and re-assessment purposes. The service was unable to demonstrate consumer care and services are reviewed regularly when circumstances change or when incidents impact on the goals, needs and preferences of consumers.

As an Approved CHSP Provider the Service must comply with the CHSP manual at Chapter 6.1 it states that service providers are responsible for ensuring, services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care support plan.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up. However, the Guidance also provides the following advice to Approved Providers stating, ‘Each organisation should interpret the Guidance material considering its own service delivery model’ and ‘the strategies used to achieve the outcomes will vary in complexity, scope and scale, based on the type of organisation, the consumer profile, and the risk to the safety, health and well-being of consumer’

In considering the issues raised in relation to the requirement, it noted that the Assessment Team had commented on the absence of advanced care planning and end of life wishes. It is also noted that this Provider supplies CHSP services that consist of transport, domestic assistance, social support and maintenance. This Provider does not provide personal or clinical care and therefore in my view there is no obligation on this Provider to discuss advanced care planning or end of life wishes.

I am cognizant of the fact that the Guidance states, in part, that the Scope and Purpose of Standard 2 is ‘The level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning than an organisation providing residential aged care services’. The Scope and Purposes further clarifies the Providers obligations in relation to end of life planning ‘Organisations need to document the outcomes of assessments and discussions with the consumer in a care and services plan and set an agreed review date. Care and services plans **may** include advance care planning, advance care directives, and end of life planning documents.’ Therefore, in considering whether or not the Approved Provide has complied with this requirement I have disregarded the Assessment Team’s comments in relation to advance care and end of life planning.

It is pleasing to note that the Approved Provider’s improvement plan has already identified a number of strategies to address the non-compliances that have been identified. However. having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as five of the five specific requirements have been assessed as non-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**

It is noted that the Approved Provider does not provide personal or clinical care and therefore Standard 3 is not applicable

# 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. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| 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

The Assessment Team reports that the Approved Provider is providing services and supports for daily living for consumers to participate in their community and have social relationships. However, it is not ensuring consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences. promoting and providing services for consumer emotional, spiritual and psychological wellbeing. communicating information about consumers condition, needs and preferences within the organisation and with others where care is shared. undertaking timely and appropriate consumer referrals to other providers of aged care services.

Requirement 4(3)(a)

It is noted that he service provides transport either in a St John Ambulance car or the volunteers own car and includes support to appointments and shopping. Social support is provided in the form of assisted and unassisted shopping, home visits, walks and individual consumer outings and domestic assistance reflects the return and unpacking of shopping items. While volunteers demonstrated a good understanding of consumers they said they are not provided with information regarding their individual needs, goals and preferences.

Although, consumers and representatives expressed satisfaction with the services consumers receive. The service was unable to demonstrate it has processes and procedures to ensure consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences.

Requirement 4(3)(b)

The service was unable to demonstrate processes and procedures to support consumers daily living including their emotional, spiritual and psychological well-being. However, consumers and representatives expressed satisfaction with consumer emotional support and well-being. An example of this is one consumer’s representative said the services are good for his mother’s quality of life and independence. The service does not routinely identify and record individual consumer emotional, spiritual and psychological well-being on entry to the service and on an on-going basis.

Requirement 4(3)(d)

The service does not have processes and procedures to communicate consumers condition, needs and preferences internally or with others where responsibility for care is shared. Staff said, general discussions regarding on-going individual consumers needs and preferences with consumers and representatives occur verbally, although they are not always documented

Requirement 4(3)(e)

The service was unable to demonstrate it has processes and procedures to identify and undertake timely and appropriate lifestyle and wellbeing referrals to other services and organisations where responsibility of care is shared. Consumer representatives said consumers are connected with other services, where required, although this is undertaken by their Home Care Package (HCP) provider.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards

It is noted that the issues of non-compliance identified by the Assessment Team have been considered by the Approved Provider as evidenced in its response to the Assessment Teams report. Compliance with this Standard is tempered by the fact that the Commonwealth Home Support Programme – Program Manual 2022-2023 states that ‘Service providers are responsible for ensuring, services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care support plan. Further to this, the Program Manual also states that ‘the Standards have been structured so that aged care providers will only have to meet those Standards that are relevant to the type of care and services they provide and the environment in which services are delivered.’

In respect of requirement 4(3)(b) I note that this Provider supplies CHSP services that consist of transport, domestic assistance, social support and maintenance. I have not received any information that the Provider’s consumers have been diagnosed with dementia or cognitive decline and therefore I assume that the consumers and or their representatives are more than capable of succinctly representing their views in relation to emotional and psychological well-being. In fact, one consumer’s representative said that the services are good for his mother’s quality of life. A second exampled provided by the Assessment Team to support the asserted non-compliance of this requirement relates to a consumer who participates in transport and social support. There is no information in his care plan to support his social support needs and interests, in particular he identifies as a religious priest, although this is not documented. Of interest, is the fact that there is no reference to the Assessment Team asking this consumer if he felt his needs were being met. Therefore, I have reasonable grounds to form a view that the Provider has met requirement 4(3)(b)

However, having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements 4(3)(a), 4(3)(d) and 4(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as three of the five applicable requirements have been assessed as 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

It is noted that the Approved Provider does not provide a service environment and therefore Standard 5 is not applicable

# 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. | Non-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

The Assessment Team reports that the Approved Provider is not ensuring that consumers and their representatives are encouraged and supported to provide feedback and make complaints. ensuring consumers are made aware of language services and other methods for raising and resolving complaints. The Provider is inconsistent in its approach to complaints and practising open disclosure processes when things go wrong. The was limited evidence that the Provider is using feedback and complaints to improve the quality of care and services

Requirement 6(3)(a)

The service was unable to demonstrate consumers are supported and encouraged to provide feedback and make complaints. Consumers sampled described how they are comfortable in providing feedback verbally, however they are unaware of any formal processes to provide feedback. For example, one consumer said that she finds everybody at the service nice and friendly and would be comfortable to make a complaint if required. She said that she would call the office. Another consumer stated that he has had no reason to complain but that if he did, he would go into the office to talk to management

Management provided the assessment team with a copy of the service’s complaints and feedback policy. This identifies the service’s proposed processes for managing feedback and complaints but does not identify any mechanisms for gathering this information. The service does not initiate consumer or representative meetings or request any formal feedback. Whilst the service provides all new consumers with a ‘client handbook’ which details the right to make complaints, it does not contain information on how to make complaints or detail the service’s policies for handling complaints. Volunteers were unable to describe the service’s processes for providing feedback. Management acknowledged that feedback and complaints are managed reactively only and have identified this as an area for improvement.

Requirement 6(3)(b)

The service was unable to demonstrate consumers are aware of and have access to language services and other methods for raising and resolving complaints. While the welcome pack provided to consumers includes a flyer for Advocacy Tasmania, the pack does not include any information on language services or external complaints handling options, including the Aged Care Quality and Safety Commission. Consumers said they would contact the office to make a complaint but they were unaware of other ways to raise concerns. One consumer said he was unaware of any methods to raise concerns or provide feedback apart from contacting the office. Another consumer said that she doesn’t recall having any conversations with her volunteers or the office about how to provide feedback.

Volunteers interviewed were unaware how to support consumers to contact advocacy services, language services or external complaint options. The service’s Complaints and Feedback policy does not include information on external complaints handling options or information on language or other services to support consumers in providing feedback. Management advised they do not provide information to consumers on external complaint options, language services or other supports that may be beneficial to support consumers or representatives in providing feedback.

Requirement 6(3)(c)

The service was unable to demonstrate appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong.

One consumer representative interviewed spoke of a complaint made to the service approximately 7 months ago regarding a volunteer speaking to the consumer in a “rough and rude” manner when providing transport services to his mother. They advised that the service said they would ensure that this volunteer does not provide this service to the consumer in future. A review of the service’s feedback register found that this complaint was not recorded. There was no evidence of feedback being provided to the volunteer and the consumer’s representative advised that the service did not get back to her or her representative with an outcome of the complaint. The consumer’s record contained a note that the volunteer in question was to no longer provide services to the consumer.

Management and staff interviewed stated that all feedback should be recorded and all parties kept informed and advised of outcomes, although this is not occurring on all occasions. The Provider’s Feedback and Complaints policy does not detail any formal processes for handling complaints, timelines for the handling of complaints or information around open disclosure policies.

Management and staff acknowledged that, historically, not all complaints have been recorded in their feedback and complaints register and advised than minor incidents would be handled ‘on the spot’ rather than follow any set procedures.

A review of the services complaints and feedback register showed that some complaints are being recorded and there is provision for staff and management to provide follow up comments. However, the register, does not contain evidence of open disclosure being practiced. Management have identified that feedback management is a ‘major gap’ in their service and that they need to adjust their practices to introduce a more proactive approach to this.

Requirement 6(3)(d)

The service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers interviewed said they had not provided any feedback and therefore were unable to describe any changes to their care and services. The service does not have systems, processes and procedures to routinely collect, trend and analyse information to ensure improvements the quality of care and services for consumers.

The service’s feedback and complaints policy does not provide any guidance on utilising feedback to improve or enhance consumer quality of care and services. Management and staff interviewed acknowledged that the feedback and complaints register is not regularly reviewed to ensure timely and effective outcomes for consumers. Management identified that there are ‘major gaps’ in their feedback management processes and this is a priority as they ‘seek to be more proactive’ around consumer feedback.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider has a complaints and feedback policy it is clear that it is has not been implemented to a level where it complies with its legal obligations.

It is noted that in its improvement plan. the Provider has indicated that it has already developed and implements feedback forms for clients and volunteers. However, having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit. The Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the four specific requirements have been assessed as 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. | 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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring that it has sufficient staff to deliver safe and quality care and services to consumers. However, the Provider is not ensuring staff/volunteers are competent, trained and supported in their roles. The Provider is not monitoring its staff and volunteer’s performance.

Requirement 7(3)(c)

The service was unable to demonstrate it has systems, processes and procedures to ensure staff/volunteers are competent and have the qualifications and knowledge to perform their roles. Consumers interviewed all stated that they felt that volunteers are adequately skilled and perform their duties as required. For example, one consumer said that volunteers are always helpful and competent to undertake his services. Another consumer said that his gardening volunteer is able to complete the tasks he no longer can and that by working in the garden together they can share their knowledge and experience.

Management advised that volunteers undergo an interview process to determine their appropriateness to undertake a role with the service. Upon appointment, their identified skills and knowledge are matched with specific consumers to maximise the likelihood of effective service provision. Volunteers interviewed all felt that they were able to complete their roles with competence and professionalism. As previously identified, however, significant gaps in consumer feedback processes means that the service cannot be assured that services are consistently being delivered in alignment with the service and consumer expectations and the Quality Standards. Volunteers do not receive specific training in managing issues that are prevalent in aged care such as cognitive or physical decline. Volunteers are also not involved in feedback sessions or performance reviews with the service to determine continuing effective delivery of services.

Requirement 7(3)(d)

The service was unable to demonstrate it has processes and procedures to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Standards. Mandatory training is provided to some volunteers (those providing transport services) in first aid and manual assistance of consumers and that this training needs to be regularly maintained for these volunteers to provide these services. Volunteers providing all other services, however, are not required to undertake mandatory first aid or manual assistance training. No further training is provided to volunteers of the service.

All volunteers, as part of induction, undertake a mandatory review of the service’s policy portfolio which includes the following policies:

* Database Management (Privacy)
* Duty of Care
* Equal Access (Diversity and Inclusion)
* Feedback and Complaints
* Incident Management
* Infection Prevention and Control
* Risk Management
* Wellness and re-ablement

Whilst these policies detail the basic principles of the service’s responsibilities in these areas, they do not provide procedural guidance to volunteers. Volunteers interviewed were unable to describe any processes to support the policies and identified that no additional training had been received on these subjects.

No volunteers were familiar with and/or have participated in training regarding the Aged Care Quality Standards, The Aged Care Code of Conduct or the Serious Incident Response Scheme (SIRS). For example, one volunteer interviewed stated that they felt they would be more comfortable undertaking their role and would look to extend their volunteering hours if they had further formal training and identified that working with people with cognitive decline is something they would be interested in learning more about.

Management advised that office staff complete some shifts in this space when volunteers are not available, and these staff members are not required to receive first aid or manual assistance training to provide back up. Management acknowledged that a more rigorous training program was required to ensure that volunteers were fully equipped to perform their roles.

Requirement 7(3)(e)

The service was unable to demonstrate regular assessment, monitoring and review of the performance of staff/volunteers. Management advised that there is currently no process for monitoring and reviewing volunteer performance apart from following up any complaints or incidents they become aware of. The program co-ordinator has been with the service for approximately two years and has not had a completed performance review cycle in this time. Whilst they receive ongoing feedback from management, several changes in team leadership has meant that formal performance reviews have not been completed. Management staff interviewed advise that they also do not have a formal performance review in place with their direct supervisor but instead have regular weekly meetings in which issues can be raised.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. When considering the requirement 7(3)(c) I note that the Guidance states that the intent of this requirement is to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services. Further to this, requirement 2(3)(a), also, in my view, provides guidance on how requirement 7(3)(c) should be interpreted and applied. In particular requirement 2(3)(a) states in part, ‘relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with consumers and included in planning a consumer’s care. The Provider stated that all volunteers are interviewed and at that time, their skills and reviewed and if successful match to a consumer’s needs. Bearing in mind the service is providing low risk services to consumers who have been assessed as requiring minimal assistance in the form of transport, domestic assistance, social support and maintenance it is within the Provider’s remit to make a decision as to skills and qualifications its staff needs to undertake the services mentioned.

The CHSP manual requires service providers to meet staffing and training requirements under the Standards. Examples of desirable staff qualifications under the CHSP are outlined in the ‘Staff Qualifications’ sections in Chapter 3 of this program manual. Chapter 3 indicates that Domestic Assistance involves general house cleaning, linen service and unaccompanied shopping (delivered to home). Social support involves accompanied activities eg shopping, telephone/web contact and visiting. Transport involves direct (driver is a volunteer or worker). Maintenance involves garden maintenance, major and minor maintenance and repairs.

Chapter 3 of the CHSP manual provides guidance as to what qualification staff need to under the various services;

* Transport on page 42 indicates that staff need to hold the appropriate motor vehicle drivers license
* Domestic assistance on page 30 indicates that staff do not need any specific qualifications unless that are performing addition services such as personal care
* Social Support page 44 staff must have relevant qualifications if they are handling food, meal preparation safe food handling including person hygiene and cleanliness
* Maintenance page 35 service providers must adhere to regulatory requirements where work needs to be undertaken by a licensed or registered tradesperson.

Having regard to the services being supplied by the Provider and the application of the CHSP Manual and the information in the Guidance I have reasonable grounds to form the view that the Provider has complied with requirement 7(3)(c)

In considering requirement 7(3)(d) I note that the CHSP manual states that all CHSP service providers are responsible for ensuring staff and volunteers in direct care roles receive accredited first aid training and certification as soon as practicable. As Home Care Providers are now captured by the Code of Conduct and the Serious Incident Response Scheme (SIRS) and its mandatory reporting requirements, staff training will be required in both of these matters. I have considered the comment from one volunteer who suggested she would look to extend her volunteering hours if she had further formal training and suggested that she would be interested in training on working with people who have cognitive decline. Although it is pleasing to see a support worker who is looking to provide more services to consumers, I cannot see any evidence to indicate that any of the Provider’s clients have been diagnosed with cognitive decline, therefore I have disregarded this comment in my decision.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements 7(3)(d) and 7(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as two of the five specific requirements have been assessed as 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. | 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)(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

The Assessment Team reports that the Approved Provider is not engaging consumers and representatives in the development and delivery of services. The Provider’s governing body has not demonstrated a commitment to a culture of safe, inclusive quality care and services and accountability for delivery. Effective organisation wide governance systems, including continuous improvement, regulatory compliance, workforce governance and feedback and complaints to improve consumers’ lives through the provision of care and services was not evident. Managing organisational and consumer risk, including high impact, high prevalence risks.

Requirement 8(3)(a)

The service was unable to demonstrate it has processes and procedures to support the engagement of consumers and representatives in the development, delivery and evaluation of services and they are supported in that engagement. Consumers were unable to identify any time that the service requested their feedback. Volunteers were unable to describe how consumer feedback is taken into consideration for the services provided.

Management advised that the service does not seek consumer or representative engagement in the development, delivery and evaluation of their services. They do not have any feedback mechanisms for consumers to contribute to services provided. The service’s complaint and feedback policy does not include processes for the gathering of input from consumers not currently feed into a continuous improvement plan. The service does not hold consumer feedback or information sessions.

Requirement 8(3)(b)

The service was unable to demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services to consumers and is accountable for their delivery. Management interviewed advised that the governing body, St John Ambulance – Australia, does not engage in the day to day running of services provided by each state body, there is no evidence that the organisations board of directors have any oversight of the CHSP program run by the service.

The CHSP program is overseen by the Chief Executive Officer (CEO) of St John Ambulance – Tasmania and the outcomes are not reported to the national governing body.

The service does not gather or report on any CHSP program matters, for example complaints and incidents, to the CEO. The service does not receive any feedback or directions from the CEO regarding the CHSP program. Whilst management advised that services provided adhere by the basic ‘care and humanity’ principles of the national body, there was no evidence provided to demonstrate this claim. There is no evidence that the governing body understands or seeks to adhere to the Quality Standards or the Charter of Aged Care rights. Whilst community care is mentioned on the St John Australia website, no detail could be found what this entails in practice. Community Care or CHSP services are not detailed in the organisation’s Annual Report 2022.

Requirement 8(3)(c)

The service was unable to demonstrate effective organisation wide governance systems, in particular continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Information Management

The service was unable to demonstrate fully effective Information Management practices. The Assessment Team sighted the services Database Management policy which outlines how the service stores, secures and maintains consumer information. Access is password controlled and limited to community care staff and volunteers. Volunteers interviewed all stated that they understand the service’s privacy principles and the volunteer handbook, which must be signed by all volunteers, outlines the service’s requirements around consumer privacy

Management interviewed advised that the service has ICT support on site two days a week and that this is managed remotely on other days. They advised that this ensures that any system disruptions are kept to a minimum and do not impact on services. There are no ICT reporting mechanisms between the service and the governing body. The service was unable to demonstrate information provided to consumers and their representatives is current, accurate and timely.

Continuous improvement

The service does not have systems processes and procedures to identify, track and monitor opportunities for improvement, in particular consumer feedback, suggestions and complaints. The service does not currently maintain a continuous improvement plan and there are no links in relation to continuous improvement between the service and the governing body.

Financial governance

The service has a Chief Financial Officer (CFO) who is solely responsible for the financial aspects of the CHSP program. The CFO was unavailable to the assessment team for interview. Management interviewed advised that the CHSP was operating at an underspend and that initial conversations were taking place with the CFO to identify opportunities to rectify this.

The service increased its transport fee, in in April 2022 from $15.00 to $20.00. Staff said some consumers expressed concerns regarding their ability to pay although were unsure of what action is taken in these circumstances. The service has a client contribution policy for people in hardship or without the ability to comply with fees for services but could not provide evidence that this was being enacted.

Management interviewed understood that there is no financial reporting in relation to CHSP between the service and the governing body.

Workforce governance

The service manages staff/volunteers to undertake the required services for CHSP but could not provide any evidence that there is any workforce governance oversight undertaken by the governing body.

The service does not have systems processes and procedures to identify and manage workforce governance. Volunteers do not have a position description, to specify their role, responsibilities and accountabilities. Staff/volunteers do not participate in regular performance management related activities. All volunteers are, however, subject to mandatory national police checks and working with vulnerable people certification

Regulatory compliance

Management reported there have been no adverse findings by another regulatory agency or oversight body in the last 12 months.

The service was unable to demonstrate it maintains and enacts to regulatory requirements.

The service does not have systems processes and procedures to identify and enact changes in regulation. The service has not implemented systems, processes, procedures to support the introduction of the Aged Care Code of conduct, SIRs and Aged Care Quality and Safety Standards. Staff were unable to demonstrate an understanding of the Aged Care Code of conduct, SIRs and Aged Care Quality and Safety Standards and confirmed they had not participated in training for the same.

The service was unable to demonstrate that policies and procedures have been reviewed and updated, and information has been distributed to relevant parties, in line with legislative changes. There are currently no reporting requirements between the service and the governing body in relation to regulatory compliance.

Feedback and complaints

The service was unable to demonstrate it has an effective feedback and complaints system, or processes and procedures to support improved outcomes for consumers. The service does not actively seek, feedback/complaints from consumers, representatives, or staff/volunteers. The service does not have systems processes and procedures to report feedback and complaints to the governing body. The service was unable to demonstrate the consistent practice of open disclosure, and their approach when responding to complaints. The service feedback and complaints policy does not detail consumers right to have an advocate of their choice and does not reference their opportunity to contact the Aged Care Quality and Safety Commission or other external bodies.

Requirement 8(3)(d)

The service was unable to demonstrate it has effective risk management systems and practices. The service does not review consumers known risks and/or vulnerability, on entry to the service, or on an on-going basis. A review of consumers files identified matters such as mobility/dexterity or cognition are not assessed and therefore are not recorded in consumer care plans to guide staff on their support and management of the identified risk/s. The service is therefore also unable to identify high prevalence risks in its program. The service has not implemented a risk management framework or have any reporting mechanisms for governing body oversight. While the service has an incident form and register, management advised that these are not utilised for all consumer incidents meaning outcomes from these are not currently utilised to inform care requirements for consumers.

A review of the service’s incident management policy provides clear instruction and guidelines for the management of incidents, but these are not being applied consistently by volunteers or staff. The service was unable to demonstrate it has processes and procedures to identify and respond to potential or real abuse and neglect of consumers. The service was unable to demonstrate knowledge or understanding of SIRs reporting obligations in the event of abuse and neglect of consumer/s.

Management and staff said they were not aware of any consumers who are the subject of abuse or neglect. The services does not have processes and procedures to support consumers to live the best life they can, including seeking their feedback regarding the services, conducting and documenting routine assessments, developing comprehensive goal driven care plans and undertaking referrals.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the four applicable requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)