**Performance**

**Report**

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| Name of service: | Stonnington City Council |
| Service address: | Cnr. Glenferrie Rd & High St MALVERN VIC 3181 |
| Commission ID: | 300695 |
| Home Service Provider: | Stonnington City Council |
| Activity type: | Quality Audit |
| Activity date: | 10 January 2023 to 13 January 2023 |
| Performance report date: | 15 February 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 Stonnington City Council (**the service**) has been prepared by G. McNamara, 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:**

* Care Relationships and Carer Support, 25850, Cnr. Glenferrie Rd & High St, MALVERN VIC 3181
* Community and Home Support, 25848, Cnr. Glenferrie Rd & High St, MALVERN VIC 3181

# 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 6 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 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
* **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
* **Requirement 6(3)(c)** - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as I have found six of the six applicable requirements to be Compliant.

The service is ensuring:

* consumers are treated with dignity and respect and feedback from consumers and representatives confirmed this. Consumer information documented identifies what is important to each consumer in relation to their identity, culture and background. Staff gave examples of ways they implement dignity and respect in practice.
* that care and services are culturally safe. Consumers and representatives interviewed said in various ways that staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff sampled showed they are familiar with the cultural needs of individual consumers and confirmed receiving cultural awareness training. Management stated that the organisation provides cultural awareness training for staff via an online portal. Management advised and provided a copy of the organisations Diversity Action Plan 2022 to 2025 that includes cultural diversity.
* that each consumer is supported to exercise choice and independence and who to involve making decisions about their care and services Consumers/representatives interviewed are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Individual consumer’s file documentation identifies consumer choices and decisions about care and services and any substitute decision makers
* that consumers are supported to take risks to enable them to live the best life they can. Consumers/representatives described in various ways their satisfaction of the way the service supports consumers to live their best life. While consumer files reviewed identified risk is not consistently documented in the consumers care plan, for consumers with identified risks accessing the transport program their risks are documented in their care plan and bus run sheets.
* each consumer is provided with information that is current, accurate and timely and communicated in a way that is clear, easy to understand and enable them to exercise choice.
* ensuring each consumer’s privacy is respected and their personal information is kept confidential.

# 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. | 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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as I have found 2 of the 5 specific requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The service is encouraging consumers/representatives to take part in the planning of consumer care. The service that consumers are encouraged to have their representatives involved in their care planning. Each program contacts the consumer/representative when creating the individual care plans and discuss the consumers’ needs relevant to the program being delivered. Documentation review identified others involved in the care and support of the consumer. Consumers/representatives stated that they could have others involved in their care planning. Management stated that consumers are encouraged to have others involved in their care and support. Information provided by the service was supported by the following evidence.

The Assessment Team found that the service is not undertaking service level assessments that capture and identify risks that inform the safe and effective delivery of care to the consumer. It also found that the service did not demonstrate that assessment and planning includes the consideration of risks to the health of the consumer informs safe and effective care. In particular, it found that while risk assessments such as pain, skin integrity and falls risks may be identified in the care plan however, not all documented fall risks are actioned to identify the nature of the risk or have a falls risk assessment undertaken.

In its written response to this information the approved provider detailed how the level of assessment and planning it undertakes is commensurate with the level of services being provided.

The Assessment Team found that there were not always clear directives to staff on how to support consumers in relation to identified areas of risk, such as falls. Support workers were identified as stating that care plans did not always have clear care directives. Some support workers who had been providing care to a consumer for an extended period stated they were aware of the risks to consumers and supported them appropriately, however the Assessment Team found that the means of communicating this information, if a new support worker was assigned, was not apparent, particularly in relation to a consumer at risk of falls, and with dizziness and blackouts noted on his care plan, who requires assistance with showering.

In its written response the approved provider described how a special unit within its organisation assesses risks to consumers at their first shower and how it plans around this. It also described the competencies of its staff in providing safe care to consumers.

The Assessment Team reported that management advised that support workers have weekly meetings with their team leaders and provide written feedback to the service. However, the Assessment Team found that feedback is not uploaded or noted in the consumer file. If the feedback pertains to a change in care and services the team leaders who review support worker feedback would send an email to the service coordination team to action a review of the consumer. No evidence of feedback was available on consumer documentation reviewed.

The Assessment Team reported that team leaders and management confirmed that feedback received from the support is not uploaded into consumer files. A consumer’s representative stated they did not know what the support worker should do while on the respite shift for their spouse. A review of that respite care plan showed no care directives identified or how the support worker could support the consumer during the respite shift. The consumer has continence issues and needs to be assisted to the upstairs toilet this is not documented in the care plan and the support worker stated the consumers spouse ensures he goes to the toilet before they leave the home.

In response to this information the approved provider stated that the level of detail of care worked tasks varies, and that this consumer has a care plan and had been given a copy of same, however it did not directly address the information about the content of that consumer’s care plan.

On balance I am satisfied that the service does have sufficient assessment and planning processes to consider risks to consumers. However, I am not satisfied that explicit care directives are always in place to guide staff practice in relation to these risks. In its written response the approved provider stated that an individual who is a high falls risk, has blackouts and potentially dangerous blood pressure would not be appropriate for low level service provision. However, the information available indicates that consumer does has those conditions and is receiving care from the service. I note that the consumer referred to stated they were happy with their care, however I am not satisfied that information about management of their conditions, in the context of the care provided, is readily available to all relevant staff.

The Assessment Team reported that Management identified that there was a gap in their assessment and care planning processes which was added to its continuous improvement plan, and that the organisation had commenced reviewing and creating new assessment and care plan documentation and processes. A draft of the new assessment/care plan document was viewed at the Quality Audit. I am satisfied that the approved provider is implementing these improvements, however I consider that these improvements will take time to become embedded and for their sustainability to be demonstrated.

The Assessment Team found that the service did not demonstrate that advanced care planning is discussed with consumers. Consumers/representatives did not recall discussions about advance care planning being discussed by the service and were unaware of what an advanced care plan was. Care plan documentation and the welcome pack viewed by the Assessment Team identified that the service does not include information about advanced care planning or discuss it with consumers. Staff were unaware of what advance care planning was and stated they had never heard of it. Management was recorded as stating it did not currently discuss advanced care plans with consumers however, they provided a brochure from a health organisation on advance care planning, which they stated will be added to their welcome pack. In its written response the approved provider stated if consumers requested information on advanced care planning staff could access it and pass it on, but noted it had now included relevant information in its Client Handbook and Welcome Packs. I consider this has sufficiently addressed this matter.

The Assessment Team found, in relation to communication and documentation of information in a care and services plan, that the service did not demonstrate that the care plans created clearly identify to the consumers and support workers what is expected when providing a service. I have considered this information in relation to other requirements, and I am satisfied that planned improvements, when embedded, will ensure care and service plans are up to date and readily available to consumers.

The Assessment Team found, in relation to regular and as required care and services review, that the service could not demonstrate that a review of consumer care needs is consistently undertaken. The file for one consumer, who receives delivered meal services, indicated that their care plan was dated January 2019 but they had not been reviewed since. In addition, for that same consumer, they were currently also receiving home care services however, there was no home care plan on file. For another consumer, a review of their respite care plan shows no care directives identified or how the support worker could support the consumer during the respite shift. The consumer has continence issues and needs to be assisted to the upstairs toilet this is not documented in the care plan and the support worker stated the consumers wife ensures he goes to the toilet before she leaves the home.

A support worker for another consumer stated that the consumer had deteriorated and needed more supports. On a number of occasions, the support worker has noted that the consumer has bruises and wounds on his body. This has not been reported to the office so no action has been undertaken. The Assessment Team reported that it provided this feedback to management who took immediate action to investigate this matter.

The Assessment Team reported that management stated there had been a break in care planning reviews during the pandemic and it had now re-commenced. In its written response the approved provider stated it had an ongoing practice of client reviews and stated 70% of reviews were complete.

In it written response the approved provider also stated that consumers are referred to myagedcare for reassessment/support plan review and to other CHSP providers. It also noted that it was complying with a requirement to undertake reviews every 12 months. In addition, it stated that the circumstance of the staff member not reporting a consumer’s condition was one off, and provided details of how it directs staff to report changes in a consumer’s condition.

On balance, I am not satisfied that the service could demonstrate that services are consistently reviewed regularly or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The information indicates that some care plans have not been regularly reviewed, that regular reviews are still in train, that care plans do not always reflect a consumer’s current condition or care need, or that information about a consumer’s condition is always reported. I am satisfied that the service has processes underway to address these issues, however I consider that these improvements will take time to become embedded and for their sustainability to be demonstrated.

# 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

This Quality Standard is Compliant as I have found six of the six applicable requirements to be Compliant.

The service is providing safe and effective personal care to meet the needs and choice of consumers. Consumers or representatives of consumers receiving personal care advised that the personal care services are tailored to meet their needs. Consumers interviewed about how they are supported during a personal care shift consistently stated that they get the same support worker who knows exactly how to support them have a shower and dress if necessary.

Support workers discussed consumers choices prior to providing the personal care. Documentation and care directives can be accessed by support workers through their electronic device. Support workers stated that in most cases the information they receive is tailored to meet the needs of the consumers, and if they don’t have enough information they talk to the consumer, representative or team leader.

The Assessment Team found that the service could not demonstrate that it effectively manages high impact or high prevalence risks associated with the care and services of consumers as care directives are not always clear to support care workers to mitigate the risk to consumers. I find that requirement Compliant but have considered that information under Standard 2, as I consider the issues relate to ongoing assessment and planning.

The Assessment Team also found that the service could not demonstrate that deterioration of consumers is recognised and responded to in a timely manner. I find that requirement Compliant but have considered that information under Standard 2, as I consider the issues relate to ongoing assessment and planning.

The service uses various ways to document and communicate consumers condition, needs and preferences within the organisation and with others. Support workers interviewed stated they receive consumer information on their electronic device and if they require more information, they can contact the team leader. Management and team leaders advised that changes in consumers care needs as a result of feedback are reported by the support workers.

The service demonstrated that when identified, referrals are undertaken to My Aged Care (MAC) for consumer review. Management discussed infection control and stated all staff had completed the online infection control training modules. Consumers/representatives were satisfied with service’s infection control practices. Staff have access to personnel protective equipment (PPE). Management discussed processes put in place due to COVID, all staff to be vaccinated.

# 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. | 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. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

This Quality Standard is Compliant as I have found six of the six applicable requirements to be Compliant.

The service is:

* supporting consumers to maintain their independence. Consumers/representatives provided feedback about how consumers are supported to maintain their independence and do the things they want to do. Support workers interviewed provided information on how they assist consumers do the things they like or want to do. Care plans identify which consumers can make their own choices on how much support they would like and how independent they wish to stay.
* providing supports for daily living promote the emotional, spiritual and psychological wellbeing of the consumers. Support workers stated that they can identify when a consumer is feeing low and identified how they address this.
* supporting consumers to live the best life they can by providing domestic assistance, respite, personal care, delivered meals and home maintenance. It provides them with transport to community activities of their choice and to do things that interest them
* communicating the condition, needs and preferences of the consumer within the organisation. The service is providing domestic assistance, respite, personal care, delivered meals, home maintenance, and transport to activities. These are managed by different programs however care plans and file notes are all documented in the one electronic database. Care plans for all the different programs are accessible to the various teams and information about changes are documented and provided to all the teams.
* providing consumers with nutritionally healthy meals of their choice. Consumers interviewed were satisfied with meals and stated they had choice.
* referring them for other services if their needs change.

# 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. | Compliant |

Findings

This Quality Standard is Compliant as I have found the one (1) applicable requirement to be Compliant.

The service demonstrated that its community transport, delivered meals and maintenance programs have equipment that is well maintained, clean and safe for consumers to use.

Consumers/representatives interviewed were satisfied with the maintenance support and transport to activities. They confirmed that vehicles are clean well maintained and workers use infection control, personal protective equipment (PPE) when providing services.

Observation and inspection of the food distribution centre for the delivery of meals to consumers was found to be to be clean and well maintained. COVID safe protocols such as cleaning, hand hygiene and use of personal protective equipment (PPE) was evident.

Maintenance vehicles are provided with equipment that are tagged and tested. Personal protective equipment and work health and safety checks are undertaken. Maintenance officers are provided with work orders that identify tasks to be undertaken. The home maintenance officers provide consumers minor home help such as checking of smoke alarms, lightbulbs or repairs to hinges. Work such as modification undertaken can include handrails for bathrooms, toilets and showers and can provide quotes for ramps to assist consumers to safely undertake activities of daily living. Garden maintenance, lawn mowing and pruning are one off activities that may also be provided.

The transport team manages a fleet of six buses that are modified to support consumers who use mobility aids. Buses may be modified to transport wheelchair consumers. All bus drivers have to have light vehicle licences. Buses are serviced and maintained as per schedule and annual roadworthy inspections are undertaken. Bus drivers undertake a vehicle safety check every morning. COVID infection control equipment such as handwash and wipes are available on the bus. Inspection of the buses found them to be clean, safe and well maintained and suitable for the 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is Non-compliant as I have found one (1) of the 4 specific requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The service is:

* informing consumers about feedback and complaint options, including the use of advocates.
* encouraging and supporting consumers to give feedback or make complaints
* refining its processes to review feedback and complaints

The service was unable to demonstrate that appropriate action is consistently taken in response to complaints. Complaints and feedback information provided by the service identified not all complaints received have an outcome documented. Whilst the complaint might be finalised it could not be determined what the outcome was as outcomes were not consistently documented. One complaint about a billing error showed investigation of the event but no outcome was documented. Management advised that they had received 30 complaints from June to December 2022. The Assessment Team reviewed those complaints and identified the majority of those complaints did not have a documented outcome. The Assessment Team reported that management were unable to provide further evidence that outcomes of complaints are documented and finalised, or provide evidence that consumers have been notified of an outcome for the aged services program.

The approved provider did not directly respond to this information in its written feedback. Although consumers interviewed were generally satisfied with the service’s complaints processes, through lack of documentation the service could not demonstrate that appropriate action is taken in response to complaints.

In relation to open disclosure, whilst the aged service’s complaints policy and procedure has no reference to open disclosure management were able to provide an example of open disclosure, hence no concerns were identified in relation to open disclosure. However the organisation is encouraged to formalise this process.

# 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as I have found five of the five specific requirements to be Compliant.

The service is:

* ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* providing a workforce that is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* ensuring the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* undertaking regular assessment, monitoring and review of the performance of each member of the workforce.

Consumers/representatives reported staff are punctual, not rushed and there are sufficient staff to deliver and manage their care and services. Generally, consumers receiving personal care stated they have the same support worker provide their care and are notified when there is a change of support worker. They expressed satisfaction that staff are kind and caring.

Management described workforce planning strategies, and the service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles and to ensure the workforce is recruited, trained and equipped to deliver the outcomes required by the Standards.

# 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. | 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. | Not applicable |

Findings

This Quality Standard is Compliant as I have found four of the four applicable requirements to be Compliant.

The service is:

* engaging consumers in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers interviewed advised they had completed a survey for the service. Management discussed consumer engagement through satisfaction surveys and evaluation of surveys were provided to the Assessment Team.
* promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery, through strategic plans, regular meetings and fortnightly reports.

I have found that the organisation is also Compliant with all other applicable requirements of this Standard, for the following reasons:

The Assessment Team found that the service has organisational wide governance systems to monitor processes such as continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, but found that aspects of information management are not effective. In particular, that consumers accessing the aged services program do not have a service delivery assessment conducted and not all consumers accessing programs such as domestic assistance have a care plan developed. A review of consumer files by the Assessment Team identified the aged services program do not have an assessment tool in place for consumers accessing council’s CHSP funded programs.

I find that the services does generally have effective information management systems, but that not all information is collected and collated to guide staff, which I have considered under Standard 2. Management discussed and provided a draft template of an assessment tool currently in development that they hope to utilise in the near future to ensure this information is collected.

I have identified concerns in relation to demonstrating appropriate action is taken in response to complaints which I have considered under Standard 6.

The Assessment Team found that the organisation has effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. However, it found that its systems in relation to high impact or high prevalence risks associated with the care and services of consumers were not effective as it did not consistently include clear instructions for support workers to mitigate the risk to consumers such as falls risks.

I find that the organisation generally has effective risk management systems, but that not all relevant risks are detailed and strategies to manage same not always documented, which I have considered under Standard 2.

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)