**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Technology for Ageing and Disability Queensland |
| Service address: | 1/23 Ashtan Place BANYO QLD 4014 |
| Commission ID: | 700463 |
| Home Service Provider: | Technology for Ageing and Disability Queensland Inc |
| Activity type: | Quality Audit |
| Activity date: | 22 August 2023 to 24 August 2023 |
| Performance report date: | 19 November 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 Technology for Ageing and Disability Queensland (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24647, 1/23 Ashtan Place, BANYO QLD 4014

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Requirement 7(3)(e) – Ensuring the service is formally monitoring and regularly reviewing the performance of staff.

Requirement 8(3)(c) - Ensuring organisation wide governance systems are in place in relation to continuous improvement, workforce governance and regulatory compliance.

Requirement 8(3)(d) – Ensuring the service has an effective incident management system in place to manage and prevent incidents relating to aged care consumers.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives interviewedstated staff treat them with dignity, respect and staff are friendly and polite. Staff interviewed were able to provide examples of how they ensure they treat consumers in a respectful manner, describing how they take the time to listen to consumers and get to know them as much as they can. The Assessment Team reviewed documentation that supports the service's commitment to a consumer centred approach in service delivery.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. Consumers and representatives interviewed said staff are aware of their culture and background. Staff were able to provide examples of consumers from Culturally and Linguistically diverse backgrounds however, mentioned that due to the nature of the service this is often not something that would apply, as the service has little interactions with consumers. Both the management and the workforce could provide examples demonstrating how services are delivered to meet individual requirements and preferences for each consumer.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is supported to exercise choice and independence. Consumers and representatives interviewed said they are encouraged and able to make their own choices regarding the services they receive. Staff provided instances of service delivery tailored to individual requirements and preferences. Staff understood the consumer's life and situation, which shaped how they provided services. Management demonstrated an understanding and acknowledging of consumer preferences and choices.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives said the services and equipment they receive helps them to live the best life they can. The Occupational Therapist (OT) described how they work with consumers who may wish to take a risk in relation to their choice of equipment.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives said they receive sufficient information to understand the equipment options available, to enable them to make the choice which is best for them. In relation to the home modification process, consumers and representatives were satisfied with the information provided by subcontractors and their manner of communication. The consumer information booklet contains sufficient information about the service, complaint mechanisms, as well as confidentiality and privacy, to enable consumers to make informed choices.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives interviewed advised staff and contractors are respectful of their personal privacy. Consumers and representatives are advised how their personal information will be used and this is outlined in the consumer information booklet. Consumer information is stored in a secure electronic database and electronic files. Staff and subcontractors interviewed described how they maintain privacy and confidentiality of consumer information.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Standard 1 of the Aged Care Quality Standards.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives stated staff involved them in the consumer's assessment and planning of service delivery. Sampled consumers stated they are satisfied the services provided meet their current needs, goals and preferences. Staff were able to identify risks for consumers. Care plan documentation provides detailed information to guide the safe delivery of products and services for each consumer.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives stated they were included in the assessment and planning process and that their products and services meet their needs, goals and preferences. The consideration of end-of-life planning hasn't been evaluated as it does not pertain to the services offered by a goods and equipment and home modification organisation.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning involves the consumer/representatives and others involved in the care of the consumer. Consumers/representatives confirmed they participate in the planning and review of the products and services consumers receive. Staff described how they work in partnership with others, when undertaking assessment and care planning, and communicate regularly regarding changes in requests from consumers/representatives.

Evidence analysed by the Assessment Team showed the service demonstrated outcomes of assessment and planning are effectively communicated to the consumer/representatives and documented in a service agreement where equipment and services are provided. Consumers and representatives interviewed said their service agreements are discussed with them and agreed upon prior to the commencement of services. Consumers/representatives said they were provided with a copy of the signed service agreement and confirmed they are involved if changes are made to the products and services. Staff described processes of documenting the outcomes of assessment and planning. Management advised that outcomes of assessment and review, including consumer’s service needs, goals, preferences are documented and available to all staff.

Evidence analysed by the Assessment Team showed the service demonstrated care and services provided by the organisation meet the consumer’s current needs goals and preferences, safely and effectively. The care and services the organisation provides are updated to apply better practices when available. Ongoing review and assessment are not a requirement for a goods and equipment and home modifications organisation. The organisation primarily offers products and services that are typically one-time occurrences, tailored to individual consumer needs and delivered on demand.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Standard 2 of the Aged Care Quality Standards.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The OT employed at the service is the only staff member responsible for providing clinical care at the service. The OT demonstrated their understanding of each consumer’s needs, goals and preferences relating to the delivery of that care. Staff have access to procedures, and best practice resources such as work instructions on a range of conditions, for example wound and falls management. Care planning documents described the consumer’s current personal and clinical care needs, with sufficient information detailing how goods and services are to be delivered.

Evidence analysed by the Assessment Team showed the service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service has detailed assessment processes for consumers who experience high impact, high prevalence risks. The service demonstrated how it effectively manages high impact or high prevalence risks associated with the goods/equipment of each consumer receiving services. Staff were able to identify specific risks for consumers as well as demonstrate their knowledge from working with the consumer to manage those risks. Care assessment documentation identified strategies and guidance for staff.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers/representatives stated staff know consumers’ needs. Staff confirmed they have access to consumers’ assessments and can identify and document changes to consumers’ health and wellbeing. Care planning documentation demonstrated focused assessments and care plans provide suitable information to support effective and safe services. Management advised they have regular discussions with brokered services and specific service providers when assessments are needed.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers/representatives stated consumers are satisfied with the services delivered by those the consumer has been referred. Staff confirmed referrals are completed in consultation with the consumer/representative. Care planning documents demonstrate referrals to other health professionals and other service providers occurs, when appropriate, and in a timely manner.

Evidence analysed by the Assessment Team showed the service demonstrated the minimisation of infection-related risks through through implementing standard and transmission based precautions and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Consumers/representatives reported consumers have been kept up to date by the service in relation to COVID-19 as it impacts on the services they receive. Staff interviewed understand practical ways to minimise the transmission of infections and understand what signs may indicate infection. Examples given included following an infection control policy, following a screening process prior to undertaking a service with a consumer and wearing personal protective equipment (PPE) as required.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Standard 3 of the Aged Care Quality Standards.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers confirmed they are supported with safe and effective services and supports for daily living that meet their needs, goals and preferences. Staff demonstrated an understanding of what is important to consumers and could describe how they assist the consumer to do as much as they can for themselves and support their independence. Care planning documents were individualised and outlined the products and services to be provided.

Evidence analysed by the Assessment Team showed the service demonstrated services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers/representatives said their services and supports for daily living promote the emotional, spiritual, and psychological well-being of consumers. Staff demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported.

Evidence analysed by the Assessment Team showed the service demonstrated consumers said they are provided with opportunities for social interaction and social connection through the equipment they receive. Care planning documents provide staff with detailed information about each consumer’s goals and how they can be supported to achieve those goals.

Evidence analysed by the Assessment Team showed the service demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumersand representatives reported staff have a good knowledge of their needs and preferences and staff advised they access information about the consumer’s goods/equipment. Care planning documents have sufficient information to guide staff in delivering goods/equipment and services in line with the consumer’s preferences.

Evidence analysed by the Assessment Team showed the service demonstrated the procedure of making prompt referrals to individuals, as well as other organisations, for necessary care, equipment and services. Feedback from consumers and their representatives state that referrals are occasionally initiated in collaboration with OTs and with the consumer's consent. Staff members expressed that they regularly communicate with OTs regarding consumers and their requirements. They also maintain notes to document updates and changes related to home modifications.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Consumers expressed satisfaction with both the service quality and variety of products and services available to them. All staff members installing equipment and modifying homes are fully trained and certified within the building industry as carpenters.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Standard 4 of the Aged Care Quality Standards.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Standard was not assessed as the service does not provide a service environment.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers/representatives advised they feel comfortable contacting the service, the subcontractor or their referring OT or case manager, if they need to provide feedback. Staff described ways they support consumers/representatives to provide feedback.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. On commencement with the service, consumers are provided with an information booklet which contains information about interpreter services, advocates, and external complaint handling bodies. Staff were aware of the different services available to support consumers to raise and resolve complaints. Management confirmed, if a consumer was not happy with the outcome of a complaint, they would refer them to the booklet and encourage them to seek other complaint resolution options.

Evidence analysed by the Assessment Team showed the service demonstrated consumers and representatives advised they have not needed to lodge a complaint with the service. Staff and subcontracted services demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process, although were not aware of the specific term. Subcontracted providers explained how they would rectify work straight away if a complaint was received, or refer it back to the service, as needed.

Evidence analysed by the Assessment Team showed the service demonstrated Although the service does not have a complaints and feedback register, they demonstrated how feedback and complaints are reviewed and used to improve the quality of equipment and services. As complaints are minimal and only one staff member is responsible for home modifications and one is responsible for equipment, staff advised they can therefore easily identify feedback trends.

Based on the evidence summarised above I find the provider, in relation to the service compliant with Standard 6 of the Aged Care Quality Standards.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers/representatives provided positive feedback regarding staff and subcontractors and said they arrive on time and do not feel rushed. Staff have the appropriate qualifications and experience to ensure safe and quality services are provided to consumers. Staff advised they are supported by management to manage their workloads and their workhours are flexible, depending on service need. Management spoke of the strategies put in place to ensure the delivery of safe and quality services and equipment.

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives provided positive feedback in relation to their interactions with staff and subcontractors and said they are kind, caring and respectful. Staff provided examples to demonstrate how they treat each consumer respectfully and ensure they are catering to consumer’s individual needs and preferences. Observations of staff interactions with consumers over the phone, demonstrated a focus on person centred care and respect for consumers as individuals.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed felt staff were competent and can perform their roles effectively. Evidence demonstrated the subcontractors hold the qualifications and experience to carry out the home modification works required. As outlined in Standard 6 Requirement (3)(d), management monitors the competency of contractors through consumer and referring OT feedback and demonstrated they take action when needed.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Staff position descriptions identify the specific requirements of the roles and reflect not only the skills and experience needed, but the behavioural competencies required to succeed in the role. Staff induction processes have formal components and informal on the job learning and mentoring by the person currently undertaking the role.

Evidence analysed by the Assessment Team showed the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. The service does not currently have appropriate processes in place to assess, monitor and review staff performance. The service is currently not undertaking formal performance reviews with staff and consequently does not have a formal process in place to identify training needs or areas for improvement. Staff confirmed they have not had an individual performance assessment completed. Management confirmed that a formal performance assessment process has not been completed in recent years. Although informal processes are in place, and formal processes are commencing in coming months, at the time of the Quality Assessment, regular assessment and monitoring of the performance of each member of the workforce is not being completed.

Based on the evidence summarised above I find the provider, in relation to the service non-compliant with Standard 7 of the Aged Care Quality Standards.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Due to the short-term and transactional nature of the service, there are limited options for consumer engagement on an ongoing basis. However, the service demonstrated how they engage with consumers and develop an understanding of their service needs, through consumer feedback and understanding the individual needs of consumers.

Evidence analysed by the Assessment Team showed the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The board is accountable for the delivery of a culture of safe, inclusive and quality care and services. The board remains informed through formal governance and reporting pathways, as well as hands-on involvement with the service, in order to satisfy itself that standards are being met. The board meets bi-monthly and have various backgrounds and specialist experience, such as occupational therapy, nursing, health care management and a former consumer’s representative.

Evidence analysed by the Assessment Team showed the service did not demonstrate appropriate and effective organisation-wide governance systems relating to continuous improvement, workforce governance and regulatory compliance.

1. Information Management

An electronic consumer management system supports service delivery and information is held securely, being password protected, with cyber-security measures in place to support information security and continuity of services.

1. Continuous Improvement

The service does not have a continuous improvement plan in place, as required by this requirement. Even though a formal document is not in place, management provided examples of how they assess, monitor and improve the quality of the services and equipment provided.

1. Financial Governance .

Financial governance systems and processes are in place to manage the finances and resources needed to deliver services. Management maintain oversight of CHSP grant funding and expenditure, with financial reports reviewed and discussed at board meetings. Funding

1. Workforce Governance

Although the service has processes in place to ensure staff and subcontractors have a clear understanding of their roles and staff work under their appropriate scope of practice, the service was not able to demonstrate they have appropriate and effective organisation-wide governance systems.

1. Regulatory Compliance

The service did not have processes in place to keep up to date with all relevant legislation and regulatory requirements.

1. Feedback and Complaints

The organisation seeks consumer/representative feedback and deals with complaints fairly, promptly, confidentially and without retribution. Feedback and complaints are monitored by management and the governing body remain informed. Refer to Standard 6 for further information.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective risk management systems and practices.

1. Managing high-impact or high-prevalence risks

Risks to the health and well-being of individual consumers are identified during the initial intake process. Most consumers are referred to the service due to risks, mainly in relation to falls. Consumers can access appropriate equipment or a home modification which will reduce this risk from occurring.

1. Identifying and responding to abuse and neglect of consumers

Although elder abuse training is not formally completed, management advised that fortnightly staff meetings have included discussions on different topics relating to abuse and neglect of consumers. Management also advised that due to the short-term nature of their service, and that many of their interactions are over the phone or via a referring OT or case manager, staff are not close enough to consumers to identify elder abuse.

1. Supporting consumers to live the best life

The service actively supports consumers to live the best life they can, through the provision of equipment, which improves their quality of life and access to the community. Equipment and home modifications reduce the possibility of risks occurring and the impact they have on consumers.

1. Managing and preventing incidents

Although the service has an incident management system in place and an incident management policy, both refer to National Disability Insurance Scheme (NDIS) consumers only. In addition, as outlined in Requirement 8(3)(c) the service was not aware of the Serious Incident Response Scheme and the requirement to notify the Commission as needed. The policy is titled, ‘Incident Management and Reportable Incidents (NDIS Participants) Policy’ and refers only to NDIS participants. The incident management system has incident forms to complete, however, the information on the system refers specifically to circumstances that occur in connection with providing NDIS supports or services. Management acknowledged this deficit and will update the policy and the incident management system.

Evidence analysed by the Assessment Team showed the service demonstrated where clinical care is provided, a clinical governance framework is implemented. The service has one OT who provides clinical services relating to the assessment of consumer equipment needs. Even though a clinical governance framework is not in place, the service has systems and supports in place to ensure the delivery of safe and effective care. The OT has regular mentoring with a qualified board member and receives ongoing training appropriate to their role. The OT demonstrated an awareness of restrictive practices and advised equipment deemed a restraint would not be recommended. The service demonstrated open disclosure is used when dealing with complaints and feedback.

Based on the evidence summarised above I find the provider, in relation to the service non-compliant with Standard 8 of the Aged Care Quality Standards.

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