The City of Melbourne Community Services

Performance Report

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| **Address:** | 90-120 Swanston Street MELBOURNE VIC 3000 |
| **Phone:** | 03 9658 9927 |
| **Commission ID:** | 300202 |
| **Provider name:** | The City of Melbourne |
| **Activity type:** | Quality Audit |
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# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* City of Melbourne Community Aged Care Package (CACP) Program, 18742, 90-120 Swanston Street, MELBOURNE VIC 3000

**CHSP:**

* Social Support Group, 4-B87D5R4, Kathleen Syme Library and Community Centre, 251 Faraday Street, CARLTON VIC 3053

# Overall assessment of Services

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| CHSP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| CHSP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Compliant |
| CHSP | Not Applicable |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Compliant |
| CHSP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Applicable |
| CHSP | Compliant |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Compliant |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Compliant |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Compliant |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Compliant |
| CHSP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Compliant |
| CHSP | Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |
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| Standard 8 Organisational governance | HCP | Compliant |
| CHSP | Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 8(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Ten of ten consumers and/or representatives interviewed stated consumers are treated with dignity and respect and their culture and identity are valued at all times. Care documentation records analysed by the Assessment Team showed what is important to each consumer in relation to their culture and background. Staff interviewed by the Assessment Team provided examples of ways they implement dignity and respect in practice, including listening to consumers, having respectful conversations and helping them use all their skills and abilities. The Assessment Team analysed organisational documentation including a Council Plan 2022-2025, branch operational plan 2022-2023, organisational cultural inventory specifying staff behaviours and expectations and a staff code of conduct show that the City of Melbourne service which proved it welcomes consumers of diverse cultures, backgrounds, identities and abilities.

Ten of 10 consumers and/or representatives interviewed stated in various ways that staff understand consumers’ cultural needs and preferences and consumers feel supported and safe in care. Evidence analysed by the Assessment Team showed care documentation reflects basic information on consumer backgrounds, family connections and any cultural needs and preferences. Staff interviewed by the Assessment Team showed they are familiar with the cultural needs of individual consumers and said they ask consumers about their culture, greet them in their preferred language and participate in ongoing cultural diversity and safety training. Organisational and service information including staff training information and an ‘Inclusive Melbourne’ organisational strategy, together with multilingual information lines and translation services show support for cultural safety.

Nine of 9 consumers and/or representatives interviewed by the Assessment Team were satisfied the service makes it easy for them to make choices and decisions about how services are delivered, who is involved in consumer care and support for connections with others. Evidence analysed by the Assessment Team showed consumer file documentation identifies consumer choices and decisions about care and services and any substitute decision makers. Staff interviewed by the Assessment Team described how they support consumer choices and decisions, including asking consumers how they want things done, providing choices and enabling them to select their level of engagement in activities. Evidence analysed by the Assessment Team showed the service provides written information to consumers, including in information packs, about their rights to exercise choice and independence.

Nine of 9 consumer and/or representatives interviewed by the Assessment Team described in various ways their satisfaction that the service supports consumers to live their best life. Five of 5 consumers and/or representatives interviewed by the Assessment Team stated support for consumer opportunities occurs even when some degree of risk is involved. Consumer file documentation analysed by the Assessment Team showed examples of identified risk and while consumer documentation does not always capture risk management strategies, staff know consumers well and strategies to mitigate identified risks while supporting service participation are implemented. Staff interviewed by the Assessment Team described support and assistance measures to ensure consumers are as safe as possible, including staff vigilance, assistance with bus transport to social support groups, the organisation of delivered meals as needed and encouragement for consumers to use mobility aids. Evidence analysed by the Assessment Team showed the service has systems that promote consumer policies that address choice, risk taking and dignity of risk.

Nine of 9 consumers and/or representatives interviewed by the Assessment Team were satisfied they are provided with sufficient, timely and clear information to assist their choices and decisions related to care and services. Staff interviewed by the Assessment Team described ways they communicate with consumers of diverse backgrounds including the use of multilingual staff and translation services as needed. Evidence analysed by the Assessment Team showed information is provided to consumers including a service information pack, monthly digital newsletters or quarterly printed newsletters quarterly newsletters, illustrated social support group program calendars, emails, letters, phone calls and the organisation’s website. Management demonstrated to the Assessment Team that information for consumers is regularly reviewed and is provided in main community languages or in large font as needed. Evidence analysed by the Assessment Team showed organisational documents includes information on language service resources and organisational multilingual information lines.

Nine of 9 consumers and/or representatives interviewed by the Assessment Team were satisfied consumer privacy and confidentiality are respected. File review completed by the Assessment Team showed consumer information is maintained confidentially and password protected, with access according to roles. Staff interviewed by the Assessment Team provided examples of ways they protect consumer privacy and confidentiality, including ensuring privacy during personal care, not disclosing any consumer or service information and securing confidential personal and health information. Evidence analysed by the Assessment Team showed the system to promote privacy and confidentiality includes an information privacy framework, information share consent forms, a staff code of conduct and a privacy fact sheet in the consumer information pack.

The Quality Standard for the Home care packages services are assessed as Compliant as six of the six specific requirements have been assessed as Complaint.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and/or representatives interviewed by the Assessment Team confirmed discussions regarding care and services is completed in partnership with the consumer and others they wish to be involved. Consumer files analysed by the Assessment Team demonstrated correspondence with a range of other providers of care and services including medical practitioners, allied health and nursing care. The Assessment Team noted a review of HCP consumer files identified external subcontracted agencies routinely provide correspondence to the service and consumers, where required, regarding initial and on-going assessments and changes to services, were appropriate. Staff demonstrated an awareness of the range of other care and services available to consumers during interviews with the Assessment Team.

Consumers and/or representatives interviewed by the Assessment Team confirmed that staff explain the services available and they receive documented information including a copy of their care plan, if required. Evidence analysed by the Assessment Team showed the service has processes and procedures to ensure consumers or their representative have been involved in the initial assessment and on-going care planning and they receive a copy of the same. The Assessment Team noted based on interviews that management and staff demonstrated an understanding of the need to offer a copy of the consumer care plan, should they wish to have one.

Evidence analysed by the Assessment Team showed not all consumers of the CHSP program have been fully assessed on entry to the service/s, including their personal and health care needs. Evidence analysed by the Assessment Team showed where assessments are partially completed, the information is not transposed into the consumer care plans.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate it has processes and procedures to identify and address consumer current needs, goals and preferences. Evidence analysed by the Assessment Team showed the service does not have initial or on-going processes or procedures to prompt and record advance care planning or end of life wishes with consumers and/or representatives. For further evidence and examples refer to the specific requirements.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate a robust consumer review or re-assessment process and procedure. Evidence analysed by the Assessment Team showed the service does not have robust processes and procedures to identify when a consumer needs a review or re-assessment. Evidence analysed by the Assessment Team showed consumer care plans are not routinely updated to reflect progress with their goals or the cessation and/or creation of new goals. For further evidence and examples refer to the specific requirements.

The Quality Standard for the Home care packages services are assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant. For further evidence and examples refer to the specific requirements.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

**CHSP**

The Assessment Team analysed four CHSP consumer files and identified they were incomplete of information. During interviews with the Assessment Team management stated the service utilises the My Aged Care (MAC) and the Regional Assessment Team assessments to refer to, although a range of information, including LGBTQI, spirituality and emotional support is not collected in these tools and therefore does not appear in the consumer’s assessment or subsequent care plan.

Evidence analysed by the Assessment Team showed the service does not conduct assessments to determine the risk to the organisation or consumer, such as meal management and mobility. Evidence analysed by the Assessment Team showed the service facilitates routine external luncheons for consumers as part of their outings program. The Assessment Team noted while ‘eating well’ is a domain in the service assessment tool this information has been gathered from external sources and it does not prompt inquiries from the service about consumer dietary requirements, swallowing difficulties, meal assistance and likes and dislikes.

Evidence analysed by the Assessment Team showed the consumer care plans do not include information gathered from their initial assessment, for example past, present and future hobbies and interests, mobility, eating, vision/hearing and personal care requirements.

Consumer A (CHSP), when interviewed by the Assessment Team expressed an interest in participating in Poker. The Assessment Team reviewed Consumer A’s assessment, and noted it showed Poker was one of Consumer A’s recorded interests, although evidence showed this was not pursued by the service. Consumer A is from a culturally and linguistically diverse background. The Assessment Team noted while Consumer A’s assessment reflects her nationality, it does not include Consumer A’s language or spirituality. Consumer A entered the service in October 2021, although Consumer A’s care plan was not completed until December 2021. Consumer A participates in the external luncheon activity, although the Assessment Team noted the service assessment does not include any prompts to identify her meal management requirements.

Consumer B (CHSP) assessment notes analysed by the Assessment Team showed Consumer B ‘wants to get out of the house’ although this is not recorded in Consumer B’s care plan. Consumer B’s progress notes of 22 July 2022 indicate Consumer B ‘has severe back pain that prevents him from carrying out his normal activities of daily living’, the Assessment Team noted no follow up of this matter has occurred. Evidence analysed by the Assessment Team showed while Consumer B’s assessment reflects Consumer B’s nationality, it does not include Consumer B’s language or spiritual belief/s. Evidence analysed by the Assessment Team showed Consumer B participates in the external luncheon activity. The Assessment Team noted the service assessment does not include any prompts to identify Consumer B’s meal management requirements.

**HCP**

Evidence analysed by the Assessment Team showed not all consumers of the HCP program have been fully assessed on entry to the service/s, including their personal and health care needs. The Assessment Team analysed evidence which showed where assessments are partially completed, the information is not transposed into the consumer care plans. Evidence analysed by the Assessment Team showed the service does not have documented processes, procedures or guidelines to manage consumer assessment, care planning, review and reassessment. During interviews with the Assessment Team staff did not demonstrate an understanding the Requirements, within the Quality Standards regarding consumer assessment and care planning.

The Assessment Team noted of the six HCP files reviewed one consumer had not had an assessment conducted on entry to the service. The Assessment Team noted a further five consumer files were incomplete of information such as the pre-home risk screening tool, and not all domains have been populated such as diversity, social and community networks, health management including medicines, nutrition and swallowing, vision, hearing and cognition.

Evidence analysed by the Assessment Team showed the service does not conduct assessments to determine the risk to the organisation or consumer, such as incidents and wounds. Further evidence analysed showed the consumer care plans do not include information gathered from their initial assessment.

Consumer C (HCP L4) entered the service on 24 November 2020. The Assessment Team noted while there is evidence that the co-ordinator attended Consumer C’s home on 3 December 2020, to sign the entry agreement and offer the Charter of Rights, evidence analysed by the Assessment Team showed no assessment was completed. As a result, the Assessment Team noted no information regarding his needs and preferences were recorded.

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| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

**CHSP**

The Assessment Team analysed evidence and noted four of four files reviewed for the CHSP program did not include information to prompt or record consumer advanced care or end of life plans including Consumer A (CHSP), Consumer B (CHSP) Consumer D (CHSP) and Consumer E (CHSP).

The Assessment Team analysed evidence which showed the service does not re-assess or update consumer care plans post an incident or discharge from hospital.

The Assessment Team analysed evidence which showed the service does not have a policy or procedure that deals with consumer advance care planning or end of life wishes.

Evidence analysed by the Assessment Team showed staff have not participated in training for consumer advance care planning or end of life wishes. During interviews with the Assessment Team Management stated the services continuous improvement plan notes awareness by the service of the need to introduce advanced care planning and end of life processes and procedures to support consumers.

**HCP**

Evidence analysed by the Assessment Team showed the service was unable to demonstrate it has processes and procedures to identify and address consumers current needs, goals and preferences. Evidence analysed by the Assessment Team showed the service does not have initial or on-going processes or procedures to prompt and record advance care planning or end of life wishes with consumers and/or representatives.

Evidence analysed by the Assessment Team showed six of six files reviewed for the HCP program did not include information to prompt or record consumer advanced care or end of life plans including Consumer E (HCP L4), Consumer F (HCPL4), Consumer G (HCP L4) and Consumer H (HCPL4). The Assessment Team analysed evidence and found:

* The service does not re-assess, or update consumer care plans post an incident or discharge from hospital.
* The service does not have a policy or procedure that deals with consumer advance care planning or end of life wishes.
* Management stated they give consumers and/or representatives information brochures, although they would strengthen this component of consumers initial assessment to the service.
* The Assessment Team reviewed the service August 2021 newsletter and noted the advertising of an end of life information session namely, ‘Dying to Know Day’.
* Staff have not participated in training for consumer advance care planning or end of life wishes.
* Management said and the service continuous improvement plan notes awareness by the service of the need to introduce advanced care planning and end of life processes and procedures to support consumers.

For further information and evidence refer to Requirement 2(3)(a).

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| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

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| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Evidence analysed by the Assessment Team showed the service was unable to demonstrate a robust consumer review or re-assessment process and procedure. Evidence analysed by the Assessment Team showed the service does not have robust processes and procedures to identify when a consumer needs a review or re-assessment. Evidence analysed by the Assessment Team showed consumer care plans are not routinely updated to reflect progress with their goals or the cessation and/or creation of new goals.

**CHSP**

The Assessment Team analysed evidence which showed while the service conducts an annual internal re-assessment, the process used does not effectively identify the current risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. The Assessment Team analysed evidence which showed the service does not have access to and therefore does not utilise a range of effective review, re-assessment tools or prompts to determine consumer current goals, needs and preferences. The Assessment Team analysed further evidence and found:

* Evidence analysed by the Assessment Team showed the service does not routinely re-assess consumers when they have experienced an incident or period of hospitalisation.
* Consumer care plans did not evidence a review of consumer goals. While staff undertake annual discussions with consumers, these are in the main conversations, located in progress notes and reflect their general wellbeing and are not directly linked to the consumer goals.
* Where a consumer pre-home risk screening is completed, it is not reviewed and subsequently updated to reflect any changes.
* While the service has broad guidelines for re-assessment of HCP consumers, there are no re-assessment guidelines for CHSP consumers to allow staff to determine under what circumstances a consumer review or re-assessment might occur and the procedures to undertake the review or re-assessment.
* Management and staff interviewed by the Assessment Team stated they rely on consumers or their representative to inform them of any changes to their care and service needs and preferences, although went on to say they would strengthen this process.

The Assessment Team analysed evidence and found four of four consumer files reviewed noted telephone discussions with consumers regarding their general well-being, although the service does not conduct reviews or re-assessments to determine consumer progress or achievement of their goals, cessation and or development of new goals, changes to their health or interests, or representative details including Consumer I (CHSP), Consumer J (CHSP) Consumer K (CHSP) and Consumer L (CHSP).

**HCP**

Evidence analysed by the Assessment Team showed the service was unable to demonstrate a robust consumer review or re-assessment process and procedure. Evidence analysed by the Assessment Team showed the service does not have robust processes and procedures to identify when a consumer needs a review or re-assessment. Evidence analysed by the Assessment Team showed consumer care plans are not routinely updated to reflect progress with their goals or the cessation and/or creation of new goals. Further evidence analysed by the Assessment Team showed:

* While the service conducts an annual internal re-assessment, the process used does not effectively identify the current risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.
* The service does not have access to and therefore does not utilise a range of effective review, re-assessment tools or prompts to determine consumer current goals, needs and preferences.
* The service does not routinely re-assess consumers when they have experienced an incident or period of hospitalisation.
* Consumer care plans did not evidence a review of consumer goals. While staff undertake annual discussions with consumers, these are in the main conversations, located in progress notes and reflect their general wellbeing and are not directly linked to the consumer goals.
* Management and staff said they rely on consumers or their representative to inform them of any changes to their care and service needs and preferences, although went on to say they would strengthen this process.

Additional examples include:

Evidence analysed by the Assessment Team showed Consumer J (HCP L4) has a diagnosis of Type 1 diabetes, amputated toes and has a severe wound on Consumer J’s right foot. Evidence analysed showed Consumer J attended hospital on 8 February 2021 for treatment to Consumer J’s foot wound, Consumer J was not re-assessed, and Consumer J’s care plan was subsequently not updated, by the service, post discharge.

Evidence analysed by the Assessment Team showed Consumer K (HCP L3) pre-home risk screen has not been updated since 2018. Consumer K has experienced 3 years between re-assessments, from 14 January 2019 to 9 June 2022.

Evidence analysed by the Assessment Team showed Consumer L (HCP L4) care plan states ‘prompt to eat lunch daily, domestic assistance’, although Consumer L’s care plan has not been updated to reflect the cessation of domestic assistance and meal support, which occurred on 18th July 2022. Evidence analysed showed Consumer L’s file does not include information that Consumer L is currently in hospital.

# STANDARD 3 Personal care and clinical care

# HCP Compliant CHSP Not Applicable

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

All consumers and/or representatives interviewed by the Assessment Team stated that consumer care is tailored to their meet needs. Evidence analysed by the Assessment Team showed consumer clinical care is subcontracted to a range of nursing services. The service advised the Assessment Team that they have only one consumer receiving nursing services in the form of wound management. The Assessment Team reviewed and analysed the subcontracted nursing service care plan which describes Consumer K wound dressing regime, including frequency, emollients and dressing types. Evidence analysed by the Assessment Team showed the weekly subcontracted service correspondence also includes photographs of his wound and progress with healing. Evidence analysed by the Assessment Team showed the subcontracted nursing staff member said they have access to his wound regime instructions, which are in line with his second weekly hospital wound management clinic visits.

All consumers and/or representatives interviewed by the Assessment Team stated consumer care is managed well. Evidence analysed by the Assessment Team showed the service operates an incident report and management system which outlines consumers who may be experiencing a wound or requires support should they experience an incident. Evidence analysed by the Assessment Team showed the service has one only consumer who has a wound and this is managed in line with documented instructions. The co-ordinator during interviews with the Assessment Team described the process for supporting consumers who may experience high impact, high prevalence risks and was able to demonstrate the service approach in these circumstances.

The service reported to the Assessment Team no consumers are nearing their end of life and they do not currently have any consumers who are diagnosed palliative. Evidence analysed by the Assessment Team showed the service has access to a range of nursing subcontractors who are available to deliver consumer care and services, if required. In addition, the Assessment Team noted the service liaises with specialised palliative care teams and medical practitioners when a need is identified. During interviews with the Assessment Team the co-ordinator demonstrated an understanding of what to do in the event a consumer was identified as nearing their end of life or diagnosed as palliating.

All consumers and/or representatives interviewed by the Assessment Team expressed confidence that staff would know if their health changed and the service would be able to act accordingly. Subcontracted staff interviewed by the Assessment Team stated that they are required to provide feedback at the end of each period of service via an electronic App. The co-ordinator when interviewed by the Assessment Team stated they rely on feedback from consumers, their representatives and staff to identify and report changes in consumer needs, which are acted upon in a timely manner.

Consumer representatives interviewed by the Assessment Team stated they are satisfied that the providers of care and services is communicated, in a timely manner. Evidence analysed by the Assessment Team showed the service demonstrated that information about consumer’s condition, needs and preferences is effectively communicated within the organisation and with others where care is shared. Evidence analysed by the Assessment Team showed co-ordination staff record information about consumers’ care and service delivery needs and preferences into consumer electronic progress notes, where required. A review of consumer files completed by the Assessment Team identified regular communication from the providers of subcontracted services. Subcontracted staff confirmed during interviews with the Assessment Team they receive up to date information from the service and others involved in the consumers care

Consumer representatives interviewed by the Assessment Team stated they are aware of other providers of care and services, which attend as and when required. A review of consumer files completed by the Assessment Team identified information relevant to consumers care needs is consistently communicated to other organisations and providers of other care and services. Evidence analysed by the Assessment Team showed the service has established subcontracting services with a range of providers including nursing and allied health. Evidence analysed by the Assessment Team showed subcontracted services are notified of a consumer need for assessment and as such complete relevant documentation and forward this to the service for approval and or action, as required. A review of consumer documentation completed by the Assessment Team demonstrated frequent communication for subcontracted services including assessments and recommendations, care plans and wound photographs.

Consumers and/or representatives interviewed by the Assessment Team stated staff adhere to robust infection control practices including undertaking pre-entry COVID-19 questioning, wearing face masks and frequent hand sanitising. Evidence analysed by the Assessment Team showed the service has provided all staff with infection control training and access to a range of personal protective equipment. Staff demonstrated an awareness of infection control practices and procedures during interviews with the Assessment Team.

The Quality Standard for the Home care packages services are assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Applicable as seven of the seven specific requirements have been assessed as Not Applicable.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Not Applicable |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Not Applicable |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Not Applicable |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

All consumers interviewed by the Assessment Team stated that they get the services and support for daily living that are important for their health and well-being, and that enables them to do the things they want to do and maintain their independence and quality of life. Evidence analysed by the Assessment Team showed the service has processes and procedures to identify consumer activity needs and preferences. The Assessment Team observed consumers engaged in an exercise activity, with instructions translated by a staff member, for those consumers from CALD backgrounds. During interviews with the Assessment Team staff were able to describe what is important to consumers and provided examples of how they support them to do the things they like.

All consumers interviewed by the Assessment Team expressed a high level of satisfaction with the support provided by activity staff. Evidence analysed by the Assessment Team showed the emotional and psychological needs of consumers are identified and supported, where required. Evidence analysed by the Assessment Team showed the service has processes and procedures to identify supports for daily living to promote individual consumers emotional and psychological well-being including access to OPAN network and Grief line, should it be required. During interviews with the Assessment Team staff demonstrated a good understanding of what to do in the event a consumer’s emotional well-being has been affected. Evidence analysed by the Assessment Team showed where a consumer is identified as vulnerable the service conducts weekly welfare check phone calls.

Consumers interviewed by the Assessment Team described being supported to maintain contact with the people important to them, and to continue to do the things of interest. The Assessment Team noted the service demonstrated how it supports consumers to maintain social relationships including maintaining contact with the wider community. During interviews with the Assessment Team staff demonstrated an understanding of the need for consumers to have social and personal relationships and continue to do the things of interest to them. The Assessment Team observed consumers interacting with each other and the staff in a positive way during an exercise activity. Co-ordination staff interviewed by the Assessment Team stated and the Assessment Team observed a range of activities that are available through the broader City of Melbourne library community program.

All consumers interviewed by the Assessment Team stated they are satisfied their needs and preferences are communicated within, and with others where responsibility for their services are shared. The Assessment Team noted the service demonstrated it communicates the needs and preferences of the consumer within the service and with others where care is shared. Staff interviewed by the Assessment Team demonstrated an understanding of the need to communicate and document consumer needs and preferences within the service, where required.

Consumer file reviews completed by the Assessment Team confirmed that referrals are made to other providers of care and services, where applicable. Management when interviewed by the Assessment Team stated referrals occur as needed and demonstrated an understanding of entering consumers additional needs into the My Aged Care (MAC) portal, where required. Evidence analysed by the Assessment Team showed the service retains a list of preferred providers, which is also available to consumers and their representatives. The co-ordinator when interviewed by the Assessment Team was able to describe the process for referral, should it be required. During interviews with the Assessment Team staff demonstrated an understanding of the other services available to consumers.

All consumers interviewed by the Assessment Team expressed a high level of satisfaction with the variety, quality and quantity of the meals consumed on outings. Evidence analysed by the Assessment Team showed all proposed luncheon meal outings are reviewed with consumers and their cultural needs and preferences are discussed and accommodated. During interviews with the Assessment Team staff demonstrated an understanding of the process for meal provision to consumers.

All consumers interviewed by the Assessment Team stated the service has adequate supplies of activity related equipment which is safe, clean and well-maintained. Evidence analysed by the Assessment Team showed the service does not provide any equipment, (other than activity related, and personal protective equipment, such as face masks) to individual consumers. During interviews with the Assessment Team staff stated the service has sufficient, well maintained activity equipment to support consumer needs and preferences.

The Quality Standard for the Home care packages services are assessed as Compliant as six of the six applicable requirements have been assessed as Compliant. Requirement 4(3)(f) is Not Applicable and therefore not assessed.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

All consumers and/or representatives interviewed by the Assessment Team provided positive feedback regarding the welcoming service environment which provides for social interactions and a sense of belonging. The Assessment Team noted the service was observed to be welcoming and offers generous communal space to optimise consumer engagement and interaction. The Assessment Team observed and noted positive interaction between consumers and staff during an exercise activity. During interviews with the Assessment Team staff described how they make consumers feel welcomed by providing a warm, home like environment.

All consumers and/or representatives interviewed by the Assessment Team stated that they were satisfied the service environment is clean, comfortable and enables free movement indoors and out. Evidence analysed by the Assessment Team showed the environment is subject to routine building and emergency maintenance inspections by both internal staff and external qualified trades and services personnel. The Assessment Team observed and noted operating exit lights, fire extinguishers with correctly dated tags, and general lighting and heating and cooling systems to be in good order. Staff interviewed by the Assessment Team stated the environment is always kept clean, well maintained and comfortable and explained the process of notifying management when maintenance or comfort issues are identified, which are attended to in a timely manner.

All consumers and/or representatives interviewed by the Assessment Team stated that the furniture and equipment are clean and suitable for consumer use. The Assessment Team observed and noted the furniture, fixtures and fittings to be safe, clean, well maintained and suitable for consumers. The Assessment Team noted equipment and supplies were stored in a neat and safe manner, with appropriate storage where required. Staff interviewed by the Assessment Team stated they are satisfied the furniture, fittings and equipment are clean, fit for purpose and the maintenance system operates effectively.

The Quality Standard for the Home care packages services are assessed as Not Applicable as three of the three specific requirements have been assessed as Not Applicable.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Nine of nine consumers and/or representatives interviewed by the Assessment Team stated in various ways they know how to provide feedback or complaints and they feel safe to do so. Feedback obtained during these interviews included that if consumers needed to complain they would talk to service management. Staff interviewed by the Assessment Team provided examples of the ways they support consumers and others to provide feedback and make complaints. Evidence analysed by the Assessment Team showed the established feedback and complaint system includes a fact sheet on feedback, suggestions or complaints for the information of consumers and representatives, discussions with consumers, organisational complaint resolution policy with instructions, a complaints register and complaint information on the City of Melbourne website.

Nine of nine consumers and/or representatives interviewed by the Assessment Team were satisfied they could raise a complaint or use an advocate or external complaint organisation. Evidence analysed by the Assessment Team showed access to language and communication services is available. Staff and management interviewed by the Assessment Team described ways they make consumers and representatives aware they can provide feedback and complaints through an advocate or external complaint service. Evidence analysed by the Assessment Team showed advocacy and complaint fact sheets in consumer information packs document each consumer’s right to be represented by an advocate and provide contact details and information about external complaints.

Seven of seven consumers and/or representatives interviewed by the Assessment Team were satisfied that any feedback or concerns raised are actioned to their satisfaction. Evidence analysed by the Assessment Team showed complaints are registered and actioned. Review of training records completed by the Assessment Team confirmed internal staff participation in customer experience training that includes complaint handling. Staff interviewed by the Assessment Team described how any complaints would be escalated to management to be actioned. Management and relevant staff described, when interviewed by the Assessment Team, the procedure for open disclosure which is used as appropriate in complaint resolution. Evidence analysed by the Assessment Team showed the organisation and service has a recently strengthened complaint policy accessible on the organisation’s website, including information about the 4-tiered escalation process.

Seven of seven consumers and/or representatives interviewed by the Assessment Team were satisfied the service listens to their views and the organisation is responsive to feedback and any complaints. Management showed the Assessment Team that complaints are documented and reviewed for trends. Evidence analysed by the Assessment Team showed the organisation has complaint escalation and reporting processes and services show quality improvements are identified and actioned following feedback and complaints.

The Quality Standard for the Home care packages services are assessed as Complaint as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Eight of nine consumers and/or representatives interviewed by the Assessment Team stated in different ways that there are enough of the right staff to ensure consumers receive care and services that meet their needs, goals and preferences. Staff interviewed by the Assessment Team stated they have enough time to provide safe, quality care and service delivery. Evidence analysed by the Assessment Team showed the CHSP social support service has a small, part time workforce and any unplanned shift vacancies are filled through the use of available staff or the use of agency staff as a last resort. Evidence analysed by the Assessment Team showed HCP services are delivered through contracted services, with an internal leadership team. Evidence analysed showed there is an organisational approach to workforce planning with organisational workforce plans to guide workforce planning.

Nine of 9 consumers and/or representatives interviewed by the Assessment Were satisfied staff are respectful, kind and caring. Staff interviewed by the Assessment Team described examples of ways they respond to the diverse needs of consumers, including sharing respectful conversations, asking the consumers how they want things done and respecting their cultures. Evidence analysed by the Assessment Team showed position descriptions for staff for both the HCP program leaders and CHSP social support groups include value-based requirements of respect and integrity, advocating for vulnerable clients, the ability to build rapport and a caring approach. Organisational and service documents analysed by the Assessment Team showed the organisation’s commitment to respectful care and services. The Assessment Team observed and noted staff at a social support group (CHSP) showing kindness and caring during interactions with consumers and observed HCP staff speaking about consumers with respect.

Eight of 8 consumers and/or representatives interviewed by the Assessment Team stated in different ways that staff are competent, with the knowledge to perform their jobs effectively. Staff interviewed by the Assessment Team explained how they have the qualifications, skills and knowledge to confidently perform their roles. Evidence analysed by the Assessment Team showed the organisation has established processes to ensure the workforce is competent with the qualifications and knowledge for effective performance. Evidence analysed by the Assessment Team showed the service uses information from observation, feedback from consumers and representatives and ongoing staff contact as appropriate to identify workforce competency. The Assessment Team noted a probationary period applies, with checks at designated intervals, to ensure staff can effectively perform their roles.

Eight of eight consumers and/or representatives interviewed by the Assessment Team were satisfied that staff are able to deliver quality consumer care and services. Staff interviewed by the Assessment Team described the induction, support and supervision implemented to support them in their roles and described the ongoing training they are required to complete. Workforce training records analysed by the Assessment Team showed organisational staff participation in required training is monitored by management and learning and development staff. Evidence analysed by the Assessment Team showed staff with outstanding learning and development requirements are prompted to complete their training. The Assessment Team noted contracted staff stated they complete training required by their own organisation.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated in different ways that they were satisfied with staff performance and said they would report any staff performance concerns to supervisors. Internal staff interviewed by the Assessment Team stated their ‘goals & performance appraisal’ occurs yearly, with checks at specific intervals throughout the year and ongoing frequent contact with their supervisor. Contracted staff interviewed by the Assessment Team stated their performance is monitored through feedback from consumers and representatives to their organisation. During interviews with the Assessment Team management described as needed, frequent communication with contracted service providers and said performance is monitored through consumer and representative feedback by telephone, through contact home visits and through reports from clinicians.

The Quality Standard for the Home care packages services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall consumers and/or representatives interviewed by the Assessment Team were satisfied their views about the consumer experience of care and services, and their ideas for improving the service, are sought. Consumers and/or representatives when interviewed by the Assessment Team described different methods of providing feedback including completing annual surveys, discussions at social support groups and talking to management and staff over the telephone or face to face. Staff and management interviewed by the Assessment Team described how they support consumers to be involved in service development, delivery and evaluation to the extent that they wish. Evidence analysed by the Assessment Team showed support mechanisms for consumer engagement include direct contact between consumers, management and staff, service specific surveys, invitations to engagement forums and advisory committees and a ‘contact us’ platform on the organisation’s website.

The Assessment Team noted the service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, promotes quality care and services and is accountable for their delivery. Evidence analysed by the Assessment Team showed the organisation has developed a Council Plan 2022- 2025 that incorporates strategic objectives related to safety, quality and inclusion. Evidence analysed by the Assessment Team showed the branch operational plans require quarterly and annual program outputs to be reported against targets. The Assessment Team noted the governing body is responsible for overseeing the strategic direction of the organisation and monitoring safety, inclusion and quality in relation to care and services. Evidence analysed by the Assessment Team showed the Council satisfies itself that the Quality Standards are being met through established reporting and meeting structures that provide information and advice to the governing body to meet responsibilities and to maintain oversight.

Evidence analysed by the Assessment Team showed the service has effective organisation wide governance systems to monitor information systems, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

**Information management**

The Assessment Team noted based on evidence analysed that the organisation has established information management systems that support information management. The Assessment Team noted these include policies and processes to manage information and electronic information software. Evidence analysed showed information is maintained securely and information privacy policies apply.

**Continuous improvement**

Evidence analysed by the Assessment Team showed service plans for continuous improvement and discussions with management, staff, consumers and representatives show ongoing improvements occur. The Assessment Team noted opportunities for improvement are identified through the feedback and complaint systems, incidents, analysis of survey feedback and best practice recommendations.

#### Financial governance

Evidence analysed by the Assessment Team showed financial reports are generated and variances are explained by staff and management. The Assessment Team noted financial governance is overseen by the organisation’s finance sub-committee which reports regularly to Council in relation to the organisation’s financial position.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

Evidence analysed by the Assessment Team showed the workforce governance is overseen by the organisation’s management who work with the People, Culture and Leadership team to ensure workforce governance. The Assessment Team noted processes include workforce recruitment, position descriptions, staff education and a staff performance management system.

**Regulatory compliance**

Management during interviews with the Assessment Team stated there have been no adverse findings by another regulatory agency or oversight body in the last twelve months. Evidence analysed by the Assessment Team showed the organisation maintains up to date information on regulatory requirements through peak body memberships, local government association memberships, legislative update services, and government notifications. The Assessment Team noted the organisation’s legal branch is responsible for tracking and communicating changes to regulatory compliance.

#### Feedback and complaints

Evidence analysed by the Assessment Team showed the organisation had a feedback and complaints system that supports the pursuit of improved outcomes for consumers. Management showed the Assessment Team that feedback and complaints received are documented on a register, reviewed and actioned. Management described the open disclosure process used for feedback and complaints.

Evidence analysed by the Assessment Team showed the organisation has a risk framework for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

Evidence analysed by the Assessment Team showed the organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Evidence analysed by the Assessment Team showed in relation to a clinical governance framework, management has a documented clinical framework approach that defines key roles and responsibilities. The Assessment Team noted clinical care for consumers is provided by contracted nursing or allied health services and medical practitioners. The Assessment Team noted clinical incidents are reported through an online incident management system that is reviewed by manager and the Safety and Wellbeing team. Evidence analysed showed clinical risk and incidents are reported to Council thru the audit and risk committee. The Assessment Team noted while clinical risk data is not collated and reviewed at service level and there are gaps identified in Standard 2, few clinical incidents occur, and the organisation showed a clinical governance framework approach.

The Quality Standard for the Home care packages services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

# 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) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*