The Multiple Sclerosis Society of SA & NT Inc.

Performance Report

|  |  |
| --- | --- |
| **Address:** | 341 North East Road HILLCREST SA 5086 |
| **Phone:** | 08 7002 6500 |
| **Commission ID:** | 600592 |
| **Provider name:** | The Multiple Sclerosis Society of South Australia and Northern Territory Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 17 May 2022 to 19 May 2022 |
| **Performance report date:** | 14 July 2022 |

# Performance report prepared by

R Reid, 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**

**CHSP:**

* Allied Health and Therapy Services, 4-5ORBBLO, 341 North East Road, HILLCREST SA 5086

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | CHSP | Compliant |
| Requirement 1(3)(a) | CHSP | Compliant |
| Requirement 1(3)(b) | CHSP | Compliant |
| Requirement 1(3)(c) | CHSP | Compliant |
| Requirement 1(3)(d) | CHSP | Compliant |
| Requirement 1(3)(e) | CHSP | Compliant |
| Requirement 1(3)(f) | CHSP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | CHSP | Compliant |
| Requirement 2(3)(a) | CHSP | Compliant |
| Requirement 2(3)(b) | CHSP | Compliant |
| Requirement 2(3)(c) | CHSP | Compliant |
| Requirement 2(3)(d) | CHSP | Compliant |
| Requirement 2(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | CHSP | Compliant |
| Requirement 3(3)(a) | CHSP | Compliant |
| Requirement 3(3)(b) | CHSP | Compliant |
| Requirement 3(3)(c) | CHSP | Compliant |
| Requirement 3(3)(d) | CHSP | Compliant |
| Requirement 3(3)(e) | CHSP | Compliant |
| Requirement 3(3)(f) | CHSP | Compliant |
| Requirement 3(3)(g) | CHSP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | CHSP | Not Applicable |
|  |  |  |
| Standard 5 Organisation’s service environment | CHSP | Not Applicable |
|  |  |  |
| Standard 6 Feedback and complaints | CHSP | Compliant |
| Requirement 6(3)(a) | CHSP | Compliant |
| Requirement 6(3)(b) | CHSP | Compliant |
| Requirement 6(3)(c) | CHSP | Compliant |
| Requirement 6(3)(d) | CHSP | Compliant |
|  |  |  |
| Standard 7 Human resources | CHSP | Compliant |
| Requirement 7(3)(a) | CHSP | Compliant |
| Requirement 7(3)(b) | CHSP | Compliant |
| Requirement 7(3)(c) | CHSP | Compliant |
| Requirement 7(3)(d) | CHSP | Compliant |
| Requirement 7(3)(e) | CHSP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | CHSP | Compliant |
| Requirement 8(3)(a) | CHSP | Compliant |
| Requirement 8(3)(b) | CHSP | Compliant |
| Requirement 8(3)(c) | CHSP | Compliant |
| Requirement 8(3)(d) | CHSP | Compliant |
| Requirement 8(3)(e) | 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.
* the provider’s response to the Quality Audit report received 9 June 2022 and additional information received 13 July, as requested.

# STANDARD 1 Consumer dignity and choice

# 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

Sampled consumers and representatives interviewed considered that consumers are treated with dignity and respect, their identity and culture is valued, that they can make informed choices about their allied health services and, maintain their independence, to live the life they choose.

Staff described how they respect consumers’ identity and culture while providing services, and how they support consumers to make informed choices about their services, including should they wish to take risks, and make decisions about when others should be involved in their decision making.

The service has policies and procedures in place to support an inclusive, consumer-centred and culturally safe approach to the delivery of consumers’ care and services.

The service connects consumers to appropriate resources, so they have access to current, accurate and timely information, allowing them to exercise choice in the services they want to receive and that are best for them.

The Assessment Team observed that consumers information is safely stored and shared and that the service has policies and processes to ensure consumer’s privacy and confidentiality is maintained.

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) | CHSP | Compliant |
|  |  |  |

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

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | 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.*

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | 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.*

Findings

At the time of the quality audit the Assessment Team found that the service was not able to demonstrate that consumers and representatives were being supported to access relevant information in relation to internal and external feedback and complaints processes. The Assessment team also determined that management and staff did not have appropriate knowledge and understanding of other services and funding schemes to assist consumers to identify what they can access from other services, in line with their needs.

In response to the Assessment Team’s report the service provided evidence to confirm that all CHSP consumers had been provided with information about how to provide feedback and make complaints. Further information about how the service is meeting obligations in relation to complaints and feedback is outlined in Standard 6, Requirement (3)(a).

The providers response also included additional information to persuade me that the service is taking appropriate steps to ensure that each consumer has access to current, timely and accurate information to allow them to exercise choice in relation to the services available to them under various funding schemes. Specifically, the service provided evidence that CHSP consumers who transitioned from disability funding in 2018 have been referred to their DOSA Coordinator, their HCP provider or My Aged Care, when additional services were identified during an OT assessment as necessary, or where the assessment identified a change or deterioration for the consumer that warranted a review of funding. Confirmation with the Department of Health has confirmed this to be the appropriate channel for DOSA consumers.

I am satisfied based on all the available evidence (summarised above) the service complies with this Requirement.

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP 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, representatives and staff confirmed assessment and care planning of consumers services is completed in partnership with the consumer and others the consumer wishes to involve, including family and friends.

Staff and management were able to demonstrate how consumers, representatives and others are involved in assessment and planning of care and services. Care planning documentation for sampled consumers showed ongoing partnership with consumers and their representatives, and other organisations involved in their care.

Staff interviewed showed knowledge about consumers’ care and service needs and preferences and were knowledgeable about care planning and assessment processes, including re-assessment and reviews, and described how they undertake clinical and risk assessments at each touch point with the consumer when their condition changes to identify and mitigate any risks to the consumer.

Consumers and representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s support plan is provided, if requested. Service staff demonstrated how they work collaboratively with other stakeholders to ensure outcomes of assessment are communicated to inform service delivery for the consumer.

Care planning documents reviewed for sampled consumers showed that consumer’s directives were considered during assessment and planning, to inform delivery of CHSP consumers’ services.

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 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | CHSP | 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) | CHSP | 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)(c) | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | CHSP | 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.*

# STANDARD 3 Personal care and clinical care

# CHSP Compliant

### 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

Sampled consumers spoke about receiving specialised services that are safe and appropriate for them and confirmed they have access to other health professionals internally when they need it.

Consumers and representatives interviewed generally described receiving care and services tailored to their needs. Although some consumers advised they were waiting for home modifications and equipment, at the time of the quality audit the service advised delays in the provision of equipment and home modifications were largely are due to lengthy funding approval timeframes post the service’s assessment.

Allied health services are reviewed as required when a change in the consumers’ condition is identified and timely and appropriate referrals occur to individuals, other organisations and providers of other care and services.

Care planning documents are developed in consultation with consumers and representatives, including their needs, goals, strengths and preferences in relation to the occupational therapy services they receive. Information about consumers’ care planning is communicated with consumers and those responsible for care and services provision.

The Assessment Team observed effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives sampled confirmed that the service is aware of their individual risks and how they have input into actions to reduce risks. Staff were familiar with the high impact and high prevalence risks for sampled consumers such as risk of falls and could describe management strategies in place.

The service was able to demonstrate how they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity.

Consumers and representatives confirmed that, when they contact the service about their changed needs, OT staff know what to do and respond quickly. Staff and management described how they respond to consumer’s deterioration, and how they work as a team to meet the consumer’s changed needs through the prescription and/or trial of new equipment.

The service has systems and processes to maintain appropriate infection prevention and control and minimise the risk of COVID-19.

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 3 Requirements**

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

*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) | CHSP | Compliant |
|  |  |  |

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

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

*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) | CHSP | Compliant |
|  |  |  |

*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) | CHSP | Compliant |
|  |  |  |

*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) | CHSP | Compliant |
|  |  |  |

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

Findings

At the time of the quality audit the Assessment Team found that the service was not able to demonstrate that consumers were being referred as required in a timely and appropriate manner or following up on referrals to ensure equipment is provided to consumers as required and in a timely manner.

The providers response to the Assessment Teams report included additional information to persuade me that the service is taking appropriate steps under this Requirement. Specifically, additional evidence was provided to demonstrate for consumers referenced in the report, that where referrals to other service providers and funding bodies were initiated, they were recontacted for status updates when delays in the receipt of equipment was apparent. That evidence supports that on these occasions the delay was out of the control of the service or that once referred, the duty of care was with another party to action and monitor. In relation to other concerns about how staff refer consumers when they are assessed are requiring additional services and funding, this is addressed under Standard 1, Requirement (3)(e).

I am satisfied based on all the available evidence (summarised above) the service complies with this Requirement.

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

*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.*

Based on the information reviewed I find this requirement Compliant.

# STANDARD 4 Services and supports for daily living

# CHSP Not Applicable

### 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

Standard 4 was not assessed as the provider does not provide services and supports for daily living, therefore this Standard is not applicable.

# STANDARD 5 Organisation’s service environment

# CHSP Not Applicable

### 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

Standard 5 was not assessed as the provider does not provide allied health services in a centre-based environment, therefore this Standard is not applicable.

# STANDARD 6 Feedback and complaints

# 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

The service was able to demonstrate that consumers are encouraged and supported to provide feedback and complain about their services.

Although not all consumers interviewed could describe the formal process of how to make complaints to the organisation, consumers sampled said they would speak directly with staff or management if they had a concern and they felt comfortable providing feedback.

The service described how consumers had most recently received information about internal and external feedback options and how to access Advocacy Services via a feedback and complaints brochure in early May 2022. Consumers were also afforded the opportunity to provide feedback by way of a feedback survey. Information about how to provide feedback or make a complaint is also available on the service’s website.

Although the service has not received any complaints from CHSP consumers, the service was able to demonstrate it has the systems in place to respond to feedback and complaints by way of describing how they have responded to concerns raised by other clients who use their services, that open disclosure principles are applied when required and how feedback informs the service’s continuous improvement.

## 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) | CHSP | Compliant |
|  |  |  |

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

Findings

At the time of the quality audit, the Assessment Team found that the service was not able to demonstrate that consumers are encouraged and supported to provide feedback and complaints about their services. Four consumers interviewed stated although they would feel comfortable ringing the service if they had a concern, they were not aware of a formal process to make complaints to the organisation or complaints to agencies outside of the organisation such as the Aged Care Quality and Safety Commission.

The Assessment Team found that the service could demonstrate internal feedback and complaints process information is provided to new consumers via Welcome Pack information, but that existing CHSP consumers at the service who had transitioned to CHSP from other funding arrangements in 2018, were not afforded this information until early 2022.

In response to the Assessment Teams report the service provided evidence to confirm that all CHSP consumers had been provided with information about how to make a complaint at consumer appointments from February 2022 and via a feedback and complaints brochure mailed out to consumers in early May 2022. This information has always been readily available on the service’s website and several consumers file noted a discussion about the feedback and complaints process.

Consumers sampled said they would speak directly with staff or management if they had a concern and they felt comfortable providing feedback. Staff are approachable and available to receive feedback from consumers.

Although the provision of detailed information to consumers about how to provide feedback and complain to the service was implemented only recently for current CHSP consumers, this had been corrected at the time of the quality audit and I am persuaded by this information. Additional evidence provided demonstrating that consumers had received an opportunity to provide feedback via a recent survey mailout, with additional responses received in the days post the quality audit, supports this position and I am satisfied the service complies with this Requirement.

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

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

# STANDARD 7 Human resources

# 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

## Overall sampled consumers considered that they get services when they need them and as planned, and from people who are knowledgeable, capable, caring and respectful. Some consumers felt they did not always receive continuity due to staff turnover, however they did feel services were generally delivered as planned.

## Management advised the allied health team was short one staff member at the time of the quality audit, but that workload is reviewed, prioritised and distributed amongst other allied health staff to ensure care and services are delivered to consumers. Documents viewed showed that the allied health team conducts weekly case management meetings, which include workload distribution for the upcoming week.

Consumers sampled confirmed that staff treat them with respect, are kind, thoughtful and caring. The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Management advised, and complaints data confirmed, the service has not received complaints in relation to staff behaviour from consumers.

Management and documents reviewed confirmed that qualified allied health professionals are recruited to provide care and services to consumers. Mandatory training is provided to staff at commencement and is ongoing, and the Team leader has weekly supervision and team meetings with staff to provide professional support. Staff performance is reviewed as part of the 6-monthly performance review process. Staff were able to describe completing relevant training and felt they are supported to competently perform their role with the support of their Team leader through the supervision process.

## 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) | 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) | CHSP | Compliant |
|  |  |  |

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

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

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

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

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

# STANDARD 8 Organisational governance

# 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

The organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services through surveys, meetings and ongoing through verbal feedback.

The organisations governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. The organisation has an established governance framework which enables the governing body to monitor the delivery of services through reporting and meetings including in relation to risks to consumers, incidents and complaints. Governance processes inform decisions made by the governing body to promote safe and quality care to consumers.

The organisation was able to demonstrate effective organisation wide governance systems in relation to information management, workforce governance, feedback and complaints, continuous improvement, financial governance and regulatory compliance.

A clinical governance framework is in place which guides OT staff in the delivery of safe and quality clinical care. Staff have professional associations and work to AHPRA and OT Australia clinical guidelines. The organisation demonstrated an understanding of restrictive practices and of the requirement to minimise and manage the use of restraint.

The service has in place effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The service has policies and processes in relation to this Requirement.

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 Complaint.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | 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) | 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) | 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.*

Findings

The Assessment Team found that the organisation was not able to demonstrate effective organisation wide governance systems in relation to information management, workforce governance and feedback and complaints. The Assessment Team found that the organisation was able to demonstrate effective organisation wide governance in relation to continuous improvement, financial governance and regulatory compliance.

#### Information management

The Assessment Team found that organisation was not able to demonstrate effective information systems and processes to support consumers to access relevant information and to support the workforce access information to perform their role. Specifically, the Assessment Team identified that communication with other organisations involved in the care of consumers, and guidance about navigating and accessing the various aged care services options to ensure timely and appropriate access to services, in line with consumer’s needs was lacking.

In response to the Assessment Teams report the service provided further information to suggest they are meeting Standard 8, Requirement (3)(c)(i) -Information Management. This evidence is outlined under findings in Standard 1, Requirement (3)(e), Standard 3, Requirement (3)(f) and Standard 6, Requirement (3)(a).

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

The Assessment Team noted that some CHPS consumers commented on staff changes, the need to repeat information to new staff, and that management confirmed the turnover of three OT staff in the 12 months prior to the quality audit. The team also noted complaints about staff turnover from non-CHSP clients which should not have been evidenced in the Assessment Team report.

In response to the Assessment Teams report, the service clarified the turnover of OT staff in the previous 12 months was two. The type of services provided to CHSP consumers are not considered urgent or high risk and consumers are not relying on OT visits to continue their daily activities. Client services are allocated at weekly meetings according to their risk and urgency of their needs and generally clients are seen by an OT within 4 weeks of the initial contact.

CHSP consumers have not been greatly affected by staff leave or isolation due to COVID-19 in recent months as, to ensure continuity of services, the service had measures in place to reduce the likelihood of services being disrupted during COVID. The service implemented a no-crossover of staff process to limit the likelihood of all staff being affected by illness or isolation at the same time. Although there were no in person appointments in March 2022 due to some staff being in COVID isolation, and some having planned leave, planned appointments were conducted over the phone or re-scheduled for a later date.

#### Feedback and complaints

The deficiencies outlined in the Assessment Teams report in relation to feedback and complaints are discussed in the findings of Standard 6, requirement (3)(a).

I am persuaded by the additional information in the providers response and satisfied based on all the available evidence that the service complies with this Requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | 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) | 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.*

Findings

Although the Assessment Team found that staff and management did not have a shared understanding of the required clinical governance framework, restrictive practices and minimising the use of restraint, I am persuaded otherwise through additional evidence contained in the providers response to the quality audit report.

The provider clarified that the service’s OTs work to AHPRA and OT Australia clinical guidelines, which are the professional requirements for OT’s. This is the clinical framework supported by the service. Professional clinical supervision is provided on a regular basis and staff are encouraged and supported to attend professional development opportunities to embed clinical best practice.

In respect of restrictive practices and minimising the use of restraint, the service outlined its application of modifications and use of assistive technologies and how they are applied by the OT Team. They are prescribed in relation to therapeutic intervention only, never as behaviour modifying techniques or for behaviour management. Examples were also provided to demonstrate where the service has identified the inappropriate suggestion or use of restrictive practices by other providers and how they have taken steps to make appropriate reports to such as the Adult Safeguarding Unit. The response outlined by the provider in in keeping with expectations under this Requirement.

The Assessment Team noted at the time of the quality audit that the service had established processes to minimise the risk of infections and established processes related to open disclosure.

I am satisfied based on all the available evidence (summarised above) the service complies with this Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.