**Performance**

**Report**

**1800 951 822**

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| Name of service: | Town of Gawler - GAWLER |
| Service address: | 43 High Street GAWLER EAST SA 5118 |
| Commission ID: | 600203 |
| Home Service Provider: | Town of Gawler |
| Activity type: | Quality Audit |
| Activity date: | 7 November 2022 to 10 November 2022 |
| Performance report date: | 2 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Town of Gawler - GAWLER (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Domestic Assistance, 4-7XLGHRW, 43 High Street, GAWLER EAST SA 5118
* Home Maintenance, 4-7XLGHWZ, 43 High Street, GAWLER EAST SA 5118
* Home Modifications, 4-7XLGI04, 43 High Street, GAWLER EAST SA 5118
* Social Support - Individual, 4-7XMVWQB, 43 High Street, GAWLER EAST SA 5118

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 30 November 2022

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

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| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

# Standard 1

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers and their representatives when interviewed by the Assessment Team stated staff treat them with respect and they are provided with dignity when care and services are delivered. Five consumers when interviewed by the Assessment Team stated they felt they had been listened to by staff and the care provided reflected this. Consumers stated during interviews with the Assessment Team that staff were always respectful when communicating with them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services provided are culturally safe. Evidence analysed by the Assessment Team showed the service considers and supports consumer’s cultural needs and preferences when providing care. Staff interviewed by the Assessment Team understood what it means to deliver culturally safe care and services and were able to describe what this means in practice. Three contractors when interviewed by the Assessment Team stated it was important to get to know the consumer and understand what is important to them but also what might influence or have impact on their decisions about their care. One contractor when interviewed by the Assessment Team stated it was important to ask the consumer what their needs and preferences were and not make generalised assumptions about someone’s culture such as Italian born therefore only speaks Italian.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Staff when interviewed by the Assessment Team discussed promoting choice and independence to consumers, and evidence analysed by the Assessment Team showed consumers had been consulted about their care and services. Evidence analysed by the Assessment Team showed choice and decision making are discussed as part of the assessment and ongoing review processes with the details recorded.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers when interviewed by the Assessment Team stated they are encouraged to do things independently and staff respect the decisions they make. Staff when interviewed by the Assessment Team described how they support consumers to take risks and to do things that are important to them.

Evidence analysed by the Assessment Team showed information is provided to each consumer which is current, accurate and timely. Staff when interviewed by the Assessment Team provided examples of how they communicate with consumers including where there may be sensory issues or where the consumer may be living with dementia. Consumers when interviewed by the Assessment Team stated they were provided with timely information.

Evidence analysed by the Assessment Team showed the service have policy and processes to ensure consumer information is kept confidential. Staff when interviewed by the Assessment Team demonstrated how they provide privacy and confidentiality as part of delivering services. Consumers when interviewed by the Assessment Team stated they felt their information was kept confidential and they felt staff respected their personal privacy when delivering care and services.

# Standard 2

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service has an assessment and support planning process to ensure staff deliver safe and effective care and services. Evidence analysed by the Assessment Team showed all information is considered including the use of information from government assessment services. Evidence analysed by the Assessment Team showed the service considers the risk for consumers when completing assessments in accordance with their individual needs and preferences. All consumers when interviewed by the Assessment Team stated staff regularly discuss the care provided to them to ensure the care remains in line with their specific preferences.

Evidence analysed by the Assessment Team showed the service has processes to support the identification of consumer-centred specific goals and preferences. The program officers when interviewed by the Assessment Team advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive, if they have not already done so. The coordinators when interviewed by the Assessment Team advised all consumers are asked on admission if they have completed an advance care directive and are provided information about completing this document if they do not. During interviews with the Assessment Team coordinators advised they revisit this information at the time of the annual review.

Evidence analysed by the Assessment Team showed the service involves the consumer and, as appropriate, the representative, in the planning of the care and services to be provided to the consumer. Evidence analysed by the Assessment Team showed the service has processes in place to support consumers to access external service providers, sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information. The program officers when interviewed by the Assessment Team advised they have been involved in assisting consumers to access alternative services. For example, Consumer A has been assisted to access a personal alarm and Consumer B while initially referred for home maintenance sought assistance from the program officers to access transport services and social support services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcome of the assessment and support planning processes are communicated to consumers and documented in their support plans to guide care givers to effectively deliver care and services. All consumers when interviewed by the Assessment Team advised support planning documents are discussed, and agreed to, prior to the commencement of the services and they are provided with a copy of the support plan.

Evidence analysed by the Assessment Team showed the service demonstrated processes are in place to ensure support plans are regularly reviewed and meet each consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers when interviewed by the Assessment Team reported the service supports them when their needs change. They said the staff will assist them to contact My Aged Care if they need additional services. The contractors when interviewed by the Assessment Team stated when they identify a change to a consumer’s condition, they report to the program officers who are very supportive and responsive.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

All requirements within Standard 3 are not applicable to the service, as a result Standard 3 is not applicable and therefore not assessed.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service demonstrated, and consumers interviewed by the Assessment Team confirmed they are satisfied that they receive safe and effective services and supports for daily living that meets their needs, goals and preferences; and optimises their independence, wellbeing and quality of life. Contractors when interviewed by the Assessment Team were able to demonstrate they know the consumer and their preferences. Evidence analysed by the Assessment Team showed the service has processes in place to identify and record those consumer needs, goals and preferences. Consumers when interviewed by the Assessment Team stated they are supported with safe and effective services and supports for daily living. During interviews with the Assessment Team contractors demonstrated an understanding of consumer needs. For example, the Assessment Team noted staff when interviewed could describe consumers who regularly go out or need to be ready for external appointments, and could describe each consumer interests, and how they engage with others in and around the community.

Evidence analysed by the Assessment Team showed the service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff when interviewed by the Assessment Team demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual and psychological well-being. Consumers and representatives when interviewed by the Assessment Team stated staff know them and provide them with appropriate support where required or observed.

Evidence analysed by the Assessment Team showed the service supports consumers to participate in the community and they are supported to maintain relationships that are important to them. Evidence analysed by the Assessment Team showed consumers are supported to do things that are of interest to them. Contractors when interviewed by the Assessment Team provided examples of how they support consumers to participate in the community and where they may be receiving individual social support services taking consumers shopping or to other places of interest to them. For example, the Assessment Team noted Consumer C has in the past been involved in knitting and donating the garments to local charities, so staff assist her to continue to do this and take her to visit the stores she has previously donated to.

Evidence analysed by the Assessment Team showed the service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, and ensure that information shared is kept private and confidential. Four consumers when interviewed by the Assessment Team stated contractors know their services needs and they don’t have to repeat information or direct them about what to do. For example, the Assessment Team noted three consumers when interviewed stated they have a regular cleaner who knows how they like their house cleaned. One consumer when interviewed by the Assessment Team stated a regular contractor does their shopping fortnightly and they buy their preferred items.

Evidence analysed by the Assessment Team showed there are timely referrals to other organisations and providers of care and services. Consumers and representatives when interviewed by the Assessment Team stated they were satisfied with the services and supports delivered by those the consumer was referred to. Program officers when interviewed by the Assessment Team stated consumers and representatives are encouraged to contact My Aged Care for discussions about their services as the service is not able to organise this due to them being a CHSP provider. However, the Assessment Team noted program officers also stated they can help and will work with a consumer to ensure a positive outcome. Documentation analysed by the Assessment Team for consumers showed the service has a range of contracted providers including domestic assistance, social support, gardening and maintenance assistance.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All requirements within Standard 5 are not applicable to the service, as a result Standard 5 is not applicable and therefore not assessed.

# Standard 6

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to provide feedback and make complaints. The Assessment Team noted while some consumers interviewed in relation to this requirement said they could not remember information being provided to them about feedback and complaints processes, all consumers interviewed confirmed they ring the service when they have a concern about their services. Members of the workforce and management when interviewed by the Assessment Team described how they encourage and support consumers to provide feedback and make complaints. The Assessment Team noted this was substantiated through documentation analysed by the Assessment Team. During interviews with the Assessment Team management advised, and provided documentation substantiating, that feedback and complaints processes are provided to consumers in their welcome pack including a comment and feedback form, and information booklet.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. The Assessment Team noted while most consumers could not remember receiving information about external support options, one consumer and one representative during interviews confirmed this has been provided by the service. Management when interviewed by the Assessment Team described how they inform consumers about external support including advocacy and interpreting services. Management when interviewed by the Assessment Team advised, and provided documentation substantiating, that consumers and representatives are informed about external complaints and advocacy services in the consumer booklet. During interviews with the Assessment Team management advised that interpreting services are also available if required. The Assessment Team observed through complaints documentation and interviews examples of representative and contractor feedback provided to the service on behalf of consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team provided examples of feedback and complaints about their services, and most of them confirmed that the service had followed up and taken actions to consumer’s satisfaction. Management when interviewed by the Assessment Team described, and provided documentation showing, how they address consumers’ feedback and complaints. Three consumers and one representative when interviewed by the Assessment Team advised they had recently provided feedback about the contractor providing their services and confirmed that the service had taken prompt action. The consumers and representative confirmed during interviews the service had addressed their concerns to their satisfaction and had organised new contractors.

Evidence analysed by the Assessment Team showed feedback and complaints are reviewed and used to improve the quality of services. Consumers and/or representatives interviewed by the Assessment Team confirmed that changes were made to their services as a result of their feedback. Management when interviewed by the Assessment Team advised that the key areas of complaints are related to contractors' performance and reliability. Management during these interviews described how this had been addressed with contractors to improve services provided to consumers. For example, the Assessment Team noted contractors not contacting consumers in a timely manner to schedule services. During interviews with the Assessment Team management advised that contractors have been reminded to contact consumers promptly to schedule new services or reschedule services when not available as agreed. Management when interviewed by the Assessment Team advised that services provided by contractors are monitored weekly to ensure that consumers do not miss out on their services as planned.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is planned to enable the delivery and management of safe and quality services. Consumers interviewed by the Assessment Team felt services are delivered as planned and they receive continuity of services by contractors who know them. Management when interviewed by the Assessment Team described how the service manages challenging contractor availability to ensure that services are provided. Contractors and volunteers when interviewed by the Assessment Team felt there is generally enough time to complete their work effectively and confirmed that they provide regular services to consumers as planned. Eight consumers and/or representatives interviewed by the Assessment Team stated services are delivered by regular contractors and volunteers who know their needs and preferences, so they don’t have to repeat information. The Assessment Team noted four of these consumers when interviewed confirmed that contractors and volunteers turn up on time and as scheduled.

Evidence analysed by the Assessment Team showed workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Six consumers interviewed by the Assessment Team confirmed in various ways that staff, contractors and volunteers are very kind and caring. Staff, contractors, volunteers and management when interviewed by the Assessment Team spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Contractors and volunteers interviewed by the Assessment Team described how they are respectful of consumer’s preferences when providing services.

Evidence analysed by the Assessment Team showed the services workforce is competent and has the skills and knowledge to effectively perform their roles. Eight consumers and/or representatives interviewed by the Assessment Team confirmed that staff, contractors and volunteers know how to do their job when providing services. Volunteers and contractors interviewed by the Assessment Team confirmed they have years of experience in their role, and advised they are supported by the service as required. Management when interviewed by the Assessment Team described the service’s processes to determine volunteers and contractor’s competency and capability at recruitment and ongoing. During interviews with the Assessment Team management advised they verify that contractors are competent through reference checks at recruitment and follow up with consumers to seek their feedback at commencement and ongoing. Evidence analysed by the Assessment Team showed new volunteers are supported by experienced volunteers, and a minimum of two volunteers are scheduled to provide services. Two volunteers and two contractors when interviewed by the Assessment Team confirmed that they have been providing services for years and are experienced in their roles. Volunteers and contractors when interviewed by the Assessment Team stated the service regularly seeks feedback from consumers to ensure that they are satisfied with the quality of services provided. Volunteers when interviewed by the Assessment Team described how they were supported by experienced volunteers when they first started, and contractors stated they can ring the service for support if required.

Evidence analysed by the Assessment Team showed regular monitoring and review of the performance of workforce members. Three consumers when interviewed by the Assessment Team confirmed that the service seeks their feedback on services they receive, including contractors and volunteers delivering their services. Contractors and management when interviewed by the Assessment Team described the service’s process to monitor workforce members’ performance. During interviews with the Assessment Team three consumers confirmed that the service had sent them a survey to provide feedback on services, one of these consumers said that the service had asked for their feedback on people delivering their services. During interviews with the Assessment Team four consumers could not remember if the service had sought their feedback, however, these consumers stated that, when they had provided feedback about issues with their contractor, the service had addressed their concerns by providing a new contractor.

Management when interviewed by the Assessment Team advised that staff, contractors and volunteers’ performance is monitored through consumer feedback annually as part of the review process and surveys. Furthermore, the Assessment Team noted contractors’ performance is monitored as required, for example, following a recent consumer complaint, evidence analysed by the Assessment Team showed the service contacted other consumers receiving services from that contractor to seek their feedback. Evidence analysed by the Assessment Team showed the service monitors new contractor’s performance by contacting their consumers. Evidence analysed by the Assessment Team showed staff’s performance is monitored through annual performance and development review processes, and as required.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by this Standard. Evidence analysed by the Assessment Team showed the service demonstrated established and documented recruitment, induction and education/training processes are in place, and was able to demonstrate effective recruitment processes. However, the Assessment Team noted based on evidence analysed the service was unable to demonstrate that current induction and ongoing education/training processes are effectively supporting members of the workforce to deliver safe and quality services to consumers, and as required by the Aged Care Quality Standards.

Evidence analysed by the Assessment Team showed the service did not demonstrate that they had conducted training needs analysis and/or developed training plans in line with organisational processes, including to ensure that contractors and volunteers had been provided with required education and training to support safe and quality delivery of services to consumers, deliver outcomes required by the Aged Care Quality Standards, and as per regulatory requirements.

The Assessment Team noted management did not provide evidence that volunteers had completed mandatory education in relation to COVID-19 or first aid as per regulatory requirements. Management when interviewed by the Assessment Team stated that volunteers complete online COVID-19 education prior to signing their volunteer agreement, however, documentation provided to the Assessment Team did not demonstrate that the service had monitored and/or recorded this had been completed by volunteers. The Assessment Team noted in relation to first aid training, management during interviews advised it had been booked for late 2021 but had to be cancelled due to COVID-19 and has not been re-booked yet.

The Assessment Team noted while the service provided documentation showing that contractors and volunteers were provided policies related to the Aged Care Quality Standards during induction, the service did not demonstrate that education has been provided in relation to the Standards Including cultural diversity, cultural safety, consumer choice and independence, dignity of risk, feedback and complaints, open disclosure, and (Elder) abuse and neglect. Management when interviewed by the Assessment Team advised that the Aged Care Quality Standards are discussed at induction and the service had planned to enable volunteers and contractors’ access to the “Alis” online education platform, however, this has not yet been implemented.

The Assessment Team noted based on evidence analysed the service did not demonstrate processes are in place to provide education and training opportunities in relation to risks associated with services provided to consumers such as falls, dementia, behaviours of concern, and identifying and reporting consumer risks, vulnerabilities, incidents, and near misses. Evidence analysed by the Assessment Team showed while staff, contractors, and volunteers complete WHS training, the Assessment Team noted that the training relates to workforce incidents, near misses and hazards, and does not provide guidance to the workforce to identify and report risks, or incidents related to consumers. As identified under Standard 8 Requirement (3)(d), the service was not able to demonstrate that an effective risk management framework is in place, including to support staff, contractors or volunteers identify and/or report to the service when they become aware of consumer risks or incidents.

The Decision Maker noted the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation. The Decision Maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 8

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

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of services. Consumers and/or representatives interviewed by the Assessment Team advised they have verbal input about how services are provided, the service seeks their feedback through reviews and surveys, and felt that the service is well run. Management when interviewed by the Assessment Team stated that consumers are involved in the services through feedback processes, annual reviews and surveys, and the consumer reference group. Management when interviewed by the Assessment Team stated, and documentation analysed by the Assessment Team substantiated, consumers are involved in the services through feedback processes such as reviews, surveys and ongoing ad hoc feedback. While management could not advise if outcomes of the 2021 survey informed service improvements, they provided examples to the Assessment Team of consumer input through the reference group process such as their input in the newsletter and review of policies, and improvements related to parking availability for consumers and volunteers attending lunches through consumer feedback.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information Management

Evidence analysed by the Assessment Team showed the organisation has an established records management framework including policies and procedures related to collecting, sharing and storing information. Evidence analysed by the Assessment Team showed consumers have access to relevant information to enable them to exercise choice, including care plans, Charter of Rights, and avenues to provide feedback and make complaints. Evidence analysed by the Assessment Team showed staff have access to policies, procedures and other electronic documentation relevant to their role such as consumer care planning documentation.

Continuous Improvement

Evidence analysed by the Assessment Team showed the organisation has an established continuous improvement process including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback, actions taken to address contractor shortage, policy and processes review, and some improvements identified by the service related to application of the Aged Care Quality Standards, including the need to improve reporting to the executive team.

Financial Governance

Evidence analysed by the Assessment Team showed the organisation has an established financial governance framework including financial policies outlining accountabilities and responsibilities. Management when interviewed by the Assessment Team stated, and provided documentation proving, they provide monthly financial updates to the executive team in relation to the CHSP program funding including number of consumers, new consumers and consumer attrition, and number of services provided.

Workforce Governance

Evidence analysed by the Assessment Team showed the organisation has an established workforce governance framework including policies and procedures in place in relation to human resources management including staff, contractors and volunteers, such as documented recruitment, induction, performance development and review processes. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective workforce planning, recruitment, induction and performance management to enable delivery and management of safe and quality services to consumers. The Assessment Team noted that, while the organisation has a documented learning and development policy, the organisation was not able to demonstrate it had effectively been implemented to ensure the workforce is trained, equipped and supported to deliver safe and quality services to consumers, and deliver outcomes required by these Aged Care Quality Standards, refer to Standard 7 within this document.

Regulatory compliance

Evidence analysed by the Assessment Team showed the organisation has effective processes to track changes to regulatory requirements and implement relevant changes. Management when interviewed by the Assessment Team provided examples of recent changes related to Covid-19 requirements and demonstrated that the organisation is keeping up-to-date with upcoming aged care reforms including Serious Incident Response Scheme (SIRS) requirements from 1 December 2022.

Feedback and complaints

Evidence analysed by the Assessment Team showed the organisation has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints. The Assessment Team noted this Includes policies and procedures, a complaint registers which enables the service to record, monitor and action consumer feedback.

Evidence analysed by the Assessment Team showed the service demonstrated that consumer feedback and complaints are addressed as required, to the satisfaction of consumers, and informed improvements to the consumer’s services. Evidence analysed by the Assessment Team showed while the organisation does not currently have an open disclosure documented policy and/or procedure, the service demonstrated that open disclosure processes are applied when required when something goes wrong.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. Evidence analysed by the Assessment Team showed while the council has an established governance framework including delegation of powers to the Chief Executive Officer (CEO) and executive management team, the organisation did not demonstrate that a governance framework has been implemented by the governing body to enable effective monitoring and oversight of CHSP services provided to consumers and be accountable for their delivery.

The Assessment Team identified based on evidence analysed the governing body had not implemented a governance framework to promote safe and quality care and services provided to CHSP consumers and enable the governing body to be accountable for their delivery, as required by the Aged Care Quality Standards. Evidence analysed by the Assessment Team showed the organisation does not currently have documented and systematic processes to guide CHSP program management on key performance indicators to be monitored and reported at service management level and escalated to the governing body as required to enable effective oversight of care and services delivered to consumers.

During interviews with the Assessment Team management stated they have not been provided with a formalised process to monitor and report, and it is up to them to decide what needs to be reported to the governing body. Management during interviews with the Assessment Team stated that if it was significant they would report, however, they were unable to provide evidence or examples of previous significant reporting.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices. Evidence analysed by the Assessment Team showed while the Council has an established organisational risk management framework including policies and procedures related to risk management and WHS incident reporting, the organisation did not demonstrate effective organisational monitoring and oversight of risks to consumer’s safety and well-being, such as high-impact or high-prevalence risks and consumer incidents, to prevent further risks or incidents.

Managing high-impact or high-prevalence risks

Evidence analysed by the Assessment Team showed the service could demonstrate that consumer risk assessments had been undertaken. Evidence analysed by the Assessment Team showed program officers and Team Leaders demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities. However, the Assessment Team noted the organisation was not able to demonstrate that governance processes are in place to monitor high-impact or high-prevalence risks to consumers at service and organisational level to effectively mitigate and manage risks to consumers.

Management when interviewed by the Assessment Team stated, and documentation analysed confirmed, that risks to consumers are managed individually. However, management stated that the organisation does not currently have governance processes to monitor, analyse and report on consumer’s high-impact or high-prevalence risks at service or organisational level. For example, the Assessment Team noted the service does not have systematic monitoring and reporting of consumer risks impacting care and services delivered such as falls, mobility, cognitive or other impairments, medical and health conditions, or vulnerable consumers due to abuse and neglect or isolation.

During interviews with the Assessment Team the team Leader stated consumers identified at risk are reviewed by program officers, and concerns are escalated as required to the Team Leader. Evidence analysed by the Assessment Team showed consumers may be discussed during monthly team meetings when applicable, however, this would not be systematically documented. Evidence analysed by the Assessment Team showed minutes from team meetings held in June and September 2022 failed to document risks to consumers.

Evidence analysed by the Assessment Team showed the organisation was not able to provide evidence of policies, procedures and/or training related to consumer high-impact or high-prevalence risks to support effective and systematic monitoring and management of consumer risks by the management team at service level, or organisational level.

Identifying and responding to abuse and neglect of consumers

Evidence analysed by the Assessment Team showed the organisation has a safe environment policy in place. The Assessment Team noted while it does not specifically provide guidance in relation to Elder abuse and neglect, the policy relates to abuse and neglect of vulnerable adults and references the Aged Care Act 1997.

Contractors and volunteers interviewed by the Assessment Team felt they would be able to identify possible consumer abuse and neglect and said they would report to the program officer. However, as identified by the Assessment Team, the service does not currently provide education to contractors and volunteers in relation to abuse and neglect of consumers. Refer to Standard 7 within this document for further evidence.

Supporting consumers to live the best life they can

Evidence analysed by the Assessment Team showed the organisation has a dignity of risk policy, including the right for consumers to make informed choices, and take risks if they wish, to live their best life; and could demonstrate that processes are in place to inform consumers about risks and possible consequences, and support consumers to take risks if they wish to enable them to live their best life.

However, as identified by the Assessment Team, the service does not currently provide education to staff, contractors and volunteers in relation to consumer choice and independence, or dignity of risk. Refer to Standard 7 within this document for further evidence.

Incident management system

Evidence analysed by the Assessment Team showed the organisation has an established WHS framework, including an incident management system, and incident reporting and management policy and processes, including WHS training provided at induction to workforce members. However, the Assessment Team noted these processes relate to workforce incidents, near misses and hazards, and does not provide effective guidance to the workforce to identify and report incidents related to consumers.

Management when interviewed by the Assessment Team stated that no consumer incidents had been reported and/or documented in the incident management systems in the last twenty months. The Assessment Team noted the service had become aware of two consumer incidents which had not been documented in the organisation’s incident management system, related to a changed behaviour for Consumer D on 4 August 2021 reported by a contractor; and a fall recently sustained by Consumer E while shopping independently, and reported to the service by the consumer on 8 July 2022.

Three of four contractors and two volunteers interviewed by the Assessment Team in relation to incident reporting could not recall completing training, however, advised they would report any incident to the service.

The Decision Maker noted the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation. The Decision Maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

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