**Performance**

**Report**

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| Name: | VisAbility |
| Commission ID: | 500219 |
| Address: | 61 Kitchener Avenue, VICTORIA PARK, Western Australia, 6100 |
| Activity type: | Quality Audit |
| Activity date: | 7 February 2024 to 8 February 2024 |
| Performance report date: | 22 March 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8640 VisAbility Ltd  
Service: 25728 VisAbility Ltd - Community and Home Support

**This performance report**

This performance report for VisAbility (**the service**) has been prepared by M Murray, 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 organisation, 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.

# Material relied on

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

* the assessment team’s report for 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 5 March 2024.

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# 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

The Assessment Team reported that consumers are treated with dignity and respect and can maintain their identity, make informed choices and live the life they choose.

The Assessment Team provided evidence, summarised below, relevant to my finding.

The service provides allied health services and community activity centre social support group programs for consumers living with a vision impairment to increase independence, social inclusion and community engagement.

Consumers and representatives consistently expressed satisfaction that the service promotes their dignity, treats them with respect, and empowers them to make informed choices about their care and services. Consumers interviewed said they have never been made to feel unimportant or been treated disrespectfully.

Consumer documentation reviewed consistently demonstrated the use of inclusive and respectful language, and identified the consumer’s background and what is important to them. Staff were able to describe in various ways, what treating consumers with dignity and respect means in practice.

Consumers and representatives interviewed reported that staff know about the individual’s background, their culture and values, and what is important to them and plan and deliver care accordingly.

Consumers and representatives described in various ways, how the service supports and involves them, and others they wish to be involved, in making decisions about their care and services. Consumer documentation consistently showed that consumers were involved in service planning. Staff interviewed outlined how they support consumers to exercise choice and maintain connections through providing information for consumers to make informed decisions and using a client centred approach to planning and service delivery. Management stated the service supports consumers in making decisions about their care and services through a client guided approach to service planning, from initial assessment to service delivery. The service maintains a service delivery policy which provides guidance on decision making and choice and references collaborative approaches to care planning and supporting consumer participation and inclusion.

Consumers and representatives generally reported that the service encourages consumers to do things that they otherwise might not feel confident doing and said discussions on risk and balancing risk and quality of life have occurred.

Information provided meets consumers’ needs and is provided in a way that is accessible, easy to understand and helps them make choices.

The service has an information and communication policy to guide staff in managing information confidentiality and maintaining the privacy of health and other sensitive information.

I am satisfied based on the evidence summarised above, that the organisation has a culture of inclusion and respect, supports consumers to make choices and respects consumers’ privacy.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 1.

# 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

The Assessment Team reported that consumers partner with the organisation in planning care and services to support their health and wellbeing.

The Assessment Team provided evidence, summarised below, relevant to my finding.

The assessment and care planning process includes information gathered from a variety of sources, including allied health services. Information gathered during the assessment process is used to develop an individualised service plan in partnership with the consumer and/or their representative. The information outlined in the consumer’s individualised service plan guides staff in the provision of safe and effective care and services to consumers. The service identifies and considers risks to the consumer’s health and well-being, and strategies to reduce the risk to the consumer are identified, and outlined in the client’s profile.

Consumers described their involvement in care planning conversations noting there were detailed discussions on multiple occasions. Staff who specialise in working with consumers who live with a vision impairment said it is important to work with consumers in understanding and achieving their goals.

Documentation evidenced the input of others in care planning, including orientation and mobility specialists, ophthalmologists, optometrists and occupational therapists.

Consumers and representatives advised they were familiar with the outcomes of an assessment. Staff described how they can access care and service information about a consumer and said there is sufficient information in care plans to guide them to deliver effective care and services.

Consumers described services being reviewed and how new services had been put in place to support them to continue to remain independent.

Care coordination staff outlined that care is formally reviewed at 12 monthly intervals, and/or when a consumer’s circumstances change or an incident occurs.

Management emphasised the importance of consumer reviews and consultations with the service’s therapist to customise the consumer’s care and services.

Care plans aligned with consumers’ reports of their current care needs.

I am satisfied based on the evidence summarised above, that the organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. I am also satisfied that assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 2.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team reported that consumers get clinical care that is safe and right for them and the way that this care is delivered is safe and effective.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers and representatives interviewed reported satisfaction with the care and services consumers’ receive.

Staff demonstrated how care is tailored to individual needs and aligned with a best practice and has a consumer focused approach.

Staff referred to policies and procedures and which guide their day to day practices. Relevant staff undertake clinical supervision and attend meetings with their clinical peers to discuss and support best practice clinical care.

Consumers with complex health needs outlined being reviewed by various specialists in their homes to support an optimal health outcome.

Staff interviewed demonstrated knowledge of consumers who have high- prevalence or high-impact risks. Staff described supporting consumers at a high risk of falling who require ongoing monitoring. Orientation mobility specialists spoke about consumers who have depth perception difficulties associated with their visual impairment and how this potentially increases the risk of falls and outlined working with consumers to individualise strategies to minimise this risk.

Consumers described their own health risks, such as living with diabetes and said that staff have handled incidents when they have become unwell as a result of the diabetes promptly. The service has a process for managing diabetic clients during exercise classes. The service has a diabetes management plan which includes safe blood sugar levels and the actions to take if a consumer becomes hypoglycaemic.

Staff were aware of consumers living with dementia who, at times, display dementia related behaviours, and outlined how they monitor for signs and levels of individual distress and have successfully used agreed strategies to minimise adverse outcomes.

The service, in general, provides episodic allied health and social support for consumers living with vision impairment through the Commonwealth Home Support Program. Management advised no consumers are currently on a palliative pathway, however, if the consumer needed support in this regard, the service could make a referral back to My Aged Care on their behalf or facilitate the consumer to engage with a specialist palliative care organisation.

The service’s procedures encompass how to recognise signs of deterioration in a consumer’s health or wellbeing and guide staff in how to respond. Staff gave various examples of managing this in practice, including following the procedure to call an ambulance.

Consumers described good information transfer / management between staff about their care and felt they were not giving the same information to multiple people. Staff have access to contemporary care plans about consumers and update the care coordination team if anything changes for a consumer or something out of the ordinary occurs. Where information is shared between third parties involved with the consumer’s care this is done with the consent of the consumer and for the purpose of delivering shared / optimal care outcomes for the consumer.

Referrals to My Aged Care for the reassessment of consumers’ care needs were evident as well as referrals to various specialists, allied health services and medical practitioners. Representatives said referrals are made promptly and followed up to ensure they occur as planned.

The service minimises infection related risks. Consumers described COVID-19 safety measures in line with best practice. While the service does not have a role in prescribing medication, management did commit to including a fact sheet on how individuals can have a role in preventing the overuse of antibiotics in the information it periodically distributes to consumers.

I am satisfied based on the evidence summarised above, that the organisation provides safe and effective clinical care that optimises the consumer’s health and well-being.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 3.

# 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. | Compliant |

Findings

The Assessment Team reported that consumers get the services and supports for daily living that are important to their health and well-being and allow the consumer to do the things they want to do.

The Assessment Team provided evidence, summarised below, relevant to my finding.

All consumers interviewed said the services they receive help them maintain their independence and quality of life. Management said direct communication with consumers, during assessment and care planning includes information about each consumer’s interests and hobbies. A review of care documentation demonstrated the service has developed strategies to support consumers to optimise their independence, health, well-being, and quality of life.

Staff demonstrated they were aware of individual consumer’s needs in relation to their emotional, spiritual, and psychological well-being. Staff described how they support consumers when they are feeling low, including taking time to discuss any concerns, supporting them to get out of their homes and access the community and reporting back to the care coordination team for further follow up if required. Consumer documentation generally reflects information related to spiritual, emotional and psychological well-being, including religious preferences, social activity preferences and friend and family supports.

Consumers are satisfied with the level of support from staff if they feel low. The community activity centre hosts a men’s discussion group that supports men in developing social relationships with other men experiencing similar vision loss.

Meaningful activities as described by consumers are occurring and include accessing the community, providing support to engage in activities and hobbies of interest, and supporting social interaction and relationships. Consumers described playing golf, going to the gym, attending woodwork classes, language classes and community based activities such as library visits.

Consumers described good information transfer / management between staff about their care and felt they were not giving the same information to multiple people. Staff have access to contemporary care plans about consumers and update the care coordination team if anything changes for a consumer or something out of the ordinary occurs. Where information is shared between third parties involved with the consumer’s care this is done with the consent of the consumer and for the purpose of delivering shared / optimal supports for the consumer.

Referrals to My Aged Care for reassessment of consumer’s care needs were evident as well as referrals to assistive technology specialists and transport services to support consumers to maintain their independence. Documentation confirmed referrals are made promptly and followed up to ensure the occur.

Consumers said any equipment accessed through the service has been both suitable and safe. Consumer documentation consistently includes occupational therapy assessments that provide recommendations for safe and appropriate equipment tailored to the consumer’s specific needs. Management emphasised that therapist assessments play a crucial role in determining equipment needs for consumers.

I am satisfied based on the evidence summarised above, that 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.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 4.

# 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team reported that consumers feel they belong and are safe and comfortable in the organisation’s service environment.

The Assessment Team provided evidence, summarised below, relevant to my finding.

All consumers interviewed said they found the community activity centre environment to be safe and welcoming.

Prior to joining a group activity, interested consumers undertake a facilitated visit to the centre with an occupational therapist. This visit supports the consumer to get a feel for whether the activity is of interest, understand the layout of the centre meet a few of the other participants.

Occupational therapists said the facilitated visit supports consumers to feel comfortable and safe on the first day that they attend the activity independently.

The centre was purpose built to support consumers with a vision impairment. The Assessment Team observed various design features, such as, floors are carpeted until you get to a junction / corridor when the flooring changes to wood as a non-visual cue that you have a choice of which direction to take. Raised markings on the floor also help consumers who use a cane to navigate to different areas.

Management and staff described the process to ensure the service environment is safe and well maintained. Staff interviewed confirmed cleaning is undertaken regularly, and maintenance requests are submitted directly to the office and actioned promptly.

The Assessment Team observed consumers freely moving around the centre and accessing different areas. Outdoor areas have level pathways for ease of use with mobility aids and various sheltered areas make the area useable all year around, whatever the weather. Consumers were observed engaging in various group and individual activities including using the gym.

I am satisfied based on the evidence summarised above, that the organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 5.

# 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

The Assessment Team reported that consumers feel safe and are encouraged and supported to give feedback and make complaints. Consumers are engaged in processes to address any feedback or complaint made and appropriate action is taken.

The Assessment Team provided evidence, summarised below, relevant to my finding.

Consumers reported feeling supported to contact the service via telephone to provide feedback and make complaints. Staff said that consumers are encouraged to provide feedback by contacting the client experience team or submitting an electronic complaint or feedback form.

Management advised the service supports consumers to make complaints and provide feedback about their care and services through quarterly surveys.

The manager of the community activity centre social stated they have commenced attending the service to enable direct engagement with consumers and to seek feedback through these informal contacts.

Management stated the service provides information to consumers regarding complaints, advocacy, and interpreter services through information incorporated into the initial agreement, as well as being available on the service’s website. Management noted that the service maintains and continues to develop a working relationship with local advocacy services. The service’s CHSP agreement includes information on the Older Person’s Advocacy Network and the Aged Care Quality and Safety Commission. The Assessment Team observed advocacy posters displayed in the service environment.

All consumers and representatives expressed satisfaction with the action taken in response to their complaints and said someone from the service rings to discuss the issue with them. Consumers also reported completing surveys from time to time.

An open disclosure policy has been developed and was presented to the board for review in February 2024.

While complaints are resolved, there were inconsistencies in the way staff record complaints on the service’s complaints register which is limiting management and others to have oversight of the number of complaints and if an open disclosure approach has been taken when required.

Management described improvements made as a result of consumer feedback, noting a number of suggestions to improve the accessibility of documents. As a result the service has introduced a process to confirm each consumer’s preferred communication methods, including brail and large print format documentation. Management added that the service has reduced the number of documents provided to consumers and consolidated information into one accessible document. Further, management described how each discipline and department seeks advice from the accessibility services team to ensure documentation and information provided to consumers is in an appropriate format.

I am satisfied based on the evidence summarised above, that 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. I encourage the service to develop a consistent approach across the staffing group to recording feedback and complaints.

I find the provider, in relation to the organisation, compliant with all applicable Requirements of Standard 6.

# Standard 7

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

Findings

Requirement 7(3)(d)

The Assessment Team reported the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The following evidence was provided relevant to my finding:

Training relevant to these Standards that is not available and/or has not been provided to staff includes the Serious Incident Response Scheme; incident management systems; open disclosure; identifying and responding to elder abuse; identifying and responding to deterioration; dementia awareness; restrictive practice and culturally safe practice.

Management acknowledged the gap in the training provided and advised the service will promptly commence sourcing and providing the required training.

The approved provider’s response to the Assessment Team’s report disputes that there has been a systemic failure in workforce training and provided the following evidence relevant to my finding:

Training on the Serious Incident Response Scheme (SIRS) and incident management system has been provided to staff through emailed updates to staff with relevant ACQSC guidelines and fact sheets (refer attachments). In addition discussions on the process and responsibilities occurred in team meetings (refer attachment).

The reporting requirements are also available on the organisation’s centralised process mapping system, which provides a flow chart guide for managing any incident and links to reporting requirements for reporting SIRS incidents (refer attachment).

Training related to aged care quality standards is provided as a part of corporate induction for specific role types responsible for the delivery of CHSP services (customer service officers, liaison officers, service coordinators, team leader Community Activity Centre and therapists). Evidence of this training is found within our training matrix (refer attachment).

Whilst staff may not have completed training specifically targeted to aged care clients with respect to some issues noted by the Assessment Team, as a provider of services across sectors, all staff have completed the Worker Training Module for the National Disability Insurance Scheme, which covers human rights, respect and risk, and identifies restricted practice and culturally appropriate care.

The EverAbility team acknowledge that training in responding to deterioration and dementia awareness has not been evidenced. However, given the client cohort, services are generally provided on a 1:1 basis by allied health staff who have received training in these aspects of aged care as part of their tertiary training and continuing professional development. Educational emails are also periodically sent to all staff providing relevant information, for example in February information regarding signs of deterioration in older people was circulated (refer attachment).

The organisation recognises the opportunity to better evidence this requirement through embedding training that is specifically designed to meet the Aged Care Quality Standards. As such, we have initiated training using the ALIS system (the Aged Care Quality and Safety Commission’s approved provider training interface) and assigned training in line with a priority system to appropriate staff members with training modules for key service delivery staff to be completed in March 2024, and all other staff in April 2024 (refer attachment). This training completion will be monitored by managers and the executive team will be informed of the training completion status.

In coming to my finding, I have considered the Assessment Team report and the approved provider’s response. I am satisfied from the approved provider’s response, having also reviewed the attachments provided, that the service does have a training system that supports staff to deliver the outcomes required by these Standards.

Based on the information summarised above, I find the provider, in relation to the organisation, compliant with Standard 7(3)(d).

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e)

The Assessment Team’s report outlines evidence in support of compliance with the above Requirements as follows:

Consumers and representatives consistently expressed their satisfaction that staff are available, on time, and have enough time to complete their appointments and undertake assessments as required during the service. Staff interviewed reported in various ways having enough time to complete their appointments. Management stated the service has had no unfilled shifts in the past month that resulted in an impact on consumer service delivery, with rescheduling occurring as required and based on the urgency of appointments. Management described the service’s process for undertaking workforce planning noting the service has the capacity to utilise clinicians from other programs to meet staffing needs if required.

All consumers and representatives interviewed described staff as kind, considerate and respectful. Management was able to describe the process for managing consumer complaints regarding staff conduct, though it was noted that there have been no complaints received regarding staff conduct.

Consumers and representatives are confident that the staff providing their care and services are competent. Staff described the onboarding process, noting qualification requirements to undertake their roles were required to be evidenced and recorded. Staff stated, and documentation confirmed, staff receive job descriptions that identify the requirements of their role. Management explained that the service ensures staff are competent and capable in their role through checking relevant registrations and qualifications, having a probationary period process, and providing increased levels of support and guidance for new staff.

Staff described undertaking annual performance reviews, with training needs identified through the performance review process. Management advised that the service monitors and reviews staff performance through annual performance reviews, and depending on the needs and performance of staff, increased support and clinical supervision are provided. Documentation reviewed for sampled staff showed managers consistently complete formal staff performance reviews.

Based on the information summarised above, I find the provider, in relation to the organisation,

compliant with Standard 7 Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e).

# Standard 8

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

Findings

Requirement 8(3)(d)

The Assessment Team reported the service’s risk management systems are ineffective and would not identifying or respond to abuse and/or neglect of consumers. The following evidence relevant to my finding was provided:

While the organisation maintains an effective risk framework for managing high-impact and high-prevalence risks, provides care and services which enable consumers to live the best life they can, and maintains an incident management system, they do not provide training to staff in identifying and responding to elder abuse.

The organisation does not provide training to staff on identifying and responding to abuse and neglect. Staff interviewed generally reported they have undertaken no training in identifying and responding to elder abuse during their employment with the service. While the incident register did not show incidents of consumer abuse and neglect, the Assessment Team provided feedback to management that the clinical staff’s capacity to identify abuse and neglect as inherent skills developed through their qualifications was not applicable to non-clinical staff providing care and services within the community activity centre.

The approved provider’s response to the Assessment Team’s report disputes that there has been a systemic failure in effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers.

I am not satisfied that the evidence of the Assessment Team demonstrates that the service’s risk management systems would not identify or respond to abuse or neglect of consumers. I am not persuaded that the absence of formal training as reported by the Assessment Team is sufficient to demonstrate a systemic failure. I have considered the evidence of the Assessment Team in this Requirement in my finding of compliance in Requirement 7(3)(d) where I find it more relevant.

Based on the information summarised above, I find the provider, in relation to the organisation,

compliant with Requirements 8(3)(d).

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e)

The Assessment Team’s report outlines evidence in support of compliance with the above Requirements as follows:

The organisation engages consumers in service improvements through seeking feedback within the community activity centre, quarterly pulse surveys, ensuring ease of access to the client experience team and the upcoming consumer advisory group, which is currently being developed. Consumers recalled completing surveys and were aware of avenues to give feedback on the service.

A culture of safe and inclusive quality care is ensured by the governing body through review of clinical information, including risk, complaints, and incident data by the board audit and risk committee and the board.

Board members are accessible to directors to discuss needs, strategies, financial requirements, and project considerations. Management noted that various members of the board are people with lived experience of vision impairment and contribute to the discussions of improved service delivery.

The governing body maintains oversight of the quality of services they subcontract through the chief operating officer, who ensures effective compliance with subcontracted agreements and reports any subcontractor incidents to the board.

A review of the board pack, meeting agenda, and minutes demonstrates adequate information is provided to the board to ensure effective oversight and accountability for the care and services delivered.

The organisation maintains effective governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service provides clinical care through CHSP allied health services and maintains a clinical governance framework, with supporting policies and procedures that reference the minimisation of restrictive practice and the use of open disclosure. The service does not provide nursing services and is not involved in the prescription or administration of antibiotics, though management developed a continuous improvement item for providing consumers with antimicrobial management documentation within the welcome pack to support consumers’ informed decisions in antibiotic use.

Based on the information summarised above, I find the provider, in relation to the organisation,

compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e).

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)