**Performance**

**Report**

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| Name of service: | Vision Australia - Canberra |
| Service address: | 1A/3 Sydney Ave BARTON ACT 2600 |
| Commission ID: | 201379 |
| Home Service Provider: | Vision Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2022 to 19 September 2022 |
| Performance report date: | 19 October 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 Vision Australia - Canberra (**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:**

* CHSP - Specialised Support Services, 4-3HNJEIF, 1A/3 Sydney Ave, BARTON ACT 2600
* Allied Health and Therapy, 4-B79P5YX, 1A/3 Sydney Ave, BARTON ACT 2600
* Specialised Support Services, 4-B8694RT, 1A/3 Sydney Ave, BARTON ACT 2600

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **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

Consumers and/or representatives interviewed by the Assessment Team confirmed consumers are treated with dignity and respect and stated they are happy that care and services support them to maintain living the life they choose. All service agreements analysed by the Assessment Team during the quality audit listed consumer history, culture, likes and dislikes, for example, the service agreement for Consumer A notes Consumer A identifies as aboriginal and used to be a dressmaker and enjoys cross stitch and painting,

Consumers and/or representatives interviewed by the Assessment Team confirmed staff understand consumer’s needs and preferences and what is important to them, which makes them feel valued and safe. For example, the representative, and daughter of, Consumer B, stated listening to radio national and classical music is very important to Consumer B, and the technology supports he has received allows Consumer B to continue to do these things daily.

Evidence analysed by the Assessment Team showed consumer preferences for communication with the service are recorded in service agreements. Evidence analysed showed choices include standard print, large print, audio or braille. The Assessment Team analysed service agreements demonstrating consumers are supported to exercise choice and independence.

Consumers and/or their representatives interviewed by the Assessment Team stated the Primary Service Providers (PSP’s) listen to them and understand what is important to the consumer. Supporting consumers to take risks was discussed with the PSP’s during interviews with the Assessment Team. During interviews with the Assessment Team the Regional Operational Manager stated the organisation takes pride in encouraging consumers to live the life they choose. During interviews with the Assessment Team the Regional Operational Manager stated the dignity of risk policy guides staff on how to minimise identified risks and educate consumers.

Consumers and/or representatives interviewed by the Assessment Team stated they receive verbal and written information in a way they can understand and that enables them to make informed choices. Evidence analysed by the Assessment Team showed consumer preferences for communication with the service are recorded in service agreements. Evidence analysed showed choices include standard print, large print, audio or braille.

Staff reported during interviews, and the Assessment Team observed and noted, consumer information is stored on an electronic database. Evidence analysed by the Assessment Team showed access to consumer information is limited by role and is password protected and when staff work from home there is an additional second step security measure required. Evidence analysed by the Assessment Team showed consumers are provided with information about the collection, uses and disclosure of their personal information in the client information booklet and service agreement. Evidence analysed by the Assessment Team showed all staff complete privacy training during induction.

# 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

All consumers and/or representatives interviewed by the Assessment Team stated they are satisfied with the services and supports they receive and said the services increase their independence and enhance their well-being.

Evidence analysed by the Assessment Team showed the service has a team of PSP’s who work together tailoring services for consumers living with vision impairment. The Assessment Team noted the PSP team at the ACT site currently includes Occupational Therapists, Orthoptists and specialists in Assistive Technology. Evidence analysed by the Assessment Team showed PSP’s are responsible for providing direct services to clients including assessment and planning, risk assessments, training, monitoring and reviews. Evidence analysed by the Assessment Team showed care plans (known as Service Agreements by the service) are developed by PSP’s which include individualised goals and the equipment and services to be delivered.

All consumers and/or representatives interviewed by the Assessment Team stated the services and supports they receive meet their current needs and their goals and preferences are addressed. All consumers interviewed by the Assessment Team stated they are involved in making decisions regarding the services and supports they receive and permission to share information with external services is obtained. PSP’s interviewed by the Assessment Team stated they include family members and representatives in the development of service agreements if the consumer wishes them to be involved. PSP’s interviewed by the Assessment Team stated if a support and/or service was identified that was not provided by Vision Australia, they support the consumer by contacting My Aged Care with them to help obtain the appropriate services. The Assessment Team analysed up to date consent forms for all consumers sampled and the Assessment Team noted the policy on consent guidelines includes a requirement for all consent forms to be renewed at least every two years.

Evidence analysed by the Assessment Team showed the outcome of assessments and planning are effectively communicated to the consumer and documented in the consumer care plan (known as the service agreement). Evidence analysed by the Assessment Team showed service agreements were reflective of consumer’s current needs.

Consumers and/or representatives interviewed by the Assessment Team stated PSP’s explain information about their assessment and go through their service agreement with them before they sign it. During interviews with the Assessment Team consumers and/or representatives stated they understand what supports and equipment they are receiving.

Evidence analysed by the Assessment Team showed all consumer files were current, updated and complete. PSP’s interviewed by the Assessment Team stated a copy of the service agreement and a copy of the signed Charter of Aged Care Rights are provided to the consumer and/or representative when it is developed and whenever it is reviewed.

All service agreements analysed by the Assessment Team were current and showed evidence of being updated when needs, goals and/or preferences of the consumer changed. PSP’s interviewed by the Assessment Team stated when goals are identified by the consumer, they are prioritised by the consumer and a service agreement is developed and signed. Evidence analysed by the Assessment Team showed the service agreement is in place for a maximum of twelve months. Evidence analysed by the Assessment Team showed when equipment and support is delivered to the consumer, a follow up visit and/or phone call is made by the PSP within the first three to four weeks to offer additional support if required and then reviewed three monthly. Evidence analysed by the Assessment Team showed during the twelve-month agreement period, the consumers progress is monitored by the PSP to ensure consumers are meeting their set goals.

The Service Review policy analysed by the Assessment Team states all reviews are to be conducted at a minimum of every three months. Evidence analysed by the Assessment Team showed the policy provided detailed information on the PSP roles and responsibilities in the review process which was person-centred approach with the consumers involved in decisions and outcomes.

# 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 Three are not applicable and therefore the Requirements and Standard were 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. | Compliant |

Findings

All consumers and/or representatives interviewed by the Assessment Team stated that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Service Agreements analysed by the Assessment Team provided evidence equipment and support provided by the service were meeting consumer’s needs, goals and preferences and optimised their independence and quality of life.

Most consumers and/or representatives interviewed by the Assessment Team stated the equipment and support they receive through the service enhances their independence which in turn promotes their psychological and emotional well-being. Evidence analysed by the Assessment Team showed the service regularly runs an eight-week Quality Living Group course which provides consumers with social and emotional support when adjusting to their vision loss. Evidence analysed showed the course is designed to discuss and find solutions to any challenges in a small group setting and to help consumers understand life doesn’t stop with vision loss.

Consumers and/or representatives interviewed by the Assessment Team stated the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships, for example Consumer C during interviews with the Assessment Team stated the service has demonstrated to her how to utilise the ‘Siri’ function on her mobile phone. Consumer C stated to the Assessment Team this enables him/her to keep in touch with family and friends easily and to identify callers when he/she is receiving a call.

PSP’s interviewed by the Assessment Team stated all equipment and supports provided to consumers are used to assist them to do the things of interest and to participate in their community. For example, Consumer D uses his/her cane to navigate out of his/her home safely, attend appointments and go shopping independently.

Evidence analysed by the Assessment Team showed the service uses one client management system for all consumer information. Evidence analysed by the Assessment Team showed the system contains all information related to consumers and their interactions with the service. The Assessment Team noted the one system ensures there is no duplication of information, consumer information is current, and the service provides user logins only to staff required to have appropriate access.

PSP’s interviewed by the Assessment Team stated they have the appropriate technology to access consumer information at the point of support. Statements recorded during interviews with the Assessment Team showed the information, including the consumers background, goals, needs and preferences, is available to them through a password protected application on their mobile device. The service does not sub-contract services and/or support.

Evidence analysed by the Assessment Team showed the service provides timely referrals to other organisations and providers of services. Evidence analysed by the Assessment Team showed when PSP’s identify, or are informed, that a consumer requires additional supports or services, they refer the consumer back to My Aged Care (MAC) for reassessment. Evidence analysed by the Assessment Team showed the PSP supports the consumer during the referral process by phoning MAC with the consumer and/or explains the MAC process to the consumer to ensure the services and supports are put in place as soon as possible for the consumer.

All consumers interviewed by the Assessment Team stated they are happy with the equipment they are provided with through the service. During interviews consumers stated it is fit for purpose and is suitable for their needs and helps them meet their goals. Evidence analysed by the Assessment Team showed examples of different types of equipment provided through the service includes: white support canes, talking books, Echo Dots for the Alexa program, various magnifying glasses (including electronic), mobile phones, wallet organisers and newspaper readers.

Evidence analysed by the Assessment Team showed PSP’s are specialists in their fields and prescribe equipment to consumers based on assessments undertaken with the consumer. Evidence analysed by the Assessment Team showed PSP’s educate clients on the safe use of the equipment when it is provided to them and provide follow up advice and reviews to ensure the equipment continues to be effective and assists consumers to reach their individual goals.

# 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 Five are not applicable and therefore the Requirements and Standard were 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

Consumers and/or representatives interviewed by the Assessment Team stated they contact the office directly if they have a concern. For example, during interviews with the Assessment Team Consumer C stated he/she had ‘a few issues’ when attempting to contact the office earlier in the year however ‘it’s all fixed now’.

Evidence analysed by the Assessment Team showed the service demonstrated it provides consumers and/or representatives several avenues to provide feedback, for example, a short survey is sent to consumers when their first goal is set to completed. The Assessment Team noted after that, any other survey will only be sent up to every three months while the consumer is receiving services.

During interviews with the Assessment Team Management advised there are currently no consumers at the service requiring language services however the organisation has a contracted translation and interpreting service, and this is available to all staff and staff receive training at induction on its use.

Evidence analysed by the Assessment Team showed the ‘Client Information Booklet’ ensures that all clients are made aware that they can have an advocate to assist them in understanding or managing services provided. Evidence analysed by the Assessment Team showed the client information booklet is available in other languages, it provides contact details for internal and external complaints mechanisms, for example, the Aged Care Quality and Safety Commission details.

Evidence analysed by the Assessment Team showed the service staff are recording complaints, and it provided evidence that appropriate action is taken in response to feedback provided. The Assessment Team analysed the ‘Open Disclosure’ process, which is highlighted in the complaints and suggestion for improvement policy.

# 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

Consumers and/or representatives interviewed by the Assessment Team stated referrals and appointments are mostly timely unless they request the consistency of a particular staff member, for example, during interviews with the Assessment Team Consumer E stated she was happy with her service co-ordinator so wanted to wait for her planned leave for further appointments to recommence.

The Regional Operations Manager when interviewed by the Assessment Team stated the workforce is planned based on service demand as well as historic and current data on how consumers use the services. During interviews the Regional Operations Manager stated they monitor billable hours of PSP’s daily and this guides the mix and make up of service providers in the team. Evidence analysed by the Assessment Team showed workforce sustainability is a focus for the organisation and this is being addressed at the leadership and governance levels. The Assessment Team analysed the organisations 2023 strategic plan which included workforce growth.

Consumers interviewed by the Assessment Team provided positive feedback in relation to their interactions with staff. During interviews with the Assessment Team consumers described in various ways how the staff are kind, caring, respectful and helpful. For example, the representative of Consumer F stated staff are courteous, helpful, timely and brilliant.

The Assessment Team observed and noted regional staff communicating with consumers respectfully even when discussing complaints. Throughout the Quality Audit the Assessment Team observed and noted examples of how the service respects consumers individual differences and choices.

Consumers and/or representatives interviewed by the Assessment Team stated they have confidence in the workforce and they know what they are doing. During interviews with the Assessment Team management and staff demonstrated they have the knowledge to provide specialist support services to consumers with permanent vision loss. During interviews with the Assessment Team occupational therapy staff stated they know their role because they were given a job description when they commenced, and they have regular informal and formal feedback with their regional manager.

During interviews with the Assessment Team the National Operations Lead Aged Care Manager said she knows her role and responsibilities which include providing training on the My Aged Care referral process to all Allied Health Teams including, Orthoptists, Occupational Therapists and Assisted Technology Consultants.

The Assessment Team analysed the position descriptions for Occupational Therapists, Access Technology Specialist, Orthoptist, Service Support Officer. The Assessment Team noted these include the purpose of the position, responsibilities, expected key performance indicators and job capabilities. For example, an Orthoptist’s qualifications are required to be recognised with the Australian Orthoptic Association and have a current registration with the Australian Health Practitioner Regulation Authority.

During interviews with the Assessment Team management described how the service ensures its workforce is trained and equipped to provide services to consumers. Evidence analysed by the Assessment Team showed staff undertake an extensive induction program and complete on-line training prior to commencing in the role. Staff interviewed by the Assessment Team described completing online training. Evidence analysed by the Assessment Team showed additional training resources available for staff to access relevant to the CHSP consumers include Dementia awareness training and other special needs groups such as people with a disability. The Assessment Team noted Dementia awareness week highlighted on the organisation’s intranet.

Evidence analysed by the Assessment Team showed the service demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce in undertaken. During interviews with the Assessment Team staff reported receiving regular, ongoing informal feedback from management and the board and more formally through an annual performance review.

Management when interviewed by the Assessment Team advised of a multi-layer of monitoring staff performance at a local level, for example, the Assessment Team noted reporting on productivity is reviewed daily, feedback from client file audits are conducted quarterly and additional training is provided to PSP’s if required in response to audit outcomes.

Evidence analysed by the Assessment Team showed the organisation has a people and culture team and human resources policies and procedures for the assessment, monitoring of staff performance including a performance management framework to guide leaders.

The Assessment Team analysed compliance rates for staff registrations for the regional office at 100% for Police checks and NSW and ACT Working with vulnerable persons checks.

# 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. | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated it seeks input from consumers and/or representatives through feedback processes, informally through contact and formally through consumer satisfaction surveys or when new services are being trialled. Evidence analysed by the Assessment Team showed the organisation engages its consumers across its business’s through a client reference group which allows for several levels of engagement. For example, evidence analysed by the Assessment Team showed twice yearly meetings with members of the reference group and the client services committee. During interviews with the Assessment Team the Chief Executive officer stated all CHSP consumers are invited to be part of the reference group.

During interviews with the Assessment Team the workforce described how management and the Board are visible and included in day to day tasks and how the board displays respect for staff, volunteers and consumers. For example, the Assessment Team noted Chief Executive Officer routinely attends staff induction training and attends site visits regularly with PSP’s.

During interviews with the Assessment Team management described how local staff engage in the reconciliation action plan by attending national meetings and this assists them in gaining an understanding of the needs of consumers who identify as aboriginal.

The president of the governing body when interviewed by the Assessment Team described the information provided to the governing body by the leadership team supports the oversight of the delivery of quality service delivery. For example, the Assessment Team noted management reports information about feedback, complaints, incidents, finance, training of the workforce and work, health and safety.

**Information management**

Management when interviewed by the Assessment Team described the introduction of cloud-based technology, which allows the continuation of services remotely and backups are taken nightly for the ‘on premise’ applications and systems. Evidence analysed by the Assessment Team showed most applications are controlled via a user login and access to servers and key platforms are controlled with staff access restricted via their roles.

**Continuous improvement**

Evidence analysed by the Assessment Team showed the service demonstrated continuous improvement systems and processes are in place. Evidence analysed by the Assessment Team showed the service has a continuous quality improvement register that allows all staff the ability to record any opportunities for improvement, this is overseen by the Chief Practitioner.

Financial governance

Evidence analysed by the Assessment Team showed the service demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an approved provider of CHSP services. For example, the Assessment Team observed and noted the Board is engaged in oversight of the service’s income and expenditure through the discussion of the service’s profit and loss analysis for year at monthly Board meetings.

**Workforce governance**

Evidence analysed by the Assessment Team showed the service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. For example, the Assessment Team analysed and noted current working with vulnerable people certification for staff in both ACT and NSW.

**Regulatory compliance**

Management when interviewed by the Assessment Team reported there had been no adverse findings by another regulatory agency or oversight body in the last twelve months. Evidence analysed by the Assessment Team showed the organisation monitors regulatory requirements by the Board through relevant sub-committees. The Service Compliance and Privacy Lead when interviewed by the Assessment Team stated they monitor changes by actively connecting with aged care peak bodies.

**Feedback and complaints**

Evidence analysed by the Assessment Team showed the organisation has a Regional Client Feedback tool to provide specific and timely feedback to the local office. Evidence analysed by the Assessment Team showed the ACT region had only three complaints for the past six months and this is reflective and consistent with information obtained during interviews with consumers and/or representatives.

**Managing high-impact or high-prevalence risks associated with the care of consumers:**

Evidence analysed by the Assessment Team showed the service identified the high-impact or high prevalence risks to its elderly cohort is falls and social isolation. Evidence analysed by the Assessment Team showed to address these the service conducts a risk assessment for all its CHSP consumers by an occupational therapist at the commencement of service and when needs change. Throughout the quality audit the Assessment Team noted the majority of supports provided are assisting consumers to make connections with others and do things that interest them.

Management when interviewed by the Assessment Team advised the services incident management system delivers an alert to relevant management depending on the severity of incidents recorded, the incident is then tracked in the system by triggers depending on this severity scale of low, medium and high.

**In relation to identifying and responding to abuse and neglect of consumers:**

Evidence analysed by the Assessment Team showed the service’s provided by this organisation are generally episodic in nature and with short term interventions however PSP’s interviewed were able to describe how they would identify and respond to abuse or neglect, for example, observing for any marks on the skin.

**In relation to supporting consumers to live the best life they can:**

Evidence analysed by the Assessment Team showed consumers are supported to live the best lives they can through risk assessment and mitigation processes, such as harm minimisation and education.

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