Volunteer Home Support

Performance Report

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| **Address:** | 6 Mooney Place O'CONNOR WA 6163 |
| **Phone:** | 08 9331 2933 |
| **Commission ID:** | 500277 |
| **Provider name:** | Volunteer Home Support Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 23 August 2022 to 25 August 2022 |
| **Performance report date:** | 21 September 2022 |

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Commonwealth Home Support Packages (CHSP):**

* Domestic Assistance, unknown, 6 Mooney Place, O'CONNOR WA 6163
* Home Maintenance, unknown, 6 Mooney Place, O'CONNOR WA 6163
* Transport, unknown, 6 Mooney Place, O'CONNOR WA 6163

# Overall assessment of Service/s

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

# Detailed assessment

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

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

The following information has been considered in developing this performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 20 September 2022

# STANDARD 1 Consumer dignity and choice

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

At the time of quality audit, the service was:

* Demonstrating that consumers are treated with dignity and respect with their identity, culture and diversity being valued.
* Demonstrating that consumers are supported to exercise choice and maintain their independence
* Demonstrating that consumer privacy and confidentiality is maintained through embedded policies and processes

At the time of quality audit, the service was not:

* Demonstrating staff are trained to deliver culturally safe care to consumers
* Evidencing that consumer support plans support culturally safe service delivery to consumers

The Quality Standard for CHSP is assessed as not compliant as one of the six specific requirements have been assessed as not compliant.

**Assessment of Standard 1 Requirements**

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

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

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| Requirement 1(3)(b) | CHSP | Not Compliant |

*Care and services are culturally safe.*

Findings

The service did not demonstrate care and services are culturally safe. Consumer support plans did not evidence information is recorded to ensure the provision of services that are culturally safe.

For example:

* One consumer care plan did not evidence any specific needs or preferences being identified to assist the staff to provide services in line with consumer requirements.
* One consumer with independent mobility has health risks identified including diabetes and spinal stenosis. No specific requirements related to culturally specific preferences have been identified in this consumer support plan, despite evidence of a relevant incident occurring earlier this year.
* One consumer experiences anxiety and exhibits hoarding behaviours. This information is not identified or referenced in their support plan.
* One consumer of Aboriginal descent places significant importance in continued involvement with community and family. This information was not included in the consumers support plan.
* The assessment team reviewed service training records and identified evidence that service staff had not been provided with training related to the provision of care in a culturally safe way.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 Ongoing assessment and planning with consumers

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

At the time of quality audit, the service was:

* Demonstrating consumer information is shared when required
* Demonstrating consumers are encouraged to take part in planning their care
* Informing consumers of assessment and planning outcomes

At the time of quality audit, the service was not:

* Demonstrating effective assessment and planning, including the consideration of risks to consumer health and well-being
* Demonstrating embedded processes support the identification of consumer centred goals and preferences
* Demonstrating that services are reviewed regularly for effectiveness, when incidents occur, or when changes in consumers needs arise.

The Quality Standard for CHSP is assessed as not compliant as three of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Findings

The service did not demonstrate assessment and planning includes consideration of risks to consumer health and well-being. Additionally, the service did not evidence that relevant information is available to support workers when they are delivering care to consumers.

Consumers and representatives expressed satisfaction with the services assessment and planning process when the assessment team spoke with them.

* While the services risk mitigation and safety planning documentation indicates control measures are implemented, the assessment team identified that specific control measures are not actually recorded by service staff.
* Service staff explained to the assessment team that they have not had training in how various assessment forms are to be completed, including consumer occupational health and safety plans.
* One consumer occupational health and safety plan identified risks related to; access, security, slips, trips and falls. No specific control measures were recorded by the service to mitigate this consumer risk.

The services support planning documentation and guidelines did not evidence information is provided to guide staff in providing safe and effective services, including consideration of risks to the consumer. For example:

* One consumer is subject to allegations of inappropriately touching a support worker. The support plan for this consumer does not include strategies for staff to manage this behaviour or mitigate risks.
* One consumer is always required to carry oxygen. No information or training has been provided to service staff transporting them to appointments.
* One consumer has significant cognitive decline. No information or training has been provided to the staff to mitigate or managing associated risks.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

Findings

The service did not demonstrate that processes and documentation is embedded to identify and support consumer centred goals and preferences.

Service staff explained that consumer’s needs, goals and preferences are discussed during initial assessment processes. The assessment team evidenced however, that service support plans are generic by design and use tick check box entries for consumers to agree to a set of goals pre-determined and listed by the service itself.

Consumer support plans do not provide an opportunity for consumers to identify their own needs and preferences, including how they would like services to be delivered or how they can be involved in the ongoing provision of their services.

The service did demonstrate that consumers are provided with opportunities to identify goals and preferences related to advance care planning and end of life planning.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Findings

The service did not demonstrate that consumer services are reviewed regularly for effectiveness, when incidents occur, or when changes in consumers needs arise.

Consumers and representatives described in different ways that service support plans are not always reviewed or updated to reflect changes in consumer needs. They did however explain that staff support them when their needs change and concentrate on consumer directed priorities that are not always reflected in the support plans.

For example

* One consumer with a support plan dated July 2021 had not had their services reviewed at the time of quality audit (August 2022), despite a request being made by this consumer for additional transport services following a hospital admission.
* One consumer with a support plan dated July 2018 had not had their services reviewed at the time of quality audit (August 2022). They have experienced significant changes in their condition during this period.
* One consumer with a support plan dated June 2021 had not had their services reviewed at the time of quality audit (August 2022). Consumer records from June 2022 indicate this consumer is subject to allegations of inappropriate behaviour against service staff.

The service evidenced a policy and procedure implemented in July 2022 outlining several circumstances when a review of consumers support plans may take place. Service support plans and assessment documentation did not evidence consistent or episodic review in line with this policy and procedure.

At the time of quality audit, service management explained this issue had been identified and corrective strategies are being implemented in response.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

# STANDARD 3 Personal care and clinical care

# CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard for CHSP is not applicable for the service as it does not provide personal care or clinical care.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | CHSP | Not Applicable |

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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| Requirement 3(3)(b) | CHSP | Not Applicable |

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

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| Requirement 3(3)(c) | CHSP | Not Applicable |

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

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| Requirement 3(3)(d) | CHSP | Not Applicable |

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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| Requirement 3(3)(e) | CHSP | Not Applicable |

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

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| Requirement 3(3)(f) | CHSP | Not Applicable |

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

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| Requirement 3(3)(g) | CHSP | Not Applicable |

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

At the time of quality audit, the service was:

* Demonstrating that consumers are supported through the delivery of services to maintain their connections to community and their relationships with others
* Demonstrating that consumers are supported to exercise choice in maintaining daily living activities
* Demonstrating that staff are encouraged to engage with consumers when they may be feeling low and report their observations for follow up
* Evidencing that consumers are referred for further service assessments when the need is identified or requested

At the time of quality audit, the service was not:

* Evidencing staff communication is effective in optimising a response to consumer’s with changing needs, preferences and choices

The Quality Standard for CHSP is assessed as not compliant as one of the seven specific requirements have been assessed as not compliant. Two requirements have not been assessed as they are not applicable to the service.

**Assessment of Standard 4 Requirements**

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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| Requirement 4(3)(d) | CHSP | Not Compliant |

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

Findings

The service did not demonstrate that information provided to staff is consistent, or that staff are informed of changes to consumers needs and preferences.

For example:

* The services support plan documentation provides tick box entries against services to be provided, and the area for individual entries recording consumers unique information is not consistently used.
* One consumer had changes made to their service delivery so that cultural preferences could be met. The details around this change however was not recorded by the service, including the consumer preference that should staff availability change, so should the service delivery. The assessment team evidenced the service did not share information with others effectively in this instance.
* One consumer support plan did not provide information on identified hoarding issues and subsequent psychological effects. One support worker attended the consumers home and was unaware of this complexity and was not guided by consumer documentation as it did not reflect contemporary consumer information.
* One consumer support plan did not evidence information identifying the importance of transport services in maintaining independence, social connections and wellbeing. This consumer had a generic goal used for other sampled consumers and did not identify a need to have this service maintained for their psychological wellbeing and community connections.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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

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

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| Requirement 4(3)(f) | CHSP | Not Applicable |

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

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| Requirement 4(3)(g) | CHSP | Not Applicable |

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

# STANDARD 5 Organisation’s service environment

# CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard for CHSP is not applicable for the service as it does not provide a service environment.

## Assessment of Standard 5 Requirements

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| Requirement 5(3)(a) | CHSP | Not Applicable |

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

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| Requirement 5(3)(b) | CHSP | Not Applicable |

*The service environment:*

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

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| Requirement 5(3)(c) | CHSP | Not Applicable |

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

# STANDARD 6 Feedback and complaints

# CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

At the time of quality audit, the service was:

* Demonstrating that consumers and representatives are provided with information on how they can provide feedback and raise a complaint to the service
* Demonstrating that consumers and representatives are provided with information on advocacy, external complaints mechanisms, language, and other organisations to support the provision of feedback
* Demonstrating processes to guide staff in complaint resolution timeframes
* Demonstrating appropriate action is taken in response to consumer feedback and complaints

The Quality Standard for CHSP is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 Human resources

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

At the time of quality audit, the service was:

* Demonstrating that the workforce is scheduled and planned around contemporary difficulties (Covid-19)
* Demonstrating that staff are respectful and kind
* Demonstrating that staff performance is monitored and managed

At the time of quality audit, the service was not:

* Demonstrating processes are in place to ensure staff have the required skills and knowledge to effectively perform their roles
* Providing consistent and ongoing training for staff including their responsibilities and obligations under these quality standards

The Quality Standard for CHSP is assessed as not compliant as two of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

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| Requirement 7(3)(c) | CHSP | Not Compliant |

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

Findings

The service did not demonstrate processes are embedded to ensure members of the workforce have the required skills and knowledge to effectively perform their roles.

Staff, including volunteers described to the assessment team in different ways that they are not consistently provided with information on consumer risks, or provided with training to ensure services are culturally safe.

For example:

* One consumer is subject to allegations of inappropriate behaviour against service staff. A newly employed support worker had not been provided information to support them in delivering services to the consumer.
* One consumer receives assistance with transport from a volunteer and uses oxygen supplements. This volunteer had not been provided with training or information regarding the safe transport of consumers using oxygen supplements, or general risks associated with this treatment.

Consumers and their representatives expressed satisfaction in different ways to the assessment team, and generally described they felt that service staff understand how to deliver services to them.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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| Requirement 7(3)(d) | CHSP | Not Compliant |

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

Findings

The service did not demonstrate that the workforce is sufficiently recruited, trained, equipped and supported in their delivery of services.

For example:

* The services staff handbook and staff induction manual outlines specific training and education requirements for staff to maintain each year.
* The assessment team evidenced that the service’s training records identified out of date staff training, with no reference of follow up or refresher training being scheduled.

Service management explained to the assessment team during quality audit that minimal training and education had been delivered to the workforce over the last two years and addressing staff training moving forward was being promptly addressed.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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

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

# STANDARD 8 Organisational governance

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

At the time of quality audit, the service was:

* Demonstrating consumers are engaged in developing their care and services
* Demonstrating an active board governs the service and processes are embedded for reporting and delegations.

At the time of quality audit, the service was not:

* Demonstrating that governance systems are embedded to manage information management, continuous improvement, workforce governance and regulatory compliance
* Demonstrating risk management systems are embedded to management high impact or high prevalence consumer risks
* Demonstrating staff are supported to complete training and education in elder abuse
* Demonstrating utilisation of an incident management system to ensure incidents are recorded, investigated and actioned

The Quality Standard for CHSP is assessed as not compliant as two of the five specific requirements have been assessed as not compliant. One requirement has not been assessed as it is not applicable to the service.

## Assessment of Standard 8 Requirements

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

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

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

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

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service did not demonstrate effective organisation wide systems are embedded in relation to information management, continuous improvement, and workforce governance.

Service management demonstrated they had identified the non-compliance in these areas and at the time of quality audit explained to the assessment team that they are addressing this through the implementation of new management systems.

Information management

* Consumer care documents do not evidence the comprehensive capture of risks for consumers.
* The assessment team found limited information from assessment processes is used in developing consumer support plans.
* Service information in care documents feature generic tick box entries and do not allow for entries reflecting consumer individuality. All sampled consumers under Standard 2 and 4 had identical goals recorded.
* The services electronic care system is not available to support workers providing services to consumers. Staff are reliant on the services generic support plans, roster notes, and verbal conversations for insight to consumer services.
* The service did not evidence it is recording all incidents to its incident register for monitoring.
* The service did not evidence it provides its workforce with contemporary policies and processes. The assessment team noted a policy and process manual dated 2019 and reviewed in 2022 (in draft at the time of quality audit).
* Service staff explained they could not identify when they had last been provided education on the service’s policy and procedures.

Continuous Improvement

* The service did not demonstrate utilisation of its continuous improvement processes.
* The assessment team evidenced the services continuous improvement plan had sparse use in the 18 months prior to quality audit, with the most recent entry being made in October 2021.
* The services action plan (dated October 2021) does not record improvements in relation to consumers and evidenced a focus on business aspects of the service including property transfers, finance, workplace health and safety, and Board business.

Workforce governance

* The service did not demonstrate its embedded governance process effectively monitor staff training and competencies.
* Interviews with service staff consistently described the service as having no systems in place to ensure staff are supported to complete education and training relevant to the Aged Care Quality Standards and the delivery of safe and effective quality services.
* The findings recorded under requirement 7(3)(d) provide further information, including the assessment team evidencing that the service’s training records identified out of date staff training, with no reference of follow up or refresher training being scheduled.

Regulatory compliance

* While the assessment team recommended the service was not compliant in the area of regulatory compliance, I have identified no specific contravention of a government directive or legislated requirement evidencing this. On balance, I find the regulatory compliance element of this requirement compliant, notwithstanding other identified non-compliance under this requirement.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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| --- | --- | --- |
| Requirement 8(3)(d) | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Findings

The service did not demonstrate effective risk management systems and practices are embedded. Consumer care documentation did not evidence consistent identification of consumer risk or provide staff with an understanding on how to manage and mitigate it.

Service staff described not being provided with recent training on elder abuse, and the service did not demonstrate the use of its incident management system to effectively investigate, action and provide information to staff.

For example:

* Service staff did not demonstrate they utilised information in consumer assessments and reviews to record risks and develop strategies to support consumers while mitigating risks.
* Service staff have not been provided education or training in how to manage different risks, including when consumers are transported with oxygen tanks.
* Consumer documentation is generic in nature and does not allow area for risks and other information to be recorded.
* Service staff explained they had not completed training in elder abuse in the last two years.
* The assessment team evidenced an incident that had not been recorded in the services incident management system, involving allegations of inappropriate consumer behaviour against a support worker.

In response to the assessment teams report, the service submitted a comprehensive plan for continuous improvement featuring responsive measures planned for prompt implementation to address the identified non-compliance. Validation and confirmation of these actions in future quality assessments will measure effectiveness and compliance against this standard.

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| Requirement 8(3)(e) | CHSP | Not Applicable |

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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

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| Requirement 1(3)(b) | CHSP | Not Compliant |

*Care and services are culturally safe.*

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

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| --- | --- | --- |
| Requirement 4(3)(d) | CHSP | Not Compliant |

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

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| --- | --- | --- |
| Requirement 7(3)(c) | CHSP | Not Compliant |

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

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| --- | --- | --- |
| Requirement 7(3)(d) | CHSP | Not Compliant |

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

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| Requirement 8(3)(c) | CHSP | Not Compliant |

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | CHSP | Not Compliant |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*

*managing and preventing incidents, including the use of an incident management system.*