**Performance**

**Report**

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| Name of service: | Volunteer Home Support |
| Service address: | 6 Mooney Place O'CONNOR WA 6163 |
| Commission ID: | 500277 |
| Home Service Provider: | Volunteer Home Support Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 January 2023 |
| Performance report date: | 22 February 2023 |

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 Volunteer Home Support (**the service**) has been prepared by S Bickerton, 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

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

* Community and Home Support, 27253, 6 Mooney Place, O'CONNOR WA 6163

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for CHSP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

# Other relevant matters:

Non-compliance of requirements 1(3)(b), 2(3)(a), 2(3)(b), 2(3)(e), 4(3)(d), 7(3)(c), 7(3)(d), 8(3)(c) and 8(3)(d) was identified during a quality audit conducted on 23 August 2022.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating provision of culturally consumer safe care and services

The service evidenced and demonstrated that consumer care and services are culturally safe.

Service documentation (consumer support plans) evidenced that the service captures and records information to identify cultural requirements and guide culturally safe service delivery.

The assessment team evidenced the inclusion of consumer cultural information in service planning processes with the addition of alerting service staff of relevant information.

Service staff demonstrated competency in cultural diversity training and described contemporary examples to the assessment team referencing this knowledge to deliver consumer services. Service staff openly explained the importance of respecting each consumer as an individual and referenced corroborated examples of accommodating cultural preferences with service rostering.

Most consumer interviewed by the assessment team described in different ways that the felt service staff know them well and understand what is important to them.

# 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)(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

At the time of performance report decision, the service was:

* Evidencing embedded assessment and care planning processes consider risks to consumer health and well-being and informs the delivery of safe effective care
* Evidencing that consumer specific goals and preferences are identified and assessed
* Evidencing that consumer care and services is regularly and episodically reviewed for effectiveness

The service evidenced and demonstrated effective assessment and care planning processes that consider consumer risks. The service demonstrated that assessment information is utilised in the development of support plans in partnership with consumers and their representatives. Service documentation evidenced high risk alerts are communicated to service staff in consumer support plans and electronic management system.

Majority of consumers interviewed by the assessment team described and recalled the service conducting assessments with them and their representatives.

The assessment team interviewed service staff who demonstrated knowledge and understanding of individual consumer routines, needs and preferences. Service staff demonstrated that assessment and planning processes include discussions around personal information, health conditions, mobility, communication supports, and different risks. The service evidenced issuance of information to consumers relevant to identified risks during this process.

The service evidenced embedded processes support the identification of consumer centred goals and preferences, including advanced care planning and end of life planning.

Majority of consumers interviewed by the assessment team described and recalled the service discussing, capturing, and planning services in line with their goals and preferences.

Service staff demonstrated that consumer support plans include individualised needs, goals, and preferences. Additionally, they demonstrated knowledge and understanding of specific consumer goals.

The assessment team reviewed service support plan documentation and evidenced continuous improvement undertaken by the service had refined processes to capture and record consumer specific goals, in comparison to documentation reviewed in a quality audit conducted in August 2022. The service demonstrated a planned commitment to update legacy consumer support plans in line with these improved processes.

The service evidenced embedded processes ensure consumer support plans are regularly reviewed to meet consumer needs and adapt to any changes due to incidents, health events, or personal preference.

Most consumers interviewed by the assessment team described in different ways that the service conducted reviews with them. Examples provided of the service responding to changing needs included modifying service provisions and making referrals to support funding adjustments.

Service staff demonstrated knowledge of service processes guiding consumer support reviews in the event of changes being identified. Staff described contemporary incidents involving consumers in their own homes that resulted in the service taking prompt action to mitigate risks.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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 |

Findings

At the time of performance report decision, the service was:

* Demonstrating embedded processes ensure consumer information is communicated and shared consistently, appropriately, and in a timely manner

The service demonstrated it has processes in place to ensure information regarding consumers condition, needs and preferences is communicated in a timely and consistent manner.

Most consumers interviewed by the assessment team described in different ways that service staff and volunteers know their needs and know how to deliver their individualised services. Examples of this included service staff mitigating risks during the delivery of transport services.

Service staff interviewed by the assessment team described being consistently updated about changes in consumer condition, needs and preferences by having access to printed alerts on rosters, electronic alerts when checking electronic support plans, and being contacted first thing in the morning by coordinators to advise of important changes.

The service evidenced embedded procedures ensure consumer changes are documented in case notes, reported to coordinators to organise review, and communicated to all staff involved in the consumers care provisions.

# Standard 7

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| Human resources | | CHSP |
| 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing that its workforce has the skills and knowledge to effectively perform their roles and is recruiting, training, equipping and supporting staff to deliver the outcomes required under the Quality Standards

The service evidenced that its workforce is competent and ensures that each member of the workforce has the qualifications and knowledge to effectively perform their roles.

Most consumers interviewed by the assessment team described in different ways that they were satisfied support workers and volunteers delivering services are competent and know what they are doing.

The assessment team interviewed service staff members who described the qualifications, skills and competencies they require to perform their roles in a safe and effective manner and demonstrated that the service supports and monitors their compliance with those requirements. Service management demonstrated embedded processes track and monitor staff qualifications and competencies.

The assessment team evidenced the tools used by the service monitor staff competencies and training renewals. Service induction manuals evidenced new service staff are supported and trained in their roles with the inclusion of job descriptions, orientation checklists and buddy-shift assessments.

The service demonstrated its workforce is recruited, trained, equipped and supported to deliver the outcomes required under the Quality Standards. The assessment team evidenced the service implementing actions identified in its continuous improvement plan and regularly refining this plan with new improvement opportunities.

# Standard 8

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| Organisational governance | | CHSP |
| 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing effective organisation-wide governance systems are embedded, and are effective in using continuous improvement processes to direct service improvements
* Evidencing effective workforce governance practises drive the implementation of systems to ensure service staff have competencies and knowledge to perform their roles
* Demonstrating the effective identification, management, and reporting of risks and incidents

The service demonstrated effective organisation-wide governance systems ensure the delivery of safe and quality care, including managing regulatory and financial obligations, monitoring and responding to feedback and complaints, managing the workforce, and ensuring that consumers and staff have access to the information they need to effectively perform their roles.

Service management demonstrated its quality and training functions conduct internal audits to identify improvements, responsible staff, and implementation timelines. The assessment team evidenced through service documentation and service staff interviews that policies and procedures have been refined and improved to provide staff with training and access to the information they require to effectively perform their roles with emphasis on the assessment of consumer needs, identifying individual goals and preferences, and cultural safety. The service evidenced effective risk management practises and incident management systems are embedded to identify and respond to high-impact and high-prevalence consumer risks including elder abuse and neglect.

Service staff evidenced training completion in elder abuse and neglect and demonstrated knowledge in identifying and report incidents. The assessment team evidenced through the services incident register that incidents are being identified and actioned appropriately according to policies and procedures.

Service management demonstrated embedded practises around risk identification and management ensure information is shared with service staff to guide risk mitigation. Service staff demonstrated being informed about known risks by alerts in electronic management systems and hard copy documentation.

Service documentation evidenced that all service staff have completed training in elder abuse and neglect and have either completed, or are scheduled to complete, training in the Serious Incident Reporting Scheme (SIRS) and open disclosure. The services continuous improvement plan evidenced that incident forms have been updated for SIRS, and additional information about SIRS has been included in induction manuals for employees and volunteers.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)