**Performance**

**Report**

**1800 951 822**

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| Name of service: | Wingecarribee Adult Day Care Centres |
| Service address: | 3 Hansen Street BOWRAL NSW 2576 |
| Commission ID: | 200039 |
| Home Service Provider: | Wingecarribee Adult Day Care Centres Inc |
| Activity type: | Quality Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 22 May 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 Wingecarribee Adult Day Care Centres (**the service**) has been prepared by G.McNamara, 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:**

* Transport, 4-7Z6N53I, 3 Hansen Street, BOWRAL NSW 2576
* Social Support - Group, 4-7XO8F9T, 3 Hansen Street, BOWRAL NSW 2576
* Centre Based Respite, 4-7X9ZB7M, 3 Hansen Street, BOWRAL NSW 2576
* Transport, 4-7Z6N53I, Wingecarribee Comm Services Ctr, Queen Street, MOSS VALE NSW 2577
* Social Support - Group, 4-7XO8F9T, Wingecarribee Comm Services Ctr, Queen Street, MOSS VALE NSW 2577

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Treating consumers and their representatives with dignity and respect.
* Supporting consumers through the assessment/planning process and policies are inclusive and cultural backgrounds acknowledged and respected.
* Supporting consumers to take risks to live their best life, within their scope of service provision.
* Providing information in a timely manner to all consumers, so they can make decisions about their care.
* Protecting consumer privacy and confidentiality.

The services operate under a number of polices governing all aspects of care delivered. These policies were written by the service itself and were seen as relevant to the services and care offered. The assessment team sighted policies and procedures governing the importance and application of dignity and respect in all aspects of the care of consumers. This policy identified the support and maintenance of consumer valuers, culture and diversity.

Interviews with the service CEO confirmed that dignity and respect were key elements in the service’s delivery of care and that all staff were required to treat all consumers with respect and dignity. The assessment team observed staff treating consumers in a respectful manner consistent with their needs and personality. A consumer’s representative recognised in particular the importance of the respect and dignity afforded by staff to the consumer they represented.

The services operated under a number of polices governing all aspects of care delivered. These policies were written by the service itself and were seen as relevant to the services and care offered. The assessment team sighted policies and procedures governing the importance and application of dignity and respect in all aspects of the care of consumers. This policy identified the importance of consumer culture and diversity.

Interviews with care staff and with the service’s CEO confirmed that the service was taking steps to broaden the diversity of its consumer base, for example, by forming links with the local Indigenous community. The assessment team noted information relating to translation services contained in the initial application packs.

The services operate under a number of polices governing all aspects of care delivered which were seen as being tailored to the services and care offered. The assessment team sighted policies and procedures governing the importance and application of staff support for consumer choice and independence.

Interviews with Assessment staff who took initial details and prepared initial assessment records confirmed that the consumers wishes and needs were the focus of the service role. While there were restrictions on what could be offered given the nature of the service it was clear from these discussions that the service did all it could to accommodate consumers’ needs and where it was unable to do so staff would try to find alternative solutions to meet these needs.

The assessment team sighted policies and procedures governing the importance and application of risk and of the importance of allowing consumers to take risks where they wanted to. The assessment team sighted a dignity of risk form used to support consumers where they wanted to take risks against the advice of staff.

One consumer described how their choices were respected in use of the service’s bus. Staff described how this was accommodated, including discussions with the consumer and completion of a dignify of risk form.

The service provides Information packs to new consumers when they first start. The assessment team sighted these packs. The packs contained Information that was current for all activities and at all sites that was presented in a form that was easy to understand and also provided information and support for consumers and their representatives who may have English as a 2nd language or cognitive decline.

Interviews with the CEO confirmed all consumers were assessed for their abilities and this included ensuring that they had received and fully understood the Information. Assessment staff were trained to provided support to consumers who needed help understanding or reading Information

All consumer information was continued on a paper-based system and kept locked in a central filing system with the main Bowral offices. Relevant staff had access to files when needed but access to files was restricted to those care staff that had a direct involvement with consumers.

# Standard 2

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

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers and representatives are involved in assessment processes. Consumers interviewed confirmed they had initial discussions regarding their needs, they were satisfied with the services received, and had the opportunity to involve others in their care if they wished.
* guiding staff practice through orientation and ongoing provision of information.
* ensuring consumers receive the services they need, and their safety and health is monitored through frequent contact with drivers and volunteers who action any concerns raised.
* Ensuring timely reviews of all consumers that are recorded in a consistent manner.
* Conducting on-going 10-12 monthly reviews
* keeping notes on changes in consumers’ needs or circumstances.
* Implementing processes for discussing advanced care planning with consumers.

The services operated under a number of polices governing all aspects of care delivered. These policies were written by the service itself and were seen as relevant to the services and care offered. The assessment team sighted policies and procedures governing initial assessment and care planning. These polices, and procedures supported a robust and effect care plan procedures and ensured Information that fully informed the delivery of safe and effective care and services.

Interviews with care team leader confirmed that initial care planning adhered to the policies and procedures. Consumers had extensive initial interviews that formed the basis of the care plan which informed the safe and effective delivery of care and services going forward.

Observation of care plans and associated notes and stored documentation also demonstrated that the service collected and processed significant data relating to needs and preferences from consumers, and that this was utilised to inform service provision.

Of all the care plans observed by the assessment team none contained mention of advanced care planning in any care documents sighted. The CEO confirmed that the service did not include advanced care planning during the initial assessment stages of assessment, but with an enhanced understanding of this requirement immediate steps would be taken to address this. This included entering advanced care planning in the service’s continuous improvement planning. In addition, the service was producing a new initial assessment form that included advanced care planning as part of the initial assessment process. The team were informed that in future the assessment care staff would be trained and supported to ensure this would now be included in all care planning and reviews of existing care plans. While these improvements are relatively new I am confident these improvements will be embedded and will be sustained.

Reviews of care plans demonstrated an ongoing commitment to regular input to service provision from consumers and their representatives. Notes on all care plans observed demonstrated that consumer’s needs and wishes were listened too and formed the basis of changes to care plans if necessary. These care plans demonstrated ongoing and detailed documented notes. These notes covered all aspects of care and contact with the consumers. Ongoing notes also highlighted effective involvement of other individuals and service providers and demonstrated an open and transparent approach by the service provider to the involvement of all individuals and services involved in consumer care.

The services operated under a number of polices governing all aspects of care delivered. These polices were written by the service itself and so were relevant to the services and care offered. The assessment team sighted policies and procedures governing the importance and application of assessment care planning which included the need to involve consumers in all stages of the care planning process

The service’s CEO confirmed that initial assessment processes involved care workers discussing all outcomes and recommendations with consumers prior to the commencement of service delivery. Recommendations and relevant information was then provided to the consumers. Full care plans were stored in hard copy and were fully available to consumers if requested

Interviews with the Care team leader and the service’s CEO confirmed that care plans were regularly reviewed for effectiveness and when circumstances changed or when incidents impacted on the needs goals or preferences of the consumer. Both staff confirmed that care plans were reviewed at least every 12 months, but would be reviewed should there be any changes.

Reviews of care plans showed the assessment team that care plans were reviewed at least every 12 months. However, in most case (6 care plans) notes and updates indicated that the care plans had been reviewed more often and the team observed evidence that care plans were reviewed and updated when incidents or circumstances impacted on the consumer’s needs and preferences.

# Standard 3

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| Personal care and clinical care |  |  |

The service does not provide personal or clinical care other than incidental personal care therefore this Standard is Not Applicable and was 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Delivering services and supports to improve and promote consumer’s health, independence and quality of life.
* Providing options within the capacity of the service for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.
* Supporting the consumers’ emotional and psychological well-being

The assessment team reviewed care plans while on site, and information from these care plans demonstrated that the service collects and records information relating to each consumer’s needs, goals and preferences and that this is then used to inform service delivery. In turn information on these care plans showed that service delivery for each consumer utilised the information to ensure service delivery supported the optimisation of their independence, health, wellbeing and quality of life.

The assessment team observed staff treating consumers in a respectful manner consistent with their needs and personality. One (1) consumer in particular recognised the importance of the respect and dignity afforded them by staff.

Interviews with the CEO and the service team leader confirmed that care staff consider the emotional spiritual and physiological wellbeing of the consumer to be paramount during the delivery of care services. Both confirmed that they check for changes in mood and signs of depression each time they see consumers. In addition to checking with the consumer to ensure that all necessary and available services are being provided. Observation of care plans confirmed that the services includes comprehensive information regarding consumers psychological, spiritual and emotional wellbeing and that staff regularly feedback to care programmes changes or concerns in these areas if identified.

Care plans observed by the assessment team confirmed that consumers were supported to maintain community participation through the service’s social support groups and that care workers sort to ensure consumers had access to these groups where possible. Care plans in addition to policies and procedures observed during the assessment teams on site visit, demonstrated that ensuring consumers maintained on going community links and personal relationships within the classes was an integral part of the services care planning.

The assessment team observed four community social support groups run by the service provider. Observation of the groups during the sessions demonstrated an active and extremely positive setting. Consumers spoken to at the group were very positive about their experiences and told the assessment team the groups had made a great improvement to their lives

The service operates on a paper-based system only. The result of this is that all consumer information is held in a single file in the service’s offices in Bowral. This ensures that all consumer information is easily accessible to all service delivery staff. Care plans sighted by the assessment team contained full and comprehensive information about the consumers conditions, needs and preferences. Weekly team meetings in addition to daily briefings before and after each social support groups ensures that relevant information about each consumer is communicated.

Care plans observed by the assessment team demonstrated that referrals to other organisations, individuals and other providers of care and services was guided by the needs and preferences of the consumers. However, it was noted that the service did not provide personal or clinical services other than occasional personal care needed during social support groups, which was seen to be appropriate, and as such referrals were infrequent other than to My Aged Care.

Interviews with the CEO confirmed that care staff were required and encouraged to feedback all issues and note changes to consumers care plans and directly to her. The CEO co-ordinates referrals to individuals, other organisations and providers of other care service.

The service provided meals to all those that attend the social support groups. Meals are prepared on site by service care staff. Consumers spoken to during the support groups confirmed the meals to be good, varied and high quality. The assessment team observed a varied menu. Vegetarian options were catered for and the service staff confirmed that the service maintained a frozen supply of additional meals to ensure all consumers had additional options should they not like the choices on the menu.

The service provided wheel chairs for care staff to use while supporting consumers during respite care. The assessment team observed these to be well maintained and cleaned after each use.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as three of the three specific requirements have been assessed as Compliant.

The service is:

* providing welcoming social support groups that optimises each consumer’s sense of belonging, independence, interaction and function.
* Ensuring the group locations and equipment are safe, clean, well maintained and suitable for the consumer.

The assessment team observed two of the three sites used by the service running support groups. Both sites observed by the assessment team were found to be extremely welcoming and easy to understand. The support groups run by the service utilised the spaces well and ensured that the consumers sense of belonging, independence interaction and function were all enhanced

The assessment team observed the purpose-built venue in Bowral where the service operated support groups each day, and the service centre at Moss Vale. The team found the service environment at both venues to be extremely clean well maintained and comfortable. The environment at both sites was found to be welcoming and well laid out and the area wide and easy to walk around. The CEO informed the team that the buildings had been designed to allow easy movement and this was demonstrated to the team when it observed the interaction between staff and consumers during a higher dependency dementia support group.

The furniture fixtures and fittings at both sites were found to be safe, suitable clean well maintained.

# Standard 6

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

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Encouraging and supporting consumers, their family, friends, carers and others to provide feedback and make complaints.
* Making consumers aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Ensuring appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Reviewing and using feedback and complaints to improve the quality of care and services.

All consumers interviewed could describe how they can make a complaint and/or provide feedback to the service. Most consumers said they haven’t needed to submit a complaint in the past, but if they had a concern they would talk to the staff or make a phone call to the service about it in the first instance. The service conducts an annual survey to ensure consumer satisfaction. Team leaders complete an everyday activity feedback sheet where consumers are asked about their day and the activities if there is anything else they would like to do when they attend the centre, staff also provide comments and suggestions on this sheet and the feedback is discussed at morning and monthly team meetings and reported back to the board.

The service has a formal feedback and complaints register, which was reviewed by the assessment team. All complaints and feedback were acted upon in a timely manner. Staff said they have completed dementia training and have read the policy and procedure on how to communicate with consumers who have hearing issues.

The assessment team sighted the results from the July 2022 annual survey as well as the additional feedback survey conducted. The services membership packs a section on how to provide feedback and make a complaint, which explains the process and what to do if the consumer is not happy with the outcome. The services website has links to complaint and advocacy services.

All consumers interviewed said if they had a complaint they feel comfortable raising it with the service. Consumers could recall information being provided in the membership handbook. The service has had advocacy services as guest speakers, information was published in newsletters and a suggestions box has been placed in the foyer.

The assessment team observed a poster displayed in the entryway of the centres which displays the Aged Care Charter of Rights. The membership pack has a detailed section on how to make a complaint and provide feedback with an extensive section on advocacy, including accessing interpreter services and other methods for raising and resolving complaints, a list of advocacy and complaints services are included in the pack as well as links on the services website.

Consumers reported they feel safe to make a complaint and it would be resolved in a timely manner. Consumers said staff and CEO are highly approachable and they feel they are genuinely listened to and any concerns are acted upon in a timely manner. The CEO and staff were able to define open disclosure as they were to be involved in the complaints process and resolution. The service has implemented a feedback and complaints register which is reported back to the board monthly.

The assessment team reviewed the complaints register. There have been no complaints in the past 6 months and the register shows that all prior complaints were dealt with in a timely manner, usually immediately.

The assessment team reviewed the complaints handling and feedback policy that describe open disclosure process throughout the complaints handling and resolution process. The assessment team was not successful in making contact with the consumer and the representative who was named in the possible complaint however documentation sighted evidenced the misunderstanding.

The assessment team saw evidence of consumers feedback directly influencing the improvement of care and services. Feedback is sought from consumers and changes are implemented, for example consumers liked the music and art classes the most so team leaders have added a music and art component in their daily activities. The CEO explained that the service will implement change after considering feedback, and it is published in the newsletter to update consumers, the feedback the service has been receiving has been positive that is why the board identified the need to conduct an additional survey to ensure consumers understood their rights and responsibilities and have not become complacent with the service being provided.

The service receives informal complaints, for example, related to food. The feedback was noted and actioned immediately. The CEO explained that all feedback, suggestions and complaints is reported back to the board.

# 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Continuingly planning to ensure there is enough staff with the right skill mix to deliver quality care and services that meet consumer needs and preferences, and their interactions are kind, caring and respectful.
* The service ensures the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Standards.
* Providing a formal review process for monitoring and reviewing staff performance.

Consumers interviewed said they know the staff and they get quality care and services. For example, one consumer stated they had been attending a social support group in for 3 years and said the Team Leader has been the same, kitchen staff know their dietary requirements and know exactly how they like their tea. The representative for another consumer said the home respite care assistant is always on time, and it that it was very apparent that the staff understand the consumers’ needs.

Staff interviewed said they have enough time to deliver safe and quality care and services. Staff enjoy being rostered between the 3 different sites, meeting at Bowral in the morning for team meetings to discuss actions for the day and being notified of any updates or changes. The CEO advised that all direct care staff have a qualification in aged care, kitchen staff have food safety and handling qualifications and all staff must have first aid. The assessment team observed board and staffing folders that had resumes, qualification certificates, first aid, current relevant checks and list of completed training.

Consumers and representatives provided feedback that the staff who provide services are kind, caring and respectful. Staff interviewed knew their consumers well and the assessment team observed staff to respect consumers identity and diversity, greet consumers at the door in a loud tone for those who have a hearing impairment. Staff appeared happy to see the consumers as the consumers were happy to see the staff. Consumers were observed to be smiling and interacting with one another and activities happily.

The CEO stated, and documentation confirmed they have not received any feedback or complaints regarding staff being disrespectful to consumers. All staff are employed permanent part time, service has access to a casual pool, management advised there have been no unfilled shifts in the past 6 months.

Consumers interviewed advised that staff know what they are doing and are confident in the staff capability and knowledge. The CEO advised all roles have a detailed position description in the staff recruitment policy as well as in staff individualised folders.

The service is supported by a Southern Highlands bus company to provide transport, and Meals on Wheels provide frozen lunches. The assessment team evidenced the Meals on Wheels food licence and a Statutory Declaration stating all bus drivers have their licence, police and working with vulnerable consumers check and are vaccinated.

Staff confirmed they have access to face masks, hand sanitiser and are required to provide evidence of their qualifications, vaccination status, driver’s licence, motor vehicle insurance and the service pays for checks and first aid if required. The CEO advised all roles have a detailed position description in the staff recruitment policy as well as in staff individualised folders. The CEO checks qualifications and clearances each month prior to team meeting. All staff have completed paid dementia training and have read the

The assessment team observed staff engaging consumers in a variety of physical, intellectual and social activities, consumers appeared happy and said they enjoy their time at the centre and staff know how to make the day enjoyable.

Consumers interviewed said they are satisfied that the organisation trains, supports ad prepares its workforce and they have the confidence in the ability of the staff that deliver care and services. The 2022 consumer survey results for the region include 98% of respondents said they were satisfied with the staff and with the services they received.

All staff interviewed including the CEO advised they were given a new employee handbook that covers the policies and procedures that relate to their specific role. The assessment team sampled staff training completion rates, and these are up to date for staff on the current roster. The CEO said she identifies staff training needs directly from staff through staff meetings, informal chats with staff and through regulatory changes and as outlined in the CIP.

The service provides several layers of supports to its workers including morning team meetings with team leaders and monthly meetings with the CEO and regular support, and supervision meetings, which one Team Leader described as supports in their role and them personally. Staff also have access to an employee assistance program and are allocated a buddy when they first started delivering services. The Financial Officer received a position description before commencing, and her qualifications include a diploma in accounting.

Staff interviewed have been with the service for 10+ years and have all sighted their position description at annual performance reviews and know the position descriptions can be found in the staffing and recruitment policy.

Consumers said that they are happy with staff performance. Day care assistants and Team Leaders said they receive feedback from the EO and have appraisals yearly. The CEO reviews progress notes written by staff. The service has performance appraisal policy which details the process in place where yearly appraisals are completed for staff. The assessment team observed yearly appraisals for staff that are current and in line with the performance appraisal policy and staff interviewed could recall their last appraisal and being encouraged to provide feedback.

# 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four applicable requirements have been assessed as Compliant.

The service is:

* Demonstrating an organisational approach to involve consumers in developing, delivering and evaluating their care and services.
* Promoting a culture of safe, inclusive, and quality care and services within the organisation.
* Using effective organisational wide governance systems in accordance with the organisations size and structure.
* Identifying, removing and reducing risks in a timely manner through organisational risk management system.
* Using best practice guidelines.

The service demonstrated a variety of ways it involves consumers in developing, delivering and managing care and services and evaluation of care and services through an annual survey, consumers answer questions and make suggestions regarding service delivery, meals, environment, complaints process and resolution, costs and transport. The July 2022 surveyed 68 consumers who all expressed satisfaction with the service and positive suggestions regarding service delivery. In addition to the annual survey the service continues to evaluate services and supports engagement, for example, every 6 weeks consumers can choose activities, entertainment for the day, and at the end of each day team leaders note down what consumers enjoyed or didn’t enjoy about the day, staff also provide feedback regarding the activities and level of consumer engagement. The assessment team observed staff completing everyday feedback sheet with consumers and asking questions regarding the food provided and activities.

Staff said that they note which activities and music the consumers like the most, and incorporate those activities and music style into everyday activities. For example consumers said they found trivia challenging but they like 60’s music, so team leader made a trivia about 60’s music which received very positive feedback.

The governing body meets monthly and to discuss and ensure the organisation is demonstrating its responsibility and commitment to create a culture of safety and quality improvement that meet the goals and objectives outlined in the strategic plan. The CEO presents a report at each meeting that reports back to the board updates on consumers and activities, advertising and promotions, staff and training, upcoming leave, complaints, compliments and feedback from consumers, representatives’ carers and staff, monthly bills, treasures report, profit and loss statement, maintenance issues. The organisations monthly newsletter includes updates from the President of the Board to communicate any updates, reviews and how the organisation is ensuring it services and development are in line with the strategic plan.

Due to the Aged care reforms the board has recently completed board governance training and is conducting a skills audit to identify ability and knowledge among the board members. Incident Management policy is being updated to ensure it is in line with Serious Incident Response Scheme compulsory reporting obligations.

Staff said they have been involved in updating policies, the most recent policy being the risk management plan there has been ongoing discussions at team meetings and the draft will be presented to the board in December 2023. Updates from the board are shared at team meetings by the CEO. The COVID19 policy was updated to include 2 weeks paid leave for staff who care for household members, relatives, friends who test positive for COVID. Staff interviewed said they loved their jobs and felt supported in their roles to deliver outcomes in line with the services goals and consumer goals.

In addition to the annual survey the board identified the need to ensure consumers were aware of their rights and created additional feedback questions based on the Aged Care Charter of Rights, the results were feedback to the board, 98% of consumers surveyed were aware of their rights and responsibilities. The 2% of consumers and their carers/representatives were provided with information and clarification.

The service demonstrated it has effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information Management

The service is currently paper based and has a total of 150 CHSP consumers. Consumer, staff and board files, incident management forms and records are kept in the office in a locked cabinet accessible by staff. Policies, strategic plan, complaints, board and staff meeting minutes, CIP, newsletters, training register, attendance forms, transport sheets are stored in folders.

Consumers are provided with information about the collection of their data and its uses through membership information pack and disclosure of their personal information is evidenced in the client handbook.

Continuous Improvement

The service has a continuous improvement plan register which is updated regularly, and includes improvements to consumer care and services, the continuous improvement plan states which standard the improvement applies to, the area/person responsible for the quality improvement, progress and due dates. Feedback/complaints and incidents are fed to the governing committee and trends are identified which has resulted in quality improvement projects. For example, the introduction of the additional feedback survey to ensure consumers understands their rights and responsibilities.

The service has identified an increase in the number of consumers, part of the organisation’s CIP is to have an electronic information management system in place by December 2023. The progress and research into the system is being discussed at board meetings.

Financial Governance

The service demonstrated they have effective financial management and reporting systems in place to manage finances and resources that the organisation needs to deliver safe and quality care to consumers.

The Assessment Team reviewed board meeting minutes which included a financial report at every meeting for the past 3 months reviewed. The service handbook lists co-contribution amounts for all activities and respite services for CHSP consumers.

Workforce governance, including the assignment of clear responsibilities and accountabilities.

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with clear responsibilities and accountabilities. For example:

Management stated they have a system for reviewing current certifications for staff including but not limited to, police checks, qualifications, and Working with Vulnerable Person.

Staff job descriptions were sighted in individual staff folders and staff confirmed they had received a copy of them when they commenced at the service and at every performance review. The assessment team sighted the staffing model and the organisational chart. The manager’s performance is reviewed by the board monthly when she provides the executive officers report and receives feedback. The executive officer has a job description that clearly identifies her role and responsibilities including, governance, financial performance, organisation mission and strategy, organisation operations, skills and experience, performance goals and other requirements are listed.

Regulatory compliance

Management advised there has not been any adverse findings by another regulatory agency or oversight body in the last 12 months. Management said they have subscriptions to newsletters from several regulatory organisations to keep abreast of any changes to compliance and/or legislation. All relevant changes regarding regulatory compliance and changes to legislation are communicated to the board monthly, morning team meetings and staff notice board.

Feedback and complaints

The service has several avenues for consumers to provide feedback and complaints that are listed in the service membership, this includes through the executive officer, team leaders and board members. The service has a register of complaints and feedback and this is regularly updated on the status of each issue and actioned in a timely manner. Feedback is reported to the board monthly and trends are identified and fed into the Quality Improvement register.

The assessment team observed the Aged Care Charter of Rights displayed in the main entrance as well as a suggestions box.

The service is effectively maintaining risk management systems and practices, including high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Consumers interviewed did not express concerns about risks associated with attending the service.

The CEO said the most high-impact or high prevalence risks associated with consumers are those who wander and have mobility restrictions. The assessment team observed the front door to be monitored by office staff as to who is entering and exiting. Sliding doors were kept closed, the back yard was fenced and sliding doors kept unlocked to allow consumers to have some fresh air. The floor was well lit and plenty of space for consumers with wheelchairs and walkers to move freely.

Consumers are encouraged to maintain life skills and lead their best life through the variety of activities that are offered to ensure inclusivity of all consumers from a variety of backgrounds.

In relation to abuse and neglect of consumers staff said they are confident they would notice if a consumer displayed signs of abuse or neglect and would respond by asking after their health and well-being, and if appropriate report it to management. Management and staff reported having completed elder abuse and neglect from an external provider and SIRS training via online modules provided by the Commission. Following these training sessions, the identifying and responding to allegations of abuse policy was updated.

All consumers interviewed were able to directly describe how the service assists them to live their best life and confirmed they are supported and encouraged to participate in activities they choose which improves their physical and emotional well-being. The CEO described the best measure of the service supporting consumers to live their best life is by seeing consumers voluntarily coming back to multiple classes each week.

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