**Performance**

**Report**

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| Name of service: | Woden Community Service Incorporated |
| Service address: | 50 Easty Street PHILLIP ACT 2606 |
| Commission ID: | 200947 |
| Home Service Provider: | Woden Community Service Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 2 November 2022 to 9 November 2022 |
| Performance report date: | 9 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Woden Community Service Incorporated (**the service**) has been prepared by J Taylor, 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:**

* Personal Care, 4-7Y2RGEY, 50 Easty Street, PHILLIP ACT 2606
* Domestic Assistance, 4-7Y2RGKU, 50 Easty Street, PHILLIP ACT 2606
* Transport, 4-7Y2RGHR, 50 Easty Street, PHILLIP ACT 2606
* Social Support - Individual, 4-7Y2RGQG, 50 Easty Street, PHILLIP ACT 2606
* Social Support - Group, 4-7Y2RGNN, 50 Easty Street, PHILLIP ACT 2606

# 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.
* the provider’s response to the assessment team’s report received 5 December 2022.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# 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 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. | Non-compliant | |
| 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. | Non-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. | Non-compliant |

# Standard 1

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

Findings

Consumers interviewed confirmed they are treated with respect and report they are happy that care and services support them to live the life they choose. For example, a consumer received domestic assistance and social support services, they told the assessment team they had been a client for six years and staff ‘treat them like family’. Management advised, and the Assessment team observed via its Reconciliation Action Plan, the service is working with local Indigenous groups to develop local programs and creating networking opportunities.

Management interviewed provided examples of improvements in identifying consumer demographics including identification of Aboriginal and Torres Strait Islanders and lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQA) consumers. For example, the Aged Care Team are currently transitioning from two client information management systems to one system and, when this fully operational in February 2023, there will be an option for identification with ATSI, LGBTLIQ, religious needs/preferences, special cultural needs.

The Assessment Team sighted service agreements demonstrating consumers are supported to exercise choice and independence. For example:

* One consumer’s service agreement lists them as the first point of contact, then their daughter as a primary contact.
* Another consumer who receives domestic assistance preferred method of consent is verbal therefore it is noted the service agreement is signed verbally.

Consumers interviewed said coordinators listen to them and understand what is important to them. For example, a consumer who is very frail, and any activity is risky however the staff know them, and they described how staff and volunteers assist them on and off vehicles for their weekly shopping trip, and on a recent outing a volunteer guided them walking around the lake. Evidence sighted demonstrating the service is supporting consumers to take risks to live the life they choose included the Dignity of Risk Policy, information included in the staff handbook, and mandatory training for staff and volunteers providing services.

Consumers interviewed confirmed they receive verbal and written information in a way they can understand and enables them to make informed choices. Consumer preferences for communication with the service was sighted in sampled service agreements.

The Assessment Team observed consumer information is stored in an electronic information management system and a secure office environment. Access to electronic information was password protected with delegated levels of access. The staff handbook and consumer service agreement include information on how the service manages consumer personal information.

Based on the information provided, I find this standard to be compliant as six of the six requirements are assessed as compliant.

# 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. | Non-compliant |

Findings

Support workers interviewed demonstrated their knowledge and understanding of risks to consumers. For example, a support worker mentioned mobility concerns, uneven flooring and loose floor mat as things that may pose a risk to the consumers. Most support workers interviewed had not needed to report or escalate consumer risks during their employment period. All staff interviewed advised that they received adequate information to support the delivery of safe and effective care and services. The service demonstrated Home Support Risk Assessments had been completed and uploaded prior to the commencement of services to consumers.

Consumers interviewed reported that the service identified their goals, needs and preferences and addressed these through the delivery of quality care and services. For example:

* A consumer stated they like to keep active as this assist with maintaining their independence which was very important to them. They also mention they like to maintain their friendships. The consumer’s care plan reflected these statements and included a description of how the service supported them to achieve their goals.
* Another consumer stated they like to remain physically and mentally active and independent living in their home. These were captured in the consumer’s care plan. One of the strategies listed to achieve their goals was involvement in an advisory group which they thoroughly enjoy.

Staff interviewed described their first point of contact was with consumers and from there they would inquire whether the consumer would like others to be involved in the assessment and planning and to what extent this involvement would be. Review of the service's staff handbook, under dignity and choice, demonstrated that the service enabled consumers to make decisions about their care and services. Additionally, consent to collect and disclose information was explained to consumers and their signatures were obtained during the initial assessment.

Consumers interviewed advised the service explained the process, forms, assessment, agreement, and various documentation prior to the commencement of care and services. They added the service required their signatures on the agreement and care plan to demonstrate that they received and agree with the content of these documents.

While the services Aged Care Intake Process indicated care plans were to be reviewed every 12 months and this process was confirmed by staff, most consumers and representatives interviewed could not recall when they last had a discussion about updating a care plan. The Assessment Team sampled care plans and found 13 out of 20 care plans had not been reviewed in the previous 12-month period. The service manager acknowledged the service is aware of this finding and explained that staff changes within the organisation had affected the care plan review process. Review of the service's Continuous Improvement Plan demonstrated the service is committed to rectifying this through the transition to a new Client Management System and its implementation in February 2023.

In response to the Assessment Report, the service advised that an interim process is now in place for a transition period to cover further reviews of consumers where a change in service is required or a risk identified, the ability to add additional information to the Intake and Assessment spreadsheet to enable changes to be monitored, an internal audit of all care plans to enable all plans are completed and all associated documents are accounted for. The service also advised the new electronic system includes a function to enable oversight and scheduling for consumer reviews.

While acknowledging the changes the service is implementing, it will take time to embed proposed changes into business as usual. I therefore find this Standard to be non-compliant as one of five requirements assessed is deemed to be non-compliant.

# Standard 3

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

Findings

Consumers interviewed stated the service provided safe and effective personal care which was tailored to their needs and optimised their health and well-being. For example:

* A representative interviewed explained their parent received assistance with showering 3 times per week. They remarked that staff encouraged the consumer to do as much as they can for themselves prior to stepping in and assist the consumer. They expressed they felt that the service provided quality care and services.

The service does not provide clinical care to consumers and therefore the provision of clinical care was not assessed.

Review of the services Dignity of Risk and Duty of Care Policies outlined the services commitment to maximising consumer choice and decision-making. The service evidenced Home Support Risk Assessments are undertaken prior to the commencement of services. Support workers and service coordinators demonstrated knowledge in identifying, assessing, and managing risk to the safety, health, and well-being of consumers.

The service was not providing clinical care services at the time of assessment. The Intake and Assessment Coordinator indicated when interviewed a referral to the My Aged Care portal will be made if a consumer were to need end of life services. The service’s Continuous Improvement Plan indicated a suite of resources will be made available to consumers and their families if deemed palliative care was required and referral pathways developed.

Consumers interviewed expressed their confidence that staff would recognise if their health deteriorated. The Assessment Team sighted the staff handbook which is provided to all staff on commencement of employment. The handbook includes instructions on what to do if a consumer does not respond to a scheduled visit.

Consumers and representatives interviewed expressed their confidence their needs and preferences concerning personal care were communicated within the organisation. While there were identified gaps in documentation contained in care plans, these had minimal to no effect on consumers or their care. At the time of the assessment, the service was transitioning from one client management system to another. While gaps were identified in the consistency of information across the systems the Assessment Team noted this did not impact the delivery of services to consumers and the service had a plan to seamlessly transition systems.

The service demonstrated timely and appropriate referrals are made to other organisations and providers of care. For example:

* A consumer informed the Social Support Coordinator they felt isolated and wanted to connect with people. This was raised during the weekly intake meeting. The Intake and assessment coordinator made the referral on behalf of the consumer for the social support group and transport services to be added to their services. The referral was completed within 8 days from a need being identified.

Consumers interviewed said they observed staff practising good hand hygiene and wearing gloves and masks when attending their homes. Staff interviewed stated they were given an adequate supply of personal protective equipment, cleaning/disinfectant wipes/spray for transport vehicles, and hand sanitisers. The Assessment Team noted the service's Infection Prevention and Control Policy and guidelines provide an insight into the service’s commitment to staff and consumers who have infectious diseases. The Policy states people with infectious diseases were not subjected to unfair treatment, discrimination, harassment, or victimisation. It also detailed the service's risk assessment process and controls along with instructions for sharps handling, exposure to bodily fluids, waste handling, immunisations, and incident reporting.

In considering the information provided, I find this Standard to be complaint as seven of the seven requirements are deemed compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives interviewed reported they receive safe and effective care, services and supports for daily living that allows them to remain independent for as long as possible. The care plans reviewed were reflective of the sampled consumers' individual needs, goals, and preferences. For example:

* A consumer indicated they loved being fit and active, living life to the fullest and being able to maintain their friendships. This was captured in their care plan which included how the service will support them in this, such as providing transport and social support services. The consumer stated that the service enabled them to attend and participate in daily (Monday to Friday) activities which positively impacted their quality of life.

Consumers interviewed stated in various ways how the services and supports for daily living promoted their emotional, spiritual, and psychological well-being. Consumers stated the social support delivered by the service helped them to stay connected and engaged in meaningful activities.

Consumers interviewed said the service supports them to maintain relationships and take part in activities they want and to the level they want. The Assessment Team sighted the service’s Events and Excursions/activity risk assessment tool conducted for a recent boat ride which included an attached evacuation plan and floor plan.

Management described and demonstrated care plans were updated and uploaded to the electronic system as needs and preferences changed. The Assessment Team observed how another staff members was able to run activities with no disruption to the activity or continuity of care when the staff member usually responsible was absent.

The service demonstrated provision of timely and appropriate referrals to other organisations. When the Intake and Assessment Coordinator identified a need for referral, they consulted with the consumers if they required assistance to lodge a request through My Aged Care portal and explained the process to the consumers. Consumers sampled were aware they can access additional home support from other organisations.

Consumers interviewed stated they were satisfied with the vehicles used by the service. They said the vehicles always appeared safe, clean, and well maintained. The Assessment Team sighted the bus utilised for social support group activities and noted the vehicle had a first aid kit, fire extinguisher, seat belt extenders, was wheelchair accessible and had a mobile phone available. The vehicle log was noted to be completed, and cleaning equipment was observed to be used and had emergency instructions for use if required.

Based on the information above, I find this Standard to be Compliant as six of the six requirements assessed are deemed compliant. One requirement is not applicable as the service does not provide meals for consumers.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This standard was deemed not applicable as the service did not have its own service environment where consumers receive services.

# Standard 6

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

Findings

Consumers interviewed said they contact the office directly if they have a concern. For example:

* A consumer interviewed stated they had ‘a few issues’ with inconsistent staffing so they contacted the office and now everything is ok.

Staff interviewed described how they receive and record complaints and if unsure of actions to take, contact their coordinator. The Assessment Team observed multiple complaints and feedback recorded by various staff and the option for consumers to submit any concerns anonymously via the transport survey placed in each vehicle.

The Assessment Team sighted the service user agreement which lists local advocacy and external complaints contacts and the Staff Induction and Orientation Program and Staff Handbook also includes information for staff on how to identify and record complaints.

The Assessment Team observed several examples of the service taking appropriate action in response to complaints or when things go wrong. For example:

* A consumer lodged a complaint following a transport service not arriving. Follow up actions include an apology to the consumer and a plan to contact all consumers 24 hours before transport services to confirm bookings. The service manager advised this will be implemented with the updated electronic management system in February 2023. The Assessment Team noted this is also on the continuous improvement plan and sighted the outcome of this complaint was recorded on the consumer file.

Management interviewed complaint trends over the past six months are primarily regarding timeliness of transport services and changes to domestic assistance shifts. The service advised they have been addressing each complaint and plans are underway to ensure actions to address the identified concerns are in place, including a new role of ‘Coordinator for Community Transport’ and surveying consumers. Transport surveys were conducted in the last three months, with flyers in all vehicles resulting in negative feedback from transport consumers regarding the timeliness of arrivals. To manage this and the shortage of drivers, the service has introduced two areas of improvements:

* Rostering, default travel times are reduced from 30 to 20 mins for those travelling in zones.
* Phone for Return (PFR) information card for consumers that PFR time is 30 – 45 mins to managed expectations.

The Assessment Team sighted an PFR card given to consumers for their return journey, which includes mobile numbers of vehicles and the office number. The service’s continuous improvement plan lists an action to implement an exit survey for consumers when leaving the service, this is due for completion May 2023.

Considering the information above, I find on balance this Standard is Compliant as four of the four requirements assessed are all compliant and acknowledge the service actively records, monitors, and has actions in place for consumer feedback and complaints.

# 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. | Non-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 service did not demonstrate the number of mix of members of the workforce delivering domestic assistance is insufficient to deliver safe and quality services to consumers requiring domestic services. The Assessment Team noted consumers requiring personal care had been identified as requiring essential services and had mostly had their care and service needs met. Management interviewed highlighted the high incidence of staff leave in the past 12-month period due to COVID-19 had impacted the services ability to deliver care and services to all consumers however management advised the introduction of a number of new roles should alleviate this in future.

The Assessment Team noted the service is reactive in managing staffing levels to match its current workforce structure. Management interviewed acknowledged this and advised of plans to increase the home support worker workforce by 20% in addition to a newly created Team leader role and updates to electronic management system scheduled for February 2023 will provide efficiencies across all services. However, at the time of the quality audit the service did not demonstrate it had enough staff to provide continuity of services for consumers receiving domestic assistance. For example:

* A number of consumers interviewed stated there were times when no staff had been available to provide domestic assistance with not replacement times offered.

The Assessment Team noted sufficient staff and volunteer numbers supported the delivery of services in a group environment however, review of a weekly schedule of services listed more than two cancelled shifts. Management interviewed described further improvements to staffing levels to include cross skilling staff from other areas of the business.

Consumers interviewed provided feedback that staff and volunteers across all services are kind, caring and respectful of each consumer’s identity, preferences, culture, and diversity when they are delivering services. Management interviewed and the Assessment Team observed:

* Organisational values are reinforced through the service’s Code of Conduct and a range of conduct-based policies. For example, the Bullying, Harassment and Discrimination Policy.
* Staff meetings are used to discuss interactions with consumers and to reinforce the services culture of caring and respect in our service delivery.
* Sharing and promoting the diversity of consumers and staff population is done through stories in newsletters, on social media and in social groups and interactions.
* A Diversity and Inclusion Working Group and a Diversity and Inclusion page on the service’s Learning and Development Hub.

The Assessment Team sighted the staff handbook listing tasks the home support worker is able to do and the ones they are not able to do. For example, cleaning an oven is listed as a non-allowable task. Feedback from consumers was overwhelmingly positive for staff and volunteers providing social support for individuals and in a group and for the transport officers. Management interviewed said the service had adapted a variety of training techniques to cater to the diversity of its workforce, for example, visual case studies and stated all staff qualifications are kept on personnel files with the People and Culture Team. The Assessment Team sighted mandatory training completion rates at 100% for all staff employed over 30 days and processes for recruitment included worker screening for compliance, screening for personality and language competency, written competency and understanding of risk.

Staff and volunteers interviewed said they have enough information to do their job, including telephone numbers, services required including domestic tasks, and any special instructions, and if they unsure they asked the consumer.

The Assessment Team sighted the service’s Intake and Re-assessment Coordinator position description which included the roles and responsibilities, key accountabilities, experience, and qualifications required for this role. The Intake and Re-assessment Coordinator stated they are cross skilled to provide transport and home services and confirmed they have all the tools to perform their role. Training records were sighted and noted to be maintained and monitored to ensure all staff meet the required standards with staff records also demonstrating probationary requirements. The service stated support workers are offered a traineeship to attract and retain staff with three full time support workers currently on this program.

The services Performance and Development Framework was sighted and noted to include guidance for annual staff performance reviews and this was confirmed by staff interviewed. Management interviewed advised overall staff performance information includes review of complaints and incident data, regular weekly discussions with the Manager of Aged Care.

In response to the Assessment Report, the service confirmed a number of plans in place to address the concerns regarding the number and mix of staff providing services. Those plans include a project considering the sharing of workers across program areas, ongoing recruitment of Home Support Workers, recruitment to the Team Leader position noted in this report and increasing brokered services to ensure the program is fully staffed.

While the service did not demonstrate the number of mix of members of the workforce delivering domestic assistance is insufficient to deliver safe and quality services to consumers requiring domestic services, I acknowledge the work the service a has commenced to address the identified gaps however, this will take time to embed into business as usual. In considering the information above, I find this Standard to be Non-Compliant as one of the five requirements assessed is non-compliant.

# 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. | Non-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 service demonstrated input is sought from consumers and representatives through various feedback processes, informally through contact and formally through consumer satisfaction surveys or when new services are being introduced. The organisation evidenced engagement with consumers across its businesses through a Consumer Advisory Group which allows for several levels of engagement. For example, bi-monthly meetings with members of the group and the client services committee. Consumers attending the social support group said they are actively involved in the monthly activity programs, bus trip and community activities. For example, a consumer said ‘the service asks for feedback and input on activities.

Interviews with staff and management demonstrated how the governing body ensures a culture of safe and quality services are delivered with each coordinator required to provide the service manager with a fortnightly report detailing information specific to each area of responsibility, such as workforce compliance, work, health and safety and complaints and feedback. The outcome of these reports is then collated and presented to the Chief Executive Officer and management meeting for review.

**Information Management**

The Assessment Team observed the organisation had a central repository for key corporate documents, including policies, procedures, forms, and other supporting materials. Staff advised all resources (policies, procedures, and guidelines) were current. The Assessment Team noted concerns regarding the capture of up-to-date consumer information and subsequent sharing of this information within the organisation. The service manager acknowledged these concerns and advised transition to one electronic management system is underway to move manual processes to a more secure automated environment that can be shared across all programs.

**Continuous Improvement**

In addition to the above system improvement, further ongoing improvements include planning for a software system which will incorporate the “Support at Home” program when launched. Other improvements noted include a focus on wellness and reablement programs to enhance the wellbeing of consumers.

**Financial Governance**

The service demonstrated the Finance Team guides the planning, budgeting, and financial reporting processes. Financial delegations are determined by role and amounts of expenditure. The service demonstrated effective financial governance processes are in place.

**Workforce Governance**

The service demonstrated a performance and development framework which sets out management responsibilities to ensure employees, understand their job responsibilities, receive ongoing feedback and support to meet their professional and development goals. This is demonstrated by three home support workers currently enrolled in an aged care traineeship.

While the organisation has policies and procedures in place that govern the workforce, the service was unable to demonstrate the workforce currently is planned to enable the delivery of services to consumers requiring domestic assistance. For example:

* Five consumers interviewed said domestic assistance is regularly cancelled or rescheduled.

Management interviewed advised of the creation of several new positions to support the Aged Care Team, including Aged Care Team Leader which is yet to be recruited to.

**Regulatory Compliance**

The service advised updates from relevant regulatory bodies and monitoring of changes to aged care legislation is managed though membership and subscriptions. For example:

* membership to the Aged & Community Care Providers Association
* monitoring the Commission and the Department of Health websites
* changes are communicated to staff via emails, staff meetings, and education facilitated in person or via the online training system.

The Assessment Team sighted workforce compliance reports showing police check, working with vulnerable persons, driver’s license, Visa and First aid compliance is 100% for all home support workers employed at the service. The service evidenced a fortnightly report to monitor compliance and this is forwarded to management for review.

**Feedback and Complaints**

The service demonstrated feedback and complaints are recorded and used to inform improvements to the delivery of services.

The service demonstrated the capture of risks to consumers at various points of servicing, however there was no evidence provided demonstrating the is shared and available to all areas of the service. For example:

* A consumer receiving weekly transport to attend social outings advised they live alone and their deteriorating health means they required a higher level of assistance. The consumer said staff know this and always assist them getting in and out of transport. They said staff are wonderful and assist him with well.
* Review of this consumers documentation did not include notes or strategies to guide staff on how to provide servicing while managing this consumers mobility concerns in rostering notes.

Management interviewed advised the transition to a single electronic system will enable better consumer identification and record keeping.

The service demonstrated the workforce is provided with continuous education and training in the identification and how to respond to abuse and neglect of consumers. The service demonstrated incidents are recorded in the services electronic system with appropriate escalation and monitoring processes in place.

The service evidenced education is provided to staff on the understanding of risk implemented through a visual assessment and case study to ensure understanding by staff from culturally and linguistically diverse backgrounds.

In response to the Assessment Report, the service confirmed the transition to a single electronic system is expected to remove manual processes and create a secure automated environment across all program areas.

While the service advised transition to a single electronic management system is planned, there is a risk of inconsistent information on consumers files which could potentially impact service delivery. The service did not demonstrate the workforce is currently planned to enable the delivery of services to consumers receiving domestic assistance however, while the service is recruiting to new positions and transition to a single electronic management system, this is yet to be finalised. In considering the information above, I find this Standard to be Non-Compliant as one of the four requirements assessed is non-compliant with one requirement deemed to be not applicable.

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)