YMCA of SA

Performance Report

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| **Address:** | 51 King George Avenue HOVE SA 5048 |
| **Phone:** | 08 8642 9999 |
| **Commission ID:** | 600042 |
| **Provider name:** | Young Men's Christian Association of South Australia Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 10 August 2022 to 12 August 2022 |
| **Performance report date:** | 9 September 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**CHSP:**

* Social Support - Group, 4-7XLTAK7, 51 King George Avenue, HOVE SA 5048
* CHSP Transport, 4-7XM03UR, 51 King George Avenue, HOVE SA 5048
* Social Support - Individual, 4-7XM03QZ, 51 King George Avenue, HOVE SA 5048

# Overall assessment of Services

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

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

# STANDARD 1 Consumer dignity and choice CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team described staff and volunteers as kind, caring and respectful. Staff and volunteers interviewed by the Assessment Team described how they ensure each consumer's identity and culture is valued, and they are treated with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed by the Assessment Team stated that staff understand their needs and preferences and deliver services with this in mind. Staff and volunteers interviewed by the Assessment Team demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships. Consumers interviewed by the Assessment Team stated the service involves them in making decisions about their services. Staff interviewed by the Assessment Team described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team the consumers did not speak directly about taking risks, they advised they choose activities and outings they like, and the service supports them to undertake them safely. Staff and management demonstrated during interviews with the Assessment Team how they support consumers to make choices and decisions on the activities offered, enabling them to live the best life they can.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers interviewed by the Assessment Team confirmed they are provided with timely and relevant information when they first commence at the service, and ongoingly with information about the service’s offerings. Staff and management interviewed by the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. Evidence analysed by the Assessment Team showed access to electronic information is limited by role to two staff members that provide CHSP services. Staff and volunteers interviewed by the Assessment Team demonstrated an understanding of their responsibilities in relation to maintaining confidentiality.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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

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

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

### *Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 Ongoing assessment and planning with consumers CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Staff and volunteers delivering services when interviewed by the Assessment Team described how they work collaboratively in assessment and planning of consumers’ services. The Assessment Team noted this information aligned with feedback from consumers and representatives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Consumers interviewed by the Assessment Team confirmed they can change services if required, and services are reviewed regularly or when circumstances changed. Staff and management interviews, and care planning documents viewed by the Assessment Team, demonstrated that consumers’ assessments and services were generally reviewed at least annually, or when there were changes to a consumer’s service needs.

Evidence analysed by the Assessment Team showed the service did not demonstrate that 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. The Assessment Team analysed evidence which showed for some consumers, while key risks had been identified, these had not been assessed and strategies to manage those risks had not been documented. For further evidence refer to the specific Requirement below.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate 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. For further evidence refer to the specific Requirement below.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate outcomes of assessment and planning are effectively communicated to consumers and are documented in a care plan that is readily available to consumers, and where services are provided. For further evidence refer to the specific Requirement below.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

**Assessment of Standard 2 Requirements**

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

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

Evidence analysed by the Assessment Team showed run sheets provided to staff and volunteers delivering services did not include sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers. The Assessment Team noted in some cases, staff relied on their own knowledge of the consumer to manage the risks.

The Assessment Team analysed the service's Client Information Form which is used at intake to collect information on consumers' medical condition and other information the service requires to deliver services. The Assessment Team noted while the form asks about medical condition, medications taken, mobility and dietary requirements, it does not capture sufficient detail to identify any risks that may present, as a result of the medical conditions and diagnoses.

The Assessment Team reviewed care planning documentation for six consumers and identified that while the service has identified key risks such as falls for some consumers; run sheets reviewed by the Assessment Team for consumers did not include sufficient information or strategies to guide staff in managing risks to consumers. For example:

* Care planning documentation for Consumer A indicates a diagnosis of asthma, however, does not include any information on medication taken or strategies to manage the condition. Consumer A is also diagnosed with arthritis; however, care planning documentation does not indicate the extent this affects Consumer A, nor strategies to ensure he/she can fully participate in the group. The run sheet of a trip for Consumer A did not include asthma or arthritis and advised there were no risks to be aware of.
* The run sheet of a trip for Consumer B identifies that Consumer B has drop-foot, a paralysed right leg and hypertension, however, does not include any information surrounding his/her macular degeneration, hearing loss or that Consumer B uses a walking stick at all times.

Volunteers interviewed by the Assessment Team advised any critical information is mostly communicated verbally and they get to know the consumers over time to have a comprehensive understanding of the consumers’ needs they are supporting.

Management interviewed by the Assessment Team advised the service does not have any policies or procedures regarding assessment and planning for consumers. In addition, the Assessment Team noted there is no procedural guidance for non-response of a consumer to a scheduled visit.

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

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

Consumers interviewed by the Assessment Team were able to describe their needs, goals and preferences were identified and addressed, however consumers stated to the Assessment Team that advanced care and end of life preferences were not discussed with the service.

The Assessment Team viewed the Information pack provided to new consumers, and noted these did not contain information about, or contacts for assistance with advanced care planning or end of life preferences.

The Assessment Team viewed care planning documentation for six consumers, and noted resuscitation preferences, advanced care planning and end of life preferences were not documented in all cases.

Staff and management interviewed by the Assessment Team confirmed that they did not consider providing information about, or discussing with consumers, advance care planning or end of life preferences as their consumers have lower levels of need.

During interviews with the Assessment Team management acknowledged feedback from the Assessment Team and advised they will initiate discussions with consumers around their end-of-life preferences and advanced care planning and include consumer resuscitation preferences on run sheets.

The Assessment Team noted while the service was able to demonstrate each consumer's needs, goals and preferences are identified and addressed, they were not able to demonstrate they have considered discussing with consumers, or providing information about, advanced care planning or end of life preferences.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

During interviews with the Assessment Team management advised they do not have a care plan, and instead use a run sheet to document risks for each group or trip the consumers participate in. Evidence analysed by the Assessment Team showed these run sheets were not consistently available at the point of care as confirmed through interviews with consumers, staff and volunteers. Evidence analysed by the Assessment Team showed relevant risks to the consumer’s safety, health and well-being and strategies to support contractors and volunteers in managing those risks were not adequately documented in the run sheets to guide staff practice at the point of care. All consumers interviewed by the Assessment Team stated they have not received a document that describes how they would like their services delivered.

The Assessment Team analysed a run sheet prepared for a trip to Destination A on 15 August 2022, attended by four CHSP consumers. The Assessment Team noted this run sheet contained minimal information to prevent risk to consumers.

The Assessment Team noted the run sheet contains consumers names, phone numbers, address and basic medical information for each consumer such as hypertension or falls risk, however, does not contain any strategies to guide staff in how to manage these risks.

The Assessment Team analysed evidence which showed not all medical risks are contained in the run sheet, for example the entry on the run sheet for Consumer A does not include information about his/her asthma or arthritis. Refer to Standard 2, Requirement (3)(a) for further information about how assessment and planning did not adequately address risk.

During interviews with the Assessment Team management advised the service does not have policies or procedures to guide staff in assessment and planning. Staff and volunteers interviewed by the Assessment Team advised they are aware of risks to each consumer through getting to know them over time, however, advised they are not guided by any documentation from the service.

The Assessment Team noted they questioned how the staff know each consumer's needs, goals and preferences and any associated risks to consumers with minimal information available at the point of care, and the Assessment Team noted management replied that the coordinator who attends each group and trip would know this information.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate they communicate the outcomes of assessment and planning with consumers, nor were they able to demonstrate that care planning documentation is effective to ensure consumers' needs, goals preferences are met, and risks are mitigated. During interviews with the Assessment Team management acknowledged there are areas for improvement and advised they would action identified gaps as part of their continuous improvement process.

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

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

# STANDARD 3 Personal care and clinical care CHSP Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard for the Commonwealth home support programme services are assessed as Not Applicable as seven of the seven specific requirements have been assessed as Not Applicable.

# STANDARD 4 Services and supports for daily living CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers gets safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers interviewed by the Assessment Team felt they are supported to live independently through the varied services they receive. Staff and management interviewed by the Assessment Team demonstrated services provided to consumers were tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers interviewed by the Assessment Team stated the staff at the centre and the services provided, promote their psychological wellbeing and support them emotionally. Staff and management interviewed by the Assessment Team demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers attending social groups when interviewed by the Assessment Team described their enjoyment in attending the groups and outings to stay connected to their community and do things of interest to them. Staff and management interviewed by the Assessment Team described their processes to assist consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, preferences and conditions is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and representatives interviewed by the Assessment Team were satisfied that information about their services is shared within the service and with others involved in their service provision. Staff and management interviewed by the Assessment Team described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other services. Consumers interviewed by the Assessment Team, and care planning documents viewed by the Assessment Team, confirmed that consumers were referred in a timely manner, when required. Staff interviewed by the Assessment Team could describe the process of referral to meet consumers’ needs.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as five of the five applicable requirements have been assessed as Compliant. Requirement 4(3)(f) and 4(3)(g) are Not Applicable and therefore not assessed.

**Assessment of Standard 4 Requirements**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 Organisation’s service environment CHSP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was welcoming, easy to navigate, and optimises consumers’ sense of belonging, independence, interaction and function. Consumers interviewed by the Assessment Team confirmed they feel welcome when they attend the social support groups. Staff interviewed by the Assessment Team described how they ensure consumers feel welcome and are able to be independent and interact with others. The Assessment Teams observations confirmed the social support group environment was welcoming, easy to understand and functional.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment is well maintained, comfortable, safe and clean and enables consumers to move freely, both indoors and outdoors. Consumers interviewed by the Assessment Team confirmed they feel safe at the centre. Consumers who attend groups at the centre confirmed during interviews with the Assessment Team the service environment in clean, comfortable, safe and well maintained. Staff interviewed by the Assessment Team advised that a risk assessment is completed for each trip, to ensure environmental risks to consumers are mitigated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff and management interviewed by the Assessment Team described the processes in place to ensure service equipment is safe, clean and well maintained. This was confirmed by the Assessment Team through observations.

The Assessment Team noted the service provided evidence of preventative and reactive processes in place, including vehicles, fittings and furniture. The Assessment Team noted that while some items on the reactive maintenance register have remained unchanged for a period of time, none of these items has an effect on the services received by CHSP consumers.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirement

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| Requirement 5(3)(a) | CHSP | Compliant |

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

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| Requirement 5(3)(b) | CHSP | Compliant |

*The service environment:*

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

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| Requirement 5(3)(c) | CHSP | Compliant |

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

# STANDARD 6 Feedback and complaints CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. All consumers interviewed by the Assessment Team stated they would feel comfortable to provide feedback to the service. Staff and management interviewed by the Assessment Team described their policies and procedures for obtaining feedback from consumers regarding the services delivered. The Assessment Team noted while the CHSP feedback register showed only one complaint from a CHSP consumer and three compliments, the service self-identified that they could enhance their processes to further encourage and support consumers to provide feedback.

#### Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Overall consumers interviewed by the Assessment Team described that the service would act on feedback, however, they have not had reason to provide feedback to the service. The Assessment Team reviewed the continuous improvement plan and noted the service uses feedback to redesign program offerings.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff interviewed by the Assessment Team advised they would utilise interpreter services for any consumers requiring this service, however, have not yet had the need to do so. For additional evidence refer to the specific Requirement.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. The Assessment Team noted for one consumer, the service could not demonstrate that consumer feedback had been addressed, and documented, to a satisfactory outcome for the consumer in a timely manner. For additional evidence refer to the specific Requirement.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as two of the four specific requirements have been assessed as Not Compliant.

## Assessment of Standard 6 Requirements

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

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

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| Requirement 6(3)(b) | CHSP | Not Compliant |

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

Evidence analysed by the Assessment Team showed information provided to consumers and information displayed at the centre did not provide current and accurate information to enable consumers to access external complaints services. Staff and management interviewed by the Assessment Team were not aware of current external agencies to resolve complaints to refer consumers to, if required, however were aware of advocacy services they could refer consumers to.

Evidence analysed by the Assessment Team showed the ‘We value your feedback’ form which is included in the YMCA information pack does not provide the contact information for the Commission as the external avenue for aged care complaints. In addition, the Assessment Team noted the external complaints information displayed in the activities room, which is accessed by CHSP consumers, detailed contact information to make complaints for My Aged Care and does not include contact information for the Commission.

The Assessment Team provided feedback to management and directed them to the Commission’s website for resources including brochures and posters to promote the external avenue for managing complaints for aged care consumers. Management advised they will access these resources and ensure consumers receive updated information regarding external complaints avenues.

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| Requirement 6(3)(c) | CHSP | Not Compliant |

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

#### Evidence analysed by the Assessment Team showed while the service’s Customer feedback policy and procedure viewed reflected steps for managing and resolving complaints from consumers, it does not specifically outline the principles and elements of open disclosure.

Management advised the Assessment Team there was one complaint from a CHSP consumer, Consumer C which related to an exercise program delivered at another centre, which is not part of the CHSP service offering. As the service did not have other complaints to provide as examples to demonstrate an effective feedback management process is undertaken when things go wrong, the Assessment Team viewed the complaint resolution process for Consumer C.

The Assessment Team noted the complaints register showed that Consumer C made a formal complaint regarding his/her experience at the exercise program on 17 June 2022 stating that he/she was not happy with the service he/she received by the staff member. The Assessment Team noted care planning documentation for Consumer C showed that the CHSP coordinator supported Consumer C to lodge a formal complaint to management whilst they were undertaking a review of his services on 9 July 2022.

Management advised the Assessment Team that they had offered to meet with Consumer C on two occasions to discuss and resolve the complaint, which Consumer C declined, however, this was not documented in the email trail or in the complaint register. Management advised the Assessment Team they have not communicated the process, or the actions taken as a result of Consumer C’s complaint to Consumer C as they had considered other information regarding the interactions between the staff member and the consumer at these exercise sessions.

Management advised the Assessment Team they did discuss the complaint with the staff member and line manager, and this was reported to the Chief Executive Officer (CEO), however the Assessment Team was not provided with documented evidence of the internal review process.

The complaint register documented that Consumer C was advised that an internal review was to be conducted, however the register does not document actions taken, if any policies or procedures were affected, the status of the complaint, the date the complaint was closed and notified, and if any external referrals were made.

The Assessment Team interviewed Consumer C, during this interview Consumer C stated the following. Consumer C informed management that he considered the conduct at the exercise class he attended a form of elder abuse and had not attended the class for seven weeks due to this conduct. Consumer C advised the Assessment Team the complaint has not been resolved to his satisfaction, as he had only been told that an internal review had been undertaken, however, had not been notified of the actions taken. Consumer C had not taken up the offer to meet with management but advised the Assessment Team of the steps he would like management to undertake, including to receive an apology and a commitment by the staff member of professional conduct, which would enable him to return to the exercise class.

The Assessment Team provided feedback regarding Consumer C willingness to resolve the complaint and management advised they would follow up with him/her at their earliest convenience. The Assessment Team noted the complaint timeframe for proposed resolution exceeds the response target of seven business days, as outlined in the organisation's Customer feedback policy and procedure. Documentation viewed by the Assessment Team did not demonstrate action, investigation and resolution processes had been undertaken in consultation with the consumer, in line with the elements of open disclosure. During interviews with the Assessment Team management acknowledged the deficiencies identified by the Assessment Team and advised they will work liaise with the Senior Management Team (SMT) to ensure the system for resolving complaints is effectively implemented and monitored.

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

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

# STANDARD 7 Human resources

# CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers interviewed by the Assessment Team confirmed CHSP staff treat consumers with respect and are responsive to their needs. All consumers interviewed by the Assessment Team provided overwhelmingly positive feedback regarding the quality of the staff and volunteers for example: consumers described staff and volunteers as courteous, very open and responsive, very nice people, great communicators, encouraging engagement, friendly and treated as peers, not ‘oldies

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. During interviews with the Assessment Team consumers advised they are confident that staff know what they are doing and have the required knowledge and skills to perform their roles. The service described to the Assessment Team having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their role. Evidence analysed by the Assessment Team showed recruited staff must have relevant qualifications specific to their roles.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate 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. For additional evidence refer to the specific Requirement.

Evidence analysed by the Assessment Team showed the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Evidence analysed by the Assessment Team showed the organisation has not identified and provided relevant aged care training to management, staff and volunteers to enable them to carry out their role. For additional evidence refer to the specific Requirement.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce performance is regularly assessed, monitored and reviewed. Management advised the Assessment Team during interviews that while the service has a formal process for reviewing performance of the workforce, this has not been effective. Evidence analysed by the Assessment Team showed ongoing monitoring of volunteers is undertaken informally. For additional evidence refer to the specific Requirement.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as three of the five specific requirements have been assessed as Not Compliant.

## Assessment of Standard 7 Requirements

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

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

During interviews with the Assessment Team management advised there were recent cancelled activities for consumers, due to unplanned sick leave of staff members. While consumers interviewed by the Assessment Team reported satisfaction with staffing levels, they advised cancelled services did impact on them as they look forward to attending the centre and scheduled outings. Staff and management interviewed by the Assessment Team discussed how they rearrange their workload to minimise impacts to consumers’ services. During interviews with the Assessment Team management discussed actions to address any staffing shortages experienced at the service.

The Assessment Team noted two of seven consumers advised during interviews that there have been cancelled services due to unplanned sick leave of a staff member and a volunteer. During interviews with the Assessment Team the consumers stated in various ways, how they look forward to getting out of the house, being social and going to different places, so were disappointed when it was cancelled, however, ‘understand that these things happen.’

During interviews with the Assessment Team management confirmed services were cancelled two to three times in the last month due to one staff member and one volunteer contracting COVID-19. Management interviewed by the Assessment Team advised they will provide a phone call to consumers impacted by the cancellation to check in on them.

Management interviewed by the Assessment Team advised, the reduction in hours was undertaken in consultation with staff, to ensure the continued viability of the CHSP program. During interviews with the Assessment Team management advised that with increased growth in referrals, they would increase their staffing resource accordingly. Following clarification from the funding body regarding the parameters of Social Support Individual (SSI) services and appropriate coding on the MAC system, the service is currently receiving and rejecting SSI referrals, due to the lack of staffing to facilitate the initial onboarding, assessment and planning process and are awaiting the development and implementation of the framework for services to be delivered in consumers’ homes. This is discussed further at Standard 8, Requirement (3)(c)(i).

Management interviewed by the Assessment Team advised they are actively advertising for additional volunteers to support the CHSP program, through the local Council and Volunteering SA.

Notwithstanding the efforts the service is undertaking to address the staffing shortage at the service, the Assessment Team found, at the time of the Quality Audit, the service could not demonstrate the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

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

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

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

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

Evidence analysed by the Assessment Team showed the organisation has not identified and provided relevant aged care training to management, staff and volunteers to enable them to carry out their role. Evidence analysed by the Assessment Team showed the organisation has not implemented effective processes to monitor staff and volunteers’ mandatory organisational training and legislative requirements

The Assessment Team identified and noted that the workforce had not effectively been supported and skilled to carry out their role, including in relation to assessment and planning, including identification of risks. As documented in Standard 2, Requirement (3)(a), staff when interviewed by the Assessment Team were unable to demonstrate a consistent approach to care planning, assessment and documentation of services and staff are not supported with policies and procedures in assessment and planning to guide staff practice.

As documented under Standard 8 Requirement (3)(c)(iv), the service did not demonstrate effective workforce governance framework, including systems, policies and procedures to ensure relevant training program is provided to staff, and volunteers.

Documentation analysed by the Assessment Team and interviews conducted by the Assessment Team with staff showed that the service does not provide ongoing relevant training to perform their role such as cultural safety, dignity of risk, open disclosure, Elder abuse, feedback and complaints, or the Aged Care Quality Standards. In response to feedback from the Assessment Team, management advised they would access the Aged Care Learning Information Solution on the Commission’s website and include these modules as part of their future training schedule.

Evidence analysed by the Assessment Team showed while there was evidence of a current driver's licence for the Administration officer, there was no evidence of currency of the driver's licence for the CHSP coordinator, who is responsible to drive the 12-seater bus, when a volunteer is not available.

Management interviewed by the Assessment Team advised the monitoring process for volunteers is a manual process as they cannot be included on the service’s electronic employee platform. Evidence analysed by the Assessment Team showed the volunteer checklist showed mandatory requirements including policy acceptance form, a safeguarding children online certificate of completion, Department of Human Services working with children check, and a national criminal history record check.

Documentation viewed by the Assessment Team for the four volunteers showed that the organisation does not monitor the mandatory organisational training and legislative requirements for volunteers providing services to aged consumers. Evidence analysed and noted included:

* Three of the four volunteers sampled had their COVID vaccinations recorded.
* Two of the four volunteers had their national criminal history record check recorded.
* Two of the four volunteers had their Department of Human Services working with children check recorded.
* One of the four volunteers had a first aid certificate, while another volunteer had the cardiopulmonary resuscitation update.
* The two volunteers who drive the 12-seater bus for social outings and the car for transport services did not have their driver’s licences recorded.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce is currently trained and supported to effectively perform their roles in line with the Quality Standards requirements to ensure safe and effective services to consumers.

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

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

Evidence analysed by the Assessment Team showed while consumers interviewed did not express any specific concerns in relation to this requirement and were satisfied with the services provided by staff and volunteers, the Assessment Team noted the service did not demonstrate how the systems in place are effective in evaluating how the workforce is performing their role, including services provided by volunteers.

Staff interviewed by the Assessment Team were unable to describe how the service assesses, monitors and reviews their performance and could not describe how this links with their professional development.

During interviews with the Assessment Team management advised the service uses performance development plans (PDP) to identify staff training needs; however, they could not provide evidence or examples of training needs identified and how these feed into the training at the service. Management advised during interviews with the Assessment Team that there is currently no formal performance review for volunteers.

Evidence analysed and noted by the Assessment Team showed the Administration staff member that supports the CHSP program has not had a Performance development plan completed since 13 August 2018. The plan analysed by the Assessment Team showed an action to achieve performance goals as ‘schedule in time to attend training.’

Evidence analysed by the Assessment Team showed the Centre manager completed her last PDP on 7 May 2019, seven working days after recommencing at the centre. The Assessment Team noted the plan identified an action to achieve performance goals as ‘map auditing requirements for all appropriate standards and identify gaps.’ The Centre manager confirmed during interviews with the Assessment Team this was completed as part of the self-assessment process in readiness for the Quality Audit. The Assessment Team noted The People and safety Department confirmed there were no PDPs on file for the CHSP coordinator.

Following feedback from the Assessment Team, management advised subsequent PDPs may have been undertaken with staff, however, as the manager responsible for undertaking these PDPs no longer works for the organisation, these may not have been forwarded to The People and Safety Department. Management acknowledged to the Assessment Team this is an area for improvement and advised they had recently commenced the PDP process for staff for the 2022 cycle.

# STANDARD 8 Organisational governance CHSP Not Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers interviewed by the Assessment Team stated they have input about services provided. Management and staff interviewed by the Assessment Team described how consumers have input about their experience and services through informal feedback processes. The Assessment Team analysed evidence which showed the continuous improvement register for the service showed consultation with consumers who attended the craft groups to change the format to a coffee and chat group, which has resulted in increased numbers of consumers choosing to participate in this group activity.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. For further evidence refer to the specific Requirement.

#### Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation-wide governance systems in relation to continuous improvement and financial governance, however, based on evidence analysed was not able to demonstrate effective governance systems in relation to information management, workforce governance, regulatory compliance and feedback and complaints. For further evidence refer to the specific Requirement.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers and identify and respond to abuse and neglect of consumers; however, based on evidence analysed was able to demonstrate how the service supports consumers to live the best life they can and manages and prevents incidents, including the use of an incident management system. For further evidence refer to the specific Requirement.

The Quality Standard for the Commonwealth home support programme services are assessed as Not Compliant as three of the four applicable requirements have been assessed as Not Compliant. Requirement 8(3)(e) is Not Applicable and therefore not assessed.

## Assessment of Standard 8 Requirements

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

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

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

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

The Assessment Team noted the organisation did not provide evidence the governing body had asked for, and received consistent information, to ensure the governing body has effective oversight of services provided to aged care consumers, in line with the requirements of the Aged Care Quality Standards.

Management interviewed by the Assessment Team advised reporting about CHSP services was informal and undertaken as required, and currently only CHSP attendance metrics are reported to the SMT, however, they will be implementing formal monthly reporting from the centre and CHSP program, moving forward.

Evidence analysed by the Assessment Team showed while the governing body and SMT have effective risk management systems and processes to manage the diverse range of facilities and services they provide, the Assessment Team was not provided with any documentation and/or evidence to demonstrate how the governing body oversees, and how the organisation manages the services it delivers to aged care consumers under the CHSP funding arrangement. The Assessment Team analysed and noted the YMCA –SA Strategy 2021–2025 and the Annual Report 2020-21 does not discuss the delivery of the CHSP program in any aspect of the documents.

During interviews with the Assessment Team management provided the Risk Management framework and assessments however, the Assessment Team noted based on evidence analysed the service could not demonstrate systems for the monitoring of operational and consumer risks, nor how strategic and business directions to improve the performance of the service against the Aged Care Quality Standards has and/or had been implemented and monitored.

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

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

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

**Information Management**

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that relevant policies and procedures have been developed and implemented to effectively support staff and management in their roles and meet the requirements of the Quality Standards. For example, the service does not have policies and procedures to guide staff practice in relation to:

* Assessment and planning processes
* The provision of Social Support Individual
* A non-response of a consumer regarding a scheduled visit
* Advocacy and identifying and responding to Elder abuse.
* Open disclosure.
* Dignity of risk.

As documented in Standard 2, Requirement (2)(d), the organisation was not able to demonstrate effective information management systems to ensure the workforce and volunteers have relevant information at point of care delivery to enable them to provide safe and effective services to consumers to maintain their health and wellbeing.

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

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective workforce governance to ensure 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. For example, consumers and staff interviewed advised, and the Assessment Team noted, impacts to the continuity of services for consumers when unplanned leave is taken by staff and volunteers, as staff coverage is not adequate, as documented in Standard 7, Requirement (3)(a).

The Assessment Team analysed evidence and noted the 0.6 FTE allocation of a CHSP coordinator does not provide sufficient time and resources to undertake onboarding, assessment, planning and service delivery of consumers, in order to fulfil its obligations against the funding arrangement.

Evidence analysed by the Assessment Team showed the organisation has not identified and provided relevant education to management, staff, and volunteers to deliver the outcomes required by the Quality Standards, as documented in Standard 7, Requirement (3)(d).

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate an effective system in place to ensure regular assessment, monitoring and review of the performance of each staff member and volunteer, as documented in Standard 7, Requirement (3)(d).

**Regulatory Compliance**

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes to ensure monitoring of workforce regulatory requirements, in relation to police checks, drivers' licences, and mandatory training for volunteers, as documented in Standard 7, Requirement (3)(d).

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate they are meeting all regulatory requirements of the CHSP funding and Quality Standards. For example, while management advised during interviews with the Assessment Team there is a Governance officer who oversees the monitoring of all legislative requirements for the organisation, management did not provide any evidence of how regulatory and legislative changes are identified, actioned and implemented into systems and processes for aged care services.

Management showed the Assessment Team a page on their shared intranet which listed all the relevant Acts that the organisation is required to comply with, across their various funding arrangements. The Assessment Team noted, the Aged Care Act 1997 was not listed.

**Feedback and Complaints**

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes to monitor, analyse and use feedback and complaint data to improve the quality of care and services. As documented in Standard 6, Requirement (3)(c), the organisation has policies and procedures in relation to feedback and complaints, however, the Assessment Team found based on evidence analysed the procedure was not followed by staff in relation to documenting feedback and complaints in the feedback management system and resolving the complaint in consultation with the consumer with the organisational timeframe, which demonstrated a lack of organisational oversight. During interviews with the Assessment Team management advised that currently there is no reporting to the SMT regarding feedback and complaints from CHSP consumers.

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

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

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

Evidence analysed by the Assessment Team showed the service did not demonstrate effective consumer risk assessments are undertaken to identify, assess and manage risks to consumer’s health, safety and well-being, and subsequent documentation of risks and management strategies at point of care. Evidence analysed by the Assessment Team showed the service did not demonstrate policies and procedures are in place to identify and respond to abuse and neglect of aged care consumers, and that staff had been provided education, including Elder abuse and the Aged Care Quality Safety Standards, to enable the workforce to identify, assess and manage risks to consumers.

**High impact or high prevalence risks associated with the care of consumers is managed.**

As documented in Standard 2 Requirements (3)(a) and (3)(d), the service was not able to demonstrate that comprehensive assessment and planning is undertaken for all consumers, including in relation to risks. The Assessment Team analysed evidence which showed inconsistent assessment of risk for consumers resulted in a lack of documented strategies to support staff and volunteers to deliver safe and effective services at point of care. As documented in Standard 7 Requirement (3)(d), the service was not able to demonstrate that staff had been provided education in relation to assessment and planning, including in relation to consumer risks. As documented in Standard 8, Requirement (3)(c)(i) the service does not have policies and procedures to guide staff practice in relation to assessment and planning, including the mitigation of risks.

**Recognising and responding to elder abuse**

Staff and management interviewed by the Assessment Team could not demonstrate their knowledge of how they would support consumers, or where they would direct consumers, if they disclosed any elder abuse concerns. Evidence analysed by the Assessment Team showed while the organisation has robust processes for safeguarding children and young people, including staff and volunteer education on responding to risks of harm, abuse and neglect for children, the service does not have any policy or procedures to guide staff in relation to identifying and responding to Elder abuse, and, as documented in Standard 7 Requirement (3)(d), the service based on evidence analysed was not able to demonstrate that management and staff had been provided education in relation to Elder abuse.

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

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

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

# Areas for improvement

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

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

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

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

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

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| **Requirement 2(3)(d)** | **CHSP** | **Not Compliant** |

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

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| **Requirement 6(3)(b)** | **CHSP** | **Not Compliant** |

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

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| **Requirement 6(3)(c)** | **CHSP** | **Not Compliant** |

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

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| **Requirement 7(3)(a)** | **CHSP** | **Not Compliant** |

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

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

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

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| **Requirement 7(3)(e)** | **CHSP** | **Not Compliant** |

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

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| **Requirement 8(3)(b)** | **CHSP** | **Not Compliant** |

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

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

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

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

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

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

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