**Performance**

**Report**

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| Name of service: | YMCA of SA |
| Service address: | 51 King George Avenue HOVE SA 5048 |
| Commission ID: | 600042 |
| Home Service Provider: | Young Men's Christian Association of South Australia Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 24 January 2023 |
| Performance report date: | 20 February 2023 |

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

**This performance report**

This performance report for YMCA of SA (**the service**) has been prepared by A. Grant, 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:**

* Community and Home Support, 24495, 51 King George Avenue, HOVE SA 5048

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Non-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)(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. | **Non-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. | **Non-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. | **Non-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. | **Non-compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **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;   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   managing and preventing incidents, including the use of an incident management system. | **Non-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. | **Non-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. | **Non-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. | **Not applicable** |
| 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. | **Non-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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. Care planning documents analysed by the Assessment Team for four consumers showed that the service does not effectively complete assessments, including related to risks to consumers’ safety, health and wellbeing, to consistently inform delivery of safe and effective care. The Assessment Team noted for two consumers, although the service had identified and documented health conditions, the risks had not been considered by the service which resulted in a lack of effective documentation of risk management strategies to guide staff and volunteers.

Evidence analysed by the Assessment Team showed while care planning documents for two consumers showed the service had identified health conditions which could impact safe delivery of services to the consumers, those risks had not been assessed to inform safe care while consumers attended the group, and documentation viewed did not include risk management strategies related to those conditions. Evidence analysed by the Assessment Team showed for both consumers, the service had not considered the possible risks associated with the consumers’ health conditions, and had not discussed with the consumers, nor documented risk management strategies to guide staff and volunteers to safely deliver services, for example, in the event of an asthma episode for Consumer A and the impact of Consumer B’s vision and mobility impairments when attending lunches at different venues and getting on/off the bus to attend the activities.

Evidence analysed by the Assessment Team showed while the service was able to demonstrate that running sheets had been reviewed and updated with relevant consumer’s mobility and falls risks, and risk management strategies to guide staff and volunteers, the service was not able to demonstrate that all consumer’s risks had been considered and assessed to ensure safe delivery of care and services.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning effectively identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Care planning documents analysed by the Assessment Team for four sampled consumers showed that assessments are informed by discussions with consumers about their needs, goals and preferences, however, these were not effectively documented in consumer’s care plans. Consumers when interviewed by the Assessment Team were satisfied that they get care and services they need and in line with their goals and preferences. During interviews with the Assessment Team staff and volunteers demonstrated they know consumers well. However, the Assessment Team noted the service was not able to demonstrate that advance care and end of life planning had been raised with all consumers, if the consumer wishes.

Care planning documentation analysed by the Assessment Team for four sampled consumers showed the service had identified the consumer’s current situation such as health conditions, dietary requirements, living situation, what is important to the consumer, and their goals when attending group activities. The Assessment Team noted that, while consumer’s goals were clearly documented on the consumer’s care plans, their needs and preferences were not documented in their care plans. The Assessment Team noted this was discussed with the coordinator who advised this is discussed with consumers at initial assessment and reviews, however, they are not always documenting the information, including in the consumer’s care plan.

Furthermore, the Assessment Team noted documentation analysed for these four consumers did not demonstrate that advance care and end of life planning had been discussed with them. The Assessment Team noted that, while Consumer C had been provided information during the group activity, this had not been documented in Consumer C’s care file.

The Assessment Team noted while the service was able to demonstrate that some consumers had been provided information about advanced care and end of life planning, the service was not able to demonstrate that all consumers had been provided information. Furthermore, the Assessment Team noted while the service demonstrated that consumers had discussed their needs, goals and preferences for attending the social groups, this had not effectively or consistently been documented in the consumer’s care plans.

# 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. | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Non-compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Non-compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Not applicable** |

Findings

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. During interviews with the Assessment Team management advised that information provided to consumers in the service’s information pack has been reviewed to include relevant and accurate information about external complaints processes, and information has been posted at the activity centre. However, the Assessment Team noted management stated the updated pack has not been provided to existing consumers to ensure that all consumers have access to the information. The Assessment Team analysed the service’s updated feedback brochure including advocacy services and the Commission’s contact information for external complaints.

Evidence analysed by the Assessment Team showed while the service was able to demonstrate that the service’s information related to external complaints and advocacy processes had been reviewed and updated, the service was not able to demonstrate that all consumers had been provided information.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that appropriate action is taken in response to feedback and complaints, and that an open disclosure process is used when things go wrong. The Assessment Team noted while the service could demonstrate that a complaint identified during the Quality Audit in August 2022 had been resolved to the consumer’s satisfaction, evidence analysed by the Assessment Team showed the service does not have an effective process to ensure consumer feedback is consistently documented, followed up and actioned appropriately, including open disclosure when relevant and in line with best practice. Most consumers when interviewed by the Assessment Team stated they had not provided feedback or made a complaint about their services; however, the Assessment Team noted one consumer said an issue raised with staff about 18 months ago had been resolved to their satisfaction.

The Assessment Team requested the service’s feedback and complaints register; however, the Assessment Team noted management advised the service had not received any feedback or complaints since the Quality Audit in August 2022. Management stated that verbal informal feedback is not systematically documented in the service’s register. The Assessment Team noted that, as the service does not currently document all feedback, it does not enable follow up, and/or identification of trends and areas for improvement.

Evidence analysed by the Assessment Team showed while the service has a documented Customer feedback and complaints policy and procedure, the documents have not been reviewed and updated as a result of the non-compliance identified in August 2022, to effectively provide guidance to staff and management about actions to be taken when consumers provide feedback or make complaints, including open disclosure processes. Furthermore, the Assessment Team noted the service has not recently provided education or training to staff or volunteers to guide them on documenting and escalating consumer’s feedback.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that effective systems and processes are in place to ensure appropriate action is taken in response to feedback and complaints, and that an open disclosure process is used when things go wrong.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Non-compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was 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 services. During interviews with the Assessment Team management confirmed no services have been cancelled since November 2022, staff fill in when volunteers are unavailable, and there have been no unfilled shifts in the last month. All consumers interviewed by the Assessment Team stated they are happy with the support provided by staff and volunteers when attending services.

Non-compliant Evidence

Evidence analysed by the Assessment Team showed the service was not able to 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 while the organisation has identified relevant aged care training for management, staff and volunteers to enable them to carry out their role, not all training identified has been provided. In addition, the Assessment Team noted the organisation was not able to demonstrate it has implemented effective processes to monitor volunteers’ mandatory organisational training and legislative requirements.

Evidence analysed by the Assessment Team showed while the Qualification Matrix was updated in August 2022, to identify mandatory responding to abuse and neglect for staff and volunteers, provide first aid training was marked as desirable for volunteers and annual updates for cardiopulmonary resuscitation (CPR) was marked as compulsory. Evidence analysed by the Assessment Team showed no other training was identified for staff and volunteers to ensure effective program delivery, including cultural safety, dignity of risk, open disclosure, feedback and complaints, or the Aged Care Quality Standards as discussed at the Quality Audit.

The Assessment Team noted the service could not provide any evidence to show that the organisation has adequate monitoring systems for volunteers’ currency of driver's licences, senior first aid, national police clearances and mandatory organisational training requirements. During interviews with the Assessment Team management advised People and Safety are in the process of developing a new system to monitor these requirements for volunteers.

Evidence analysed by the Assessment Team showed while the service has undertaken some actions to address the identified non-compliance at the Quality Audit, 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.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce performance is regularly assessed, monitored and reviewed. During interviews with the Assessment Team management advised that there is a formal process for reviewing performance of the workforce and all staff have completed performance development plans recently, the Assessment Team noted ongoing monitoring of volunteers continues to be undertaken informally.

Evidence analysed by the Assessment Team showed the CHSP Quality Report Action Sheet states for ‘staff to regularly undertake PDP’s and this information be recorded and stored by P&S’ with the action marked as completed in January 2023, it does not reference the process for the service’s volunteers. Three volunteers interviewed by the Assessment Team advised they have not had any discussions with the service regarding their performance, training needs or supports required. One volunteer when interviewed stated the service does communicate changes to protocol and can have open discussions on a range of topics as they arise.

Documentation analysed by the Assessment Team showed three staff members had completed their performance development plans in January 2023, with training and support identified and in the process of being actioned. Evidence analysed by the Assessment Team showed while the service has completed a performance development process for staff, this has not been actioned for volunteers and therefore the Assessment Team recommends that this requirement remains not met.

# 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. | **Not applicable** |
| 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. | **Non-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

Compliant Evidence

Evidence analysed by the Assessment Team showed the organisation was 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. During interviews with the Assessment Team management described how the Executive team monitors the delivery of services through reporting mechanisms. Management described actions undertaken to ensure information regarding the CHSP service is reported on to the Executive Management team to ensure appropriate oversight and accountability for the services provided to consumers.

Management when interviewed by the Assessment Team advised, following the Quality Audit, they were in communication with their CHSP funding manager to cease providing Social Support Individual services for the current financial year, as the service was not delivering on the required outputs. Management stated to the Assessment Team that the organisation then considered their position in being able to deliver funded aged care services, which falls outside of their core business, and have recently decided to exit the market by 30 June 2023. Management advised the Assessment Team they will work with the Funding manager, the service and their consumers to ensure an effective transition is implemented.

Non-compliant Evidence

*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.

Evidence analysed by the Assessment Team showed while the CHSP Quality Report Action Sheet identified that ‘policies and procedures to be implemented to guide staff practice in relation to assessment and planning, a non-response of consumer to scheduled service, advocacy, identifying and responding to elder abuse, open disclosure, dignity of risk’, management advised that all organisational policy development work cannot be progressed as the role responsible for completing this work is currently vacant.

Evidence analysed by the Assessment Team showed while the CHSP Quality Action Sheet states that the assessment and planning procedures were completed by service staff and sent to People and Safety for review in September 2022, the organisation was unable to provide evidence this had been completed, reviewed and implemented.

Documentation analysed by the Assessment Team showed that service staff had completed comprehensive group specific procedures for set up and pack down of group activities. The Monday Lunch Club procedure provides guidance for the non-response to a scheduled pick up, however, this information is not contained in the other procedures where consumer transport is undertaken.

*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 relevant education is provided to management, staff, and volunteers appropriate monitoring of volunteers training and legislative requirements; and ensuring an appropriate allocation of the workforce to deliver the outcomes required by the Quality Standards.

As documented in Standard 7, the organisation has not implemented effective processes to monitor volunteers’ mandatory organisational training and legislative requirements. During interviews with the Assessment Team management advised they have identified a gap in the management of volunteers, and are currently building a platform, with a project deadline of the end of February 2023.

Evidence analysed by the Assessment Team showed while the Qualification Matrix was updated in August 2022 to identify mandatory training for staff and volunteers, including responding to abuse and neglect provide first aid and annual CPR updates, no other training was identified for staff and volunteers to ensure effective program delivery, including cultural safety, dignity of risk, open disclosure, feedback and complaints, or the Aged Care Quality Standards as discussed at the Quality Audit.

*Regulatory compliance*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems and processes in place to support the services to meet regulatory requirements in respect of the CHSP and Aged Care Quality Standards.

Evidence analysed by the Assessment Team showed while the CHSP Quality Report Action Sheet identified that ‘evidence of regulatory and legislative changes to be identified, actioned, and implemented into systems and processes for aged care services’, management advised that this has not progressed as the role responsible for completing this work is currently vacant.

Following discussion with the Assessment Team, the organisation was not aware of the introduction of the Serious Incident Response Scheme (SIRS) for CHSP services on 1 December 2022, and subsequently has not reviewed their Incident Management System to implement the Scheme nor undertaken additional actions, including staff and volunteer education to ensure compliance against the responsibilities associated with this measure.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that there are effective systems and processes in place to monitor, analyse and use feedback and complaint data to improve the quality of care and services.

Evidence analysed by the Assessment Team showed while the CHSP Quality Report Action Sheet identified that ‘People and Safety to provide adequate policy and procedure in relation to organisational complaints and feedback to ensure the system for resolving complaints is effectively implemented and monitored’ with a completion date of March 2022, there was no evidence provided that this action had been commenced.

As documented in Standard 6, the service has reviewed and updated the service’s information related to external complaints and advocacy processes, however, existing consumers had not been provided with this information.

*Continuous improvement*

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective continuous improvement processes to improve the quality and safety of service delivery for consumers accessing the CHSP program as previously documented throughout this report, however, the Assessment Team viewed some improvements at the service level in the procedures and processes to improve the delivery of services for consumers. – *End Continuous Improvement heading.*

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, 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.

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

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective systems in place to ensure consumer risks are identified, assessed and managed, with appropriate documentation of these risks and associated management strategies at point of service delivery.

Evidence analysed by the Assessment Team showed while the organisation has an effective risk management system to identify and assess work health and safety risks for staff and volunteers in the delivery of services and these are reported to the Executive team, there are no reporting requirements for the identification and reporting of high impact or high prevalence risks, or how these risks could be mitigated to ensure the safety of the consumers receiving services.

Evidence analysed by the Assessment Team showed while documentation demonstrated improvements regarding the management strategies of consumer high impact and high prevalence risks on the running sheets, for two consumers, the service had identified and documented health conditions, however the associated risks had not been considered which resulted in a lack of effective documentation of risk management strategies to guide staff and volunteers. Refer to Standard 2, for additional evidence.

*Recognising and responding to elder abuse*

Evidence analysed by the Assessment Team showed the organisation does not have any policy or procedures to guide staff in relation to identifying and responding to elder abuse and management, and staff have not been provided education in relation to elder abuse. Management described actions to address the identified non-compliance at the Quality Audit, however, advised actions had not been completed at the time of the Assessment Contact.

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