Aboriginal Elders Council of Tasmania

Performance Report

163 St John Street
LAUNCESTON TAS 7250
Phone number: 03 6334 3138

**Commission ID:** 300338

**Provider name:** Aboriginal Elders Council of Tasmania

**Quality Audit date:** 21 September 2021 to 23 September 2021

**Date of Performance Report:** 6 December 2021

# Performance report prepared by

Adrian Clementz, 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:**

* Meals, 4-7XMDN31, 163 St John Street, LAUNCESTON TAS 7250
* Transport, 4-7XMDN5S, 163 St John Street, LAUNCESTON TAS 7250
* Social Support - Group, 4-7XNDF1N, 163 St John Street, LAUNCESTON TAS 7250

# Overall assessment of this Service

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

# Detailed assessment

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 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
* the service did not provide a response.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### 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

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers reported they are afforded respect as elders.

Consumers provided feedback about culturally important activities, that their independence and relationships are supported, and, that their privacy is respected.

However, the service does not currently provide information to each consumer that is current, accurate and timely to enable consumers to exercise choice.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements have been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) 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.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Non-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.*

While management and volunteers described how they keep consumers informed through verbal communication, the service does not provide any formalised information to consumers regarding the transport, meal services and social support programs.

For example, consumers did not receive information other than verbal that outlines the fees for attending the Commonwealth Home Support Program services, transport, social activities and changes to meal service fees.

I have considered the relevant information and find on balance this requirement is Non-compliant.

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### 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

The service did not demonstrate consumers are partners in ongoing assessment and planning of the services they receive.

The service did not demonstrate assessment and planning identified and addressed consumers’ current needs, goals and preferences.

The service did not demonstrate ongoing partnership with consumers and representatives in the assessment and planning of care and services.

The service was unable to demonstrate that services were reviewed for effectiveness when circumstances changed or when incidents impacted the needs or goals of the consumers.

The Quality Standard is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found assessment and planning does not inform delivery of care and effective care and services. Evidence included:

* Documentation for nine consumers reviewed, showed four consumers had either no assessments or no plans of services completed, or neither.
* The service’s assessment documentation does not identify potential risks associated with consumer mobility; as illustrated through one consumer.
* Management acknowledged assessment and planning deficits and referred to this role as the responsibility of the vacant co-ordinator position.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that the service did not demonstrate assessment and planning identifies and addresses consumers’ current needs, goals and preferences. Evidence included:

* Seven of nine plans of care reviewed did not include individual goals.
* Information documented on plans of care sampled were not current or consistent with consumer feedback.
* Management said ongoing assessment and planning does not currently occur and this is not part of their responsibilities.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 2(3)(c) Non-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.*

The Assessment Team found that the service did not demonstrate ongoing partnership with consumers and representatives in the assessment and planning of care and services. Evidence included:

* While consumers confirmed they participate in initial assessment of the required services, they said this does not occur on an ongoing basis.
* Care planning documentation reviewed did not reflect regular input or consultation from consumers or others.
* Management acknowledged that, apart from the initial assessment, ongoing partnership with the consumer in assessment and planning does not currently occur and this is not part of their responsibilities.
* The service does not have a current assessment and review procedure available to guide staff on assessment and planning.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 2(3)(d) Non-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.*

The Assessment Team found, while initial assessments occur these do not translate into care planning outcomes that are effectively communicated to consumers. Management were unaware that plans of services should be readily available to consumers. Consumers confirm they have not accessed outcomes of care and service planning.

I find the provider does not comply with this Requirement as the service has not demonstrated that the outcomes of assessment and planning are effectively communicated, or that care plans are accessible and readily available to consumers.

### Requirement 2(3)(e) Non-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.*

The Assessment Team found the service was unable to demonstrate that services were reviewed for effectiveness when circumstances changed or when incidents impact the needs or goals of the consumers. Evidence included:

* Four of nine consumer documentation sampled showed plans of services had not been reviewed for between one to four years.
* Management acknowledged planning of services are not currently reviewed and should be reviewed every six months, however this was the responsibility of the vacant co-ordinator role.
* There is currently no process to review the effectiveness of services provided.
* Four of four consumers were not aware of reviews of plans of services having occurred.

I have considered the relevant information and find this requirement is Non-compliant.

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### 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

Overall consumers considered that they get the services and supports for daily living that are important for their health and well-being to enable them to do the things they want to do.

Consumers provided examples how the service supports meets their goals and preferences, including optimising their independence, emotional support, maintaining social and personal relationships and doing things of interest to them. Consumers indicated changes in preferences are informally communicated and supported within the organisation. Overall consumers expressed satisfaction with the variety, quality and quantity of food being served.

Initial assessment documentation contains information on consumers’ interests, levels of independence, areas of interest, social circumstances and meal and dietary preferences.

Management and volunteers described and provided examples how they support consumers meet their goals and preferences, including activities of interest, social and cultural connection, emotional support and meals. Volunteers described how consumer information is shared verbally within the service and are satisfied equipment is maintained.

However, the service was unable to demonstrate how they refer consumers to other services and organisation and consumers independantly organise external services if there are changes in their circumstances.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Requirement 4(3)(a) 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.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) 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.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Non-compliant

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

The service does not have processes and procedures in place to refer consumers to other services or organisations.

The Assessment Team noted that consumers independently organise external services if there are changes in their circumstances. Management said they do not refer consumers through the My Aged Care portal for changes that occur.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### 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

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers find the service welcoming and easy to get around, including outside areas. Consumers said the environment and equipment is clean and suitable for their use.

The service was observed to be welcoming, clean and well-maintained. Consumers are able to move freely, both indoors and outdoors. The service environment is accessible to consumers with limited mobility.

However, the service was unable to demonstrate the process to identify, monitor and review the environment to ensure it is safe.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

While the Assessment Team presented evidence the service is clean, maintained and comfortable, and consumers are able to move freely, the Assessment Team found deficits in the service’s processes for ensuring a safe environment. This evidence included:

* a range of electrical fittings and equipment lacked current testing
* inadequate emergency evacuation planning
* no access to safety data sheets for chemicals
* inadequate processes to ensure food safety.

The service does not have processes and procedures to guide maintaining a safe environment.

I agree with the Assessment Team’s evidence the service has not demonstrated the service environment is safe and currently has inadequate processes to ensure a safe service environment. I find the service is Non-compliant in this requirement.

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### 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

While consumers consider they can provide feedback and raise complaints, they do not feel engaged in the process or appropriate action is taken. Consumers are unaware of advocates and other methods for raising and resolving complaints.

Management and staff are not aware of processes to encourage, support or manage complaints and feedback.

There are no formal processes to guide stakeholders raise and resolve feedback and complaints.

The Quality Standard is assessed as Non-compliant as four of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

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

The Assessment Team found while most consumers considered they can provide feedback, some were unaware of complaint processes. The service does not have processes to guide staff, volunteers and consumers provide feedback and make complaints. Management and volunteers were unable to describe the complaint management process or how they support consumers.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 6(3)(b) Non-compliant

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

The Assessment Team found consumers were unaware of other methods for raising and resolving complaints. The service was unable to demonstrate how they inform consumers they can access advocates and other methods for raising and resolving complaints. The service does not have this information available or displayed for consumers.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team found that the service did not demonstrate that appropriate action is taken in response to complaints and an open disclosure process is not always understood.

Management described how dissatisfaction resulting from changes to services/operations has led to some consumers leaving the service. The service was unable to provide any documentation or describe any actions taken as a result of these matters.

Management and volunteers were unable to describe what process is followed in the event of feedback or a complaint. Management were not familiar with open disclosure or describe an example where open disclosure was applied.

Consumers were unaware of action taken in response to a complaint.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found:

* Consumers said they were unaware of improvements to the service as a result of feedback.
* Managament did not demonstrate how feedback is used to improve services to consumers.
* Review of the service’s plan for continuous improvement did not identify any improvements resulting from feedback or complaints.
* The service does not have a complaints management process to support improvements to consumer services.

I have considered the relevant information and find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### 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

Consumers said volunteers are kind and caring, and they attend to them in a respectful manner. Consumers considered there were sufficient and knowledgable volunteers to deliver services.

However, the Assessment Team found the service’s workforce is not planned to enable the delivery of safe and effective care and services. The service was unable to demonstrate how staff/volunteers are trained and supported in their roles or have the knowledge to deliver consumer outcomes. Monitoring and review of staff performance does not occur.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found that the service was unable to demonstrate how they plan the number and mix of staff and volunteers to enable safe and quality care and services to consumers. The service is staffed by three volunteers supported by the service administrator, who works for the larger organisation and does not specifically co-ordinate any aspects of the Commonwealth Home Support Program. The service’s co-ordinator role has been unfilled since November 2020.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Non-compliant

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

While consumers feedback indicated volunteers know what they are doing, the Assessment Team found the service was unable to demonstrate staff/volunteers are competent to perform their roles.

In making this decision I have also considered and placed weight on the service’s Non-compliance in the other of these standards that illustrate staff/volunteers do not have the required knowledge to perform all aspects of their roles.

I find this requirement is Non-compliant.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found the service was unable to demonstrate how staff/volunteers are trained and supported in their roles to deliver consumer outcomes. Evidence included lack of processes for induction and role-related training and written guidance.

In making this decision I have also considered and placed weight on the service’s Non-compliance in the other of these standards that illustrate staff/volunteers are not adequately trained and supported to deliver the required outcomes.

I find this requirement is Non-compliant.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team found no person at the organisation is responsible for monitoring and reviewing the performace of the workforce, there is no process to guide monitoring and performance, and, monitoring and review of staff performance does not occur at the service.

I have considered the relevant information and find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### 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

The service was unable to demonstrate how consumers are actively engaged in the development, delivery and evaluation of care and services.

The service and its governing body did not adequately demonstrate how it promotes and is accountable for the delivery of safe, quality care and services.

The service does not demonstrate effective governance systems, in relation to continuous improvement, regulatory compliance, workforce governance or feedback and complaints.

The service was unable to demonstrate processes or procedures to review risks from a service and consumer perspective.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The Assessment Team found the service was unable to demonstrate how consumers are actively engaged in the development, delivery and evaluation of care and services. Evidence included lack of formal mechanisms to enable the gathering of relevant information and mixed consumer feedback in relation to their engagement.

In evaluating this evidence, I have also considered deficits in how the service engages with individual consumers in the development and evaluation of their services, as detailed under Standard 2. I have also considered consumer feedback under Standard 4 in relation to flexibility in the delivery of services to consumer requests.

Considering all the evidence available to me, I find on balance the service does not comply with this requirement.

### Requirement 8(3)(b) Non-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 found the service does not demonstrate the governing body promotes a culture of safe, inclusive and quality services and is accountable for their delivery. Evidence included:

* While the Board has developed an strategic plan this had not been operationalised.
* There are no formal processes to gather and present to the governing body information on the performance of the service’s delivery of services.
* Minutes and members of the governing body confirm performance of the service’s delivery of services is not considered at meetings of the governing body.
* Members of the governing body confirmed they have not been trained on the Aged Care Quality Standards

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 8(3)(c) Non-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.*

The Assessment Team found the service does not have effective governance systems. In particular:

* The service did not demonstrate there is an active continuous improvement system.
* The service does not have effective processes to identify and ensure compliance with relevant regulatory requirements.
* The service does not have processes to ensure effective management of feedback and complaints.
* the service has not established a workforce governance approach, including the assignment of clear responsibilities and accountabilities.

I have considered the relevant information and find this requirement is Non-compliant.

### Requirement 8(3)(d) Non-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.*

The Assessment Team found that the service was unable to demonstrate effective risk management sytems and practices. Evidence included:

* While the service’s governance policy references to risk management and the Board’s responsibility to monitor and review, this is not occurring. As a result individual consumer and service-level risk is not effectively assessed and planned.
* The service does not have processes and procedures for reporting and managing incidents.
* The service does not have processes and procedures to identify, record or report consumer abuse and neglect.

I have considered the relevant information and find this requirement is Non-compliant.

# 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.

**Requirement 1(3)(e)**

* Ensure that all consumers receive current and accurate information relevant to their needs, including but not limited to program fees.

**Requirement 2(3)(a)**

* Ensure assessment and planning is implemented for all consumers.
* Ensure assessment and planning includes consideration for relevant consumer risks.
* Introduce processes to monitor assessment and planning are effective.
* Introduce a procedure to guide staff practice in relation to assessment, planning and related documentation.

**Requirement 2(3)(b)**

* Introduce processes and staff resources to ensure assessment and planning addresses consumers current needs, goals and preferences.
* Introduce processes to monitor above is effective.

**Requirement 2(3)(c)**

* Ensure assessment and planning is conducted in partnership with consumers, representatives and other organisations and that this process is recorded.
* Introduce processes to monitor above is effective.

**Requirement 2(3)(d)**

* Introduce effective processes to ensure assessment and planning is communicated with consumers and others the consumer chooses.
* Review processes to ensure plans of care and services are readily available to consumers and others the consumer chooses.

**Requirement 2(3)(e)**

* Ensure consumers’ individual goals and preferences are reviewed regularly for effectiveness and recorded on their care plans.
* Introduce processes to ensure services are reviewed when consumer’s circumstances change or incidents impact on their needs and goals.
* Ensure staff resources are available for this to occur.
* Introduce processes to monitor above is effective.

**Requirement 4(3)(e)**

* Develop and implement procedures to ensure timely and appropriate consumer referrals to other care and services.

**Requirement 5(3)(b)**

* Develop and implement policies, procedures and training to ensure staff and volunteers have the knowledge to respond to incidents, hazards or emergencies.
* Develop and implement processes to ensure electrical equipment and fittings are regularly monitored for safety.

**Requirement 6(3)(a)**

* Develop processes to guide staff, volunteers and consumers provide feedback and make complaints.
* Ensure staff and volunteers are trained to support consumers provide feedback and complaints.
* Review processes and information to encourage consumer feedback.

**Requirement 6(3)(b)**

* Introduce processes and ways to make consumers aware they can access advocates, language services and other methods for raising and resolving complaints.

**Requirement 6(3)(c)**

* Ensure processes are available to record relevant feedback and complaints.
* Ensure appropriate action to complaints occur in a timely manner.
* Ensure actions are evaluated for effectiveness, including obtaining feedback from the complainant.

**Requirement 6(3)(d)**

* Ensure there are processes to enable feedback and complaints to inform improvements in services.

**Requirement 7(3)(a)**

* Ensure the service is staffed and supported to enable delivery safe and effective services.

**Requirement 7(3)(c)**

* Ensure staff/volunteers are competent in their roles to enable effective documentation, management of complaints and feedback, and to report incidents or hazards.

**Requirement 7(3)(d)**

* Ensure staff/volunteers are trained and supported in their roles to deliver consumer outcomes, including in relation to documentation and responding to complaints and feedback.
* Introduce role-related induction and written guidance for staff and volunteers.

**Requirement 7(3)(e)**

* Implement an effective process to ensure regular assessment, monitoring and review of the performance of each member of the workforce.

**Requirement 8(3)(a)**

* Review processes to engage and support consumers in the development, delivery and evaluation of care and services.

**Requirement 8(3)(b)**

* Ensure the strategic plan developed by the organisation for the service is implemented.
* Introduce processes to gather and present to the governing body information on the performance of the service’s delivery of services.
* Ensure members of the governing body are familiar with the Aged Care Quality Standards.

**Requirement 8(3)(c)**

* Implement an effective and system for continuous improvement.
* Implement an effective system to identify and ensure compliance with relevant regulatory requirements, including police certificates for staff and volunteers.
* Implement governance processes in relation to feedback and complaints.
* Established workforce governance processes, including the assignment of clear responsibilities and accountabilities.

**Requirement 8(3)(d)**

* Review the organisation’s risk management system, and implement processes and procedures:
	+ for reporting and managing incidents.
	+ to identify, record or report consumer abuse and neglect.
* Introduce processes to monitor the effectiveness of the service’s risk management system.