Cullacabardee Aboriginal Community

Performance Report

Baal Street   
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**Commission ID:** 500264

**Provider name:** Cullacabardee Aboriginal Corporation

**Quality Audit date:** 1 September 2020 to 2 September 2020

**Date of Performance Report:** 11 January 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-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 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-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) | Non-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 |

# Detailed assessment

This performance report details the Commission’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.

# STANDARD 1 NON-COMPLIANT Consumer 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

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

The service was unable to demonstrate consumers are treated with dignity and respect, maintain their identity and make informed choices about the life they choose to live. Although consumers interviewed reported they are satisfied with the service as it respects their Aboriginality and their wish to have a service when they feel they need one, the service did not demonstrate how they support consumers to make decisions about their care or the way services are delivered.

The service did not demonstrate it understands the requirement to document the consumers’ service preferences and choices. There is no systems, policies, procedures or guidelines to direct and guide the service in identifying the consumers’ needs, choices, cultural requirements or risks associated with provision of services. The service does not keep records outlining how consumers make decisions or how the consumers are assisted to take risks. There are no records that show consumers are involved in decisions about everyday life, including risk or independence.

Although consumers interviewed said they like the way the service runs, and their identity, culture and dignity are valued, the service did not demonstrate how they have come to the decision of which service to provide to the consumers according to their needs or preferences. The service did not demonstrate it respects the privacy of consumers or maintains consumer information in a confidential manner including consumers’ contact details.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found the service was unable to demonstrate how they ensure each consumer is treated with dignity and respect or how the service values each consumer’s identity, culture and diversity. The service does not collect or record any information about the consumers to inform the delivery of care and services to ensure services are delivered with dignity and respect or in line with individual needs.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team found the service was unable to demonstrate care and services are culturally safe or the consumers’ aboriginal culture has been taken into consideration during planning and delivery of services as there is no documented evidence to demonstrate this. The service has no systems, policies or guidelines to support culturally safe services are provided to consumers.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

The Assessment Team found the service did not demonstrate how consumers make decisions about the way their services are delivered and based on the evidence the Assessment Team finds this requirement is not met. There is no documented evidence which identifies, and records decisions made by the consumer, who consumers wish to be involved in decision making or information to communicate decisions made by consumers to people delivering the services.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### Requirement 1(3)(d) Non-compliant

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

The Assessment Team found the service did not demonstrate they assess and support consumers at risk, two consumers with known risk-taking behaviours have no planned approach by the service to support them or mitigate the risks.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### 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.*

The Assessment Team found the service does not provide information to consumers to support them in making choices in relation to services provided. There is no documented or planned information or communication system to guide the delivery of information to consumers.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### Requirement 1(3)(f) Non-compliant

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

The Assessment Team found the service did not demonstrate it manages, stores or maintains consumer information in a private or confidential manner. There is no system for recording or maintaining consumer information and consumer contact information is not stored on confidential or private devices or systems.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

# STANDARD 2 NON-COMPLIANT Ongoing 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 Quality Standard is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

The service does not undertake assessment of consumers to ensure planning and delivery of safe and effective care and services. Two of seven consumers receiving care at the service are registered under My Aged Care (MAC) website. None of the consumers receiving care and services have any documented assessments to understand their needs and preferences for safe delivery of care. Consumers at risk, or who place others at risk, have no information documented these risks are considered in planning care.

The service has not identified any consumer needs, goals or preferences based on a partnership that shows the consumer is listened to, and the services are planned around what is important to them.

The service does not assess or plan care and services. Assessment and planning is not conducted with the consumer and the service does not use information or other resources to help consumers partner in assessment and planning. Other organisations are not contacted or involved in coordination of consumers’ care or services.

The service does not document a care and services plan of consumers’ needs, goals and preferences and make it available to consumers.

Consumers’ care and services are not reviewed to monitor if they remain effective. Consumers with changed needs, such as memory loss are not monitored on an ongoing basis to ensure their care and services remain effective in meeting their needs, preferences and goals. Incidents such as a motor vehicle accident that impact on consumers’ needs are not recorded to identify if consumers’ service needs have changed following the incident.

## 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 the service has not conducted any assessment or planning including consideration of risks for the seven consumers it provides services to. The service has not undertaken any assessment of consumers to understand their needs and preferences and plan the appropriate care and services to support their safety, health and well-being. The service does not use planning tools or other sources such as government assessment to develop and record consumers’ needs or preferred services. Three consumers identified with risk of harm to themselves or others’ safety and health, have not had the risk identified by the service to put strategies in place to reduce the potential risk.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service does not conduct assessments and there are no documented plans which identify and address the consumers’ current needs, goals and preferences, including advance care planning.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service does not undertake assessment and planning in partnership with the consumer or others involved in their care and services. The service has not involved other organisations including My Aged Care or other service and care providers in the planning and assessment of consumers’ needs.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service does not document, record or communicate the outcomes of any discussions, assessment or planning with the consumer to ensure the consumers have access to a service plan.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### 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 did not demonstrate it reviews care and services for effectiveness when changes or incidents impacting on the consumers occur. The service has no formal review system and examples of recent incidents involving consumers show the incidents were not documented, recorded or resulted in review of the services for the consumer.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

# STANDARD 3 Personal care and clinical care

### 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

This Standard was not assessed as the service does not provide personal care or clinical care to consumers.

The Assessment Team was unable to assess Standard 3 as the service stated they are currently not providing clinical or personal care to consumers. Two consumers are registered under the My Aged Care website, but the caretaker reported none of the consumers have been assessed by an aged care organisation or by the service. The service has no assessments to determine if the consumers require clinical care or personal care and they have not developed any plans of care for consumers.

# STANDARD 4 NON-COMPLIANT Services and support 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

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

The service provides consumers with services to access the wider community to complete shopping, attend medical appointments including at cultural services and attend other Government agencies with support from a staff or volunteer. However, the service does not have any documented evidence of the assessed needs of consumers for these services or a care plan with goals and how the assessed need, consultation and outcome with the consumer will be achieved.

The service provides services to the consumer within their home to support cleaning, small maintenance jobs required and gardening. However, the service does not have any documented evidence of the assessed needs of consumers for these services or a care plan with goals and how the assessed need, consultation and outcome with the consumer will be achieved.

The service did not provide evidence that it would refer a consumer for other services. There are no documented processes in place for this to be completed. Six out of seven consumers receiving services have not had any formal assessment with My Aged Care which could identify other referrals and services for the consumer.

The service provides meals to consumers under ‘other food services’ funding. The caretaker reported the meals are cooked at their home or at the community hall and delivered to the consumer. The service provided does not come under the scope of the funding provided for ‘other food services’ which does not include the delivery of a meal prepared elsewhere and delivered. The caretaker said they provide receipts for the food ingredients to the accountant and is reimbursed. The service does not have any documented evidence of the assessed needs of consumers for the service provided or a care plan with goals and how the assessed need and consultation with the consumer will be achieved. The service does not understand they are providing a meals service they are not funded for.

## Assessment of Standard 4 Requirements

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

The Assessment Team found the service could not demonstrate each consumer receives safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health and well-being. The consumers’ needs goals and preferences are not documented and there is no planned approach to the delivery of services or records showing services have been delivered.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service did not demonstrate it has systems in place to ensure consumers receive services and supports to promote each consumer’s emotional, spiritual and psychological well-being. The emotional, spiritual and psychological well-being of consumers are not considered, documented or communicated to ensure service delivery promotes this aspect of the consumers’ needs.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

The Assessment Team found while the service supports consumers to participate in their community and have social relationships the service does not have documented evidence the consumers’ needs are assessed and identified and delivered in a planned approach to ensure the consumers receive the supports they require.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service does not record or document information about the consumer’s condition, needs and preferences and the information is not communicated to others where responsibility for care is shared. The service stated they verbally communicate the service needs of the consumers to those delivering it but were unable to provide evidence.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service does not complete timely or appropriate referrals for the consumers to other care and service providers. The service does not have a referral system and does not have a process of assessment or review to identify changes in consumers or the need for referral.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service provides meals to consumers under ‘other food services’ funding. The caretaker reported the meals are cooked at their home or at the community hall and delivered to the consumer. The service provided does not come under the scope of the funding provided for ‘other food services’ which does not include the delivery of a meal prepared elsewhere and delivered. The caretaker said they provide receipts for the food ingredients to the accountant and is reimbursed. The service does not have any documented evidence of the assessed needs of consumers for the service provided or a care plan with goals and how the assessed need and consultation with the consumer will be achieved. The service does not understand they are providing a meals service they are not funded for.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### Requirement 4(3)(g)

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

This Requirement was not assessed as the service does not provide equipment.

# STANDARD 5 NON-COMPLIANT Organisation’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

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

The service has a community bus and documentation provided shows registration of the vehicle, insurance, recent maintenance and fuel have been funded from the CHSP grant received. The bus is used to transport consumers under unaccompanied and accompanied social support services into the wider community for shopping, medical and other necessary appointments.

The service did not provide evidence there is a process in place to monitor use of the bus and where it may be used by others in the community for other purposes and how this is funded.

The service did not provide evidence of how it monitors or completes regular planned servicing of the bus or safety checks of the bus.

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a)

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

This Requirement was not assessed as services to consumers are not provided in the service environment.

### 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.*

The Assessment Team found the service did not demonstrate there are processes in place to ensure the bus utilised by consumers for services including transport to medical appointments and social outings is safe, clean and well maintained. There is no system to monitor the use and safety of the bus or ensure regular maintenance occurs.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service did not demonstrate evidence there is a planned approach to monitor and maintain the bus and its equipment to ensure safety.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

# STANDARD 6 NON-COMPLIANT Feedback 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

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

The Assessment Team found, and the service stated the service does not have a feedback system. The caretaker said consumers contact them regarding the services they provide, and all information is informal and verbal. They said if any consumers had a complaint, they would let them know.

The service consists of a small Aboriginal community with seven consumers living in the community. The caretaker talked about the mob “not being too happy” with the change of services but did not elaborate on who the mob was at the time or how they managed or actioned the feedback.

Feedback and complaints are not recorded for monitoring and the service does not identify when things go wrong. There is no system to use feedback to improve the quality of the service. The service has no system, policy or guidelines on how to manage complaints or encouraging consumers to provide feedback or make complaints.

## 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 the service does not have a feedback system and was unable to demonstrate consumers or their family, friends and carers are supported to provide feedback or make complaints. There was no evidence of a feedback or complaints policy or tool to make written complaints and staff stated any verbal complaints or feedback provided by consumers are not recorded.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service did not demonstrate it has a system for raising or resolving complaints. The service does not provide any information to consumers on how they can make a complaint or access advocates, language services or external complaints mechanisms.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service did not demonstrate it responds to complaints or has an open disclosure policy or approach to guide the service in responding when things go wrong.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 the service does not record feedback or complaints to review, monitor or improve the quality of care and services. The service could not demonstrate any improvements in the services have been undertaken as a result of feedback or complaints.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

# STANDARD 7 NON-COMPLIANT Human 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

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

The service was unable to provide any evidence there are processes and systems to ensure the workforce is skilled and qualified to provide safe, respectful and quality care and services. The service does not have documentation setting out the roles, responsibility, accountability, training requirements or review of the workforce including the accountant, caretaker and volunteers. The service was unable to provide evidence the caretaker or volunteers had appropriate knowledge, skills, experience or police certificates to undertake their roles. The service has no monitoring system to record and review the qualifications and performance of its workforce.

## 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 the service does not have a planned approach to deploying the workforce. The service has a caretaker and a number of volunteers, however there is no evidence the service plans the workforce around the needs of the consumers to ensure delivery of services is managed safely. There is no documented schedule or plan to communicate and identify when the workforce is available and required to perform services.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service did not provide documented evidence it ensures workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity. While the sole staff member (caretaker) is Aboriginal there is no documented evidence they have undertaken any cultural education. There was no evidence of information or policies and procedures to guide the volunteers in providing services in a manner which are kind, caring and respectful of the consumers’ identity, culture and diversity.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### 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.*

The Assessment Team found the service does not have a system to ensure the workforce is competent. There is no process to gather, identify, record and monitor the qualifications, licences and skills of the caretaker or the volunteers to ensure they can effectively perform their role.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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 does not provide training to any staff or volunteers and there are no recruitment processes to ensure staff have the experience, skills, training and legislatively required licenses or police checks to deliver the outcomes required by these standards.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

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

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

The Assessment Team found the service does not have a system to assess, review and monitor the performance of the workforce. The service acknowledged there is no monitoring of the workforce and majority of volunteers are related to the one paid staff member.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational 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 Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

While the service operates under the Cullacabardee Board there was no documented evidence provided showing there are systems and processes in place for organisational governance. There was no evidence of how the Board is provided information on ongoing services and monitoring. There was no evidence provided there has been consumer engagement to shape the development, delivery and evaluation of services. There is no evidence there is a risk framework in place including a business continuity plan.

The service has not identified and implemented any changes or improvements to its systems and processes in the delivery of services since a finding of non-compliance in November 2018. The service was unable to provide documented evidence of a plan for continuous improvement.

The service does not have information systems in place to record consumer planning, assessed need, care plan or goals of service. The service does not have contemporary policy and process in line with the introduction of the Quality Standards in July 2019. The caretaker has a laptop which is not protected to ensure confidentiality and privacy of information and there is no back up to any data stored. Consumers are not provided with documentation and information about their services.

The service does not have effective governance systems in relation to workforce governance, legislative requirements, information systems, financial governance or complaints management. The service did not demonstrate it meets its legislative requirements in relation to workforce having police certificates, financial reporting and consumers’ assessment and registration with My Aged Care. The service does not have an effective risk management framework to guide the management of consumer risks, incidents or elder abuse.

## 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 did not demonstrate they support consumers to be engaged in the development, delivery and evaluation of care and services. There is no documented evidence of consumers receiving information or opportunity to provide feedback or input into the delivery of services. The service has no policy or guidance to support consumer engagement.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement Non-compliant.

### 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 operates under the Cullacabardee Board. However, there was no documented evidence provided showing there are systems and processes in place for organisational governance and no evidence of how the Board is provided information about the service to ensure it is accountable for the delivery of safe and quality services.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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. There is no policies, procedures or guidelines to direct and inform the governance systems and the processes in place are not effective, including:

* Information is not managed effectively, there is no process for gathering, recording or communicating information in relation to consumers, services provided, workforce details and systems.
* The service does not have a continuous improvement system and did not provide any examples or evidence of improvement undertaken. The service has not implemented an improvement plan following a finding of non-compliance against the Standards in 2018 and 2019.
* The service does not maintain accurate financial records or reports. The service completes reporting of service provision as part of their responsibility of their grant agreement. The reported data provided under the grant agreement is not an accurate record of services provided. The accountant reported the data provided is a summary of expected services to have been delivered with the data drawn from discussion with the caretaker as to what they would normally deliver. The data is provided to the caretaker to approve and then sent to the Department of Health. The caretaker does not have a system to record actual service provision for each consumer. The accountant said they provide financial reporting as required under the CHSP grant agreement. However, the accuracy of the reporting and costs associated with operation of the services may be inaccurate due to how the service provides 6 monthly data under its grant agreement.
* The workforce is not monitored in relation to their competence, skills or legislative requirements and there is no evidence of documented roles and responsibilities of the workforce to ensure they are accountable for the delivery of services.
* The service does not have a system to understand and ensure they comply with required legislative requirements. Staff and volunteers do not have current police certificates.
* The service does not have a feedback and complaints system and complaints are not recorded or actioned.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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.*

The Assessment Team found the service does not have policies, procedures or guidance to direct the management of risks associated with consumers or to respond to elder abuse or neglect of consumers. The service does not record incidents, assess risks or implement strategies to manage known risks of current consumers. The service has had recent incidents of consumers being involved in incidents including where the consumer is at risk and the service has no reporting or response systems in place to manage and support the safety and well-being of consumers.

Based on the information in the Assessment Team’s report and the service not providing a response, I find this Requirement 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.*

This Requirement was not assessed as the service does not provide clinical care to consumers.

# 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.

* Standard 1 Consumer dignity and choice: Ensure policies or guidance and relevant tools are implemented to ensure consumers’ individual and cultural needs, preferences and goals are identified and recorded and consumers’ choices including others they wish to be involved in care and choices involving risk are documented and supported.
* Standard 2 Ongoing assessment and planning with consumers: Ensure tools are implemented to guide assessment and planning processes to identify consumers’ needs, goals and preferences and where changes or incidents occur the assessments and plans are reviewed. Ensure assessments and plans are documented and communicated to the consumer and to others providing care and services.
* Standard 4 Services and supports for daily living: Ensure systems and tools are implemented to identify, assess and record the services and supports required by consumers to enable them to do the things they want and enhance their well-being. Ensure meals are planned and delivered in line with consumers’ assessed needs and in line with the funding agreement.
* Standard 5 Organisation’s service environment: Ensure the service monitors and maintains the bus used by consumers to ensure it is safe, clean and well maintained.
* Standard 6 Feedback and complaints: Ensure the service implements a feedback and complaints system including encouraging and supporting consumers to provide feedback and make complaints and recording and monitoring of complaints to ensure actions and improvements occur.
* Standard 7 Human resources: Ensure a system is implemented to communicate the roles, responsibilities of the workforce including volunteers and processes to train, monitor and record police certificates, qualifications, licences and other information is implemented.
* Standard 8 Organisational governance: Ensure documented guidance or policies are implemented to guide and direct the implementation of all governance systems including communication and information processes to inform the Board.