Northern Regional Aboriginal and Torres Strait Islander Corporation

Performance Report

Unit 1, 67 Leyland Street
GARBUTT QLD 4814
Phone number: (07) 4779 6406

**Commission ID:** 700206

**Provider name:** Northern Regional Aboriginal and Torres Strait Islander Corporation

**Quality Audit date:** 16 February 2021 to 18 February 2021

**Date of Performance Report:** 26March 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) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Non-compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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) | 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
* the provider’s response to the Quality Audit report received 17 March 2021
* referral information received by the Commission.

# 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The service did not demonstrate that consumers were supported to exercise choice and independence relating to their care and services, including decision making and care delivery.

Consumers were not supported to manage risks to enable them to live the way they prefer.

Information provided to consumers was not current, accurate, provided in a timely manner and was not able to be understood by the consumers.

However, most consumers considered they were treated with dignity and respect, could maintain their identity, they received culturally safe services and their personal privacy was respected.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Consumers are advised with information regarding their services regularly through flyers sent home with care staff.
* Social group gatherings and group gatherings are usually held quarterly
* Any questions consumers ask are always answered in a timely manner, call logs provide client details and call details are emailed to appropriate section and answered in a timely manner.
* As an organisation we have given our clients choice and control before the standard was introduced, continually bending over backwards and staying within guidelines.
* Risk assessments are a continuous circle but not all the paperwork was being appropriately maintained and kept.
* We have recognised the problem and have fixed it by simply monitoring and recording.

While I acknowledge the statements provided by the Approved provider, and its acknowledgement of recognising and resolving deficiencies, there is a lack of evidence to support the implementation of sustainable actions or that these actions have been evaluated as effective to ensure compliance with this Standard.

The Quality Standard is assessed as Non-compliant as three 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) 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.*

Consumers or their representatives have not been supported in making choices or independence in relation to care delivery. Consumers or their representatives were unaware of Home care package services available at the service. Budgetary information has not been shared with consumers to enable them to make service choices. Consumers were not provided with choice or flexibility relating to service delivery.

Staff confirmed flexibility in service delivery was not afforded to consumers due to staff availability, and management confirmed consumers’ choices were not consistently followed.

Care documentation for consumers does not evidence consumer choice in assessment and care planning. While policies and procedures relating to choice and independence exist at the service, there is no evidence to support the implementation or understanding of these policies or procedures. Staff had not received any training relating to supporting consumers to exercise choice or independence.

Based on the information above, it is my decision consumers have not been supported to exercise choice or independence and therefore this Requirement is 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.*

Consumers have not been supported while taking risks and are continuing to experience negative outcomes. For two named consumers who partake in excessive alcohol usage, the service has not discussed the risks associated with their excessive alcohol usage and how to manage the risk to improve their well-being.

Management was unable to describe how consumers were supported to understand the benefits and possible harm when they make decisions about taking risk or how consumers were involved in problem solving solutions to reduce risk where possible.

The consumer handbook documents the service would support consumers to live the life they choose and described the process should a consumer choose to take risks; however, the service did not demonstrate these processes were being implemented for consumers identified with falls risks and excessive alcohol consumption.

Based on the information above, it is my decision this Requirement is 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.*

Consumers and their representatives were unable to understand information provided to them in relation to their home care packages. Consumers and representatives provided feedback they were unaware of the services available under the Home care package program, they were also unaware what level of package funding being provided to the consumer.

Consumers were not receiving monthly statements which impacted on their ability to access additional services, care or equipment. Management stated statements have not been regularly provided and were often incorrect when provided. Consumers have not received budgets, to allow for planned income and expenditure, in line with their preferred choices.

Documentation did not included information including agreed goals, preferences and management strategies to support the delivery of individualise and preferred care to consumers. Information provided to consumers including the consumer handbook, contains inaccuracies and missing information. While the service has policies and procedures relating to exercising choice, there is no evidence to support the implementation or understanding of these policies or procedures

Current and accurate information has not been provided to consumers. Consumers are not able to understand information which has been provided, and this has impacted on their ability to exercise choice. Therefore, it is my decision this Requirement is Non-complaint.

### 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about if they used care planning documents and reviewed them on an ongoing basis.

Assessment and planning processes did not include the consideration of risks to inform the delivery of safe and effective care for each consumer, did not identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Assessment and planning were not based on ongoing partnerships with the consumer and others that the consumer wishes to involve, including individuals and other organisations involved in the care of the consumer. Outcomes of assessment and planning were not consistently communicated to consumers or documented in the care and services plan. Consumer’s care and services were not regularly reviewed for effectiveness, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* As a provider, clients are always asked what they would like.
* Clients are informed of the boundaries the service is restricted by and if the service cannot comply with their wishes.
* Sometimes clients request services not directly for the packaged client rather for a family member.
* As a provider, we attempt to address the needs, goals and preferences of the client, and the needs of end of life panning needs are always addressed.
* An end of life service has been put in place for 24-hour at home services.
* Assessment and ongoing partnership with clients are considered very strong and any request required, the service would be forthcoming with support and services.

While I acknowledge the statements provided by the Approved provider, and its acknowledgement of recognising and resolving deficiencies, there is a lack of evidence to support the implementation of sustainable actions or that these actions have been evaluated as effective to ensure compliance with this Standard.

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.*

Information included in care documentation reviewed by the Assessment Team did not demonstrate individualised information which was relevant to the risks of each consumer’s health and well-being.

Assessment tools were not completed and did not include focussed assessment tools to identify risks to consumers. A named consumer with a high falls risk did not have assessment s completed in relation to their falls despite suffering five falls in the preceding year. Other consumers at the service with impaired mobility and at risk of falls, did not have strategies to guide staff practice reducing the risk of falls while delivering care.

When risks were identified through assessment, action was not taken to implement strategies to reduce the risk, for example the implantation of a smoke detector for a consumer who smokes. Incidents were not used to inform assessment and planning including for consumers who have had falls. Strategies are not documented to guide staff practice when consumers do not respond to a scheduled service.

Management at the service acknowledged assessments were not always completed, and the registered nurse has commenced visiting consumers but had not completed documentation relating to assessment and planning.

Assessment and planning processes are not effective in informing the delivery of safe and effective care, therefore it is my decision 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.*

Consumers’ current needs goals and preferences had not been identified through assessment and planning processes. Care plans did not contain consumer preferences in relation to their preferred day or time of service. Consumers stated their preferences were not recorded by the service.

Currency of care needs was not evident for one named consumer in relation to the provision of compression stockings. Results of a consumer survey completed in December 2020 identified over half the consumers who completed the survey indicated their care plan reflected their needs some of the time or not at all.

End of life wishes for consumers were not documented in care planning documentation. While management stated conversations occurred with consumers on entry to the service regarding alternate decision makers and advanced care planning, there was no documented evidence this was recorded.

Assessment and planning processes did not identify the current needs or preferences of consumers including end of life care and planning, Therefore, it is my decision 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.*

Consumers had not been involved in assessment and planning. Consumer representatives were dissatisfied with their involvement in assessment and planning for their consumer. Other health professionals or other service providers had not been involved in assessment and planning for consumers.

Consumers received care from other service providers, however documentation did not support these providers were involved in assessment and planning.

Management confirmed other service providers were not involved in assessment and planning. While the service had purchased policies and procedures to support the involvement of other in assessment and planning, these policies have not been implemented.

Based on the above information, it is my decision this Requirement is Non-complaint as there was no evidence to support assessment and planning had been based on a partnership model with the consumer.

### 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.*

Outcomes of assessment and planning had not been documented or communicated to the consumer. Consumers did not have a copy of their care plan, and stated staff did not talk to them about their care needs.

Care plans did not contain sufficient information to effectively communicate the care needs of consumers to providers of care, including days and times of services. For consumers receiving care from other providers, care provided was not documented in care plans. Staff reported care plans were not always readily available to guide their practice. The service was in the process of providing all consumers with a care plan at the time of the Quality review.

This Requirement is Non-complaint as care plans were not readily available and outcomes of assessment and planning had not been effectively communicated to the consumer.

### 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.*

Care and service needs had not been reviewed regularly or when circumstances or incidents changed the needs of the consumer. Consumers who returned from hospital, been allocate a higher package level or who had sustained falls did not have evidence to support the review of their care plan.

Management acknowledged consumer reviews had not been completed previously and new processes including the review of care plans by clinical staff had not been completed or evaluated for effectiveness.

While I acknowledge the service had commenced actions to ensure the currency of care plans, this process has not been completed and therefore it is my decision this Requirement is Non-complaint.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers did not receive safe and effective personal and clinical care that was best practice, tailored to their needs or optimised their health and well-being, including effective management of high impact or high prevalent risks. The needs, goals and preferences of consumers nearing the end of life were not recognised or addressed, to ensure their comfort was maximised and their dignity preserved. Consumer deterioration was not recognised or responded to in a timely manner. Information regarding consumers’ condition, needs and preferences was documented or communicated effectively.

Referrals to individuals, other organisations and providers of care and services had not been appropriately undertaken in a timely manner. The service did not have an effective infection control program, including minimising the risks for consumers and staff in relation to COVID-19.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Personal care and clinical care we do believe we could probably do better. We have a nurse in our ranks who has completed all clinical complex plans.
* Personal care is completed with two qualified workers. Consumers are always asked and listened to if they think they are not receiving the right care.
* All consumers of NRATSIC know if there is a problem, tell your worker or ring the office. This will be dealt with in a timely manner.
* Consumers often use other providers for any allied health, and some other services we may not specify in.
* We have pin pointed that some documentation had not followed the procedures for the safe and effective personal care of some clients which has been corrected and amended.
* We have had a large turnover in workers recently who were not reporting any requests that were being asked by the clients and we’re going through the requests up to the audit.
* We have concentrated our staff numbers on updating all file paperwork, requests of clients are being noted and addressed when our teams are redoing Service agreements, care plans etc with consumers.

While I acknowledge the statements provided by the Approved provider, and its acknowledgement of recognising and resolving deficiencies, there is a lack of evidence to support the implementation of sustainable actions or that these actions have been evaluated as effective to ensure compliance with this Standard.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Consumers did not receive safe and effective personal and clinical care. Consumers with chronic health conditions including diabetes and mental health conditions did not have care planning directives to support staff to deliver safe care.

For one named consumer who self-administers their insulin, care planning does not include acceptable blood glucose levels or escalation procedures should the consumer’s blood glucose levels be outside normal parameters. Staff have not received training in relation to diabetes or insulin management. The same named consumer exhibits episodes of aggressive behaviours and has displayed this behaviour towards staff, care planning does not contain directions for staff to follow to manage the consumer’s behaviour. Incidents of aggressive behaviour have not been recorded to facilitate alternate strategies or the escalation of these behaviours to medical officers for review.

Staff were providing care to consumers in the absence of care planning directives, this included medication management, provision of hygiene cares to consumers at risk of falls and consumer requiring pressure garments.

Management at the service did not have an understanding of cares being provided to consumers and therefore are unable to determine that care provided was either safe or effective. It is my decision this Requirement is Non-compliant.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

High impact of high prevalence risks for consumers was not effectively managed. Staff at the service were not able to identify consumers with high impact risks despite the service supporting consumers with severe dementia, high risk of falls and chronic pain.

There was no evidence which demonstrated the service had access to validated tools and documents for assessing, managing or reducing high impact or high prevalent risks to consumers.

As the service was unable to demonstrate which consumers are impacted by high impact of high prevalence risks, I am unable to determine the management of these consumers has been effective, therefore it is my decision this Requirement is Non-complaint.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The service was unable to demonstrate the needs, goals and preferences for a consumer who passed away were either recognised or addressed. The Assessment Team identified for one named consumer who was receiving care form the service until their passing, did not have their wishes, needs or goals documented to support appropriate end of life care provision.

End of life wishes, or advanced care planning had not been discussed with consumers or their representatives. Staff have not received training in the provision of end of life care or palliative care. While the service had policies and procedures relating to the provision of palliative care, these have not been implemented. It is my decision this Requirement is Non-compliant.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

There was insufficient evidence to support the deterioration or change in a consumer’ condition was recognised or responded to in a timely manner. For two named consumers who provided feedback to staff regarding their change in condition, documentation does not support this prompted a review of their condition, appropriate actions taken or notification of the medical officer.

Incidents were not consistently recorded to inform the service of possible deterioration in consumers’ condition. Mechanisms to report and analyse incidents were not effective in identifying changes in consumers’ condition or to implement continuous improvement actions to prevent similar impact for other consumers. Training records did not support staff have completed training relating to the identification or response to consumers with changes in their condition, or the escalation and reporting processes involved. Therefore, it is my decision this Requirement is Non-complaint.

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

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

Communication was ineffective between the organisation and others responsible for the shared care of the consumers. Care planning directives were not updated following review by the registered nurse or allied health providers. Hospital discharge summaries were not considered for consumers with complex needs who had required hospitalisation.

There was no formal communication process between the service, medical officers, allied health professionals, hospital service or specialist services. Staff were not aware of changes to consumers’ care needs. Consumers were receiving care form other providers however, this was not included in care documentation for the consumers.

Based on the information recorded above, this requirement is Non-compliant.

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

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

Referrals to other health service providers did not occur in a timely manner. For two named consumers with issues relating to their mobility, actions had not been taken to refer the consumers to service providers relevant to their needs.

Care planning documentation reviewed by the Assessment Team did not evidence referral to other health professionals, including for assessment of equipment requested by the consumers. While the service has policies and procedures to support the provision of referrals these policies and procedures have not been implemented by the service. Based on the information listed above, it is my decision this Requirement is Non-compliant.

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The service did not have an effective infection control program, including actions to take to minimise the risk of a COVID-19 outbreak. The service did not have a documented infection prevention and control program. Management did not collect infection statistics to identify any infection related risks to consumers.

The service did not implement screening processes related to COVID-19 for staff, visitors or consumers accessing or attending the day respite program. Staff have not consistently completed training in infection control. Staff were provided with personal protective equipment but had not received training relating to the correct application of gloves or handwashing.

Management did not demonstrate an awareness of government directives in relation to the prevention of COVID-19. There was no designated person at the service trained in infection control to oversee infection control processes. Therefore, it is my decision this Requirement is Non-complaint.

# STANDARD 4 NON-COMPLIANTServices 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and if these things were enabled or supported by the service and staff were asked about their understanding and application of the Requirements under this Standard. The Assessment Team also examined relevant documents.

The service did not provide information to consumers to support their choices in relation to services and support for activities of daily living. Consumers and their representatives were not aware of services or support available through their home care package to support their health and well-being. Care planning documentation did not support staff understanding of consumer needs, goals and preferences in relation to supports for daily living.

While the service does not demonstrate, and documentation does not support consumers have been supported in their choices for daily living, most consumers interviewed said they were supported to do things they like to do and were supported to keep in touch with people who are important to them. Consumers were satisfied with the provision of meals at the Respite centre.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Consumers are constantly asked regarding their needs.
* If the consumer does not respond with a request, the service cannot answer them.
* Since the audit our teams have been working constantly and consistently.
* Internal training has been provided to staff who are monitored quarterly.
* The service is improving their documentation trail making it easier for handovers
* Care plans are updated, assessment, reassessment needs and other information from My Aged Care
* Equipment is reassessed by an Occupational Therapist who is in communication with consumers and the coordinator.
* Our clients were never at risk, that we know of. Once aware we act within the guidelines.

While I acknowledge the statements provided by the Approved provider, and its commitment to addressing deficits identified during the Quality Review, there is a lack of information in relation to the statements above, a lack of evidence to support the implementation of sustainable actions or that these actions have been implemented or evaluated as effective to ensure compliance with this Standard.

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

## 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.*

Consumers were not satisfied with access to the variety of services available through their home care package. Consumers have requested alternate services, to increase their well-being, available under their package funds, however the service has not acknowledged or actioned these requests.

Consumer and their representatives have not been provided with adequate information to afford them the choice of activities of daily living. Consumers and their representatives are unaware of their budgets to allow them to choose alternate services.

Review processes have not been established with brokerage services to ensure they are safe and effective for consumers. Staff stated care plans are not up to date, so consumers are simply asked about their preferences.

There is a lack of consultation with consumers to ensure compliance with this Requirement and consumers sampled preferred alternate activities to support their daily living, therefore, this Requirement is Non-complaint.

### 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) 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.*

Information relating to consumers’ conditions, needs and preferences have not been communicated within the organisation or with others who share responsibility of care. Documentation reviewed did not support consumers’ preferences have been recorded to facilitate sharing of their preferences. There was no evidence to support communication between the service and other service providers.

Over half of the consumers surveyed in December 2020, were not satisfied their care plan was reflective of their needs or preferences. Consumers stated they repeatedly had to voice their care needs and preferences to service providers.

Information sharing was ineffective to communicate the needs and preferences of consumers; therefore, it is my decision this Requirement is Non-complaint.

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

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

Timely referrals had not occurred for consumers at the service. Consumers who requested changes to their services have not been referred to the appropriate sources to facilitate this change. When recommendations from other sources have been provided to the service these had not been actioned, including consumer requests for alternate services.

Staff stated they have requested referrals on behalf of consumers, however these have not been actioned. While the service had policies and procedures to guide their practice in relation to referrals, these had not been implemented.

Therefore, 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) Non-compliant

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

Equipment provided to consumers was not assessed to ensure its safety. Consumers were instructed to purchase equipment in the absence of an assessment by a health professional. Communication processes was ineffective to identify concerns with equipment provided to consumers. the service was not aware consumers had borrowed equipment when theirs was faulty.

There was no process for equipment supplied to consumers to be reviewed, serviced, maintained or cleaned. Equipment supplied included wheelchairs, electric beds and wheeled walkers. Staff were unable to describe how equipment was serviced or maintained.

While staff and consumers had access to transportation vehicles, there was no evidence to support these vehicles were safe for staff or consumers.

I am not convinced equipment supplied to consumers was safe, suitable, clean or well maintained, therefore, it is my decision this Requirement is Non-Compliant.

# STANDARD 5 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

To understand the consumer’s experience and if the organisation understood and applied the Requirements within this Standard, the Assessment Team observed the respite centre service environment, spoke with consumers about their experience of the centre environment and interviewed staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers felt safe and comfortable in the service environment. Consumers could access the main office if required via ramp access for those with mobility deficits. The organisation had social group activities at the centre to promote social inclusion.

Consumers confirmed they could freely and safely access indoor and outdoor areas and felt safe attending social support services at the respite centre. Consumers confirmed they enjoyed the activities, meals and social experience at the centre.

The Assessment Team observed the environment to be welcoming with parking availability and well-maintained pathways leading to the day respite centre.

There is evidence to support consumers felt safe and comfortable in the service environment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as 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) Compliant

*The service environment:*

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

### 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

To understand the consumer’s experience and if the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register and tested staff understanding and application of the requirements under this Standard.

Consumers were not encouraged or supported to give feedback or raise complaints. Consumers did not understand information provided to them in relation to submitting complaints or providing feedback. Consumers or their representatives were not satisfied with the timely response to complaint when raised.

While the service maintained records of complaints, actions were not recorded to address the complaint, or to demonstrate the consumer was satisfied with the resolution of their complaint.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Complaint are usually dealt with in a timely manner.
* Depending on the severity of complaints, they can be dealt with straight away.
* All complaints are logged.
* There was some confusion between complaints for the service and NDIS complaints.
* There are hard and soft copies of complaints, this has been tidied and all complaints are in the electronic.
* The Approved provider states it has endeavoured to fix most of the outstanding, however some are remaining.

While I acknowledge the statements provided by the Approved provider, and its commitment to addressing deficits in relation to complaints management identified during the Quality Review, there is a lack of information in relation to the statements above, a lack of evidence to support the implementation of sustainable actions or that these actions have been implemented or evaluated as effective to ensure compliance with this Standard.

The Quality Standard is assessed as Non-compliant as three 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.*

Processes were not established to support consumers and their representatives to provide feedback and make complaints. Consumers were not satisfied with information provided by the service relating to complaint submission. While the service provided consumers with information packs regarding complaint submission, this information was not explained to consumers and there was no monitoring process to ensure consumers either understood or received the package.

Consumers did not have faith in the complaints process at the service due to previous dealing with the service and the lack of resolution with past complaints. Information is not consistent at the service regarding complaints, different guidelines existed in the Consumer handbook and the service’s policies and procedures. The Assessment Team did not observe feedback or complaints forms available to consumers at the respite centre.

Based on the information recorded above, it is my decision consumers and their representatives have not been encouraged or supported to provide feedback or make complaints, therefore, it is my decision this Requirement is Non-complaint.

### Requirement 6(3)(b) Compliant

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

### 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.*

Consumers and their representatives were not satisfied with the actions taken after lodging complaints or feedback. Consumers noted long standing complaints relating to their budgets and statements were still not resolved to their satisfaction. Entries included on the complaints register were inaccurate and included resolution dates for complaints which had not been resolved.

While the service has policies and procedures relating to open disclosure, there was no evidence to support the principles of open disclosure had been applied in relation to current or past complaints.

As there was no evidence to support the resolution of complaints to demonstrate appropriate action has been taken, it is my decision 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.*

Feedback and complaints have not been reviewed or used to improve the quality of care and services for consumers. Complaints have not been consistently recorded on the complaints register to facilitate resolution, review and the possibility of improvement to services. Consumers were not satisfied with the resolution of complaints and had not identified any improvements in services following the lodgement of complaints.

While the service had policies relating to feedback and complaints, management stated these policies have not been fully implemented and are used as guidance only. [Include details on the reasons for your compliance decision and identify the source of the information/evidence relied on in making your decision.

Complaints and feedback had not been used to improve the quality of care and services and therefore it is my decision, 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

To understand the consumer’s experience and if the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

Management and staff lacked the knowledge to effectively perform their roles. Staff did not receive appropriate orientation, induction or training to deliver the outcomes required by these Standards. Monitoring and review of the workforce has not occurred to ensure the suitability and credentials of staff.

While, the above deficiencies were identified in relation to human resource processes, consumers reported staff were kind, caring and respectful of their culture, identity and diversity. Staff had sufficient time and resources to meet the needs of consumers.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Each worker has a position description this enables them to effectively work within their scope.
* The service has systems in place which are followed to allow the service a better understanding of the workforce being planned.
* The service has tracking mechanisms to track and guide each worker through from Certificate 3 and 4 and diplomas, to mandatory training done every year.
* The Approved provider is monitoring all aspects of each worker’s progression and internal auditing has recommenced.

While I acknowledge the statements provided by the Approved provider, and its commitment to addressing deficits in relation to human resources during the Quality Review, there is a lack of information in relation to the statements above, a lack of evidence to support the implementation of sustainable actions or that these actions have been implemented or evaluated as effective to ensure compliance with this Standard.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 identified deficits in the knowledge, skills and competency of staff at the service. Consumers advised they were not confident in management at the service.

It is my decision this information is not relevant under this Requirement and is more relevant to other Requirements under this Standard. In making this decision I have considered information in Standard 1 whereby consumers felt they were treated with dignity and respect, and their identity, culture and diversity was valued. I also note in Standard 4 consumers were satisfied with the services and support available for the participation in the community, social and personal relationships and completing activities of interest to the consumer. Consumers provided feedback in Standard 7 Requirement (3) (b) felt staff operated in a culture of inclusion and respect and that services were delivered in a culturally appropriate manner.

Therefore, it is my decision this Requirement is 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.*

The service did not have any monitoring processes to ensure staff have the appropriate qualifications or knowledge to effectively perform their roles. There was no monitoring processes employed at the service to ensure qualifications, probity checks or mandatory training had been completed.

The Assessment Team identified staff did not possess mandatory police clearances, mandatory training requirements, drivers licence or the required education levels to enable them to deliver safe care to consumers. Monitoring processes were ineffective at the service as management were not aware or deficits in staff training, probity or education requirements.

Based on the information recorded above, it is my decision 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.*

Staff have not been trained or equipped to deliver the outcomes required by these Standards. Position descriptions were not available for members of the workforce. The service did not have evidence to support staff had undergone orientation. Support workers confirmed they had not undergone orientation. The registered nurse who was new to the service has not received mandatory training and was unfamiliar with the electronic care planning system, which is vital for her role. Staff have not received training relating to the Aged Care Quality Standards or infection control measures relating to COVID-19.

Based on the information above, it is my decision 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 is undertaken.*

The review of staff performance has not occurred at the service. Staff confirmed they had not engaged in monitoring or review of their performance to identify skill deficits or opportunities for further education. Management did not possess documentation to support appraisals of staff performance had occurred. Management states when negative feedback is received regarding staff performance, verbal discussion were held. There was no supporting evidence to these processes had occurred. Staff files did not evidence appraisal or monitoring documentation.

It is my decision that assessment, monitoring and review of staff performance had not occurred at the service to a level which would identify deficits in staff performance or opportunities for further education, therefore 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 organisation was not able to demonstrate it applied and understood the requirement of this Standard. The organisation did not understand its requirements for the delivery of quality and safe aged care services. The Organisation purchased policies and procedures, however these were not reflective of the current business operations and where policies and procedures were present they were not being implemented.

Consumers did not consider the organisation to be well run and they were not partnering in improving the delivery of care and services.

Consumers and their representatives advised the service did not have effective management running the organisation, communication with the service was poor and responses to any concerns or complaints they raised were ineffective.

Consumers did not receive copies of Home Care Agreements and did not get budgets or statements.

Consumers were not involved in the planning of service delivery through the engagement in the initial assessment of their needs to the development of budgets and care plans.

The Approved provider in its written response to the Assessment Team’s findings has responded on a Standard level, including the following statements:

* Standard 8 has been discussed at length with the Board, who have put directions in place to:
	+ Summarise all unmet needs.
	+ Apply more attention for workers management on policy and procedure.
	+ All training and monitoring are to be included in monthly report.
	+ All worker reports in summary and clients’ company figures in monthly report.
	+ Human resource and management auditing requirements in monthly report
	+ All TRACCS and NDIS program complaints and updates to complaints in monthly report.
	+ New Strategic plan
	+ New Business plan
	+ All clients’ records hard and soft to be monitored and reviewed by appropriate coordinators and reported to manager then to Board in monthly report.
	+ All workers’ evaluation reports completed by June 2021.
	+ All weekly reports, staff meetings, management meetings, continuous improvement activities, surveys, quality management to be included in monthly report.
	+ Manager to personally contact 30 clients a month for feedback and report to Board.
	+ All minutes to all meetings are to be kept onsite.

While I acknowledge the statements provided by the Approved provider, and its commitment to addressing deficits in relation to organisational governance during the Quality Review, there is a lack of information in relation to the statements above, a lack of evidence to support the implementation of sustainable actions or that these actions have been implemented or evaluated as effective to ensure compliance with this Standard.

The Quality Standard is assessed as Non-compliant as five 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.*

Consumers were not engaged or supported in care and service delivery. Consumers acknowledged they were provided with information from the service, however, consumer stated they did not understand the information provided and explanations were not provided prior to them signing information.

Consumers did not express confidence in the knowledge or skills of members of management who make up the members of the Board.

Consumer feedback was not considered at Board meetings including consumer dissatisfaction to a survey completed in December 2020.

It is therefore my decision this Requirement is 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 organisation was not accountable for the delivery of safe, inclusive and quality care and services. The organisation does not have a strategic plan to coordinate priorities and directions. While the organisation sought the services of a consultant in 2020, to address and implement rectification actions relating to organisational governance, this process was not completed.

The organisation could not demonstrate how they were accountable for service delivery to consumers and therefore 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 organisation does not have effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance or feedback or complaints.

Information was inaccurate and incomplete including budgets, statements, incident recording, assessment, care planning or feedback. This does not support effective information management.

The service did not identify opportunities for improvement through feedback or complaints from consumers, survey results or incidents. This is not reflective of an effective continuous improvement process.

Organisational financial governance processes are ineffective. Consumers continue to receive inaccurate statements and budgets and are unable to plan or schedule future services in accordance with their wishes. Brokerage agreements did not exist between the organisation and brokered services

The organisation was unable to evidence other service providers were suitable to deliver services to consumers. Police certificates were not evidenced by the service or monitoring of performance delivery. Staff had not completed orientation or training on commencement with the organisation.

The organisation did not meet its legislative requirements in relation to regulatory compliance. Not all staff have valid police clearances including a Board member. Home care agreements provided to consumers were amended and pertinent information was removed by the organisation. Consumers were not receiving monthly statements.

The monitoring of feedback and complaints at an organisational level was ineffective. Consumers remain dissatisfied with the management of their complaints. Information contained on the complaints register indicated complaints have been resolved, this was inaccurate.

The service is Non-compliant with seven of the eight Aged Care Quality Standards, this is not reflective of effective organisational governance.

### 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.*

Consumers who are subject to high impact or high prevalence risks were unable to be identified by the service to indicate effective organisational risk management systems and practices. Risk management was not discussed at a Board level to identify if strategies were effective. Consumers had not been supported to live the best life they could, as evidenced through extensive Non-compliance in Standard 3 and 4.

The service is Non-compliant with seven of the eight Aged Care Quality Standards, this is not reflective of effective risk management systems and practices.

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

*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.*

The organisation was unaware clinical care was delivered to consumers and therefore a clinical governance framework did not exist at the service. Antimicrobial stewardship had not been considered as relevant to the service. Restraint was not used by the service. The service is Non-complaint with Standard 6 Requirement (3) (c), which is reflective of the organisation not understanding their role and requirements in relation to open disclosure.

# Areas for improvement

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

The service is Non-compliant with 30 Requirements of the 42 Requirement, a under the Aged Care Quality Standards and is required to rectify deficits in these Requirements to become compliant against the Aged Care Quality Standards.