Outer Islands HACC Project

Performance Report

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**Commission ID:** 700200

**Provider name:** Torres Strait Island Regional Council

**Quality Audit date:** 19 August 2020 to 20 August 2020

**Date of Performance Report:** 2 November 2020

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

# 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 29 October 2020.

# STANDARD 1 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

Consumers and the representative said consumers were treated with respect and that their identity and culture was valued. They reported that staff take their time with them and support them to maintain relationships of importance and make choices about the services they receive and how they live their life.

The values of the organisation included ‘Recognising and respecting diversity, individual needs, experiences and strengths.’ The organisation has a culture of inclusion and respect for the consumers and supports the consumer to act independently, make their own choices and take part in their community.

The service can demonstrate it provides services in consideration of cultural customs and practices. Staff have an understanding of the consumers’ cultural needs and preferences, and flexibility of the workforce accommodates cultural traditions and practices that are important to consumers.

Information is primarily communicated verbally and consumers were satisfied they were provided with the information they needed to make choices. Staff have an understanding of confidentiality of consumer information and the service has a number of processes in place to ensure that consumer information is protected.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

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

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

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

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

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

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

# STANDARD 2 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

Consumers said they are able to be involved in planning the services they require for their independence, health and well-being. They said are consulted about the services they require and the days and frequency of service. Changes to their individual arrangements are made by the consumer, as required. Consumers are satisfied with the services they receive and stated the staff are reliable and the service meets their needs and preferences.

On receipt of a referral the service liaises with the consumer and/or their representative to discuss history, their needs and preferences, undertake assessments, and develop a service plan. Where appropriate, other organisations are involved in planning service delivery. The Assessment Team found that information about risks, including for example falls risks had been captured during assessment and planning processes.

Staff have access to service plans and these are readily available to consumers. Service plans are reviewed to reflect changes in consumer’s needs and preferences. While the service plans were not consistently dated when developed or reviewed, the Assessment Team found that the service plans accurately reflected the consumers’ current needs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

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

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

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

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

### Requirement 2(3)(e) Compliant

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

# STANDARD 3 COMPLIANT 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

The service is not funded to provide clinical care to consumers however does assist a small number of consumers with personal care which is currently primarily related to personal grooming.

Consumers interviewed in relation to personal care reported satisfaction with the care they received saying it was safe and right for them. They said staff provided the care they needed and were aware that additional assistance was available if needed.

Staff demonstrated a sound understanding of consumers’ needs and preferences and said they would advise the supervisor and local health service if they identified a change in a consumer’s condition or identified that additional support was required. Staff explained the steps they would take to minimise any risks associated with the care of the consumer and described the actions they would take in the event a consumer experienced a fall. They described how they provide care and support to consumers who are nearing the end of life.

The Assessment Team reviewed care planning documentation and identified that the services provided aligned with the care the consumers reported they received. Documentation evidenced that consumers are referred to other organisations such as the health service, the hospital and the occupational therapist when a clinical need is identified, or the consumer’s condition changed.

Staff have access to information about the consumers they support, and the manager has access to this information for all consumers. Management staff explained that information is shared with other health professionals on a “need to know basis” and gave an example of a consumer requesting additional support and sharing the reasons for this with the health service. Staff confirmed they have access to the information they need to provide effective service to their consumers.

Staff could discuss how they minimise any infection related risks and said they had received information about COVID 19. They all reported having had the influenza vaccination and said consumers were able to receive influenza vaccinations from the health service. They said they have supplies of personal protective equipment and reported being able to obtain more from the local health service if needed. Staff reported supplying consumers with hand sanitiser, gloves and cleaning products. Staff reported if they were feeling unwell they would attend the health service and not interact with others until they were cleared to do so. Management staff and a representative explained how during early stages of the pandemic, as a preventative measure, communities were not interacting with other communities.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

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

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

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

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

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

### Requirement 3(3)(d) 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.*

### Requirement 3(3)(e) 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.*

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

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

### Requirement 3(3)(g) 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.*

# STANDARD 4 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

Consumers said they get the services they require to do the things they want to do and provided examples of the services and supports they receive. This included cleaning, laundry, gardening, transport and banking. They said receiving assistance with domestic duties helps to maintain their contact with community and assists them remain independent.

Consumers reported being involved in activities that were meaningful to them and assisted their emotional well-being. Staff were familiar with the things that consumers like to do and reported there is pastoral support available in each community and they are aware of how to access this support if requested.

Staff understood how their role supported consumers’ independence and could describe how the services they provide is based on what the consumer wants. Staff said they are flexible and accommodating and this was confirmed by consumers.

Staff said they have the necessary information to provide the services the consumer requests. While there are service plans in place, staff said the consumers direct the services they receive on a day to day basis.

Management staff described the process for referring to other providers and organisations when they are unable to provide a service. There was evidence the service has access to a network of other organisations including the health service and occupational therapists. Consumers said they were aware they were able to access additional services if they needed to and could provide examples of when this had occurred.

Staff explained the processes in place relating to equipment purchases. If equipment repairs are needed then contact is made with the supervisor and the local health service.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

### Requirement 4(3)(c) Compliant

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

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

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

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

### Requirement 4(3)(e) Compliant

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

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

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

# STANDARD 5 Not assessed 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 was not assessed during the Quality Audit conducted 19-20 August 2020 as it was not applicable to the home care service.

# STANDARD 6 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

Consumers and representatives say they are encouraged and supported to provide feedback regarding their care and services and to make complaints where appropriate. They advised they would be confident raising any concerns with the service

Consumers and representatives receive a copy of the consumer handbook which contains information regarding advocacy services. Information about complaints and other aspects of service delivery is primarily written in English. However, staff discuss the information in the handbook with each consumer, translating where required, when they commence services. Management provided an example of when advocacy services have been involved in supporting consumers.

The organisation has complaints policies, systems and processes in place, and a consumer survey is currently under development. Staff have an understanding of the need to offer an apology and provide an explanation when things go wrong. The consumer handbook includes information regarding how to access the service’s feedback mechanisms. Staff can support consumers by accessing the feedback form available on the organisation’s website. Management reported they receive very few complaints and these are generally received verbally and are resolved locally.

Staff provided examples of how consumer feedback has been used to improve the quality of care and services. A new program ‘Youmpla Voice’ was introduced by the organisation in June 2019 during the Corporate Plan consultations and feedback sessions. The focus of the program is to provide open and transparent communication taking into account language barriers and access to digital content.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### 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) Compliant

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 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

Consumers and representatives said they get quality care and services when they need them from staff who are kind, well trained, and competent. Consumers said they know the staff who provide services to them and that the services they request are delivered as planned. They said staff take time with them and they are not rushed.

The organisation identifies the behaviours it expects from its workforce in its code of conduct, job statements and position descriptions. These organisational policies and procedures are available on-line to inform staff practice.

Management advised recruitment, selection and training processes identify workforce responsibilities and capabilities and these are reinforced with annual performance reviews. Staff said, and review of training records demonstrated staff partake in an induction program and are provided with information to guide their practice. A Training Plan is established annually and supports the staff with their ongoing training and professional development.

Management said training and performance management is monitored by the service and reviewed through systems and processes to ensure staff qualifications and skills are maintained and enhanced as appropriate.

Staff described the training and support they receive and how they work within their skill base. Consumers were satisfied staff are trained, competent and skilled; they are confident the staff know what they are doing.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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.*

### 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) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# 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

Consumers and representatives confirmed the service is well run, they feel safe, supported and receive quality care and services.

Management identified a range of organisational policies and procedures and described the organisation’s systems and processes, and how they apply to the service. Workplace health and safety systems and monthly safety reviews promote a culture of safe care and services.

Management described the different ways that consumers are engaged in driving their care and services. They described how consumer’s care needs are reviewed annually, after experiencing a change in their condition or following an incident.

The organisation undertakes consultation and feedback sessions in each community to shape and design the Corporate Plan. A consumer survey is being developed and this is anticipated to be distributed in 2020. Consumers said they are involved in the planning and delivery of their care and services and were able to provide examples of how this had occurred.

Key organisational systems are in place to support continuous improvement, workforce governance, regulatory compliance, financial governance and feedback and complaints. However, while consumers said they were provided with the information they needed to make informed choices, key organisational information and documentation to support effective management was not consistently in place.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

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

### 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.*

Management and staff have access to equipment and supplies as needed. They said corporate planning identifies areas for funding opportunities and described the organisations’ grants management procedure. Management referred to the organisation’s transparent financial governance policies, processes and decision making based on public interest, sustainable management and delivery of effective services.

Management described the expected ethical and legal behaviour of the organisation, including the board and local employees, by describing its values and culture. The organisation has developed and implemented a Human Resource Management Policy and Process.

The service works to meet council objectives and legal requirements by complying with relevant legislation, regulatory requirements, professional standards and guidelines. This included implementation of workplace health and safety regulations and systems, including annual refresher training. Staff reported they have current criminal history checks and influenza vaccinations, however these were not provided to the Assessment Team.

The organisation has complaints policies, systems and processes in place and while open disclosure was practiced the organisation’s complaints policy does not include the use of open disclosure provisions.

The Assessment Team found that some key documents to support the effective management of the organisation were not in place. For example:

* The plan for continuous improvement was incomplete and did not demonstrate improvements to the way the service is managed.
* Consumer contact details were available to staff in the community but were not readily available to management staff who had to contact staff to access this information.
* The complaints register, the training register, criminal history checks and staff vaccination register was not provided to the Assessment Team.

The approved provider in its response dated 29 October 2020 advised that actions to address these deficiencies are underway. However, at the time of the quality audit key documentation to support the management of the service was not in place. For this reason I find this requirement is Non-compliant.

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

# 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 to ensure that effective organisation wide governance systems are in place, particularly in relation to information management and continuous improvement.