Outer Islands HACC Project

Performance Report

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**Commission ID:** 700200

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

**Assessment Contact - Desk date:** 26 February 2021

**Date of Performance Report:** 22 April 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

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| --- | --- |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* other intelligence and information regarding the service held by the Commission.

# 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

While the Assessment Team did not assess all Requirements, a recommendation of not met in one or more of the requirements results in a recommendation of not met for the Quality Standard.

The Quality Standard is assessed as Non-compliant as the specific requirement assessed is Non-compliant.

## Assessment of Standard 8 Requirements

### 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 did not demonstrate it had effective organisation wide governance systems and practices as deficiencies were identified in relation to information management, financial governance and regulatory compliance. The organisation did not demonstrate deficiencies relating to information management identified in the performance assessment conducted on 19 to 20 August 2020 have been rectified. Information systems to inform governance and accountability for the provision of care and services to aged care consumers were not effective.

Management were unable to provide documentation for review to evidence information is available to inform consumers, staff and the organisation of matters affecting the organisation. Management were unaware how many consumers are currently provided care and/or their contact details. Management stated staff communicate verbally to consumers, and staff are contacted by management electronically or by the telephone.

Management did not have access to records to identify the numbers of staff employed, training records, vaccination records and or currency of police certificates. Staff records are maintained by another department and were not available for review during the assessment contact.

Policies and procedures did not reflect the Aged Care Quality Standards (the Standards). The complaints policy did not include information relating to open disclosure and the fiscal policy did not include information relating to the Commonwealth Home Support Programme and funding guidelines.

The above information does not support effective organisational information management.

While the service maintained a plan for continuous improvement which identified improvements including development of policies, procedures, training needs and implementation of feedback and reporting protocols, gathering of records and access to information. No outcomes had been recorded for the issues identified on the plan for continuous improvement and management did not provide information or evidence of the status of the actions or evidence of actions completed nor documented evidence to demonstrate these actions had commenced or been completed.

This does not support an effective organisational continuous improvement process.

The organisation’s fiscal governance policy did not include information relating to the Commonwealth Home Support Programme and funding guidelines. While management had an understanding regarding the completion of government reporting responsibilities, the policy was inadequate and did not support effective financial governance.

While the service had formal recruitment processes, management were unaware of the number of staff currently employed, their education status, if education had been provided in relation to COVID19 or staff vaccination status. These deficits in knowledge do not reflect effective workforce governance.

The organisation was unable to demonstrate staff had current police checks as the register was not available at the time of the assessment contact. Management did not have a shared understanding to ensure police checks remain current. While management were aware of Commonwealth Home Support Programme funding guidelines and reporting responsibilities, the organisational policies did not contain information pertaining to the funding guidelines. This does not support effective regulatory compliance processes.

While the organisation had a suite of policies and procedures pertaining to feedback and complaints there was no reference to open disclosure in relation to the Aged Care Quality Standards (the Standards). Management did not have a shared understanding of open disclosure. Management were unable to provide a register of complaints as this document was not provided to them by the organisation and were unable to describe current trends relating to feedback or complaints. This is not reflective of an effective organisational feedback and complaints process.

The organisation was unable to demonstrate compliance with any of the six aspects of this Requirement, it is my decision this Requirement is Non-compliant.

# Areas for improvement

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

* The organisation is required to have effective governance systems.