**Performance**

**Report**

**1800 951 822**

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| Name of service: | Aboriginal Elders Council of Tasmania |
| Service address: | 163 St John Street LAUNCESTON TAS 7250 |
| Commission ID: | 300338 |
| Home Service Provider: | Aboriginal Elders Council of Tasmania |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 18 January 2023 |
| Performance report date: | 20 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aboriginal Elders Council of Tasmania (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24621, 163 St John Street, LAUNCESTON TAS 7250

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 9 February 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Quality Assessment Performance Report issued on 21 September 2021

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

* Requirement 1(3)(e)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 4(3)(e)
* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(d)
* Requirement 7(3)(e)
* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable |
| Requirement 1(3)(c) | 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. | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable |
| Requirement 1(3)(e) | 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Not applicable |

Findings

The Assessment Team reports that the assessment was undertaken due to a number of non-compliant requirements from an audit on 21 September 2021. The Assessment Team reports that the Approved Provider was unable to demonstrate that it provides current, accurate and timely information to consumers that is communicated in a way this is clear, easy to understand and enables them to exercise choice.

Consumers described how they receive information verbally from the service through face to face and phone contact. They went on to say that during their care plan reviews undertaken in October and November 2022, services available to them were explained to them by the coordinator, including some costs of services, however, not all costs incurred by the consumers are documented in their care plan. Consumers said they receive sufficient information to enable them to make decisions about the services they receive.

The Approved Provider does provide information to consumers regarding the transport, meal services and social support program but the provision of this information does not appear to be formalised with all communication being conducted verbally. A review of the care plans for four consumers confirms that the services such as the supply of meals, transport and attendance at social gatherings is listed in the care plan. In addition to this some of the associated costs for example, meals have been included but there is no information on transport costs. Further to this, the care plan does not provide information on the reasonable client contribution as stated in the CHSP manual that consumer may be liable to pay.

It is noted that the CHSP manual states;

The CHSP does not provide individual budgets like the HCP program and the support services provided must be targeted towards a client’s needs, not their ‘wants’. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) states that the intent of requirement 1(3)(e) ‘Timely and easily understood information is vital for consumers to be able to make informed choices. It’s expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations.

Each consumer’s needs and ability will affect the kind of information they need and the way it needs to be communicated. Sensory impairments, such as vision or hearing loss, are common in older people. Providing information in an appropriate format, through different channels and in languages consumers understand, will help consumers get the most out of their care and service. It is acknowledged that in these circumstances verbal communications is one method of communicating the consumer, but the information should also be in the care plan and should include ‘reasonable client contribution’ to allow consumer to make an informed decision as to whether there will be a financial impact upon them.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 9 February 2023, the Provider’s obligations under the Aged Care Act 1997 and the intent of requirement 1(3)(e), and the fact that although some charges are noted in the care plan, the fact that there is no written reference to the possibility of additional costs in the form of CHSP reasonable client contributions, I have reasonable grounds to form the view that the Provider has not complied requirement 1(3)(e).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as requirement 1(3)(e) which was previously assessed as non-compliant remains non-compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Non-compliant |
| Requirement 2(3)(d) | 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. | Non-compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is not undertaking initial and ongoing assessment and planning for care and services including consideration of risk to consumers health and well-being. The Provider is not effectively communicating outcomes of assessments and planning to consumers and ensuring that they are consistently documented in care plans available to consumers and staff. The Provider is not regularly reviewing services for consumers for effectiveness or when there is a change in their circumstances.

Requirement 2(3)(a)

The Assessment Team reports that the Approved Provider was not able to demonstrate assessment and planning identifies and addresses consumer current needs, goals and preferences, including advanced care planning and end of life wishes. In reviewing the care plans provided it is clear that they contain a list of the services to be provided and some associated costs. The care plans do not include risks to the consumers health and wellbeing that informs the delivery of safe and effective care and services.

However, I do note that the Guidance states that the level of assessment and planning will depend on the level of care and services the Organisation is providing. I note that this Provider has been approved to provided CHSP services in the form of meals, transport and social group support and that these services will be dictated by the consumer MAC support plan. I also note that not all consumers are receiving all of these services. I am of the view that advance care planning. Advanced care directives and end of life planning is not relevant to this Provider and the level of risk that these services provide to the consumer is minimal. Also, the purpose and scope of requirement 2(3)(d) states ‘Care and services plans **may** include advanced care planning, advanced care directives and end of life planning documents’ Therefore, I am of the view that advance care and end of life considerations are not mandatory. I have reasonable grounds to form the view that the Approved Provider is compliant with this requirement.

Requirement 2(3)(b)

The Assessment Team reports that the Approved Provider was unable to demonstrate assessment and planning identifies and addresses consumer current needs, goals and preferences. The CHSP manual places a requirement on the Provider to ensure that services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care support plan. The Guidance states that the intent of this requirement is, in part, ‘For this requirement organisations are expected to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. This means considering the consumer’s condition and functional abilities and identifying what help they need to live as well as they can. The care plan in its current format does not list the consumer’s goals, recommendations and assessment outcomes. Therefore, in its current format the care plans do not meet the CHSP or this requirement. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

Requirement 2(3)(c)

The Assessment Team report that the Approved Provider was not able to evidence partnership with other service providers and organisations. In reviewing documentation supplied by the Provider in response to the Assessment Team’s report it is noted that the Provider has identified the need to coordinate with other agencies such as government and non-government in its service delivery manual. It is clear that the Provider’s coordinator is responsible for this duty but at the time of the audit and at the time of drafting this report, the Provider has not been able to produce any evidence that this process is in place and working effectively. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

Requirement 2(3)(d)

The Assessment Team reports that the Provider was not able to demonstrate that assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. The intent of this requirement is, in part, that a care and services plan is expected to be documented and reflect the outcomes of assessment and planning for each consumer.

The Guidance states that a care and services plan can take different forms. It can be a single document or several documents that show an overview of the care and services to be delivered. However, as noted previously the care plans provided by the Provider do not list the consumer’s goals, recommendations and assessment outcomes. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

Requirement 2(3)(e)

The Assessment Team report that the Provider was not able to demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Guidance states that the intent of this requirement, in part, states, through this requirement, organisations are expected to regularly review the care and services they provider to consumers. As noted previously, the consumers had their care plans reviewed in October and November 2022. I have not information as to how long the consumers have been with the Provider, therefore, I do not know if this is an initial review or a subsequent review. Therefore, I have reasonable grounds to form the view that the Approved Provider is compliant with this requirement.

The Guidance and Resources for Providers to support the Aged Care Quality Standards states in part that the purpose and scope of this standard is, ‘The level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning that an organisation providing residential aged care services. It is noted that the consumer care plans that were seen were reviewed in October and November 2022, as I have no information as to how long the consumer has been with this Provider and therefore the plan reviews of October and November 2022, I have reasonable grounds to believe that the Provider does undertake regular reviews.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Commonwealth Home Support Programme Manual states at paragraph 6.1.1 All CHSP service providers must operate in line with the Aged Care Quality Standards and have appropriate procedures in place to meet these. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up’.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the requirement 2(3)(b), 2(3)(c) and 2(3)(d)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

**Standard 4**

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| Requirement 4(3)(c) | 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. | Not applicable |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Requirement 4(3)(e)

The Assessment Team reports that the Approved Provider is unable to demonstrate it has processes and procedures to identify and undertake appropriate lifestyle and wellbeing referrals to other services or organisations. The Provider does not have processes in place to identify the needs of consumers with the view of referring them to other lifestyle and wellbeing aged care services. It does not have established a list of preferred aged care service providers and therefore does not have this information available to consumers and their representatives, should it be required. It is noted in the care planning documentation that the Approved Provider supplied indicates on page 5.3 of the document there is a reference to Coordination with other agencies. It is clear that the Approved Provider is aware of its obligations under this standard and requirements, but it would appear that it has not implemented any processes to ensure the coordination takes place.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as requirement 4(3)(e) which was previously assessed as non-compliant remains non-compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Assessment Team reports that the Approved Provider was not able to demonstrate it has processes and procedures to provide safe and comfortable service environment that promotes consumer independence and enjoyment.

Specifically, in relation to requirement 5(3)(b) consumers stated that the facility was always clean and well maintained describing the facility as ‘it’s lovely, the meals are wonderful’. As part of its response the Provider supplied photographs of a number of electrical leads plugged into power points. It was clear that these electrical leads had been tested and tagged but the testing date has expired as the equipment was due to be retested on 2 October 2022. It is noted that the requirement to test and tag electrical equipment in a low risk environment where equipment is not moved is recommended to occur every 5 years in Tasmania in accordance with AS/NZS 3760:2022. Therefore, the testing of electrical equipment is still within the 5-year test window from the original test date. The Assessment Team reports that there was a lack of safety data sheets for chemicals stored in the kitchen. However, given the size of this Providers operation, the fact that the persons using the kitchen are volunteers who are also consumers, I am satisfied that there is minimal risk of chemical exposure to consumers.

Although the Assessment Team report noted that the Approved Provider has not established preventative or reactive maintenance processes and procedures but states that the environment cleaning and minor maintenance works are undertaken by a volunteer, who is also a consumer. The Provider confirmed that it does not operate a reactive or preventative maintenance system preferring to rely on verbal communication regarding any cleaning or maintenance related matters received from consumers and/or staff/volunteers. Given the low number of consumers, the comments from the consumers in relation to the presentation of the facility and that cleaning and maintenance is undertaken, I have reasonable ground to believe that the Provider has complied with this requirement.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as requirement 5(3)(b) which was previously assessed as non-compliant is now compliant.

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# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is not consistently encouraging and supporting consumers to make complaints. Therefore, complaints and feedback cannot be used to improve the quality of care and services for consumers. The Provider is not providing information about how to provide feedback to make a complaint to all consumers or their representatives. The Approved Provide is not giving information about advocacy and external complaints agencies to its consumers. The Provide could not supply evidence of consumer feedback being used to make improvements to the organisation

requirement 6(3)(a)

One consumer stated they would always be happy to give feedback verbally but was not aware of a formal feedback form. Another consumer said that they had no complaints and would contact the Provider via phone or face to face if she had any concerns. However, they were not aware of formal internal complaints process.

The Provider acknowledged consumer/representatives are not provided with information on how to provide feedback or make a complaint on entry to the service or on an on-going basis. They went on to say that feedback is attended to verbally, either face to face at the service or by phone contact. The Assessment Team was provided with an excerpt from their Elders Council of Tasmania HACC program policy. While the policy refers to ‘clients rights and responsibilities’, it does not reflect the requirements under the CHSP program.

The Assessment Team was provided with an example of a feedback form which has been developed but not distributed to consumers at this time. While the Provider has a complaint register the Assessment Team was provided with a blank copy. The administrator said no feedback or complaints have been entered and thus they could not demonstrate the processes and procedures. The Provider does not initiate consumer or representative meetings or conduct an annual survey. While the service has a complaint handling policy it does not include guidelines on how to make a complaint. While these matters were identified in the Quality Audit conducted in September 2021, they do not appear in the service plan for continuous improvement. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

requirement 6(3)(b)

The Provider was unable to demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers sampled said they would contact the office to make a complaint and said they have not been told of alternative ways to raise concerns. They reported not knowing how to access advocacy or external complaints agencies. While consumers said they are comfortable raising any concerns, the service did not demonstrate that appropriate action is taken in response to advising about alternative external feedback agencies. The administrator reported they do not provide information to consumers on advocacy services or the Aged Care Quality and Safety Commission and confirmed they do not provide any information to consumers on external complaints agencies. While the Provider has a policy, it does not include guidelines on how to make an external complaint. While these matters were identified in the Quality Audit conducted in September 2021, they do not appear in the service plan for continuous improvement. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

requirement 6(3)(d)

The Provider was not able to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services to consumers. The Assessment Team reports that the Provider was not able to provide examples of improvements to consumer care and services. A review of the Provider’s plan for improvement found that there was no evidence of complaints being recorded. In response the Provider stated that they had not received any complaints. The Provider does not have a complaint register and its complaints policy does not reference the use of feedback and complaints to improve quality of service. The Provider does not gather information, data or statistics to assist in improving service delivery. These issues had been identified in a previous audit, but they do not appear in the Provider’s improvement plan. Therefore, I have reasonable grounds to form the view that the Approved Provider is non-compliant with this requirement.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider as established a complaints resolutions mechanism, the system it has in place has not been fully developed or implemented to a level where it complies. with its legal obligations.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit. The Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with requirement

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) which were previously assessed as non-compliant remain non-compliant

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring that there are sufficient volunteers to deliver safe and quality care and services to consumers. However, the Provider is not ensuring that its workforce is competent, trained and supported in their roles and it is not monitoring workforce performance.

Requirement 7(3)(c)

The Provider was unable to demonstrate it has systems, processes and procedures to ensure its workforce are competent and have the qualifications and knowledge to perform their roles. The Provider does not seek information from consumers and representatives to identify workforce competency. In addition, the service does not monitor staff/volunteer performance or conduct performance appraisals, therefore it was unable to demonstrate feedback regarding staff competency and/or skill and knowledge requirements. Staff/volunteers do not have access to consumer information, to support their undertaking of individual consumer needs and preferences, for example meal needs and preferences and transportation support.

I note that this Provider does not provide personal or clinical care and that some of the consumers are in fact the volunteers who work for the Provider. I am also cognisant of the comments in the Guidance that ‘Quality assessors are proportionate in how the Quality Standards are applied to different types of services. Quality assessors consider the size and type of services and the relevance of the requirement to the service provided. The strategies used to achieve the outcomes will vary in complexity, scope and scale, based on the type of organisation, the consumer profile, and the risk to the safety, health and well-being of consumers. Therefore, given the size of the organisation, the number of consumers, staff and volunteers I have reasonable grounds to form the view that the Approved Provider is compliant with this requirement.

Requirement 7(3)(d)

The Provider was not able to demonstrate it has processes to ensure the workforce is recruited, trained equipped and supported to deliver the outcomes required by the Standards. Consumers who were interviewed stated that they were satisfied with the staff had the skills to deliver services. However, the Provider had not developed a list of compulsory training for staff nor had it developed a training calendar. The Provider indicated that neither it or the board were aware if staff had attended training. The Provider said they would place the topics in their plan for continuous improvement, as a means of actioning and monitoring their completion.

In addition, the Provider stated that the co-ordinator delivered meals to consumers, however, they have not participated in safe food handling training. The CHSP manual requires that all paid staff and volunteers involved in preparation and handling of food must adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding safe food handling as it relates to their activities. The service does not have processes and procedures to notify, record, monitor and evaluate staff participation in information sessions and/or training. The service does not have a staff/volunteer training policy. While these matters were identified in the Quality Audit conducted in September 2021, they do not appear in the service plan for continuous improvement. Having regard to the fact that the Provider is preparing meals at its facility and delivering meals at its facility to consumer’s homes. I have reasonable ground to believe that the Provider has not complied with this requirement.

Requirement 7(3)(e)

The Approved Provider was not able to demonstrate that it conducts regular assessment, monitoring or reviewing of staff performance. The Provider’s administrator does participant in a verbal probationary assessment. Of interest the Provider does have a service probation/annual performance assessment form, but it would appear that they are not used as the form was blank.

In considering the issues raised in this Standard, it is important to be cognisant of the fact that the Provider it is only approved to provide meals, transport and social support-groups. The Assessment Team noted that the Provider employs an administrator and a CHSP co-ordinator on a casual basis. Two volunteers who are also consumers with one of the volunteers also being a member of the board assist in the provision of services. The service operates a day centre luncheon social event one day a fortnight. Transports consumers to the luncheon and to group and individual gatherings. Therefore, any training needs would be focused on ensuring that the workforce has the ability to provide these services. The Guidance states that the Intent of this requirement is that ‘all members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need’. I have reasonable ground to believe that the Provider has not complied with this requirement.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(d) and 7(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non- compliant as two of the five specific requirements have been assessed as non-compliant

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is not seeking consumer involvement in the development and delivery of services or demonstrating the governing body’s commitment to a culturally safe and inclusive quality care and services. The Provider is not using effective organisation wide governance systems such as continuous improvement, regulatory compliance and feedback and complaints to improve service delivery. The Provider is not managing organisational and consumer risk through the identification of high impact and high prevalent risks.

Requirement 8(3)(a)

The Provider was unable to demonstrate consumers are engaged in the development, delivery and evaluation of services and are supported in that engagement. Two consumers said that they were asked about their experience of the services being provided but this was done verbally. The Provider was unable to demonstrate it has processes and procedures to support the engagement of consumers in the development and delivery of services. The Provider does not seek consumer engagement via a survey. However, the Provider’s co-ordinator stated that consumer feedback was sought during transport events, but this was not documented. The Provider has commenced verbally delivering a 3-monthly report to the board, matters such as consumer engagement does not form part on the discussion. The Provider’s service plan for continuous improvement does not include any initiatives that evidences consumer engagement in the development, delivery or evaluation of their services. I have reasonable grounds to believe that the Provider has not complied with this requirement.

Requirement 8(3)(b)

The Assessment Team reports that the Approved Provider was unable to demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services to consumers and is accountable for their delivery. The Board, which generally meets on a 3-monthly basis, is not routinely engaged in the operation of the CHSP program. The Assessment Team reviewed 3 examples of the Board agenda and meeting minutes for February, April and June 2022, and noted that while other programs operated by the Aboriginal Elders Council are included, the CHSP program is not listed as a standing agenda item and matters regarding the governance of the CHSP program are not routinely identified and discussed.

The co-ordinator prepares a 3-monthly report to the Board, information is directed towards feedback regarding their role and associated activities. Information is not collected and reported to the Board on matters potentially impacting on consumers and the service, such as feedback and complaints, regulatory compliance, and incidents and risk. The Provider was unable to demonstrate consumer or staff/volunteer feedback from the Board regarding intended initiatives or changes in legislation. It is noted that all members of the Board have participated in governance training. The administrator said one Board member had recently attended training and another participated in 2015. Members of the Board have not participated in information or training sessions in relation to Code of Conduct for Aged Care, Aged Care Quality and Safety Standards or Serious Incident Response Scheme. The Assessment Team reviewed several policies and procedures and noted that they had not been updates to reflect current operations or legislative changes. I have reasonable grounds to believe that the Provider has not complied with this requirement.

Requirement 8(3)(c)

The service was unable to demonstrate effective organisation wide governance systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints

Continuous Improvement

While the service operates a plan for continuous improvement, in the main they are reflective of operational initiatives, in particular examples include some improvements as a result of the Quality Audit conducted in September 2021.

The service does not have systems processes and procedures to identify, track and monitor opportunities for improvement, in particular consumer feedback, suggestions and complaints. The service does not have systems, processes and procedures to identify opportunities for improvement through the feedback and complaint system, incidents, risk and changes to legislation. Continuous improvement does not form a standing agenda item at Board meetings. A review of Board meeting minutes did not include discussion regarding improvements to the quality of services for consumers. While the service has a consumer satisfaction form/survey it has not been distributed

Workforce Governance

Whilst the Provider has sufficient staff/volunteers to support consumer services, there is no workforce governance oversight undertaken by the Board. Noting that a number of the consumers are also engaged by the Provider as volunteers, the Provider does not have systems processes and procedures to identify and manage workforce governance. The Assessment Team reviewed the Board’s agenda and meeting minutes and noted workforce governance, and the potential risk of insufficient staff/volunteers to support the service, is not discussed at meetings. While the co-ordinator has a position description, it does not specify their role, responsibilities and accountabilities. Staff/volunteers do not participate in performance management related activities

Regulatory Compliance

The Provider reported that there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The Provider was unable to demonstrate it maintains and reacts to regulatory requirements. The Provider does not have systems processes and procedures to identify and enact changes in regulation. Regulatory compliance does not form a standing agenda item and a review of Board meeting minutes did not include any discussion regarding changes to regulatory compliance obligations. The service has not implemented systems, processes, procedures to support the introduction of the Code of conduct for Aged Care, Serious Incident Reporting Scheme (SIRS) and Aged Care Quality and Safety Standards. Consumers have not been provided with, and therefore have not signed, a copy of the Aged Care Rights. The administrator said both themselves and Board members Australian Police certification has expired. While their renewal documentation has been completed and submitted, they have been experiencing delays in the processing and subsequent receipt of their certification.

While the service maintains a regulatory compliance spreadsheet, including staff police certification, the administrator said not all Board members have completed a Statutory Declaration, which is the service practice; of identifying them as having been a citizen or a resident of a country other than Australia over the age of 16 years. While this matter appears on the service plan for continuous improvement, it remains ‘on-going’. The service has not participated in a 3rd party food safe audit. The administrator said the service kitchen has been assessed by the Launceston Council. The service is not a member of a peak industry body and was unable to demonstrate it subscribes to legislative update services, and/or Commonwealth Government aged care related notifications. The service was unable to demonstrate that policies and procedures have been reviewed and updated, and information has been distributed to relevant parties, in line with recent legislative changes

Feedback and Complaints

The Provider was unable to demonstrate it has an effective feedback and complaints system, or processes and procedures to support improved outcomes for consumers. The Provider does not actively seek, and/or document feedback/complaints from consumers, representatives, and staff/volunteers. It does not have systems processes and procedures to report feedback and complaints to the Board. Feedback and complaints do not form a standing agenda item and a review of Board meeting minutes did not include any discussion regarding consumer feedback and complaints. The Provider was unable to demonstrate their understanding of open disclosure, and their approach when responding to complaints. The feedback and complaints policy and form documents consumers right to have an advocate of their choice, although does not reference their opportunity to contact the Aged Care Quality and Safety Commission.

Requirement 8(3)(d)

The Provider was unable to demonstrate it has effective risk management systems and practises. The Provider has not implemented a risk management framework to the conduct of the program. It does not review consumers known risks and/or vulnerability, on entry to the service, or on an on-going basis. A review of consumers files identified matters such as mobility/dexterity, cognition and meal management are not assessed and therefore are not recorded in consumer care plans to guide staff on their support and management of the identified risk/s. While the service has an incident form and register, the administrator said, and a review of documentation confirmed, they have not been populated

The Provider was unable to demonstrate the identification and response of abuse and neglect of consumers. The service was unable to demonstrate its SIRs reporting obligations in the event of abuse and neglect of consumer/s. The administrator said they were not aware of any consumers who are the subject of abuse or neglect

The Provider was unable to demonstrate they support consumers to live the best life they can. The services does not have processes and procedures to support consumers to live the best life they can, including seeking their feedback regarding the services, conducting and documenting routine assessments, developing comprehensive goal driven care plans and undertaking referrals. I have reasonable grounds to believe that the Provider has not complied with this requirement.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(a), 8(3)(b), 8(3)(c), & 8(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant

1. The preparation of the performance report is in accordance with section, s68A – assessment contact – of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)