**Performance**

**Report**

**1800 951 822**

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| Name: | Akooramak Care of Older Persons CCP |
| Commission ID: | 700106 |
| Address: | 269 Wood Street, WARWICK, Queensland, 4370 |
| Activity type: | Quality Audit |
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| Performance report date: | 17 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 316 Warwick Benevolent Society Inc  
Service: 17959 Akooramak Care of Older Persons - EACH  
Service: 17960 Akooramak Care of Older Persons CCP

**This performance report**

This performance report for Akooramak Care of Older Persons CCP (**the service**) has been prepared by E Blance, 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.

# Material relied on

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

* the assessment team’s report for 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 assessment team’s report received 13 November 2023
* other information known by the Commission

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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 4(3)(f) – The service is to implement and monitor the outcome of planned improvements in relation to the quality of meals provided to consumers to ensure consumer satisfaction and compliance with the Quality Standards.
* Requirement 6(3)(c) – The service is to implement and monitor the outcome of planned improvements to ensure appropriate action is taken to feedback and complaints as well as use an open disclosure process inclusive of an apology to ensure compliance with the Quality Standards.
* Requirement 6(3)(d) – The service is to implement and monitor the outcome of planned improvements for the review of feedback and complaints to improve the quality of care and services.
* Requirement 7(3)(d) – The service is to implement and monitor training for staff to ensure the safe delivery of the outcomes required by the Quality Standards.
* Requirement 7(3)(e) – The service is to implement systems and processes to ensure the performance of the workforce is regularly monitored.
* Requirement 8(3)(b) – The service is to implement systems and processes to ensure information is effectively shared with the governing body to support a culture of safe, inclusive quality care and services which meet the outcomes required by the Quality Standards.
* Requirement 8(3)(c) – The service is to implement systems and processes to ensure effective organisation wide management systems for continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated respectfully and with dignity, their identity and diversity was valued. Staff knew consumers’ preferences and needs. Staff and management demonstrated a sound knowledge of individual consumers and an understanding of their life journey.

Consumers and representatives felt staff knew what was important to them, and this was considered when providing care and services. Consumers said staff treated them in a way that made them feel safe and valued. Cultural considerations were discussed with consumers and services were adapted accordingly where relevant.

Consumers said they are supported to exercise choice about how their services were delivered, including making decisions about when to involve family or others in their care. Consumers had control over how their services were structured. The workforce respected each consumer’s right to make decisions about their care and recognised the consumer as the expert of their own experience.

Staff discussed potential risks with consumers allowing them the freedom to continue taking those risks if they chose. Case conferences were held with consumers to discuss the risks, and processes including the use of a Dignity of Risk form, was used to encourage consumers to do the things of interest to them.

Consumers and representatives confirmed the information consumers received was current, accurate, and timely. Consumers could make choices about their care and services and were actively involved in discussions with the service. The workforce described strategies used to help communicate with consumers who experienced communication barriers. Information provided to consumers including their monthly statements was clear and easy to understand for most consumers. An admission pack was provided to consumers when they entered the home care service which outlined the main services and included a booklet for advance care planning.

Consumers and representatives were provided resources to understand how consumers' personal information would be used, and consumers’ consent was sought before sharing their information. An electronic care management system and hardcopy information is used to store information. Hard copies were securely stored. The workforce had access to policies and procedures to guide staff access. Consumers’ personal home privacy was respected.

I am satisfied that systems and processes support dignity and choice. I note that staff demonstrated an understanding of consumers’ needs and preferences. Consumers and representatives spoke well of staff and said care delivered was consistent and that staff knew consumers’ care requirements. Based on the information summarised above, I find Standard 1 compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | 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. | 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. | 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

Consumers and representatives said staff involved them in the consumer's assessment and care planning. Consumers stated they were satisfied the care and services provided met their needs, goals, and preferences. Risk assessment tools were used to identify health and well-being risks to consumers and risks were clearly outlined in care plans. Care workers were able to identify risks for consumers. Policies and procedures related to assessment and planning were available to guide staff practice.

Consumers were included in the assessment and planning process to ensure their needs, goals, and preferences were met. Consumers were provided with information about Advance Care Planning. End of life planning information was available to staff within care planning documentation.

Consumers participated in the planning and review of the services they received. Staff described how they worked in partnership and communicated regularly with others involved in consumer care and services including case conferences to tailor care needs. Care plans were endorsed by consumers. Medical Officers and staff worked collaboratively in managing consumers’ needs.

Consumers and representatives said they were satisfied with the information they received from the service. Consumers said they had received a copy of their care plan. Care planning documents demonstrated the service consulted with consumers and their representatives. Staff had access to care plans within the home care office and said they were informed of any changes to service delivery needs in a timely manner during daily handovers.

Care and services were regularly reviewed or when there was an identified change in the consumer’s health and well-being or circumstances. Staff could describe the process and under what circumstances a review or reassessment was required.

I am satisfied systems and processes support assessment and care planning. I note that staff demonstrated a sound understanding of consumers’ needs and preferences. Consumers and representatives spoke well of staff and said care delivered was consistent and that staff knew consumers’ care requirements. Based on the information summarised above, I find Standard 2 compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives said personal care provided was safe and right for them. Staff supported consumers to make informed decisions about their options for care and the degree to which they wished to manage their care themselves and/or in collaboration with others, including medical professionals. Staff could describe consumers’ personal and clinical care needs which aligned with consumers’ care plans and supporting documentation. Clinical care was provided by registered staff with the support and oversight of a clinical services manager. Monitoring of consumers’ specific care needs included welfare checks, clinical meetings, and case conferences.

Validated assessment tools were used to assess and identify potential and/or real risks for consumers and strategies were developed to mitigate identified risks. Care plans provided guidance for staff in minimising risks at the point of care. Management could describe the service’s high impact high risk trends including wounds and falls.

The workforce had knowledge of processes to support consumers nearing the end of their life. Advance care planning was discussed with the consumer when they commenced receiving services. Advance care plans were included within care planning documents. The service provided advice and support to consumers and representatives to make informed decisions to ensure that consumers’ comfort was maximised and dignity preserved for consumers nearing end of life.

Consumers said the service recognised and responded to changes in consumers’ condition, including undertaking reassessments, and referrals to medical and allied health professionals, as required. Staff demonstrated an understanding of recognising, reporting, and responding to consumers’ deterioration or changes in their health and well-being. Policies and procedures were available to guide staff practice. Concerns recognised by staff were escalated to management.

Consumers and representatives said consumers were satisfied with the care and services received and advised staff worked well together to meet personal and clinical care needs. Care plans and other relevant information was available on the ECMS, including alerts outlining risks. Staff described processes for the exchange of information.

Changes, incidents, and other notable information was documented in progress notes. Reporting and escalation processes ensured information was communicated effectively within the organisation and others involved in the consumer’s care. Consumers said the staff knew their needs and preferences, and how they liked things to be done. Staff said alerts were generated within the electronic care management system for any changes.

Consumers had access to a Medical Officer and other health professionals when they needed it. Care documentation demonstrated input from others including Medical Officers, Occupational Therapists, and Podiatrists with their recommendations incorporated into care plans. Policies and procedures guided staff practice.

Staff practices to prevent the spread of infection included hand washing, the use of hand sanitiser, and the use of personal protective equipment. Staff described how they maintained appropriate infection control and minimised the risk of COVID-19 and other communicable diseases. Staff evidenced an understanding of antimicrobial stewardship.

I am satisfied systems and processes support the delivery of personal care and clinical care. I note that staff demonstrated a sound understanding of consumers’ needs and preferences. Consumers and representatives spoke well of staff and said care delivered was consistent and that staff knew consumers’ care requirements. Based on the information summarised above, I find Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirement 4(3)(f)

Consumers expressed dissatisfaction with the quality of the meals provided by the service. Staff saidconsumers did not receive meals of their choice. Meals received by consumers were of poor quality and appearance causing some consumers not to consume the meal. Staff said consumers complain about the quality and choice of food. Complaints about food were not actioned and improvements were not implemented. Monitoring processes to ensure the quality of the food were not effective and/or not conducted. The provider’s response included actions the service is taking to improve outcomes for consumers. The provider has linked the improvement actions with Feedback and complaints. Actions include:

* Introduction of a gluten free dessert menu
* Gluten/lactose free tracking sheet
* Trialling weekly ordering to allow more choice of meals
* Spot checks for quality
* Sourcing alternative containers for transportation of meals
* Feedback forms

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the consumers’ experience with the meals. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. I am not satisfied meals provided were a suitable quality. Based on the information summarised above, I find Requirement 4(3)(f) not-compliant.

Requirement 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g)

Consumers and representatives said services and supports received maintained their quality of life and independence. Staff knew what was important to consumers and could describe how they supported consumers to be independent. Care planning documentation outlined preferences in relation to how services were delivered reflecting the involvement of the consumer.

Consumers and representatives said the service supported them to take part in community and social activities that aligned with their preferences. Consumers said staff chatted with them and shared a cup of tea or coffee. Consumers said because they were supported this improved their emotional well-being. Staff demonstrated an understanding of what was important to the consumer and how their well-being of consumers was supported.

Consumers and representatives confirmed the organisation enabled consumers to participate in the community and do things of interest to them. Information about each consumer, including their interests were documented for staff. Social support time was tailored to suit the preferences of each consumer. Consumers receiving home care services had access to the lifestyle program offered by the residential service.

Consumers and representatives said services and supports were consistent and the staff knew their preferences as well as other organisations involved in their care. Staff were updated on the changing conditions, needs, and preferences of consumers. Consumers were assisted to apply for changes to the level of their Home Care packages by the service. Other organisations to provide home modifications were sourced by the service for consumers.

Consumers and representatives were satisfied with the organisations consumers were referred to. Staff and management could describe the referral process.

Assessments were requested for home modifications to support independence, safety, and well-being. Demonstrations for the use of the equipment were provided. For consumers who owned the equipment, the service demonstrated processes to ensure the equipment was clean, safe, and suitable for the consumer to use. Staff were able to explain the process should unsafe or ineffective equipment be found in a consumer’s home. The service’s vehicle fleet was monitored for safety.

Based on the information summarised above, I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Requirement 6(3)(c) and 6(3)(d)

The Assessment Team provided information that concerns raised by consumers were inconsistently responded to, recurring issues were not resolved and management did not undertake an open disclosure process. Further, staff did not share an understanding of the complaints process and policies and procedures for the management of complaints was ineffective. The Assessment Team provided information that feedback and complaints were not consistently analysed, trended, or used to make improvements and the service’s improvement plan did not include sufficient detail to ensure improvements were actioned and monitored for effectiveness.

The provider’s response included actions the service are taking to improve outcomes for consumers. Actions include:

* Implementation of feedback forms for catering services
* Education and communication to staff about the complaints systems, open disclosure, and customer service
* Flowcharts to guide staff in the management of complaints
* Additional feedback boxes placed within the service
* Processes for managing feedback from care and services delivered by brokered services
* Update Feedback and Complaints Policy and Procedures

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the consumers’ experience with feedback and complaints processes. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. Based on the information summarised above, I find Requirements 6(3)(c) and 6(3)(d) not-compliant.

Requirements 6(3)(a) and 6(3)(b)

Consumers could make complaints and provide feedback and said staff regularly sought feedback relating to their care and services. Staff escalated concerns with management. Feedback forms were available to consumers.

Consumers and representatives were aware of advocacy services. Staff were aware of other complaint mechanisms, advocacy and language services and demonstrated consumers had received support from the service through referral to advocacy services. Information for advocacy services was made available within the service’s information resources.

Based on the information summarised above, I find Requirements 6(3)(a) and 6(3)(b) compliant.

# Standard 7

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| Human resources | | HCP |
| 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. | Compliant |
| 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Requirement 7(3)(d) and 7(3)(e)

The Assessment Team provided information that the service did not deliver training to staff in relation to the Quality Standards. Staff did not have an understanding of the Quality Standards including the Serious Incident Response Scheme (SIRS). The service did not monitor the completion of training topics for staff to ensure competency. The service did not regularly assess the performance of staff including prior to the completion of probationary periods.

The provider’s response included actions the service are taking to improve outcomes for consumers. Actions include:

* Reviewing the management of training records
* Implementing a spreadsheet for monitoring completion of staff training until the implementation of an electronic system in 2024
* Review of position descriptions and responsibilities for the appraisals of staff
* Accessibility to training transcripts for individual staff files
* Deliver education to staff

In coming to a decision about compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I note that records provided included the delivery of training for topics related to the Quality Standards including the SIRS. I acknowledge the service has updated position descriptions to ensure the monitoring of staff performance. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers Based on the information summarised above, I find Requirements 7(3)(d) and 7(3)(e) not-compliant.

Requirements 7(3)(a), 7(3)(b), 7(3)(c)

The service had systems and processes that ensured that the workforce was planned to enable the delivery of safe and quality care and services. Consumers said staffing was consistent. Management notified consumers of any changes to their scheduled care and services. Contingency plans ensured staff were replaced when required.

Consumers and representatives said staff were kind, caring and respectful. Management and consumers said the service sought feedback from consumers about their interactions with staff, although the feedback was not documented to identify trends.

Staff had the necessary skills to perform their role and were supported by management. Consumers and representatives said that staff across the service had the knowledge and skills to perform their roles effectively and that their needs were met. Management demonstrated staff had the relevant qualifications and registrations to complete their roles. Position descriptions for Aged Care and Clinical staff were available to guide staff.

Based on the information summarised above, I find Requirements 7(3)(a), 7(3)(b) and 7(3)(c) compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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. | Not 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. | Not 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. | 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. | Compliant |

Findings

Requirement 8(3)(b) and 8(3)(c)

The Assessment Team provided information that the service did not provide evidence that the Board received information from the service to ensure oversight of service delivery, the Quality Standards were being met, and that staff did not receive training in relation to the Quality Standards to ensure safe, inclusive quality care. The provider’s response included actions the service is taking to improve outcomes for consumers. Actions include:

* Updating the formatting of the Board Meeting minutes to reflect information reported to the Board
* Updating the Care report to reflect the Quality Standards
* Education to staff

I have considered the provider’s response and reviewed the documents provided. I accept that the service has committed to improving ways the governing body receives information about the service, as well as delivering training to staff. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness. I have placed weight on multiple findings of noncompliance as an outcome of the Quality Audit which does not support that the governing body was promoting a culture of safe inclusive quality care. I am not satisfied the organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery.

The Assessment Team provided information the service did not have effective organisation wide governance systems for managing aspects of care and services in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints and feedback. The provider’s response included actions the service is taking to improve outcomes for consumers. Actions include but are not limited to:

* Updating the Financial monthly statements
* Updating Board meeting minutes
* Updating Care and Board reporting

In relation to information management, the Assessment Team provided information of negative consumer feedback from one of 12 consumers/representatives in relation to the clarity of monthly statements. I accept the provider has committed to improving monthly statements by November 2023 and I am satisfied information management is effective.

In relation to continuous improvement, the Assessment Team provided information the service did not monitor the progress of actions in the continuous improvement plan to ensure completion and evaluation of improved outcomes for consumers. I have considered information in Requirement 6(3)(d) which evidenced the service did not use feedback to improve the quality of services and considered information under Requirement 8(3)(c)(ii) that action items were not monitored for progress. The provider’s response did not challenge the Quality Audit Report findings in relation to continuous improvement nor provide further information to consider in relation to management closing off outstanding actions. I am not satisfied management of continuous improvement was effective.

In relation to financial governance, the Assessment Team provided information that consumer’s monthly statements were not appropriately itemised. I have considered this information under Requirement 8(3)(c)(v). I am satisfied financial governance was effective.

In relation to workforce governance, the Assessment Team provided information the service did not train and monitor the workforce to ensure the delivery of safe and quality care and services. I have considered the information provided in Requirement 7(3)(d), 7(3)(e) and also the provider’s response. I accept the service has reviewed its systems and processes for ensuring that staff are trained, and that further training has been delivered and planned for staff. I also accept the service has updated position descriptions and reviewed systems for monitoring staff performance. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness. I am not satisfied workforce governance systems were effective.

In relation to regulatory compliance, the Assessment Team provided information that all consumer’s monthly statements were not appropriately itemised. I have considered information under Requirement 1(3)(e) and Requirement 8(3)(c)(iii). The provider’s response did not challenge the information within the Quality Audit Report and I accept that the service have committed to partnering with an external party to develop new financial statements which will reflect itemised services. However, I consider the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness. I am not satisfied regulatory compliance governance systems were effective.

In relation to feedback and complaints the Assessment Team provided information that feedback and complaints are not actioned, an open disclosure process is not consistently practiced and feedback and complaints are not reviewed to improve the quality of care and services. I have considered the information under Requirement 6(3)(c) and 6(3)(d). I accept the service has reviewed its systems and processes for ensuring that staff are trained and policies are updated by November 2023. The provider’s response did not challenge the information within the Quality Audit Report and I consider that the provider’s actions have not had sufficient time to be embedded at the service to ensure their effectiveness. I am not satisfied feedback and complaints governance systems were effective.

Based on the information summarised above, I find Requirements 8(3)(b) and 8(3)(c) not- compliant.

Requirements 8(3)(a), 8(3)(d) and 8(3)(e)

The service seeks input into service improvements from consumers and representatives and asks about the quality of the service they receive through feedback processes, consumer meetings, and regular follow up with consumers. Consumers said the service is well run and they feel supported to provide feedback about are and services.

Frameworks and policies to manage risk and respond to incidents were embedded within the service. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and demonstrated how they implement the service’s policies in alignment with best practice. Consumers are supported to take risks and participate in activities to enable them to live the best life they can. Policies and procedures in relation to the SIRS guide staff practice. Incidents were managed through the electronic Incident Management System.

Policies and procedures in relation to antimicrobial stewardship, restrictive practices, and open disclosure were available to guide staff practice. Management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship and minimising the use of restraint were implemented on a day-to-day basis.

Based on the information summarised above, I find Requirements 8(3)(a), 8(3)(d) and 8(3)(e) compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)