**Performance**

**Report**

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| Name: | Annecto Inc |
| Commission ID: | 300971 |
| Address: | 81 Cowper Street, FOOTSCRAY, Victoria, 3011 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1190 Annecto Inc  
Service: 18612 Annecto CACP - Grampians Region  
Service: 18613 Annecto CACP - Western Metropolitan Region  
Service: 18617 Annecto Community Aged Care Packages Northern Metro Region  
Service: 27654 Annecto Dubbo  
Service: 18621 Annecto EACH - Western Metropolitan Region  
Service: 18622 Annecto Grampians Region  
Service: 23560 Annecto HCP Program - ACT  
Service: 23494 Annecto HCP Program - Grampians Region  
Service: 23565 Annecto HCP Program - Inner West  
Service: 23566 Annecto HCP Program - Mid North Coast  
Service: 23495 Annecto HCP Program - Nepean Region  
Service: 23567 Annecto HCP Program - South East Sydney  
Service: 23569 Annecto HCP Program - South West Sydney  
Service: 23561 Annecto HCP Program - Sunshine Coast  
Service: 23595 Annecto HCP Program - Western Metropolitan Region  
Service: 18624 Annecto HCP Program Eastern Region - Level 1  
Service: 18614 Annecto HCP Program Eastern Region - Level 2  
Service: 22848 Annecto HCP Program Eastern Region - Level 3  
Service: 18618 Annecto HCP Program Eastern Region - Level 4  
Service: 18615 Annecto HCP Program Loddon Mallee Region - Level 1  
Service: 18616 Annecto HCP Program Loddon Mallee Region - Level 2  
Service: 18619 Annecto HCP Program Loddon Mallee Region - Level 3  
Service: 18625 Annecto HCP Program Loddon Mallee Region - Level 4  
Service: 23363 Annecto HCP Program Southern Region - Level 1  
Service: 19316 Annecto HCP Program Southern Region - Level 2  
Service: 23364 Annecto HCP Program Southern Region - Level 3  
Service: 22851 Annecto HCP Program Southern Region - Level 4  
Service: 18623 Annecto NMR  
Service: 23332 Annecto Orana Far West Level 1  
Service: 23333 Annecto Orana Far West Level 2  
Service: 23334 Annecto Orana Far West Level 3  
Service: 22812 Annecto Orana Far West Level 4  
Service: 23329 Annecto Western Sydney Level 1  
Service: 19408 Annecto Western Sydney Level 2  
Service: 23330 Annecto Western Sydney Level 3  
Service: 23331 Annecto Western Sydney Level 4

Short Term Restorative Care (**STRC**) included.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7991 Annecto Inc  
Service: 24091 Annecto Inc - Care Relationships and Carer Support  
Service: 24092 Annecto Inc - Community and Home Support

**This performance report**

This performance report has been prepared by G. McNamara, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 24 October 2024.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 1(3)(d) - Each consumer is supported to take risks to enable them to live the best life they can.

In relation to HCP and CHSP services, demonstrate that each consumer is supported to take risks to enable them to live the best life they can, by continuing to implement and embed current or planned improvements, including but not limited to re-assessment of all consumers, following up referrals and updating the customer risk register, use of a screening and assessment tool, and provision of relevant training.

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.

Demonstrate that CHSP and HCP assessment and planning processes identify consumer risk, and inform the implementation of risk mitigation strategies, including ensuring that staff are aware of and apply assessment and care planning processes and procedures.

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.

Demonstrate that care and services provided under HCP and CHSP are reviewed regularly or as required by, including but limited to, ensuring proper oversight of the condition and needs of consumers, and providing sufficient information to staff to prompt reviews.

Requirement 3(3)(a) - Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

Demonstrate, in relation to HCP and CHSP, that consumers receive safe and effective personal and clinical care by, including but not limited to, ensuring best practice clinical oversight and timely identification of and response to changing personal and clinical needs.

Requirement 3(3)(b)

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

Demonstrate, in relation to HCP and CHSP, that high impact or high prevalence risks associated with the care of each consumer are effectively managed by, including but not limited to, ensuring the provision of care and services is informed by an up to date understanding of consumers medical conditions and their care and service needs.

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.

Demonstrate, in relation to HCP and CHSP, that deterioration in a consumers condition or changes in health status are recognised and responded to in a timely and effective manner, informed by an up to date understanding of consumers medical conditions and their care and service needs.

Requirement 8(3)(d) - Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

* Implement effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system
* monitor the effectiveness of these systems and practices regularly and as required, and make appropriate adjustments

Requirement 8(3)(e) - Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

* Implement a framework which properly controls governs clinical governance generally, and in relation minimising the use of restraint
* monitor the effectiveness of this framework regularly and as required, and make appropriate adjustments.

# Standard 1

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

Findings

Based on the information summarised below, I find the provider non-compliant with requirement 1(3(d) in relation to HCP and CHSP.

I also find the provider compliant with all other requirements of this Standard in relation to all services.

A finding of non-compliance in one or more requirements results in a finding of non-compliance with the Standard.

As to non-compliant requirement 1(3)(d)

I find the provider non-compliant with this requirement in relation to Services 18619, STRC service delivery, 23560, 24091, and 24092.

The Assessment Team interviewed consumers and representatives across all sites and reported that they could not remember discussions about identified risks. The Assessment Team found that case managers and coordinators could not demonstrate what support was put in place when risk was identified for a consumer. No escalation processes were in place to inform senior management of issues and risks for consumers.

The Assessment Team also found that while documentation on consumer files clearly identified consumer risks and alerts for support workers and staff who work and support the consumer, the provider could not demonstrate how it supported consumers to take these risks. In particular, discussion and strategies to support consumers at risk were not captured in a ‘Dignity of Risk form’ and or documentation informing consumers of the risks they choose to take when declining, as was their right, certain care and services.

For example, the Assessment Team reviewed the care and services given to a consumer through Service 18619 who had challenges in relation to their care, including limited community or other supports, and complexities in undertaking assessments to identify all their needs. It was identified that consumer used equipment to manage an ongoing and chronic condition, which was given to the consumer by a friend, that was not working and needed repairs. The case managers indicated that the equipment was old, and the parts were not available.

The Assessment Team identified that these issues were not escalated to the clinical team or senior management to review the case, or to support staff to identify strategies and manage the risks to the consumer. The consumer advised the Assessment Team they did not require any assessments, and they had fixed the equipment themselves by purchasing the spare parts from overseas. However, the consumer indicated they had pain and a low mood, and their file did not contain any comprehensive assessment.

In its response in relation to this consumer, the provider submitted details of its engagement with the consumer following the Quality Audit, including referrals, discussions and examination of service adjustments, as well as personal involvement of a senior staff member. That engagement is continuing and appears designed to overcome complexities in the provision of care and services.

A representative of an unnamed consumer, who due to an event needed consistent physiotherapy exercises, stated the dementia care training seemed to be lacking, and support workers do not know how to work with consumers who have dementia, as the consumer was not getting the required physiotherapy as support workers did not understand that the dementia caused the consumer to decline all care and services.

Further, the Assessment Team reviewed the care of a consumer receiving Short Term Restorative Care services (STRC). The consumer was having difficulties with daily living activities due to identified medical conditions. The consumer requested an occupational therapy assessment to recommend appropriate aids and equipment along with any required modifications, however they later declined such an assessment, as was their right. While a file note recorded this and indicated the consumer and their representative had some measures in place, the consumer’s documentation did not state the risks had been discussed with the consumer and no consideration of dignity of risk discussed or documented. For another STRC consumer, an occupational therapist recommended various aides to assist with their condition, which were seen to be declined, however the risks to the safety of the consumer were not seen to be discussed or documented and there was no Dignity of Risk form or letter provided to the consumer.

An additional consumer receiving care and services through Service 23560 was noted to be declining services, had not been attending appointments and had no care plan on file. There was no evidence acceptance of risk had been explained to them.

In its response in relation to these consumers, the provider submitted details of its ongoing engagement and provision of support to them, which cover a number of areas, and which are designed to address the concerns identified, however some of these measures are still in progress.

The Assessment Team reported that management of consumer risks was discussed with management who indicated the organisation has an Individual Outcomes Policy that discusses Dignity of Risk. However, the Assessment Team found that conversations about Dignity of Risk were not documented in consumer files, and the provider did not have a Dignity of Risk form that ensures consumers and staff are aware and have discussed the risks with the consumer. Management was reported as stating they would implement the documentation of risks to consumers and ensure that a Dignity of risk form or letter outlining risks is provided to the consumer.

In its response to the Quality Audit report, the provider submitted a comprehensive reply in which it detailed the measures it had or would put in place to address the issues presented, related to either HCP or CHSP or both, including re-assessment of all higher risks consumers and plans to complete re-assessment of all other consumers, referrals being followed up as required as well as updating the customer risk register, and a screening and assessment tool. It also stated it was rolling out dementia training, which had already trialled, and which was developed with a specialist organisation, and that a Dignity of risk form had been developed and was being introduced.

I acknowledge the significant work done by the provider to address the matters identified, some of which the provider indicated it had previously identified and were in train, and I am satisfied that these measures are designed to address the deficits identified.

However, some of these measures are still in progress or of recent origin, and I consider that the provider will require time to embed these improvements and demonstrate their sustainability. In relation to the identified consumers in this and other requirements, as the measures were implemented after the Quality Audit I am unable to determine their effectiveness, however these measures are designed to address the concerns identified for each.

In coming to this finding, I do not have evidence to indicate the deficits identified are systemic across the provider but relate to the Services I have identified.

However, the improvements being implemented by the provider appear to be across all service types, and it is encouraged to continue that approach.

Compliant requirements

Requirement 1(3)(e)

The Assessment Team found the provider could not demonstrate that each consumer is provided with current accurate and timely information that is communicated in a way that is clear and easy to understand and enables them to exercise choice.

It reported that consumers and representatives interviewed across all services expressed different views on the provision of information. It recorded that some consumers were satisfied with the information pack provided whereas others could not remember receiving an information pack. Consumers and representatives interviewed reported information to make decisions was discussed by the case managers. They also reported they receive monthly statements that are not very clear to understand however they ask the case managers to explain it to them.

Support workers and case managers interviewed described the various ways they adapt information for consumers who face challenges communicating, including the use of interpreter services, magnifying readers, assistance from family members, and speaking slowly and clearly facing the consumer. One support worker stated that it can be difficult, as they work closely with a consumer who is deaf who is having trouble lip reading. The worker stated that to overcome this they and the consumer write notes to each other.

The Assessment Team reported that the information pack and consumer handbook provided to consumers contained information on the HCP, CHSP or STRC programs provided, fees, advocacy, privacy, advance care planning, complaints internal and external, the Charter of Aged Care Rights (the Charter), and a budget and care plan.

However, the Assessment Team noted the information pack did not provide current and accurate information. For example, the feedback form with information about complaints service offered by the Aged Care Quality and Safety Commission (The Commission) contacted previous contact details, and the Commission’s complaints brochure information and brochures on advocacy and privacy were not always provided to consumers.

Staff at the various offices were reported to have different processes when providing consumers with information on the HCP included and excluded items. For example, in the ACT staff provide a list of items the consumer can use their HCP funds to purchase, in NSW they  
provide the inclusions and exclusions list during each review or reassessment and in Victoria consumers are not provided with inclusions and exclusions information.

The Assessment Team also reported that staff are not provided with information about translated information that can be given to consumers who do not speak English, presenting a barrier to consumers making informed decisions about their care. For example, a case manager for a named consumer receiving care and services through Service 18618 stated that the consumer declined signing the Charter as they could not read it and was not provided with a copy in their native tongue, although the case manager stated the consumer’s daughter was with her and was translating for them.

Another consumer receiving care and services through Service 23560 was recorded as not understanding why they were being charged for oxygen and equipment when they were not previously paying for it as the hospital would maintain their oxygen. The Assessment Team reported there was no evidence of discussions about oxygen supplements and payments the consumer may receive for the same.

The representative for another consumer receiving care and services through Service 23561 stated that the consumer recently moved from HCP level 3 to HCP level 4 but that no information or a care plan was provided to them. The representative stated that communication is not strong and that the case managers does not return calls or communicate when there is a change in support worker. It was indicated that the consumer is not made aware when support workers change and recently, they had a worker who spoke in that workers native language and who they could not understand.

Management was reported as stating they would review and update their information pack to ensure consumers are provided with appropriate information, including translated information if necessary.

In its response the provider submitted details of the improvements made in relation to the information pack and its contents and processes in relation to advising of HCP included and excluded items, and I am satisfied these concerns have been addressed.

In relation to issues regarding translated materials and investigation of an oxygen supplement for identified consumers, the provider submitted details of the measures it had or would implement to address these issues, most of which had already occurred, and I am satisfied these matters were addressed to their finality by the provider. In relation to information about included and excluded items, I am not satisfied there were divergent processes across the provider. In its response the provider stated this list is provided as part of the service agreement to all HCP customers.

In relation to the consumer receiving care and services (through Service 23561) having recently moved from HCP level 3 to HCP level 4, I consider improvements are required but have considered those matters under Standard 2. In addition, while I have identified the need for some other improvements in communication, I have considered those under other requirements and consider that improvements identified by the provider in its response to the Quality Audit, when fully implemented, will address those matters.

Requirements 1(3)(a),1(3)(b),1(3)(c), and 1(3)(f)

Based on the information summarised below, I am satisfied the provider is compliant with these requirements across all services.

Consumers and representatives interviewed across all services stated that they are treated with dignity and respect by the staff and support workers who attend to them. Documentation viewed captured information about the consumers background and how they would like to be supported when receiving care and services. Care plans identified the consumers culture, diversity and identity, providing support workers and with valuable information on how to support the consumers appropriately.

While consumers and representatives were not always satisfied with the care and services, all consumers and representatives, they felt they were treated with respect. I have considered issues in relation to provision of care and services under other requirements.

Staff interviewed across all services were able to discuss the consumers, their culture and identity. Support workers interviewed discussed how they ensure the consumers dignity and culture is valued, and spoke respectfully about consumers and their services. Management discussed the organisation’s diversity and inclusion policies, and processes and actions taken by the organisation to support consumers across all the walks of life.

Consumers and representatives interviewed across various services and of diverse backgrounds consistently expressed how staff know about their cultural identity, and said their needs and preferences are being met during service delivery through having bilingual support workers who provide care and services and know their individual cultures.

Support workers stated that they were aware of consumers identities and culture through reading their care plan notes on their mobile applications, and said they ensured they respect the consumers culture and background. Staff said learning about their culture and knowing significant days is important, and support workers confirmed that cultural awareness training has been provided to them.

Documentation on consumers files addressed consumers backgrounds needs and preferences. However, care directives on providing consumers with culturally appropriate care were not always clearly identified. Management stated they try to link consumers with bilingual support workers who are available to support and provide culturally safe care.

The organisation has a Community and Business development coordinator in Sydney who works with vulnerable consumers and consumers who have culturally and linguistic diverse barriers to support and link them with services.

Consumers and their representatives also said they are strongly supported to exercise choice and independence in making and communicating decisions about their care and services or involving others in their care. Documentation identified the consumers supports and who they wanted to be involved in their care including general practitioners, specialists and friends. Consumer consent forms were viewed on all consumer files reviewed.

Case managers and coordinators interviewed said they encourage consumers to exercise choice by making sure they are aware of all support options and know they can change these decisions at any time. Management explained they have procedures to support consumers to make informed choices and decisions, including consumer consent processes and documentation.

Case managers and coordinators across all the providers service delivery sites stated that they involve consumers and their representatives to complete the initial assessment, review and reassessment in the consumers’ home, together with the consumer and those they wish involved in their care. This was confirmed by consumers and representatives.

Consumers and representatives further stated that staff always respected their privacy, and their personal information is kept confidential. Consumer documentation is uploaded in a secure, password protected electronic management system. Staff including support workers interviewed described the strategies used to safeguard privacy and personal information of consumers. Consent to share forms were noted on all consumer files reviewed.

Management advised they provide annual mandatory privacy training and request permission from consumers before sharing information with external providers. The organisation has a privacy policy with procedures to safeguard personal information and investigate privacy breaches. This was demonstrated and confirmed by staff and consumers.

Support workers stated that they always ensure the way they speak and keep the consumers privacy and do not exclude them from conversation. They do not talk about other consumers in front of others and do not disclose information as they are bound by privacy and confidentiality processes.

Support workers stated they have information on their mobile phones and when working they clock in and out. All information on their phones is password protected and the phones have face recognition identification to log in. Support workers stated that they do not have their phones open in a consumer’s home. Managers who manage information technology stated that staff access to the organisation’s information is password protected and when staff move positions or leave the organisation the access is cancelled.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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. | Not Compliant | Not 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 | 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 | 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 | 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. | Not Compliant | Not Compliant |

Findings

Based on the information summarised below, I find the provider non-compliant with requirements 2(3)(a) and 2(3)(e) in relation to HCP and CHSP.

I find the provider compliant with all other requirements of this Standard in relation to all services.

A finding of non-compliance in one or more requirements results in a finding of non-compliance with the Standard.

As to non-compliant requirement 2(3)(a)

I find the provider non-compliant with this requirement in relation to Services 18619, 18618, 23494, 18617, 18616, 18625, 23330, 24091, 24092, and 18623.

The Assessment Team found that not every service was ensuring that CHSP and HCP assessment and planning processes identified consumer risk or informed the implementation of risk mitigation strategies.

The Assessment Team reported that twelve of 18 HCP and CHSP consumers and representatives interviewed across each service described the services they are receiving and expressed satisfaction that the services were helping them, however two of the 18 consumers, both receiving their care and services in the Loddon Mallee Region, indicated they were not receiving care and services which meet their needs. In particular, one of these consumers receiving care and services through Service 18619 stated they were reliant on a piece of machinery to deliver certain supplements, had ongoing pain as well as other, non-physical conditions. They stated they had difficulty attending to their personal hygiene and other activities of daily living, and noted regular requests for additional care and support had not resulted in an increase in their services.

That consumer’s consumer documentation did not contain any comprehensive assessment, but did note in a progress note recorded in the late 2024 they had declined assessment by the service but had requested support to access financial assistance to assist with their medical machinery. An occupational therapy assessment recorded early in 2024 outlined the requirement for review and servicing of the machinery, but noted this had not occurred due to its the unregistered status. The consumer told the Assessment Team they did not want to attend any further doctors’ appointments to complete the assessment but agreed to having an assessment if it were conducted in their home.

The Assessment Team found that some consumer files reviewed for HCP and CHSP consumers across each service demonstrated a lack of assessment. It found that the organisation offers an optional and billable clinical assessment for HCP consumers which is regularly declined by consumers due to the associated cost, and that the organisation did not have any alternative assessment process or tool to ensure HCP case managers are identifying consumer risk and responding appropriately.

Of the 13 HCP consumer files reviewed across each service, the Assessment Team reported that five did not contain any assessments despite identified complex care risks of aphasia, palliative care, paralysis, diabetes, dementia and recent falls. One consumer receiving care and services through Service 18618 was recorded as having very limited mobility, and a disorder affecting their communication. That consumer lives with other conditions and requires full support to manage their personal hygiene. That consumer was noted as having declined a nursing referral in late 2021, noting the cost and previous poor experiences with nursing assessment as the reasoning. There was no evidence, for example, of risk mitigation strategies to support this consumer, such as referral to a speech pathologist to manage their challenges with communication.

Another consumer (receiving care and services through Service 23494) was noted as having multiple conditions, including memory loss, diabetes and mobility issues. That consumer’s documentation reported physical challenges and vulnerabilities including falls and aspiration risk. However, risk mitigation strategies were seen as inadequate, with the consumer’s care plan seen as not providing adequate instruction or service task lists to guide staff in the delivery of safe and effective care and services. That documentation noted that consumer’s spouse would provide food before leaving as they were not confident of the ability of support workers to provide food when the spouse was not there.

Two consumers receiving services through Service 18617 both reported the use of mobility aids. Their care plans had not been updated to reflect their mobility and equipment requirements, with both plans noting they mobilised independently.

For another consumer, receiving services through Service 18616, evidence indicated they had increasing needs, and that there were delays in the provision of aids and equipment and an inability to provide additional services upon their return from hospital, due to inadequate funding in their current package level. Approximately two weeks prior to the Quality Audit a note indicated a higher-level package and home modifications would be applied for through the service, however this application for a package level review did not occur. Based on the consumer history presented by the Assessment team, I find that the need for such an application should have been recognised much earlier, and actively progressed.

Two consumer files were observed to only contain allied health assessments completed by an external clinician for specific health management, but not comprehensive assessments, in circumstances where the evidence this was required.

Another consumer (receiving care and services through Service 23330) advised they were reliant on oxygen for up to 16 hours per day and reported delays in accessing oxygen cylinders through the service. Their documentation outlined multiple health conditions and a home physical environment not conducive to their conditions. The evidence indicated the measures taken by the service to address the physical environment were not timely as at yet unresolved.

Another consumer (receiving care and services through Service 23494 was seen to have waited nine months from the original referral to the clinical care team to receive their clinical assessment.

The consumer plans for ten of 10 consumers attending CHSP cottage-based respite and social support groups in through Services 24091 and 24092 did not contain adequate information to inform staff in safe and effective service delivery referable to those consumer’s medical conditions. The Assessment Team identified that medication summaries and medication management plans were not available for consumers attending the cottage-based respite services. Management was reported as stating they would commence seeking consumer medication information immediately.

While twenty two of 25 support workers across each service reported receiving enough information to inform their care and service delivery, three support workers supporting a consumer with high and complex needs (through Service 18623) described a lack of information within that consumer’s care plan to guide their care and service delivery.

Two of 3 clinical care staff interviewed from the Sydney and surrounds region described regularly not receiving consumer health summaries including medication summaries when supporting HCP consumers.

While thirty seven of 37 HCP case managers and HCP and CHSP coordinators across all services were able to describe how they identify vulnerable consumers, individual interviews with four case managers and coordinators from three regions acknowledged ineffective response to identified risk. These case managers and coordinators confirmed a lack of formal assessment tools is a contributing factor. Further, HCP and CHSP coordinators in the Loddon Mallee Region advised a lack of clinical staff to assist with effective assessment processes limits their capacity to identify risk and implement risk mitigation strategies.

Management was recorded as acknowledging gaps in assessment processes and provided the Assessment Team with draft assessments that were being developed for use by each service, and had finalised a screening and assessment tool, however the Assessment Team that these measures were not in effect at the time of the Quality Audit.

All STRC consumers and representatives across each service expressed satisfaction with the quality of assessment and planning processes. Staff delivering care and services to STRC consumers, and management who oversee the program, were able to demonstrate effective assessment and planning processes. STRC consumer files reviewed consistently contained effective identification of risk and care needs, including falls risk, aids and equipment requirements, allied health needs, nursing support requirements and in home care services. STRC consumer files consistently demonstrated each consumer is receiving the services, aids and equipment, clinical and in home care services to meet their needs.

In its response to these matters the provider provided comprehensive details on the measures in place or in progress to address the individual issues and concerns identified in relation to identified consumers and provided some context on some of the areas reviewed by the Assessment Team, and challenges faced in the provision of care and services. I am satisfied these measures are designed to address the concerns identified.

In its response the provider also detailed other measures it had or would put in place to address the broader issues presented, noting that as part of continuous improvement it was already working on a project to improve the assessment process and had developed a draft updated assessment tool which was shown to the Quality Assessors. It stated that prior to the cessation of the Quality Audit it had finalised the screening and assessment tool and had commenced training the HCP and CHSP case managers and coordinators on its use. It noted that the screening and assessment tool identifies potential consumer risks and areas of vulnerability, with prompts for the case managers to undertake the appropriate referral, implement risk mitigation strategies and apply for applicable supplements. It noted it has a risk register to improve management oversight of referrals and actions in response to identified consumer risks, and that this risk register enables the triaging of priority consumers for assessment based on customer risk.

In addition, the provider noted the work it had done in re-assessing all higher risks consumers and plans to complete re-assessment of all other consumers, following up referrals and updating the risk register. It provided a significant amount of documentation to verify these improvements. The provider further noted that planning documentation for CHSP consumers had been completed.

I acknowledge the significant work done by the provider to address the matters identified, some of which the provider indicated it had previously identified and which were in train, and I am satisfied that these measures are designed to address the deficits identified.

However, some of these measures are still in progress or of recent origin, and I consider that the provider will require time to embed these improvements and demonstrate their sustainability. In relation to the identified consumers, as the measures were implemented after the Quality Audit, I am unable to determine their effectiveness, however these measures appear designed to address the concerns identified for each.

In coming to this finding, I note that I do not have evidence to indicate the deficits identified are systemic to all HCP services across the provider but relate to those HCP services I have identified. Further, I do not have evidence to indicate the deficits relate to STRC services, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

As to non-compliant requirement 2(3)(e)

I find the provider non-compliant with this requirement in relation to Services 18619, 18616, 18625, 24092, 23561, 24091 and 24092.

The Assessment Team found while eight of 12 CHSP, HCP and STRC consumers and representatives interviewed across each service expressed satisfaction that if their needs or preferences changed, they could adjust their care and services to meet their changed needs, ineffective review processes resulting in negative consumer outcomes were identified within the HCP and CHSP programs.

Thirty seven of 37 HCP and CHSP case managers and coordinators interviewed by the Assessment Team across each service described the process for review as minimum annually or as change in care needs or circumstances require. However, two of 2 CHSP and HCP coordinators in the Loddon Mallee Region advised they have not completed any referral to My Aged Care for CHSP consumers within the previous two years. The Assessment Team recorded that consumer and representative interviews, consumer file reviews, and staff interviews in the Loddon Mallee Region demonstrated that review and reassessment is not occurring.

For a consumer receiving care and services through Service 18616, evidence indicated that despite recurring declining of aids, equipment and home modifications during the period of 2021 – 2024 due to inadequate funding, no application was made by the provider to My Aged Care for review, indicating a deficit in review processes.

Another HCP consumer, receiving care and services through Service 18619, reported they were not receiving enough care and services, explaining that her ex-partner had provided informal support, however, they passed away in June 2024 and the consumer required more services, though this has not occurred. The consumer stated they could not stand for any period of time and required assistance with activities of daily living and personal care, that they are isolated, has no informal support network, has increased anxiety and has an increased occurrence of panic attacks.

The support worker providing services to this consumer advised that the consumer is isolated and required more assistance since her ex-partner passed away, noting that the consumer is also a falls risk and due to their lung condition had difficulty completing tasks due to becoming exhausted quickly without oxygen support. Documentation for this consumer indicated there had not been an effective review resulting in an increase of services to meet their changed needs and circumstances.

The representative for another consumer, receiving care and services through Service 23561, stated that the consumer recently moved from HCP level 3 to HCP level 4 but that no information or a care plan has been provided to them. The representative stated that communication is not strong and that the case managers do not return calls or communicate when there is a change in support worker. It was indicated that the consumer is not made aware when support workers change and recently, they had a worker who spoke in that workers native language and who they could not understand.

A CHSP consumer advised they had been in remission for cancer, however had been advised the cancer had returned and they required surgery in September 2024. A review of that consumer’s documentation showed that a telephone review occurred in mid-2024, where it was indicated they required further services and supports. The service offered additional CHSP services and recommended the consumer liaise with the hospital for hospital funded services. There was no evidence of the consumer being referred to My Aged Care for reassessment. Progress notes show that the consumer was in hospital from July 2023 until August 2023, though no follow up, including review and reassessment, was evident following this hospitalisation.

A CHSP coordinator supporting this consumer advised that they did not recommend referral to My Aged Care for reassessment when it was identified the consumer’s circumstances had changed due to the financial cost associated with a HCP, however this was not evident in the consumer documentation.

Another CHSP consumer, receiving care and services through Service 24092, stated they attempted to access services following their surgery and discharge though these services were not delivered. Management was recorded as stating that due to an intake error that consumer was not entered correctly into the system and had never assessed or scheduled for services.

All STRC consumers and representatives interviewed across each service expressed satisfaction with the review process, and report that their current services are meeting their needs. Staff delivering care and services to STRC consumers, and management who oversee the program, were able to demonstrate how ongoing review occurs during clinical and allied health service delivery. STRC consumer files reviewed consistently contained updated assessment and care planning documentation, with outlined services, aids and equipment and clinical and in home care services meeting consumer’s current needs.

In its response to these matters the provider provided comprehensive details on the measures in place, or in progress to address the individual issues and concerns identified in relation to identified consumers and provided some context on some of the areas reviewed by the Assessment Team, and challenges faced in the provision of care and services. I am satisfied these measures are designed to address the concerns identified.

In its response the provider also detailed other measures it had or would put in place, referencing the improvements I have described in Standard 1 requirement 1(3)(d), and noting that the screening and assessment tool includes a prompt for staff to refer customers to My Aged Care as required. It provided documents to verify the improvements, including an example of a completed screening and assessment tool, nursing assessment examples, and training power-points.

I acknowledge the significant work done by the provider to address the matters identified, some of which the provider indicated it had previously identified and which were in train, and I am satisfied that these measures are designed to address the deficits identified. However, some of these measures are still in progress or of recent origin, and I consider that the provider will require time to embed these improvements and demonstrate their sustainability. In relation to the identified consumers, as the measures were implemented after the Quality Audit I am unable to determine their effectiveness, however these measures appear designed to address the concerns identified for each.

In coming to this finding, I note that I do not have evidence to indicate the deficits identified are systemic across the provider but relate to the HCP and CHSP services I have identified. However, I am satisfied that the improvements implemented or being implemented by the provider are organisation wide, and the provider is encouraged to continue with that approach.

I do not have evidence to indicate the deficits relate to STRC services, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

Compliant requirements

Requirements 2(3)(b), 2(3)(c) and 2(3)(d)

Based on the information summarised below, I am satisfied the provider is compliant with these requirements across all services.

Thirteen of 18 HCP, CHSP and STRC consumers and representatives interviewed across all services were satisfied the care and services they receive meet their needs and preferences.

Only four of 11 HCP and STRC consumers and representatives confirmed the organisation had enquired regarding advance care planning, however management across all services described their processes for talking to consumers about advance care planning as part of the intake assessment process, noting for consumers interested in the advance care planning process is to advise consumers to contact their general practitioner or relevant organisation. Management recognised that this is not occurring consistently due to reservations by case managers to discuss the topic but noted that the commencement of the screening and assessment tool will ensure HCP and STRC consumers are consistently prompted by their case manager regarding their advance care planning and end of life wishes during regular assessment. The organisation maintains an advance care planning policy.

While I have concerns that the screening and assessment tool has not been fully tested, I am satisfied these improvements are addressing these matters and the provider is encouraged to closely monitor adherence to this process. The Assessment Team found that advance care plans were in the files of consumers across all service types.

15 of Eighteen HCP, CHSP and STRC consumer files reviewed across all services show care plans, and clinical assessment where available which generally identified and addressed the consumer’s current needs, goals and preferences. While effective consumer assessment which results in appropriate referrals and clinical engagement was not occurring consistently (refer Standard 2 Requirement (3)(a)), consumer care plans outlined consumer’s current needs and goals, with actions including clinical and allied health service engagement, aids and equipment purchasing, and in home and community care services, listed to meet these needs.

Twenty two of 25 support workers across all services expressed satisfaction that they receive adequate information to inform their care and service delivery. All support workers advised that consumer care information is accessible to them to provide care and services through a mobile ‘app’ on their phones, and HCP, STRC and CHSP case managers and coordinators are readily available to provide further information if required.

37 HCP case managers and HCP and CHSP coordinators across all services advised that during the care planning process the consumers’ goals, preferences and options are discussed and documented in the consumers care plan, and generally contain clear directives to guide staff in supporting consumers.

Management for each service explained how they identify consumer care goals and balance this with their budget and preferences through working collaboratively with consumers to identify their preferences and immediate needs. Management advised each service prioritises basic necessities when balancing consumer preferences and budget, as well as engaging alternative funding sources including CHSP top up or other support services such as Dementia Australia or hospital based transitional care programs. This was evidenced on consumer files and confirmed by consumer and representatives.

Most CHSP, STRC and HCP consumers and representatives interviewed across all services confirmed the service involves them in the assessment and planning of their care and services, and all files reviewed showed that care planning and assessment is consistently undertaken in collaboration with the consumer, their representatives and others involved in their care. Consumer care plans across all services and funding types consistently showed allied health or other external provider engagement, including palliative care and social supports, as appropriate depending on each consumer’s assessed needs.

CHSP, HCP and STRC case managers, coordinators, allied health clinicians and nurses advised that assessment and planning is based on ongoing partnership with the consumer and their representative, and others who are involved in the care and services of consumers. This was confirmed by consumers and representatives.

Management from across all services advised how the input of others, including the consumer, their family, their general practitioner and other service providers feed into assessment and planning process. They described how a collaborative approach with open communication provides an improved understanding of the consumers circle of care as well as identifying needs outside of the scope of their funding and sourcing and engaging other providers to meet those needs.

The organisation maintains a participation and inclusion policy and a family and carer involvement and engagement policy to guide staff in collaborative approaches to care planning and assessment.

Ten of 14 CHSP, STRC and HCP consumers and representatives interviewed across all services expressed satisfaction that the outcomes of assessment and care planning are effectively communicated to them, and that they have been offered a copy of their care plan, however fifteen of 15 consumer files reviewed for CHSP, STRC and HCP consumers across all services shows that outcomes of assessment and planning are communicated to the consumer during in home assessment and review for HCP and STRC consumers, and either home or phone assessments or review with CHSP consumers.

All support workers interviewed stated that they can access consumer care information using their mobile app, noting if they require more information, they can call the case managers or coordinators.

Management across all services explained case managers and coordinators communicate changes to consumer care plans through conversation with consumers, providing them a copy and updating the support workers who deliver their services. This was demonstrated in consumer’s files.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not 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 | 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. | Not Compliant | Not 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Based on the information summarised below, I find the provider non-compliant with requirements 3(3)(a), 3(3)(b) and 3(3)(d) in relation to HCP and CHSP.

I also find the provider compliant with all other requirements of this Standard in relation to all services.

A finding of non-compliance in one or more requirements results in a finding of non-compliance with the Standard.

As to non-compliant requirement 3(3)(a)

I find the provider non-compliant with this requirement in relation to Services 23330, 18623, 18625, 18618, 18616, 24091, and 24092.

The Assessment Team found that the provider was not providing safe and effective personal care to consumers. While consumers and representatives receiving personal and clinical care stated that the service has assessed their needs and provided them with personal care that met their choice of how they want to be supported, there was a lack of clinical oversight and responsiveness to changing clinical needs.

One consumer (receiving care and services through Service 23330), who is on near continuous oxygen stated they were not aware of the process for reviews and would like a quicker action when they requested service. They stated that 2 years ago they completed a nursing assessment but none since. They indicated that their GP monitors them. While that consumer’s documentation contained occupational therapy and physiotherapy assessments, no validated assessments or comprehensive nursing assessments were evident. Further, management had not applied for an oxygen supplement as of August 2024, with a progress note approximately one month later indicating that the consumer attended the office to seek assistance for management of an oxygen supplement.

Another consumer, receiving care and services through Service 18623 had a diagnosis of a type of dementia and a history of a skin issue on their right foot. That consumer’s documentation indicated that it took approximately 4 months from a request for a nursing assessment to completion. During this time that consumer required complex care, and support workers stated they were not prepared for how much support this consumer required, as there was not enough information and strategies in the care plan to assist then complete the care requirements, and that recorded goals were not sufficiently clear to ensure tasks were completed correctly.

A consumer receiving services through Service 18625 had a complex medical history, requiring personal care assistance every day and catheter changing support by an external nursing service. That consumers documentation indicated that a nursing assessment was requested on 7 May 2024 with documentation indicating it would be completed by 5 November 2024. While a physiotherapy report was noted on their file, no validated assessments were on the file to guide in best practice care of supra pubic catheter management and other conditions.

Another consumer, receiving services through Service 18618, was noted to have a complex medical history, and required full support to manage their personal hygiene. No health summary was that consumer’s file, and while it was observed a exercise physiologist was involved in their care, no reports or recommendation were on file to guide staff in their care requirements.

The Assessment Team also referenced another consumer (Service 18616) with increasing needs, evidence indicating a lack of responsiveness in identifying a need for higher funding and an application for a higher-level package not occurring.

An additional consumer, receiving CHSP services, advised they required further services and supports as they were returning to hospital for treatments, however there was no evidence of the consumer being referred to My Aged Care for reassessment. A coordinator supporting that consumer advised they did not recommend referral to My Aged Care for reassessment when it was identified her circumstances had changed, however this was not evident in the consumer’s documentation.

In its response to these matters the provider provided comprehensive details on the measures in place, or in progress to address the individual issues and concerns identified in relation to identified consumers and provided some context on some of the areas reviewed by the Assessment Team, and challenges faced in the provision of care and services. I am satisfied these measures are designed to address the concerns identified.

In its comprehensive response the provider detailed other measures it had or would put in place to address the broader issues presented, including re-assessment of all higher risks consumers and plans to complete re-assessment of all other consumers, referrals being followed up as required as well as updating the customer risk register, and a screening and assessment tool. It further noted it had updated its the Clinical Governance Framework to strengthen the roles and responsibilities including the escalation responsibilities, and that during the roll out of the Screening and Assessment tool, it was emphasised to case managers that the referral process included the Specific Health Management (SHMP) guide, and to escalate issues to line managers and/or clinical team as required. It identified complexities in the care and services provided to the consumer for whom there was an indication of a lack of responsiveness in identifying a need for higher funding and an application for a higher-level package not occurring, as well as providing some clarity on that consumer’s situation. The provider submitted documentation to verify its improvements.

I acknowledge the significant work done by the provider to address the matters identified. While I note the actions taken in relation to named consumers, some of the broader improvements, which the provider indicated were planned and in train prior to the Quality Audit, are still in progress or of recent origin, and I consider that the provider will require time to embed these improvements and demonstrate their sustainability.

In coming to this finding, I note that I do not have evidence to indicate the deficits identified are systemic across the provider, but relate to the services I have identified. I am satisfied that the improvements implemented or being implemented by the provider are organisation wide, and the provider is encouraged to continue with that approach.

I do not have evidence to indicate the deficits relate to STRC services, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

As to non-compliant requirement 3(3)(b)

I find the provider non-compliant with this requirement in relation to Services 18617, 18618, 18619, 23494, 18616, 18625, 23330, 24091, 24092, and 18623.

The Assessment Team found that the provider could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. It found that while there are clear, though generic directives for supporting consumers receiving personal care there was insufficient detail on supporting consumers with diabetes and other clinical care requirements.

The service could not demonstrate when diabetes or pain management complications occur how much support needs to be provided to manage the high impact high prevalence risks associated with the care of each consumer. Further, while wound management appeared appropriate and positive outcomes achieved, the Assessment team found the provider has no identified clinical management process when a consumer’s condition deteriorates.

A consumer receiving services through Service 18617 indicated they were not happy with the management of a wound on their leg by provider’s nursing staff, and was now attending a general practice for antibiotic treatment and wound management. External nursing staff interviewed stated the wound management documentation was completed including size and dressing to be used, and that documentation is sent on the same day of service. These staff stated that the provider never requested a full comprehensive nursing assessment of the consumer.

While no concerns were identified in relation to management of this consumers wound, the consumer’s documentation reviewed showed no oversight of a diabetic management plan or nursing assessment at the time of the audit. There was no evidence of validated assessments such as risk of pressure sore development, for skin integrity assessment, or a nutritional assessment, however nursing staff at the service were in the process of completing a comprehensive nursing assessment and validated assessments during the Quality Audit.

In relation to this same consumer, the Assessment Team identified they had an aid in their bed that assists them in and out of bed. Management sought confirmation of the equipment and indicated this device was a bed overhead pole, of which there appeared to be no oversight.

The representative of another consumer who is receiving services through Service 18618 stated that consumer had sustained an injury to their leg and consequently required consistent therapy exercise. The representative stated the service had no strategies to encourage the consumer to complete the exercises. The representative also stated the service had missed administering pain patches on two occasions. Evidence indicated support workers assist with personal hygiene and attendance to general practice for second daily wound dressing; however, documentation contained no reference to a pain patch or management of this in the care plan, or a task list provided to support workers.

The Assessment Team reported that all consumers in overnight respite and social support groups have generic evaluation assistance listed, such recording a dementia diagnosis or other health conditions such as diabetes and other high-risk conditions, with no mitigation strategies. By the end of the Quality Audit the provider demonstrated they have reviewed and updated cottage respite activities and site risk assessments. I have considered these matters under other requirements.

Under Standard 2 requirement 2(3)(a) I have considered other information which indicated that not every service is ensuring that CHSP and HCP assessment and planning processes identifies consumer risk or informs the implementation of risk mitigation strategies.

In its response, consistent with its response to other requirements where deficits were identified, the provider addressed how it had reviewed the care for consumers identified and what actions it had or would take, and identified improvements to oversight and management. It noted, with particular reference to this requirement, that its updated Customer Compliance Spreadsheet included an additional column to identify customers identified with high risks, and that the data from the spreadsheets used by various regions are combined and provided to the Senior Leadership Team for oversight and monitoring.

Consistent with my findings on other non-compliant requirements, I acknowledge the significant remedial work undertaken by the provider, some of which had followed on from earlier identified improvements. While I am satisfied the provider has strongly and genuinely engaged with the issues, I consider that the establishment and sustainability of these improvements needs to evaluated at a later time.

In coming to this finding, I note that I do not have evidence to indicate the deficits identified are systemic across the provider, but relate to the services I have identified. I am satisfied that the improvements implemented or being implemented by the provider are organisation wide, and the provider is encouraged to continue with that approach.

I do not have evidence to indicate the deficits relate to STRC services, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

As to non-compliant requirement 3(3)(d)

I find the provider non-compliant with this requirement in relation to Services 18619, 18616, 24091, and 24092.

The Assessment Team found that the service could not demonstrate that it had effective management of consumer deterioration or change in health status.

The Assessment Team reported that consumers and representatives interviewed across each service expressed concern whether staff know them and whether they would recognise if their health changed suddenly. Consumers and representatives were able to describe a time where their health deteriorated and explained how the service could not assist them with them during this time, including support to access increased services or allied health and nursing support.

Consumer care planning documentation shows the service has not adjusted services in response to changes in the consumer’s condition and needs, and that consumer deterioration is not responded to appropriately.

Support workers described how they reported the most recent significant changes in consumer’s personal or clinical care needs, however it was noted that changes to care requirements were not always made in a timely manner.

Management advised staff notify the service about changes or deterioration in the health or function of a consumer through regular progress notes, completing an incident report if appropriate, and calling the office to advise of any significant deterioration. However, feedback and evidence in consumers file indicated that the organisation was not responding to deterioration in a timely manner.

For a CHSP consumer their documentation indicated that following a hospital discharge review there were no notes indicating a follow up regarding increased services or deterioration of condition. In particular, that consumer’s post hospital discharge requested additional services under CHSP and hospital services, however, no follow up assessment or My Aged care referral for increased services due to declining health status was evident. Management stated the services were cancelled due to lack of staffing availability.

A consumer receiving services through Service 18619 stated they needed more help since their partner passed away, indicating the effect on their state of mind. The consumer indicated they had gone up to 11 days without support. The evidence indicated their overall health has declined recently and that the service had not reviewed or discussed changing conditions and services with them. That consumer’s documentation indicated concerns with supply of a reliable oxygen concentrator. Management indicated challenges in getting information from the consumer.

Information in relation to another consumer, receiving services through Service 18616 indicated a lack of responsiveness in identifying a need for higher funding and an application for a higher-level package not occurring.

In its response, consistent with its response to other requirements where deficits were identified, the provider addressed how it had reviewed the care for consumers identified and what actions it had or would take, and identified improvements to oversight, review and management. It noted, with particular reference to this requirement, that it recognised the need for strengthening the approach to recognising changes in a consumer’s health or ability and how it is reported and responded to. It also noted it identified a validated Early Warning Tool. It noted it had developed a policy for Management of Deteriorating Conditions and provided related training. A tool was provided to staff to assist them to know what to recognise, report and respond where there is a deterioration in the customers health or ability.

Consistent with my findings on other non-compliant requirements, I acknowledge the significant remedial work undertaken by the provider, some of which had followed on from earlier identified improvements. While I satisfied the provider has strongly and genuinely engaged with the issues, I consider that the establishment and sustainability of these improvements needs to evaluated at a later time.

In coming to this finding, I note that I do not have evidence to indicate the deficits identified are systemic across the provider, but relate to the services I have identified. I am satisfied that the improvements implemented or being implemented by the provider are organisation wide, and the provider is encouraged to continue with that approach.

I do not have evidence to indicate the deficits relate to STRC services, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

Compliant requirements

Requirements 3(3)(c), 3(3)(e), 3(3)(f) and 3(3)(g)

Based on the information summarised below, I am satisfied the provider is compliant with these requirements across all services.

The organisation was able to demonstrate how they provide considerate and effective care and services to consumers who are receiving end of life care. Consumers and representatives across the services who have an advance care plan provide a copy for their records. Support workers and case managers interviewed described how they adjust their care and service delivery to maximise the comfort of consumers nearing the end of life, including a focus on their comfort and increased engagement with palliative care services.

Care documentation demonstrated how case managers engage with palliative care services, general practitioners, hospitals and allied health clinicians to ensure care and services are meeting the consumers’ needs.

Management interviewed explained they have access to information about different palliative services and regularly communicate with the consumers general practitioner. They were also then able to provide the palliative care team with clinical information gathered for the provision of allied health or nursing services to provide a holistic approach to consumer needs.

Consumers and representatives interviewed across each service consistently reported that staff are aware of their care needs, and they do not have to repeat instructions or direct staff in what to do during service delivery. Staff interviewed, including support workers, explained they document progress notes following each service that has been delivered, and that this information is available to others involved in delivering care.

Management advised the service ensures all staff within the organisation have access to sufficiently detailed and current information to enable them to deliver personal and clinical care to consumers. Management also explained the care plan with tasks lists are provided for all support workers. However, at times the information in the task lists is not comprehensive to guide staff in the delivery of care. The service is currently implementing and comprehensive assessment.

Management explained all staff within the organisation have appropriate access to sufficiently detailed and current information to enable them to deliver personal and clinical care to consumers through electronic access to the consumer’s care plan and associated strategies to inform safe and effective care delivery

Case managers complete referrals to allied health professionals and general practitioners. Recommendations are documented to support the effective delivery of service. Management explained the service ensures information relating to a consumer’s personal or clinical care is documented through their electronic client management system.

Consumers and representatives interviewed across each service reported the service contacts health professionals including nursing and allied health services promptly when their personal or clinical needs change. Consumer documentation reviewed generally showed that the service ensures referrals are made as appropriate and in a timely manner. However, instances of delays with referrals in the Loddon Mallee region were evident and are discussed in Standard 2 Requirement (3)(a).

Support workers interviewed described making progress notes and reporting to case managers when a potential need for a referral is identified. Case managers described completing a referral in accordance with the consumer’s consent to share information, noting referrals are completed with information including medical history, consumer basic details information and the reason for the referral provided.

Management advised for HCP consumer referrals occur promptly following an identified needs from the nursing assessment and the care plan review. Management explained within the electronic management system a function for case managers to create a task for referral and assign and time and person to follow up. However, the Assessment team noted at times these tasks did not have a person or timeframe for follow up.

Consumers and representatives interviewed across each service described the practices staff adopt to limit possible infection, including using personal protective equipment (PPE) as appropriate and undertaking hand hygiene practices.

Support workers, nurses and case managers interviewed described minimising infection related risks when working in the consumers home through practicing hand hygiene, completing infection control and prevention training, wearing PPE as appropriate and not attending when feeling unwell. Staff also explained that they completed a rapid antigen test (RAT) each morning before they start work. Nursing staff interviewed also explained the use of gloves when attending to wound management and providing a sterile working environment.

Management advised that the service undertakes an infection notification process where consumer infections are recorded and trended to monitor infections. Management explained in the event of a consumer being identified as having an infectious disease. A kit for extra supplies is deployed to the consumer’s home with full PPE and donning and doffing stations can be set up. Management also explained that mandatory infection prevention and control training is provided to all staff.

The services infection prevention and outbreak management plan and associated community services specific protocols to guide practice in the event of infectious disease. The service maintains a register of staff COVID-19 vaccinations and influenza vaccinations each year. Training records show case managers and support workers from each service participate in mandatory infection prevention and control training.

# Standard 4

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

Findings

Based on the information summarised below, I find the provider compliant with all applicable requirements of this Standard and therefore Compliant with this Standard.

All consumers and representatives interviewed expressed satisfaction that consumers are receiving services which help to maintain their independence and quality of life. All sampled consumer files evidenced consumer centred care plans with goals for each service type the consumer is receiving. Progress notes reviewed for sampled consumers show support workers record information following service delivery on each consumer’s wellbeing.

All lifestyle and support workers interviewed described what was important to each of the consumers they provide care and services to regarding their lifestyle and social activities. All support workers interviewed explained how they encourage consumers to stay independent.

They stated that each consumer has a care plan which documents their goals, needs and preferences regarding care and service delivery.

Management across all services explained how they ensure the services and supports their service provides optimises consumer independence and quality of life.

The organisation maintains a participation and inclusion policy and a family and carer involvement and engagement policy to guide staff in consumer centred and goal directed care planning.

Most consumers and representatives advised that staff attending to their services know them well and support their well-being. Consumers and representatives generally reported feeling supported with staff checking on their well-being during service delivery.

All consumer files reviewed showed that interviews and goal orientated care plans are completed for each consumer and are accessible to relevant staff through their mobile app. All care plans reviewed contained information on their family and friends, interests, work and education and home and community life. Progress notes reviewed demonstrate that staff identify, record and report any changes in the consumer to the relevant coordinator or case manager for follow-up.

All lifestyle and support worker staff interviewed showed an understanding of what is important to each consumer. Staff gave examples of how they support consumers’ spiritual, emotional and psychological needs, including providing emotional support and spending time to discuss things of interest and importance such as their family and religion.

Management interviewed described how their service’s support consumer emotional, spiritual and psychological wellbeing, including focusing on cultural safety and supporting consumers to access and attend spiritual and religious events important to them.

A significant majority of consumers and representatives said consumers are supported to participate in the community and outside of the organisation, and to do things of interest to them. All consumer files reviewed showed that consumer care plans contain information related to consumer relationships, community, and things that are important to them. Sampled consumer files demonstrate services are provided to meet these needs and preferences.

All case managers and coordinators interviewed described the services they provide to support consumers to stay connected and participate in the community. All lifestyle and support worker staff interviewed described the interests of the consumers they support, and explained how they support their social and community engagement through social support groups, community access and outings, and spending time to do activities of interest to them.

Management across all services advised feedback is regularly sought from consumers, and used to inform activity and event planning to ensure social support group and cottage based respite programs and activities are of interest to the consumers.

All consumers and representatives interviewed reported that staff know consumers and their care needs well, and they do not have to repeat information or direct staff in what to do.

All consumer files reviewed showed that consumer care plans contain information on the consumer’s condition, needs and preferences, which is available to all staff involved in the consumer’s care and services. Sampled consumer files showed consumer conditions and well-being are documented into progress notes for review by other support workers and case managers or coordinators. Feedback was provided to management regarding ensuring consistency in obtaining and maintaining current health and discharge summaries for each consumer. Management confirmed they will commence auditing consumer files to ensure all files have this information documented.

All lifestyle and support worker staff interviewed described how changes to a consumer’s condition, needs and preferences are communicated to them, explaining consumers, consumer family members or representatives, case managers and coordinators contact them to advise of changes directly. Staff also confirmed that care plan documentation is consistently updated to reflect changing needs or preferences.

All lifestyle and support worker staff interviewed advised they record and report changes in the consumer’s conditions or needs within the consumer’s progress notes to ensure the next support worker have access to information on the consumer’s condition and are able to track progress, and to enable case managers and coordinators to respond to changes in condition if required.

Management advised they ensure the information about the consumer is shared and available to others involved in the delivery of care and services through internal staff access to consumer documentation via the mobile app, and external providers are given copies of the consumer care plan and task list. Management reported, and consumer documentation sampled confirmed, that consumers sign a consent to share information form prior to the engagement of external provider.

A large majority of consumers and representatives interviewed stated they are satisfied with the services and supports delivered by the individuals, other organisations and providers of other care and services that the consumer has been referred to, including social support groups, outing groups and rehabilitation and exercise groups. Consumers and representatives interviewed generally expressed satisfaction that referrals are made in a timely manner and their needs and goals are discussed to implement individualised services to achieve their desired outcomes.

All CHSP and HCP case managers and coordinators interviewed demonstrated knowledge of how to support consumers to access other service providers outside their service to supplement the lifestyle services offered internally, including referral to counselling services, Dementia Australia and CALD social support services.

Management interviewed across each service described how they engage external providers to increase lifestyle service options available to their consumers, including liaising with local councils to support access to meals on wheels services, supporting consumers to source and access CALD social support services, and submitting referrals to Dementia Australia or elder abuse support services. Management reported, and documentation reviewed confirmed, the organisation maintains a list of preferred subcontractors which case managers and coordinators can use to refer consumers to external providers of daily living activities.

All consumers and representatives interviewed across each CHSP social support and cottage based respite service said meals provided have variety and are of a suitable quality and quantity. All lifestyle staff interviewed from social support groups held in Dubbo, Casey and Sydney advised they ensure consumers enjoy their food and receive enough of it through maintaining records of consumer meal preferences, purchasing food fresh, providing alternating menus, seeking consumer feedback and input regularly and asking consumers how they are enjoying their meal during meal service.

Management interviewed in Burwood and Queensland described discussing meal preferences during the assessment and care planning process, seeking feedback from consumers on meals provided, and ensuring culturally appropriate and dietary specific meals are available for consumers on request. Management in Queensland noted they are funded to provide other food services through CHSP and liaise with a dietician if a consumer requires a diabetic diet.

Staff advised, and management confirmed, staff who prepare meals on site for social support groups are required to maintain appropriate certification related to safe food handling and food preparation. Equipment such as fridges and other equipment were observed to be well maintained.

A review of social support group and cottage based respite documentation shows consumers’ allergies and dietary preferences are documented within each consumer’s care plan and on consumer dietary guidance documents displayed within each service kitchen.

A large majority of 8 HCP and STRC consumers and representatives interviewed expressed satisfaction that the equipment they have been provided is safe, suitable, clean, well maintained and meets their needs. Sampled files showed that occupational therapy and physiotherapy assessments, with associated recommendations, are completed prior to procurement of equipment.

All case managers and coordinators interviewed confirmed they obtain the appropriate allied health assessment with recommendation prior to purchasing equipment for consumers. Staff noted, and management confirmed, that if consumers refuse the allied health assessment, they can proceed with the equipment purchase on provision of a letter of recommendation from their general practitioner with a mobility health summary and the specific type of walking frame the consumer requires.

Five of 5 support workers interviewed described monitoring consumer equipment to ensure it is safe, clean and well-maintained, and noted they report any concerns to the case manager or coordinator for servicing or repair.

Management across all services advised they ensure equipment provided is safe for consumers through ensuring appropriate assessment and recommendations are obtained. Management added that case managers ensure an equipment trial is completed prior to purchasing to ensure its suitability.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | Compliant |
| 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Based on the information summarised below, I find the provider compliant with all applicable requirements of this Standard and therefore Compliant with this Standard.

All consumers and representatives interviewed from social support groups and cottage based respite described feeling safe and welcomed at the service.

All staff interviewed delivering social support group services described how they ensured all consumers have the opportunity for their opinions to be heard, and were able to describe each consumer and what was important to them.

Management across all services described the various ways in which they ensure consumers, and their visitors feel welcome in the service, including seeking input into and feedback on activities, and having bilingual support workers available to support CALD consumers.

The Assessment Team observed various social support groups and noted each service environment was clean, open, and supported consumer independence and function. Consumers in one social support group were observed to be playing a game of soccer, with consumers cheering scored goals. Each service environment viewed displayed Aboriginal, Torres Strait Islander and Australian flags, with one social support group displaying a poster stand at the entrance outlining the organisation’s support of LGBTQI individuals. Bathrooms were observed for various outlets, with each bathroom containing railings to assist consumers when transferring to and from the toilet.

The Assessment Team provided feedback to management regarding increasing signage for bathrooms to ensure ease of access for consumers. Management advised they will implement these recommendations immediately.

A large majority consumers and representatives from various social support groups and cottage based respite interviewed described the service environment as clean, comfortable and well-maintained. All consumers and representatives noted they are able to move freely, both indoors and outdoors, with support workers supporting consumer movement as required.

Staff at one social support group described the process when a maintenance or safety issue is identified, as isolating the item requiring maintenance and advising the facility manager for repair or replacement.

Management for various social support groups explained maintenance is managed by either the building landlord or facility managers, who can be contacted direct for maintenance repair or replacement. Management across each service advised that maintenance requests are consistently attended to promptly.

The Assessment Team observed social support groups held at various locations, noting each service was clean, well-maintained and there were no visible safety issues. Consumers at each service were observed to be moving around freely.

A large majority of consumers and representatives interviewed expressed satisfaction with the safety, cleanliness and suitability of furniture and fittings within the service environments. Staff interviewed at two social support groups reported that the equipment consumers use in the service environments is clean, maintained and safe for use, and that shared equipment is cleaned after each use.

Staff and management explained, and documentation reviewed confirmed, that each service site has a cleaning schedule to ensure all tables and other shared equipment are cleaned between consumer use as well as before and after meals.

The Assessment Team observed the furniture and equipment in various service environments and found them to be clean, well-maintained and suitable for consumer use. Documentation reviewed included cleaning schedules which show each service environment maintain cleaning schedules which outline the recurrence and type of cleaning of the various furniture and equipment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Based on the information summarised below, I find the provider compliant with all requirements of this Standard and therefore Compliant with this Standard.

Consumers and representatives interviewed stated they were not aware of how to make a complaint; however, they stated that if they had an issue, they would contact the case manager and discuss the issue with them. Staff interviewed stated that complaints and feedback information is discussed with consumers and representatives on an ongoing basis. The information pack provided to consumers has a feedback brochure informing consumers and representatives how to provide feedback, compliments and/or make a complaint.

The information pack is provided to consumers at intake, and the service agreement signed by consumers provides information and contact details about making a complaint or providing feedback both internally and to external organisations. Contact details of the external organisation are listed in the agreement and the organisations feedback brochure.

Management advised that there are numerous avenues that consumers could use to provide feedback and provided examples of these. A consumer survey asking if consumers know how to make a complaint was undertaken. Consumers were informed that they could call and ask for support to provide feedback.

Complaints received in person, by phone or through emails to the case manager are logged in the new (named) system. Complaints logged on the website, social media, and other information technology platforms are monitored by the strategy research and marketing team who note the complaints and forward them on to the Regional Manager to follow up. The complaints on the platforms are then managed by the marketing team. Depending on the complaint or issue the matter may be escalated to the Chief Executive Officer.

Consumers and representatives discussed the complaints and feedback they have provided to the organisation, including how staff were changed after they provide feedback, and how the service responded to a request for changed service times.

Consumers and representatives interviewed were not aware of how to access advocacy and interpreting services, but information on advocacy and language service is provided in the consumer handbook. It was noted that advocacy and language service brochures are not consistently provided to consumers. Case managers stated the advocacy and interpreting services information is discussed at home visits at the initial meeting and at reviews. The organisations information pack provided evidence of advocacy and interpreting services in the handbook and the organisations complaints brochure. The provider is encouraged, as a continuous improvement measure, to ensure advocacy and language service brochures are provided to all consumers.

Staff interviewed stated that translating and interpreting services are used for consumers who have a language barrier or hearing issues. One consumer was seen to have engaged with Elder Rights Advocacy who assisted them to resolve an issue.

Information indicated the NSW office in supports two main cultural groups, being Aboriginal and Macedonian communities. They provided information on how they support these communities. Two Macedonian speaking consumers stated that Macedonian speaking staff were provided to them.

Consumers and representatives interviewed across all services were satisfied in the way the organisation responded to their complaints. The organisation has a feedback and complaints policy and an open disclosure policy and procedure. The open disclosure procedure clearly identifies how staff should deal with complaints and feedback in apologising, identifying the issues, investigating, ensuring action is taken, answering consumer or representative queries as appropriate, and keeping them updated. Resolved issues are closed and written feedback given to the complainant either by email, letter or short message service. The open disclosure processes used to address concerns were viewed on the complaints register.

Management advised that once logged in its complaints system an issue gets assigned to the team managing the complaint. Complaints are to be addressed immediately depending on the nature of the complaint. Staff are to respond within five working days and depending on the nature of the complaint it may trigger an incident that is responded to more quickly. Staff can triage complaints that are of high concern and sensitive to be actioned at the earliest opportunity, and get escalated to senior management for action if necessary.

Management advised that depending on severity of the complaint a formal meeting with the consumers or representative may be undertaken to identify, what the resolution or outcome the complainant is looking for.

An example was cited of the organisation assisting a consumer with accessing advocacy services to ensure they had sound representation. Management also provided details of management of a concern about the regularity of a support workers attendance, and how they worked with the consumer to reach a solution, which the consumer indicated they were satisfied with.

The organisation has a process to document all complaints, feedback and compliments. Management advised and documentation showed that trending of complaints and feedback takes place to improve the quality of care and services.

Management advised that reports on feedback and incidents go to management on a monthly basis, and the Executive leadership team, along with the quality and safety committee, review all documented feedback, complaints and incidents. The quality team discusses trends at the practice governance quality and safety committee and leadership team discuss engagement and feedback and workplace relations.

Management advised that complaints and feedback were managed on spreadsheets at a local level and management review including tend analysis recommendations were undertaken through internal audits, and reports monthly, quarterly and annually.

All complaints and feedback are in one place and information can be assessed by management at any time. This system is being rolled out in two phases. Complaints and feedback and risk management have been implemented. The second phase of documenting and reporting incidents is currently being imported into the system.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Based on the information summarised below, I find the provider compliant with all requirements of this Standard and therefore Compliant with this Standard.

Consumers and representatives interviewed stated they were satisfied with the support workers providing services, however, would like some consistency in support workers attending to provide care and services.

Support workers interviewed confirmed they have time to complete required tasks and described that they work within their scope of practice. Workforce coordinators with rostering responsibilities interviewed described processes to ensure efficient scheduling and matching of support workers with each consumer’s needs and preferences to ensure best fit. While unplanned leave occurs, the services demonstrated processes including replacing or rescheduling staff.

Management advised that they have geographical regions and look at consumers’ needs when they recruit staff. These could include availability, looking for certain skills, gender and the need to have consistent care staff. Management advised that as far a possible they allocate a group of care staff to consistently provide care to high needs consumers. The workforce, including support workers, is mostly internal, with a high number of subcontracted nursing and support workers across the regions.

Management explained that workforce planning occurs in a whole of organisation approach that considers attraction and retention of suitable staff. Management described how staff recruitment is based on consumer mix, needs and preferences, informed by reports from service managers and regular meetings.

Management stated they have a recruitment process that includes advertising and an interview process. Telephone pre-screening, reference and background checks are undertaken prior to an offer of employment. People and culture team checks all banning orders on a monthly basis and at recruitment prior to all contracts being signed off.

While overall consumers and representatives said they are informed of changes to scheduled services, management and relevant staff across services described how they are continually working on improving communication in relation to informing consumers of unplanned roster changes.

Some consumer feedback indicated concerns with communication and staffing, including not knowing when the support workers are going to come and support workers not always being provided. Documentation reviewed outlined clear progress notes and documentation of missed service and consultation on these changes.

On balance I find that the provider could demonstrate that its 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. However, I have concerns about the management of the delivery of care and services, including the information available to staff and the availability of staff, which I have considered in other requirements.

Consumers and representatives interviewed across all services stated staff are kind caring and treat them with respect. Consumer documentation included information such as the consumer’s life areas, family and friends, interests, work and education, communication, and community life. Information such as culture, and background, choice of gender preference of staff providing care and services.

Staff interviewed were knowledgeable about the care and needs of the consumers and discussed how they supported consumers to live the best life they could. Support workers said they are guided by what the consumer or their representative identifies is right for them, and are aware of individual consumers conditions and needs from information in the ‘app’ on their mobile devices, which includes the consumer care plan.

Consumers social and cultural needs is discussed during the assessment and care planning process and documented in the consumer’s file. Staff interviewed showed they are familiar with the cultural needs of individual consumers. Management discussed how workforce interactions are monitored through feedback and complaints systems, a formal supervision process assists with oversight of support workers and staff.

Recruitment processes and position descriptions document service expectations of staff including empathy for consumers, and align with the organisational values of trust, dignity and choice for consumers. Service documentation demonstrated the Aged Care Code of Conduct applies, and that staff must also comply with an organisational conduct of conduct.

Consumers provided positive feedback on their interactions with staff.

Consumers and representatives interviewed were satisfied staff were competent and had the qualifications and knowledge to effectively perform their roles. Staff stated that they have undergone induction and orientation including mandatory training prior to commencement and ongoing training is mandatory to be undertaken annually. Staff advised they have supervision and on the job assessment as part of their assessment of staff competencies. Management advised and all staff have position descriptions and associated mandatory qualifications based on their positions. The recruitment process undertakes reviewing staff skills knowledge and competency. Interview processes including onboarding and clinical and nursing registrations and skills based competencies are undertaken prior to commencement and ongoing annually.

Assessments topics included first aid and cardiopulmonary resuscitation (CPR), manual handling, food safety, incident reporting, managing deteriorating conditions, infection control, and cultural awareness training.

Review of human resource documentation evidenced recruitment and selection documentation, position descriptions, credentialing processes, and the onboarding and induction program demonstrated established systems to ensure workforce competency to effectively perform their roles.

Consumers and representatives interviewed services consistently stated they were confident the staff providing care and services knew their job and how to provide them with appropriate care and services. Staff interviewed stated they need to complete training before they commence with the organisation and must do mandatory training annually, which equips them to conduct their roles. Staff confirmed the service provides online, and some services provide a blended module on face to face and online training. Supervision and performance appraisals to ensure they are supported to carry out their roles. Subcontracted support workers interviewed described their participation in training through their subcontracted service provider.

Support workers interviewed advised that they have access to ongoing training that included cultural awareness, abuse and neglect, infection prevention and control, deteriorating conditions, Aged Care Quality Standards and the Serious Incident Response Scheme (SIRS).

Management discussed staff training and advised mandatory training is to be completed during the new staff members onboarding and an induction. Some induction training modules are to be completed prior to a new staff members commencement.

A review of the training register identified training is based on the position of the staff member and the service has monitoring processes to ensure completion of the training. The learning management system and the learning and development team monitor staff training.

The organisation has a training calendar that lists all mandatory, essential, and training. Cultural awareness is mandatory and covered at induction and discussed at staff meeting. The learning and development team review the performance plans and tailor training needs to the training identified by staff and management.

Regular staff meetings/huddles are held to support staff cohorts with updates on the organisation, systems and regulation as well as incorporating training. Further support is offered through the staff newsletter, and Employee Assistance Program.

The organisation has processes to ensure all staff undergo performance management annually. Staff confirmed undergoing a probationary supervision at 3 and 6 months, and an annual performance development meeting annually thereafter. Management advised the case manager and workforce coordinators talk to consumers to discuss the services and seek feedback on the performance of staff and services that are provided.

Management discussed the organisations underperformance management processes, stating this is managed relevant to the seriousness of the issue. If it is a SIRS notification management is informed, as well as the People and Culture team. Employee assistance program (EAP) is offered, and outcomes put in place. Each service tracks performance appraisals and reports status to management of people and culture.

At performance discussions staff progression and training needs are discussed, and if identified training required it is organised, including higher level external training. Performance planning and development policy and procedure includes conducting performance conversations as scheduled, including a self-assessment of the employee’s performance and consideration of their own work goals.

Documentation review showed performance assessment and reviews encompass position purpose, values and behaviours, core capabilities, qualification, training learning and development plan and an agreement with manager about support requirements.

# Standard 8

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

Findings

Based on the information summarised below, I find the provider non-compliant with requirements 8(3)(d) and 8(3)(e) in relation to HCP and CHSP, and compliant with all other requirements of this Standard in relation to all services, for the following reasons.

A finding of non-compliance in one or more requirements results in a finding of non-compliance with the Standard.

Non-compliant requirements

Requirement 8(3)(d)

I find that the provider could not demonstrate effective risk management systems and practices in relation to managing high-impact or high-prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.

I find that the provider could demonstrate effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can

The Assessment Team reported on positive aspects on the organisation’s systems and processes. For example, the provider’s organisational risk management documentation includes a risk matrix, policy procedure, and a new risk framework that was currently being developed. It found that the organisation had implemented a new, (named) risk management system and was transferring to that system to improve the culture of risk management. Risk management committee and risk champions have been allocated in each area to ensure the identification and reporting of risks in the organisations systems. Links with incidents and complaints were seen, and a risk management workshop with the Board was to be held to identify what is best practice, which will feed into a risk strategy by the end of the year.

Management demonstrated that the organisation’s risk management framework includes an organisational risk register, a consumer incident register for each service site, and a risk and vulnerabilities register is managed at each site. The business committee monitors risks. A project plan for risk improvement and risk culture, strategy, appetite, and technology from Board to front line office staff is being undertaken.

The Assessment Team further reported that the organisation had implemented a risk register that captures complaints and identified organisational risks. However, the second phase of implementation is the incident recording and management, and that this was yet to be implemented. Management advised that this new risk management platform allows for all documented complaints, incidents and risks to be viewed by management and the Board.

Risk assurance occurs, with regular review of the organisation’s risk profile and high or extreme risk. The Board reviews the organisational risk register annually and formally reviews the risk management system every five years.

In relation to managing high impact and high prevalence risk.

In addition to the above matters, the Assessment Team found that the organisation discusses high impact high prevalence risk, and it is on the agenda of all committee meetings and regularly reported to the executive management team and to the Board through the clinical governance and risk committee. However, the Assessment Team found, through interviews with consumers and representatives and staff, and review of documentation, that the organisation did not demonstrate the effectiveness of its systems and practices for management of high impact or high prevalence risks.

Th Assessment Team identified that staff in the various regions do not have appropriate training in risk management and strategies for identification or escalation. This has led to a number of consumers across the organisation not having their risks identified and consumers not being supported appropriately with effective risk management interventions. However, the Assessment Team found that consumers receiving STRC services are supported appropriately and their risks managed as they are under clinical management and care for the short eight-week term.

Documented risk mitigation strategies to manage consumers identified high impact, high prevalence risks were not managed, as assessment and clinical validated risk assessments were not undertaken at entry and ongoing. There are no triggers for staff to understand, manage and escalate consumers with high impact and high prevalence issues.

Issues were identified with a consumer being provided care and services appropriate to their condition and diagnoses through Service 18619, which I have detailed in Standards 2 and 3. Although there were complexities and challenges in provision of care and services to this consumer, I do not consider these complexities were sufficiently explored. At the Quality Audit a manager noted that the consumer could benefit from engagement with a different level of staff.

The Assessment Team identified other consumers with high impact risk, high prevalence risks who were not being appropriately supported, these are detailed in Standard 2 requirements 2(3)(a) and 2(3)(e), and Standard 3 requirements 3(3)(a), 3(3)(b) and 3(3)(d).

I have considered the provider’s response to those consumers, and its improvements to address the broader issues, under those requirements. As indicated under those requirements, the provider has implemented, or will implement, a number of measures to address the issues identified for the consumers and to create systems to capture appropriate information and ensure it is acted upon. These measures are broad ranging, with the provider noting in particular that its updated Customer Compliance Spreadsheet includes an additional column to identify consumers identified with high risks, and that the data from the various regions spreadsheets are combined and given to the Senior Leadership Team for management, oversight and monitoring.

However, the system improvements are either of recent origin or just now being implemented. I consider that the effectiveness and sustainability of these improvements has not been fully demonstrated, and needs to be further evaluated once they have had time to take full effect.

Under other requirements I have identified which services the consumer specific issues apply to, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

In relation to identifying and responding to abuse and neglect.

The organisation has policies and procedures on elder abuse and appropriate reporting to guide staff. Management said, and training records demonstrated, that staff participate in training in the signs and indicators of elder abuse at induction and ongoing through online learning modules. Staff interviewed said they know how to respond to and report any suspected elder abuse and they are actively encouraged to do so. Management demonstrated effective action and referral to appropriate agencies occur when the organisation becomes aware of any allegation or evidence of harm or abuse.

The managers from the various regional offices provided examples of how abuse and neglect is identified and managed.

In relation to supporting consumers to live the best life they can.

The organisation has systems and processes including plans, policies, procedures and work instructions. Staff provided examples of how they have supported consumers to live safely and happily in their homes. Consumer feedback across each service was positive, stating that they had been supported to live the best life they can. Examples were cited by the Assessment Team.

Management advised that staff, especially support workers who are exposed to trauma when consumers pass away, are provided with a debriefing huddle and are offered employee assistance program (EAP).

In relation to managing and preventing incidents, including the use of an incident management system

The Assessment Team reported that the organisation has systems and processes to document incidents, including an electronic incident management system, as well as incident reporting and escalation procedures to ensure consistency in the documentation and monitoring of incidents and compliance with relevant legal reporting requirements. Management advised that the organisation now has a new risk management system that will capture all incidents and risks.

The Assessment Team found that while complaints and organisational risk management was currently implemented, the incident management system had not been fully implemented at the time of the Quality Audit, but was to be shortly. It found that due to this the organisation could not demonstrate that all incidents are actioned appropriately.

The Assessment Team further found that incident procedures detail responsibilities in relation to serious incident response scheme reporting (SIRS), and that witnessed and unwitnessed incidents are registered, investigated as appropriate, actioned to prevent recurrence, reported across all services, analysed for trends, and data comparison with previous monthly key performance indicators occurs. Incidents and trends, including serious incidents, are regularly reported to the Board and by exception as required.

Incidents were cited about how the organisation supported the family of a consumer following the consumer’s death, and in relation to a concern about family interactions.

While these instances are acknowledged, the examples I have cited in Standard 2 requirements 2(3)(a) and 2(3)(e), and Standard 3 requirements 3(3)(a), 3(3)(b) and 3(3)(d) indicate that a robust incident management system was not in place.

In its response the provider stated it was in the process of rolling out incident review and closure training to staff who have the main responsibility of closing out incidents and ensuring proper documentation, and stated this was expected to be completed by November 2024. It provided the training slides it will use related to incident review and closure.

I have considered the provider’s response to those consumers, and its improvements to address the broader issues, under those requirements. As indicated under those requirements, the provider has implemented, or will implement, a number of measures to address the issues identified for the consumers and to create a system for managing incidents. The provider has undertaken a large amount of work to create this system, but acknowledged that it was not yet fully implemented.

I consider that the effectiveness and sustainability of the incident management system has not been fully demonstrated, and needs to be further evaluated once they have had time to take full effect.

Under other requirements I have identified which services these concerns apply to, however the improvements identified appear to be across all service types, and the provider is encouraged to continue that approach.

As to non-compliant requirement 8(3)(e)

I find that the provider cannot demonstrate a framework which properly governs clinical governance generally or in relation to minimising the use of restraint, but is undertaking a process in a considered manner to implement this.

I find that the provider can demonstrate, on balance, a clinical governance framework in relation to antimicrobial stewardship and open disclosure.

The Assessment Team reported that the organisation provides clinical care through nursing and allied health services for HCP, CHSP and STRC consumers as appropriate across all services in the community. It stated that while the organisation had a clinical governance framework document the scope was limited, including a focus on falls. It found that the clinical governance framework does not contain enough information to clearly identify the roles and responsibilities to manage the provision and oversight of clinical care.

Management was reported as stating that clinical care is managed by case manager who engages nursing staff and allied health professionals. However, issues identified under Standard 2 requirements 2(3)(a) and 2(3)(e), and Standard 3 requirements 3(3)(a), 3(3)(b) and 3(3)(d), in relation to clinical care planning and provision, including diabetes management and pain management, indicated the current system was not effective.

In its response the provider detailed measures it had or was implementing in relation to identified consumers, which I have detailed under other requirements, and I am satisfied they are designed to address the individual issues identified. It attached examples of documents such as nursing assessments and validated assessments.

In a broader context, the provider noted it had updated its Clinical Governance Framework to strengthen the roles and responsibilities including escalation responsibilities, and that during the roll out of its new Screening and Assessment tool it was emphasised to Case Managers that the referral process included the Specific Health Management (SHMP) guide, and to escalate issues to line managers and/or clinical team as required.

I acknowledge these improvements but note, in particular, that the broader frameworks and process are of recent origin, and will require time to take full effect.

I find that the provider cannot demonstrate a framework which guides clinical governance, however I am satisfied it is working toward this.

In relation to antimicrobial stewardship

The organisation does not prescribe medications but seeks to contribute to the awareness of the need for containment of antibiotic resistance. The organisation references antimicrobial stewardship in infection control policies and procedures and maintains antimicrobial stewardship policy and procedures. Management explained staff are aware of the need for antimicrobial stewardship and have completed training on antimicrobial stewardship.

In relation to minimising the use of restraint

The Assessment Team reported that the organisation has processes to monitor restrictive practice especially with the use of bed poles, sticks or rails. Clinical supervision in the community for consumers wanting to use a bed stick or rail is undertaken through an occupational therapy assessment. This ensures informed choice and most appropriate equipment for the consumer.

Management confirmed the service does not have trend or analyse clinical indicator data to support the management of risks to consumer clinical care outcomes. However, each site has a vulnerable consumer list.

Management and staff advised restrictive practices occur either at consumer request for bedrails, or for safety reasons. Restrictive practice policy documents guidance that when a consumer and/or substitute decision maker are informed. This discussion is to be recorded in progress notes. However, this process is not always followed by all staff.

While staff interviewed across each service stated that restrictive practices were not used, management explained that any bed rail use in community service requires allied health professional review and discussion documented. While management said each service lists bed poles and bed rails in use on the care management and service delivery system, the bedrail and restrictive practice registrar was not seen by the Assessment Team.

Further, the Assessment Team cited an example for a consumer receiving care and services through Service 18617. Documentation indicated that consumer had a bed pole in place with an occupational therapist recommendation from 2022, however no documentation, review, or oversight of this equipment had been completed.

In relation to open disclosure

Open disclosure processes are used in the delivery of care and services. Consumers at interview stated that their care and services they receive from the allied health and nursing staff are discussed with them when services are being delivered. Case manager, nurses allied health professionals, and some support workers have received training in open disclosure.

Compliant requirements

Requirement 8(3)(a)

Consumers and representatives interviewed across each service were satisfied with the opportunities to be engaged in the development, delivery and evaluation of care and services. They described the support for their engagement through surveys, emails and sharing their views through direct contact with management and staff.

Staff interviewed across all services demonstrated that they understand the organisation’s commitment to consumer engagement, and described how they encourage consumers to provide feedback about their care and services. Staff interviewed consistently reported that in their own experience they find the service to be well run.

Management discussed how they engage consumers, including how the organisation has established customer reference groups across the services. Management stated the organisation used various mechanisms to engage consumers in the development, delivery and evaluation of care and services. These mechanisms included feedback and complaints processes, regular surveys, customer feedback groups to provide feedback to the board about the quality of care and services delivered.

A consumer who is part of the customer feedback groups said communication could be improved, but had given feedback on what could be improved and was happy to provide feedback and was happy with the solution and conversation. As an outcome of consumer feedback about communication and response times, the organisation has established staff response times and has documented in then continuous improvement register.

Requirement 8(3)(b)

The Assessment Team reported on the skill base of the Board and that it was supported by a Chief Executive Officer and Chief Operations Officer. The Board has a formal list of meetings 7 times a year and ad hoc meetings such as a midterm meeting for financial auditing. The Board was seen to contain one member with a clinical background, and another who was a registered nurse.

The organisation has four sub committees, being finance audit and risk, performance and governance, quality and safety committee, and a community advisory committee. Board papers were seen to be comprehensive with reports from subcommittees. The organisation implemented a recent improvement regarding presentations to its Board.

The Board has undergone Serious Incident Reporting Scheme (SIRS) training and has to do Aged Care training modules. Complaints are reported through the quality and safety committee at fortnightly meetings with the chair. The Practice governance reports on complaints and compliments. Incidents by type, reportable incidents and participation complaints.

The organisation has recruited a clinical governance consultant who reports directly to the Board. The Clinical manager advises on clinical management support for operations staff. The clinical governance portfolio sits within the People and culture, quality and change team.

The Board was seen to be engaging with complexities with its workforce. It was also seen to resolve issues relating to infection control training.

The organisations strategic plan was seen to be developing, with a focus on monitoring and developing robust systems.

As to requirement 8(3)(c)

The Assessment Team identified deficits in some sub-requirements, however I have come to a different conclusion, and find this requirement compliant, for the following reasons.

Information systems

The Assessment Team found that the organisation did not demonstrate effective information management systems are in place.

Systems and process were in place to protect the privacy of information, and there are monitored cybersecurity systems and internal and external back up services and business recovery plans ensure the integrity, security and continuity of information systems across the organisation. Consumer information is secured and documented consent to share information applies. Records management and privacy and confidentiality policies, procedures and work instructions apply. Staff across each service receive training in information privacy and are informed about reviews to policy and procedures.

However, the Assessment Team identified gaps were identified in documentation and communication across all the services, including staff not being aware of the need for comprehensive assessment and care plan information about consumer, information not being current or up to date, inconsistency in care reviews and review triggers, risks not always being captured, not all relevant information documentation being recorded, and ineffective communication. Three support workers supporting a consumer with high and complex needs described a lack of information within his care plan to guide their care and service delivery.

I have come to a different view and find the provider compliant with this sub-requirement. I find that generally the organisation’s information systems were effective and allowed staff access to information, and that consumer privacy and confidentiality was protected, but that deficiencies existed in relation to identifying and capturing information, which I have considered under other requirements.

Continuous Improvement

The organisation captures continuous improvement at organisational level and at local level at the 10 different offices. Continuous improvement at the various offices is based on the gaps identified by management and staff of the offices. Continuous improvement and organisational level was discussed by the quality and safety team and continuous improvements across the various offices were discussed by the two regional managers and office managers.

Management identified that its risk management system was not meeting the needs of the organisation. To improve risk identification and management a plan to ensure everyone was using common language and understood the terms and consequences of risks was reviewed. A new electronic risk management system is being implemented. All staff and management are to be trained to identify, record and manage risks. Risk officers will monitor appropriate information is recorded including consumer incidents. In the new system if risk is identified it can be linked for tracking and analysis.

Improvements across the sites of the organisation included a campaign to get suitably qualified staff was undertaken, improvements in security in the organisation’s premises, measures to ensure the provision of culturally appropriate care, and a drive to employ local staff in rural remote areas.

I consider that the organisation’s system in relation to continuous improvement are mostly effective, but note that I have identified issues in relation to risk identification which I have considered under other requirements.

Financial Governance

The organisation has a financial management team that manages the organisations budgeting, undertaking financial analysis and reporting to the Board. Financial reports to the board include trends, by each region and program. Financial audits are undertaken with reports published on the website and discussed at the annual general meeting.

Consumers receive a monthly statement that outlines the balance in their home care package. Monthly statements viewed were noted to be itemised. A number of consumers stated they found the statements difficult to understand, however information indicated that staff have assisted consumers with understanding these statements.

In its response the provider noted that monthly statements are itemised, and that a covering letter, an example of which was supplied, (attached) that accompanies the monthly statement provides advice to customers that they can contact their client representative at their local regional office.

The chief operating officer and managers receive a monthly underspend and over spent funds report and discuss this at a monthly meeting with the operational managers and the chief financial officer. The report provides an overview and breaks down into regions, offices, and consumers financial balances.

The chief operating officer provides a monthly report to the executive leadership team. A project is undertaking a bi-monthly meeting to discuss unspent funds and make consumers aware of their finances. The unspent guidelines to reduce the unspent funds is discussed and the reports show graphs and tracking of how the service monitors unspent and overspent funds.

Workforce Governance

The Assessment Team found that the organisation could not demonstrate that they had an effective governance system to support the workforce when issues are identified.

The Assessment Team reported on various processes in relation to workplace relations, a practice governance report has monthly attrition and breakdown reports, terminations tenure resignations and managing vacancies and training and a monthly report from the people and culture team on staff profiles and employment types.

However, the Assessment Team found that the organisation could not support the consumers in the Loddon Mallee region, due to the lack of staff and support workers. Management was reported as acknowledging the organisations inability to provide some services at present. It stated it was working on and reviewing a restructure and how to spread workforce especially across the relevant regions.

One consumer’s representative in this region stated the organisation was struggling with staff, and they don’t get the same person every time, however they noted that the organisation had been attempting to address this by, at the start of every week, letting them know of the times for showers and cleaning and the staff coming, but that it often changes.

Although I have concerns about workforce provision in this area, I do not have sufficient information to form a view that the organisation’s systems are defective. I have considered the provision of care to consumers in the Loddon Mallee and other regions under other requirements and have provided the organisation with details of related improvements it must make. with required improvements designed to enhance the quality of care.

I note that in its response the provider detailed a number of current or planned improvements in relation to workforce governance, and it is encouraged to continue with these enhancements.

Regulatory Compliance

The organisation has processes to capture regulatory and legislative changes. Updates are notified through legal services, the Department, the Commission (ACQSC) and bulletins from advisory bodies. The Reconciliation Action Plan (RAP) provides advice and strategies on how to support Aboriginal communities.

Regulatory compliance changes are noted on the compliance register responsible staff undertake the changes. To ensure compliance with the Aged Care Standards, the organisation has a project group for auditing the Aged Care standards and a team of quality and compliance leaders who would ensure the tasks that need to be implemented are actioned.

Management explained, and staff interviews and documentation review across each service confirmed, that information related to regulatory compliance changes is conveyed to staff through staff newsletters, staff meetings, and staff education and training sessions.

Management described how staff are informed about the code of conduct requirements through induction, meetings, and ongoing training.

Staff and volunteers have required probity checks including police certificates.

Feedback and Complaints

The organisation’s feedback and complaints system supports consumers, representatives and others across each service to provide feedback or make a complaint.

Management explained, and documentation review including complaint data across all services and management reports confirmed, that compliments, complaints and actions arising, and external complaints are regularly reported to the Board. The organisation demonstrated that feedback and complaints inform continuous improvement.

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)