**Performance**

**Report**

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| Name: | Awabakal Newcastle Aboriginal Co-Operative Ltd |
| Commission ID: | 200177 |
| Address: | 52 Pendlebury Road, CARDIFF, New South Wales, 2285 |
| Activity type: | Quality Audit |
| Activity date: | 12 June 2024 to 14 June 2024 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1654 Awabakal Ltd  
Service: 17323 Awabakal Community Aged Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7420 Awabakal Ltd  
Service: 24457 Awabakal Ltd - Care Relationships and Carer Support  
Service: 24458 Awabakal Ltd - Community and Home Support

**This performance report**

This performance report for Awabakal Newcastle Aboriginal Co-Operative Ltd (**the service**) has been prepared by J Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 16 July 2024

# Assessment summary for Home Care Packages (HCP)

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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 | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not 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 | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 1(3)(a) - the provider is to ensure all consumers are treated with dignity and respect, and staff are aware of and value consumer’s identity, culture and diversity. Staff practices and workforce planning is effective in ensuring respectful and dignified care and services for consumers.
* Requirement 1(3)(b) - the provider is to identify and respond to past traumas and experiences that some consumers have experienced and to ensure staff treat consumers equitably with regard to their cultural diversity.
* Requirement 1(3)(c) - the provider is to ensure each consumer is supported to exercise choice and independence regarding their care and services, and these choices are upheld by the service, in areas such as activities of the Elders women’s group, and Care and service records are to include information regarding if and who consumers’ have nominated to make decisions for them
* Requirement 1(3)(d) - the provider is to ensure all staff and management are educated in the practical application of dignity of risk and consumers are supported if they choose to take risks to live their best life.
* Requirement 1(3)(e) - the provider is to ensure consumers receive comprehensive, current, timely and accurate information that they can understand and enables them to make informed decisions about their care and services, in areas such as providing monthly service statements and what services are available to HCP and CHSP consumers.
* Requirement 1(3)(f) - the provider is to ensure consumers’ privacy is protected by having a system in place to securely store and record all HCP and CHSP consumer information, that is separate from the Aboriginal Medical Service (AMS) information system that cannot be accessed by staff of the AMS, and that information shared with other service providers requires written consent of the consumer and/or their representative.
* Requirement 2(3)(a) - the provider is to ensure assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Assessments to identify risks and inform safe care are completed in a timely manner, and by specified members of the workforce, in line with the organisation’s policies.
* Requirement 2(3)(b) - the provider is to ensure assessment and planning consistently addresses the needs, goals and preferences of consumers, such as type of assistance needed, required equipment such as shower chairs, or consumers’ preferences, such as gender of support worker; and that they are clearly documented in the consumer’s care and service plan.
* Requirement 2(3)(c) - the provider is to ensure assessment and planning is based on an ongoing partnership with consumers and representatives who the consumer wishes to involve in their care, the provider considers and responds to requests by consumers for changes to their care and services and ensures consumers know who their care and service coordinator is.
* Requirement 2(3)(d) - the provider is to ensure the outcomes of assessment and planning are effectively communicated to the consumer and the care and a comprehensive care and services plan is available at point of care and accessible to support workers, including subcontracted staff.
* Requirement 2(3)(e) – the provider is to ensure care and services are regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals or preferences of the consumer, there are designated staff available with the expertise to review care plans, and subcontracted support staff provide timely consumer progress notes to the service to inform regular and/or the need for care plan review.
* Requirement 3(3)(a) - the provider is to ensure consumers’ clinical and personal care is best practice, tailored to their needs and optimises their health and well-being, staff provide care and services within their scope of practice, and there is an effective process for escalating change and/or deterioration in a consumer’s condition, including roles and responsibilities.
* Requirement 3(3)(b) - the provider is to ensure effective systems and processes for the management of high impact high prevalence risks to consumers’ health safety and wellbeing, including the full implementation of its new risk and vulnerability register and training for staff and management on how to record and access information on individual and organisational consumer risk, mitigation strategies and trends.
* Requirement 3(3)(d) - the provider is to ensure deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.
* Requirement 3(3)(e) - the provider is to ensure support workers can access consumer care plans, referrals to allied health professionals are documented in care and service documentation and there are systems and processes in place for effective communication between the service and subcontracted providers on consumers care and service needs and preferences and services delivered.
* Requirement 4(3)(a) - the provider is to ensure services and supports for daily living meet each consumers’ needs, goals and preferences and the provider responds to consumer care and service requests in areas such as consumers’ preferred activities for the Elders women’s group, timely referral to allied health services and transport to medical appointments for HCP consumers.
* Requirement 4(3)(b) - the provider is to ensure services and supports promote each consumer’s emotional and psychological well-being following events that may have triggered an emotional or psychological impact for consumers and staff are educated on providing effective care and services for consumers living with dementia and/or who have experienced trauma.
* Requirement 4(3)(e) - the provider is to ensure timely and appropriate referrals are made to individual and other providers of care and services, and progress and outcomes of referrals are documented and communicated with consumers.
* Requirement 4(3)(f) - the provider is to ensure where meals are provided, they are varied and of suitable quality and quantity and consumers’ meal preferences are considered an incorporated where possible.
* Requirement 6(3)(a) - the provider is to ensure consumers, their representatives, staff and management are educated about the service’s feedback complaints process, consumers are supported to make complaints and in accordance with the Charter of Aged Care Rights consumers are able to complain free from reprisal and have their complaints dealt with fairly and promptly.
* Requirement 6(3)(b) - the provider is to ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints, and staff are educated about external advocacy services and culturally safe external complaints mechanisms.
* Requirement 6(3)(c) - the provider is to ensure appropriate action is taken in response to consumer complaints, open disclosure is used when things go wrong and there is an effective complaints register to record and track resolution of complaints.
* Requirement 6(3)(d) - the provider is to ensure it has effective systems and processes in place to review feedback and complaints to inform improvements to the quality of care and services.
* Requirement 7(3)(a) - the provider is to implement effective systems and processes to ensure there is a sufficient number and mix of appropriately qualified staff (including subcontracted staff) to provide safe care and services to consumers.
* Requirement 7(3)(b) - the provider is to ensure the workforce interactions with consumers are consistently kind, caring and respectful of each consumer’s identity, culture and diversity, and training is provided to staff to understand culturally diverse needs of consumers.
* Requirement 7(3)(c) - the provider is to ensure all staff and management are trained and assessed as competent in performing their roles and responsibilities in accordance with the Aged Care Quality Standards, and other legislative regulatory requirements, including SIRS identification and reporting, effective complaints management, incident and risk management.
* Requirement 7(3)(d) - the provider must have systems and processes to ensure all staff (including those who are subcontracted) have the qualifications, mandatory probity checks and complete mandatory training and assessment required to perform their roles in accordance with legislative and regulatory requirements and there is a system to track staff training and assessment completions are up to date.
* Requirement 7(3)(e) - the provider is to ensure supervisors responsible for staff performance appraisal are educated so they have sufficient knowledge of Aged Care Quality standards, other legislative and regulatory requirements to effectively assess staff performance, and that effective assessment measures are used, such as consumer feedback, incident investigation, review of clinical data and observations of staff performance in the workplace.
* Requirement 8(3)(a) - the provider is to ensure there are effective systems and processes in place to engage consumers in the development and delivery and evaluations of care and services, including but not limited to regular consumer feedback surveys, and forums for consumers to provide input and feedback, raise concerns and contribute their ideas towards the improvement of care and service delivery.
* Requirement 8(3)(b) - the provider is to ensure there are effective systems and processes for organisational reporting and escalation pathways from support staff to the general manager to the Board, to enable the governing body to provide strategic direction and oversight in relation to addressing and preventing identified risks to consumers health safety and wellbeing, and the continuous improvement of care and services.
* Requirement 8(3)(c) - the provider is to ensure there are effective organisation wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, complaints and feedback.
* Requirement 8(3)(d) - the provider is to ensure there are effective and comprehensive management systems and processes for incident and risk identification and management, including incident reporting, root cause analysis, determination and implementation of mitigation strategies, risk recording, trending, and analysis and mitigation at the individual consumer and organisational level.
* Requirement 8(3)(e) - the provider is to ensure it has an effective clinical governance framework in place and a registered nurse oversees the provision of safe and effective clinical care, there are policies and procedure for antimicrobial stewardship, minimising the use of restraint, and antimicrobial stewardship and management and staff receive training on the policies and procedures.

# 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as none of six specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 1(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Several consumers advised staff had not treated them with dignity and respect, including missing services and not respecting their identity and culture. Consumers also said brokered services did not always understand or respect their culture and diversity. Not all staff refer to female Elders as Aunty, which shows a lack of respect.

One consumer said they have complained that the registered nurse does not speak to them very nicely. Another consumer (CHSP) said when consumers in the Elders women’s group complain about the service, staff call them ‘whingers’. Another consumer said when they called to make a complaint the staff member said they were turning on the phone speaker so the whole office could hear. Information on consumers’ identity, culture and diversity is not always included in care documentation or communicated to staff from brokered services.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(a).

Requirement 1(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate care and services are culturally safe. The service does not adequately identify and respond to past traumas and experiences that some consumers have experienced. Not all consumers feel they are treated equitably with regard to their cultural diversity.

One consumer (HCP L3) said they were informed by a staff member they were not eligible to receive transport and social support services and clinical services because they did not have documented evidence that they are Aboriginal. The consumer advised they had to use taxi vouchers. They are not entitled to lower social support rates for transport covered under the homecare package, and they could not afford the cost of a taxi fare to attend the Elders’ women’s group. This was discussed with program coordinators during the Quality Audit, and they agreed to reduce the cost of the taxi service for the consumer. Another consumer said consumers’ who are not members of the ‘Awabakal mob’, including themself, are not provided with the same respect, care and services such as advocacy support.

The Assessment Team observed an incident during an Elder’s women’s group meeting in which a support worker allowed a consumer’s son to enter the room to drop off a package. The women in the group said this was not culturally appropriate and did not respect women’s business by having a male in the room.

Consumers’ care plans contain some of their life story including information such as the ‘mob’ they belong to and history of past trauma. However, this information is limited and is not considered in the provision of care and services. Support workers are not provided the consumer’s care plan to understand their needs, and preferences and cultural care requirements.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(b).

Requirement 1(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer is supported to exercise choice and make decisions regarding their assessment, care planning and service delivery. Sampled consumers advised they are not supported to exercise their choice regarding how they would like services to be delivered, who they wish to be involved in their care, to make connections and maintain relationships of choice.

Feedback from sampled consumers included, they no longer have a say on what the women’s group does and now they just do craft activities. They have made several suggestions for activities, including a safe firepit and yarning circles where consumers can sit and chat, but the service always has an excuse as to why they cannot be done and does not offer alternative activities. A consumer noted changes were made to their cleaning service without consulting them, leading to a less effective service, and their complaints about change were not listened too.

Care and service records do not include information regarding if and who consumers’ have nominated to make decisions for them. When asked at the entry meeting, staff could not recall consumers under guardianship.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(c).

Requirement 1(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate consumers are supported to take risks to enable them to live their best life. The service does not have a formal dignity of risk process. Staff are not provided with training or guidelines on and did not demonstrate a good understanding of dignity of risk. A coordinator and staff interviewed were unable to explain how they would support consumers in relation to dignity of risk.

Staff advised one consumer (HCP L4) has high unspent funds, lives alone, and refuses services. They said they had discussed with the consumer the need for welfare checks when the consumer does not answer the coordinator’s phone calls after refusing services. However, staff did not advise they had conversations with the consumer regarding the potential risk of personal harm due to refusing services, nor mitigation strategies such as how the service could support the consumer in other ways than the weekly support worker visit, to meet their needs and preferences, while supporting their health safety and wellbeing.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(d).

Requirement 1(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer receives information that is current, accurate and timely, is communicated in a way that they can understand and enables them to exercise choice. Consumers stated that they do not have sufficient information regarding their care and services, and services have not been sufficiently explained to them. The service has systems and processes in place to inform consumers to exercise choice in their care and services. However, information provided is not always comprehensive, accurate, or timely.

The Assessment Team found that service statements are not being provided to consumers regularly, they are often late or inaccurate, and consumers advised they do not understand their statements. One consumer said they do not receive information about the cost of their CHSP services. Management acknowledged statements are not sent out monthly as required, and that the March 2024 statements have only recently been received by consumers in June 2024.

Several consumers said they had received their care plan some time ago but their plan had not been discussed with them for several months or over a year. Most consumers who were attending the women’s group activity advised they do not understand the services they can receive through the HCP and CHSP programs. One consumer (HCP L3) said the service has not really explained their package and financial statements to them.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(e).

Requirement 1(3)(f)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service uses the information system of the co-located Aboriginal Medical Service (AMS) to record consumers’ information. Consumers’ clinical and medical information is located, unsecured on the platform. Hence staff from the AMS can access records of consumers receiving HCP and CHSP services, and HCP and CHSP service staff can also access consumer’ records from the AMS.

The HCP agreement provided to consumers contains the Charter of Aged Care Rights document and consumer privacy information. However, the Assessment Team did not observe any documented consent to share consumer information.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 1(3)(f).

The provider submitted a comprehensive plan for continuous improvement to address the identified areas of non-compliance in these requirements. I commend the provider’s planned improvement actions. However, I consider it will take time for the improvements to be embedded and sustained in practice.

Based on the information summarised above, I find the service non-compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f).

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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

This Quality Standard has been assessed as non-compliant as none of five specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 2(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate assessment and planning includes risks to the consumer and informs delivery of safe and effective care and services. The service has assessment tools, including initial assessment, home safety checklist and cognitive assessment, but these were not always completed. Sampled staff were not aware of consumers’ risks nor that they were responsible for minimising risks, and they were unclear about their roles responsibilities in relation to consumer assessment.

The Assessment Team did not find any clearly identified risks to consumers health, safety and wellbeing in care plans or other documentation. Where high impact or high prevalence risks were identified, they were included within other information and interventions and risk mitigation strategies were not specified. The action plans for meeting specified care and/or service goals or needs were not completed, and in several sampled consumer files, there were blank forms in the section for clinical risk assessments.

One consumer’s (HCP L3) care plan indicated the consumer had pending spinal surgery. The care plan noted provision of a hand-held shower head, installation of rails and personal alarm supplied to assist with falls prevention. However, there was no assessment of pain or falls risk documented. The care plan of another consumer (HCP L4) provided minimal information regarding strategies to manage their care needs including risks. The goal for falls was recorded as ‘yes’, the mobility goal was ‘assist’, the skin integrity goal was ‘check’ and there was no information in the action plan and team care arrangements. The representative said the consumer’s support worker who provides personal care needed to be shown what to do when they first attended because they had not been given any information about the consumer’s care needs.

Staff advised the service has a comprehensive assessment form for HCP and CHSP consumers. However, the Assessment Team did not find a completed version of the form in several care files reviewed. Coordinators advised registered nurses were responsible for comprehensive assessments for consumers and registered nurses said that was the responsibility of coordinators. Coordinators could not describe the specific risk mitigation strategies in place for sampled consumers, noting they did not know the consumers due to recent case load changes.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 2(3)(a).

Requirement 2(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate assessment, planning and review addresses consumers’ current needs goals and preferences. Some care plans did reference advance care directives being completed or to be attended. The service has a comprehensive assessment form to inform care planning. The Assessment Team found the form was blank or incomplete in sampled consumer files. The section for the use of aged care services was often blank and the registered nurse advised they did not use that section of the form.

Sampled care plans did not include consumer preferences for HCP or CHSP services and all care plans reviewed contained minimal or no details regarding delivery of personal or clinical care, such as type of assistance needed, required equipment such as shower chairs, or consumers’ preferences, such as gender of support worker. Sampled consumers said they were not receiving the care and services they need. One consumer advised they are not getting appropriate services for their condition that has declined since a medical incident at the end of 2023. They said they are no longer able to access the community which has negatively impacted their quality of life.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 2(3)(b).

Requirement 2(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate assessment and planning occurs in partnership with the consumer, those they wish to be involved in their care and includes other organisations involved in their care. Consumers advised because it is very hard to communicate with the service, they have not been able to request changes to their care and services or to inform staff of their changed circumstances and/or increased needs.

Some consumers said they had requested changes to their care and services that were ignored, such as transport to appointments and ongoing physiotherapy services. Many consumers said they did not know who their coordinator was and who was responsible for planning and organising their care and services.

One care coordinator advised consumers are told at their review to list any changes because their next review would not occur for 4 months, while the service’s care plan review policy states reviews occur 3 monthly. Management’s response when this was raised by the Assessment Team was 4-monthly reviews were only implemented as a short-term strategy for specific consumers who were making frequent and ongoing demands for changes to their services, in order to request the consumer to trial the changes before seeking further change.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 2(3)(c).

Requirement 2(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate the outcomes of

assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. Most consumers confirmed they had a copy of their care plan. However, consumers said they did not know how HCP and CHSP programs support them.

Coordinators said it is the responsibility of the registered nurse to communicate the outcomes of assessment and planning to consumers and representatives. However, the registered nurse was on long service leave and other communication arrangements had not been made. Support workers said they cannot access consumer care plans and have to ask consumers or families what is required when they arrive at the consumer’s home. The service confirmed they do not send care plans to brokered providers because they have not requested the information. Staff advised communication with brokered providers was poor, and the Assessment Team was unable to contact them after multiple attempts. The ECMS contained reports from allied health providers, but the outcomes of their assessments were not incorporated into sampled consumers’ care plans.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 2(3)(d).

Requirement 2(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate care and services are regularly reviewed for effectiveness when circumstances change, incidents occur or when circumstances change impacting the needs, goals and preferences of the consumer. The service does not have effective procedures to ensure routine and as needed reviews are conducted.

Coordinators advised the registered nurse was responsible for all assessment and planning for HCP and CHSP consumers. However, the registered nurse was on extended leave and management had not made alternative arrangements for consumers’ who required care plan review in their absence.

Management and staff acknowledged they did not know when CHSP consumers’ care and services were due to be reviewed unless they accessed individual care files for each consumer. The service policy is for CHSP care plans to be reviewed every 6 months. The service policy is for HCP care plans to be reviewed every 3 months. However, the consumer list showed 87 of 164 HCP care plans were recorded as reviewed within the last 12 months and 77 had not been formally reviewed in more than 12 months.

Support staff and coordinators said they do not receive progress notes or other information from brokered providers regarding services provided by their support workers. As a consequence they were not made aware when incidents or changes in consumers’ condition occurred to trigger a care plan reviews. Management acknowledged the need to remedy the communication issues with brokered providers.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 2(3)(e).

The provider submitted a comprehensive plan for continuous improvement to address the identified areas of non-compliance in these requirements. I commend the provider’s planned improvement actions. However, I consider it will take time for the improvements to be embedded and sustained in practice.

Based on the information summarised above, I find the service non-compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# 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. | Not Compliant | Not 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

This Quality Standard has been assessed as non-compliant as three of seven specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 3(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs that optimises their health and wellbeing. Consumers said they had missed out on episodes of personal care and clinical care which had negatively impacted their health and well-being. Coordinators and support staff were unable to describe the specific needs and preferences of consumers. The service’s personal and clinical care policies were dated 2018 with no evidence of review. There were no procedures for common areas of clinical care, such as medication management, continence care and wound management.

The Assessment Team report outlined several examples of deficits in clinical and personal care provision that negatively impacted consumers’ health, safety and wellbeing. One consumer reported delayed changes of their blood glucose sensor patches which caused them stress and worry. A representative said their consumer had not received assistance with personal hygiene care for a week when their support worker was on leave. The consumer’s care plan notes they live with multiple chronic conditions including kidney disease, and they require support with continence and daily support with personal care and grooming. The consumer was hospitalised with a urinary tract infection during that time, and their mobility declined.

For one consumer receiving blood pressure medication there were inconsistent instructions provided in their care plan and progress notes regarding the required frequency of blood pressure monitoring, and there was no target or expected range documented for the consumer. A support worker was measuring and reporting on the consumer’s vital signs when they attended weekly social support services. However, interpreting the readings is out of scope for a support worker, and the service did not demonstrate clinical oversight was provided for this clinical care provision, to check for and respond to changes in the consumer’s vital signs over time. The clinical lead registered nurse was on extended leave at the time of the Quality Audit, with no replacement and no other RN on site.

Support workers said they prompt or supervise some consumers with self-administration of medication. Care plans listed consumers’ medications, but not whether they required medication assistance, and support workers checked whether consumers had taken their medication when requested by their families rather than the service.

Coordinators and support workers described the process for escalation of deterioration and/or change in consumer’s condition to the registered nurse but were unable to describe the escalation process in their absence. Management said they could refer consumers to the district nurse for wound management if required. However, the aged care manager and general manager had been in their roles for one month and did not have clinical qualifications or experience.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 3(3)(a).

Requirement 3(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate effective management of high impact high prevalence risks associated with consumers’ care.

Care plans did not identify sampled consumers’ risks and mitigation strategies were not developed, documented or effectively implemented.

The service has recently implemented a ‘risk and vulnerability’ register and new incident reporting system using a QR code. However, the Assessment Team found it was incomplete, and staff interviewed were not clear on the purpose of this register. Management were unable to describe where the new QR code incident reports were collated or who was responsible for reviewing the information. Coordinators were not knowledgeable about risks to consumers or common risk mitigation strategies.

Consumer documentation showed that incidents such as falls and non-response to scheduled visits were not recorded as incidents. The register was not complete, with less than a third of the service’s 310 consumers’ risk information entered. Seventeen of those consumers had high aggregated risk ratings. However, their action plans contained generic service types rather than personalised risk mitigation strategies.

The Assessment Team report outlined several examples of deficits in the identification and management of high impact high prevalence risks related to consumers’ care that negatively impacted their health, safety and wellbeing. The care documentation for one consumer (HCP L1) who lives alone with an acute brain injury and has a history of hoarding, showed the consumer had experienced falls, cancelled services and had not responded to scheduled visits. However, the service had not recorded any of these as incidents. The service received an email in March 2024 from a brokered support worker noting the consumer informed them they had a fall and cancelled the service that day. There was no documentation by the service acknowledging the reported fall or that it was the second in 3 months, nor was there evidence of follow up, investigation, reassessment, care plan review, or any other action taken regarding the consumer’s falls risk.

The brokered provider also contacted the service to express concerns about the consumer’s wellbeing and workers’ safety due to hoarding, cleanliness issues at the home and an incident where the consumer said distressing things. Progress notes showed the service informed the consumer’s family, and concluded the consumer’s comments were due to a news event. There was no further follow-up, such as a risk assessment and/or referral for behaviour assessment documented.

One consumer (HCP L4) was described by the support worker as experiencing increased bladder and bowel incontinence, which they were finding upsetting. The support worker confirmed they were providing reassurance. The consumer’s care plan contains minimal information on continence management, noting the consumer needs support with continence and continence aids to be supplied as per carer advice. There is no information regarding continence care, continence assessment, skin integrity assessment, or any interventions described in the consumer’s care plan other than a goal to check the consumer’s skin integrity. Potential risks to the consumer’s health and wellbeing not covered in the care plan include health deterioration, with increased complications from diagnosed kidney disease such as frequent urinary tract infections, high risk to skin integrity due to bowel incontinence which if not effectively managed could lead to skin breakdown, wounds and pain.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 3(3)(b).

Requirement 3(3)(d)

The Assessment Team found for HCP and CHSP services demonstrated 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. Some consumers said they have reported deterioration and had requests for additional services refused or ignored. Support workers advised they have reported changes or concerns to the service and no action was taken. Management and staff noted the lack of information provided by brokered providers resulting in the service lacking oversight of changes to or deterioration in consumers’ condition.

The registered nurse said they rely on consumers and their representatives to keep them informed of consumer deterioration or change, and when asked by the Assessment Team did not mention alternative methods to recognise deterioration, such as assessment, progress note and care plan review, reports from support workers or coordinators.

Two consumers advised they did not receive physiotherapy services when requested and their mobility has deteriorated. One representative said they had tried to contact the service about their consumer (HCP L4) who had experienced deteriorating mobility, but the service was difficult to contact, their phone calls were unanswered and messages not returned. Meeting minutes showed the consumer’s decreased mobility was reported at the support worker team meeting in February 2024, and again in May 2024 when the registered nurse made a physiotherapy referral.

Documentation for one consumer (HCP L2) who recently died in hospital, and interviews with the consumer’s support officer and coordinator evidenced there was no follow up or wellbeing check when the support worker recorded the consumer was sick and did not accept their scheduled social support service on 12 April 2024. The coordinator did not follow up to manage the deterioration in the consumer’s health. There was no referral for clinical reassessment or recorded discussion of how HCP funds could be used to manage the consumer’s sickness, nor whether increased monitoring was required. The consumer experienced 2 subsequent falls and was admitted to the intensive care unit at a hospital on 19 April 2024. The Assessment Team found that the service’s clinical lead was on leave at the time.

During the Quality Audit management acknowledged these findings and committed to immediately addressing the issues to meet the requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 3(3)(d).

Requirement 3(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others responsible for their care.

All sampled consumers and representatives advised communication with the service is very poor, including not being able to contact staff, not knowing who their coordinator was, unreturned messages and requests not responded too. One representative said when their consumer’s (HCP L4) new support worker commenced they did not know what support services the consumer needed nor what to do. Another consumer (HCP L2) said they attend the care for their partner (HCP L4) because it is easier than having to explain what to do every time a different support worker is sent to provide services.

The registered nurse advised many referrals to allied health providers who work for the service (but not the aged care services) are made verbally and they would only send documents if they ‘really needed to’. Support workers employed by the service said they cannot access consumer care plans and they do not receive information about the services they need to provide to consumers. One support worker noted their embarrassment at having to ask consumers what they need, and another support worker advised they ‘go in blind.’ Support workers also said they often do not receive timely replies from coordinators regarding consumer care and services. The Assessment Team found coordinators were frequently not familiar with the care being provided to sampled consumers and were unsure of the best place to locate information they requested. All sampled staff said they found it extremely difficult to communicate with brokered providers and management acknowledged this must be remedied immediately.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 3(3)(e).

The provider submitted a comprehensive plan for continuous improvement to address the identified areas of non-compliance in these requirements. I commend the provider’s planned improvement actions. However, I consider it will take time for the improvements to be embedded and sustained in practice.

Based on the information summarised above, I find the service non-compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e).

**Compliant Requirements**

Requirement 3(3)(c)

The Assessment Team found HCP and CHSP services demonstrated the needs, goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. The service is not currently providing end of life care for any consumers. However, staff were able to describe how the service would work with local palliative care providers, including when the service providers could be accessed and how the service works with the other services providers to support consumers nearing end of life. Support workers were able to describe the broader principles of providing end of life care to maximise consumers’ comfort and preserve their dignity. Some care plans showed advance care planning had been discussed with consumers. The registered nurse said this is discussed with consumers at initial onboarding and on consumer request.

Requirement 3(3)(f)

The Assessment Team found HCP services demonstrated timely and appropriate referrals are made to individuals and other providers of care and services, but CHSP services did not. HCP consumer care plans and care files showed evidence of referral to and reports received from a range of allied health professionals, including massage for pain management, podiatry, physiotherapy, occupational therapy at time of initial visit or at consumer request. As noted in Requirement 3(3)(b) some HCP consumers did not receive requested physiotherapy services. However, the consumer files show the referrals were made by the registered nurse, but coordinators were not able to explain why physiotherapy services were not implemented.

In relation to CHSP services, a coordinator demonstrated how a CHSP consumer was referred to My Aged Care (MAC) for additional service referral codes when additional needs were identified. Another CHSP consumer had been referred to MAC for an Aged Care Assessment Team (ACAT) review to assess for an HCP.

However, the Assessment Team found one CHSP consumer’s care plan had not been updated since October 2022. Their care notes dated 8 January 2023 showed the consumer has multiple comorbidities, including severe osteoarthritis that significantly impacts their activities of daily living and mobility. Support needs outlined included podiatry, eye care, Occupational Therapy (OT), housing advocacy, falls prevention and social support. Some supports were provided to the consumer. A care note in June 2023 stated the consumer needs housing advocacy, OT and equipment. No follow up actions were identified by the service at the time. In July 2023 the consumer’s family member made a requested to the service for an OT referral that was actioned 6 months later in January 2024. An application for home modifications was also submitted to the Department of Housing and a mould issue with the house was reported. A portable indoor mobility scooter for community access was provided at the time. On 5 June 2024 a referral was made by the service for urgent ophthalmology and specialist physiotherapy, but no further information was documented as to whether the service has followed up on the referrals or supports provided to meet the consumer’s ongoing needs. Management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement.

I have considered the Assessment Team’s recommendation that this Requirement was not met in relation to CHSP services. However, I note the reliance on one sampled CHSP consumer’s care documentation that showed some, referrals were not made in a timely manner, and the lack of consumer and/or representative feedback on the consumer impact of the delayed referrals, is not in sufficient evidence to satisfy a finding of overall non-compliance with this requirement for CHSP services. Accordingly, I find both HCP and CHSP services compliant in Requirement 3(3)(f).

Requirement 3(3)(g)

The Assessment Team found HCP and CHSP services demonstrated there are effective processes and practices in place to minimise infection related risks including standard and transmission-based precautions. Staff said that 90 percent of their consumers are patients of the Aboriginal Medical Service clinics and appropriate antibiotic prescribing would be managed by their medical practitioners. Support workers advised they had not had regular ongoing training on infection prevention and control but were able to describe the importance of hand hygiene and use of standard and transmission-based precautions, how they would use different types of personal protective equipment (PPE). They also described symptoms of common respiratory and other communicable illnesses that required reporting. All staff are offered influenza vaccination, and followed up to ensure they receive it annually. Influenza and COVID-19 vaccinations are recorded for all consumers and staff in individual files. The service has ample supply of PPE and rapid antigen tests for COVID-19.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(c), 3(3)(f) and 3(3)(g).

# 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. | Not Compliant | Not Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as three of seven specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 4(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs, goals and

preferences and optimise their independence, health, wellbeing and quality of life. Sampled consumers’ feedback confirmed this.

Two consumers indicated the Elders women’s group does not go on regular outings anymore such as bus trips, drives, BBQs or bowls. One consumer said some women have stopped attending as a result. The consumer advised there have been some arguments between the women at the group and there was not always staff at the women’s group to support activities. They said the group needed a support worker there all the time, and the group wanted more than just sitting around doing crafts. Another consumer said the group is disorganised and no activities are planned. The consumers said they had raised these issues with the service.

One consumer (HCP L4) said they and their partner have personal alarms to use at home, but 12 months ago they requested a GPS tracker for when they leave home. The consumer said the service has not actioned the request and now they do not feel safe to leave their home. One consumer (HCP L2) advised they injured their shoulders three weeks prior to the Quality Audit and their doctor requested the service to arrange hydrotherapy to assist with their mobility and pain. The consumer said they are still waiting, they have not received a call from the service, and they are in constant pain. One consumer (CHSP) said they and their partner (HCP L3) had been waiting 6 weeks for the service coordinator to initiate to assist them with activities of daily living to enable them to remain in their home, even though the consumer has contacted the service several times.

HCP consumers reported they were not receiving transport to medical appointments or other activities after changes were made to funding of CHSP transport services. Management confirmed they were aware of the changes and had received multiple complaints, but said they were not aware HCP consumers were impacted as the changes were not applicable those assigned HCP services. Program coordinators advised consumers have asked to attend a men’s group, but this is no longer offered by the service.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 4(3)(a).

Requirement 4(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers and staff at the service acknowledged many consumers have experienced trauma, such as transgenerational trauma and domestic violence; and culturally appropriate services need to be provided to support their spiritual wellbeing. Care documentation provided limited or no information on consumer’s past history of trauma or what trauma support services they have received or require. Most staff said they have not received training in managing consumers experiencing mental health issues or in managing consumers who live with dementia.

One consumer (HCP L4) advised it is very important to their emotional and psychological safety not to have male workers assigned to their care and services. The consumer said they had 4 subcontracted male support workers attend their care in the last few months. Another consumer (HCP L4) said they were provided with a male support worker when a female was requested. One consumer (HCP L3) said they were happy with the social support they receive at home, and that the support worker assists with their mental health by taking them shopping twice and for a ‘cuppa’ once a week. One consumer (CHSP) said they used to attend the Elders women’s group but stopped going due to their experience there. They said no-one contacted them to check they were alright or whether they would return.

One consumer who lives on their own, advised that when their family member requested the service provide them with more mental stimulation such as attending the bowling club or going out to lunch, the support workers said it was not appropriate for her next of kin to make requests. There was no care documentation indicating the consumer was reassessed or provided services for mental stimulation. Some consumers said several consumers were distressed when they were not collected by the service’s transport they had booked to travel to last year’s organised Christmas party.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 4(3)(b).

Requirement 4(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumer documentation showed the service has processes for referring consumers to individuals and other organisations. However, consumer documentation lacked information about referrals, and updates regarding when referrals are actioned or followed up. Consumers advised the service does not communicate with them about the progress of and when their referrals will be actioned.

The Assessment Team report provided examples of consumers where the service was slow to make referrals to meet their assessed needs such as one consumer (CHSP) whose care note said they required housing advocacy and OT equipment in June 2023, that was not actioned until 24 July 2024. I have considered the allied health component of this this referral in Requirement 3(3)(f). Other consumers include one consumer (HCP L4) who waited 6 to 9 months for their wheelchair and one (HCP L4) who waited over 6 months to receive hydrotherapy.

Support workers said they only update care plans if there are serious issues affecting consumers lifestyle, but it was unclear what constituted serious issues and when they would be escalated to coordinators to make appropriate referrals. A support officer for the Elders women’s group advised they are aware many of the group members have experienced trauma in their lives. However, the support worker said they do not attend to referrals to the service’s social and emotional wellbeing group.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence presented, HCP and CHSP services are non-compliant with Requirement 4(3)(e).

Requirement 4(3)(f)

The Assessment Team found HCP and CHSP services did not demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumers said their meal preferences are not considered. Several consumers advised meals provided through the service were not of sufficient quality or variety and did not meet their expectations. HCP services provide subsidised meal services mostly through meals on wheels. One consumer (HCP L4) said they were unhappy with the quality of frozen meals they received from meals on wheels and cancelled the service.

HCP and CHSP consumers attending the Elders’ women’s group said lunch used to be provided, but it was ceased because they complained about the food, and they were told in February 2024 they would need to bring their own lunch due to dietary requirements. They said they had two lunches at the club in the last 6 months where they had to purchase their own meals and the food was not suitable for diabetics. They advised of their dissatisfaction with the Christmas lunch at which they were served kebabs, pizzas and microwave heated chicken schnitzel, no water was provided at the tables and no sweets were served as some consumers live with diabetes.

In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 4(3)(f).

The provider submitted a comprehensive plan for continuous improvement to address the identified areas of non-compliance in these requirements. I commend the provider’s planned improvement actions. However, I consider it will take time for the improvements to be embedded and sustained in practice.

Based on the information summarised above, I find the service non-compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(e) and 4(3)(f).

**Compliant Requirements**

Requirement 4(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them.

Several HCP and CHSP consumers said they are happy with the assistance they receive with shopping or individual social support services. However, several consumers noted the service did not provide outings, social interaction and activities of interest to them. This has been considered in Requirements 1(3)(c) and 4(3)(a).

The Assessment Team found consumers’ care plans do not contain sufficient information on consumers’ needs, goals and preferences and are not always current to inform effective supports for daily living. This has been considered in Requirement 2(3)(b). Support workers are not provided with enough information to meet consumers’ needs and preferences in relation to supports for daily living. This has been considered in Requirement 1(3)(b). The Assessment Team noted consumers’ raised concerns about not being able to contact their coordinators about changes to their needs. This has been considered in Requirements 4(3)(a).

Consumers from the women’s group said the service did not support them to attend the regional aged care Olympics this year, which is very important to them and they look forward to it every year. They said the event provides them the opportunity to engage and mix with other indigenous groups and have some physical exercise within their capabilities.

The support officer advised the activities provided to the women’s group are flexible and based on consumer needs, the group is what they make of it, and that several members like to do knitting, painting and crafts, and to have a yarn. When asked about consumers’ feedback about wanting more outings, the support officer said they would inform the agreed care manager through email that would be placed in the feedback folder.

I have considered the Assessment Team’s recommendation. However, I note that most of the evidence put forward has been considered in my findings for other requirements. Although I regard the non-attendance at the regional aged care Olympics a missed opportunity for community, social, cultural sporting engagement for consumers, I also put weight on the feedback provided by other consumers regarding their satisfaction with the shopping and social support services they receive. Overall, I do not consider sufficient evidence has been provided to satisfy a finding of non-compliance. Accordingly, I find HCP and CHSP services compliant in Requirement 4(3)(c).

Requirement 4(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. The information provided to support workers and brokered services is not sufficient to enable them to provide effective services and supports for daily living for consumers.

Support workers are not provided with care planning documentation to enable them to understand consumers’ personal and clinical needs and preferences and their required care and services. They said their phone application only provides the name of the

consumer and sometimes a comment in notes, and if not briefed by the coordinator they often do not know the services a new consumer needs. I have considered this in Requirement 3(3)(e). Care plans contain limited information regarding consumers’ lifestyle needs and their preferences are not documented. I have considered this in 2(3)(b). Consumers advised they do not think staff know or understand their needs and said they have made several complaints about communication with the service and issues not followed up. I have considered this in Requirement 6(3)(a). The support officer for the Elders women’s group stated they are new to the group, do not have access to consumer care plans, they rely on the coordinators for information on members’ care needs and preferences and had to learn about consumers along the way. The support worker said they will look at consumer care plans in the next few weeks.

Having reviewed this requirement, I am not satisfied it presents sufficient evidence of non-compliance. I have considered most of the evidence put forward in other requirements, and the report does not provide additional evidence of negative consumer impact related to this requirement. Accordingly, I find both HCP and CHSP services compliant in Requirement 4(3)(d).

Requirement 4(3)(g)

The Assessment Team found HCP and CHSP services did not demonstrate where equipment is provided, it is safe, suitable, clean and well maintained. Most consumers advised they were satisfied with the equipment they have received. However, the service does not have a system that ensures equipment is provided in a timely manner to keep consumers safe and is regularly serviced, maintained, and repaired when needed.

Some consumers said they had to wait a long time to receive equipment. I have considered this in Requirement 4(3)(e). Some consumers provided with equipment advised they did not know who was responsible for maintaining or repairing their equipment but would probably call the service if needed. One program coordinator said equipment provided to consumers is mostly maintained by suppliers under warranty, but they sometimes have to ask accounts about equipment maintenance and repair.

Having reviewed this requirement, I am not satisfied it presents sufficient evidence of non-compliance. Wait times for referrals to be made for equipment for the consumer mentioned were addressed in Requirement 3(3)(f) and do not specifically relate to this requirement. There is no further evidence presented on consumer dissatisfaction with the safety and repair of their equipment, nor of negative consumer impact and/or consumers’ safety compromised by faulty equipment. Accordingly, I find both HCP and CHSP services compliant in Requirement 4(3)(g).

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

# 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. | Compliant | 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as three of three specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 5(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The Elders Women’s group is conducted in the service’s training room at Cardiff. The environment is welcoming, and the layout enables consumers to move around freely in a comfortable space. The room is large, has adequate furnishings with craft tables and 2 lounges. There are tea making facilities and adequate room for equipment storage. Craft items are displayed creating a sense of belonging. However, consumers advised they did not feel the environment is welcoming in terms of the staff not enabling them to do their preferred activities. I have considered this in Requirement 4(3)(a).

Requirement 5(3)(b)

The Assessment Team found HCP and CHSP services demonstrated the service environment is safe clean and well maintained and enables consumers to move freely, both indoors and outdoors. The service environment is safe with easy access from the car park to the activities room for those using walkers and walking sticks. The room was observed to be clean and safe with room for consumers walking aids to be stored. Fire safety equipment and first aid kits were observed within access in the room. Staff have been trained in fire safety and there is a facilities officer to maintain the site. Risk assessments for venues attended on outings are not formally undertaken. However, the support officer said they know the venues well and ensure they are safe for consumers.

Requirement 5(3)(c)

The Assessment Team found HCP and CHSP services demonstrated furniture, fittings and equipment used in the room are safe, clean, well maintained and suitable for consumers to use. There is sufficient furniture, including comfortable couches for relaxing, and equipment for consumers attending the group. Tables and chairs can be arranged to suit activities. The service’s consumer transport van was observed to be relatively clean, but the first aid kit and personal protective equipment had been temporarily removed. The driver noted this was done so the Assessment Team could inspect the vehicle without clutter and would be replaced immediately after the inspection.

Based on the information summarised above, I find the service compliant in Requirements 5(3)(a),5(3)(b) and 5(3)(c).

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as none of four specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 6(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Support staff, coordinators and the aged care manager did not demonstrate an understanding of the current complaints system. All sampled consumers sampled said they have made complaints that have not been followed up, passed on to their coordinator, and coordinators have not responded to their complaints.

The Assessment Team asked a consumer (HCP L3) who was denied transport and social support services due to lack of documentation to prove they were Aboriginal, if they felt their right under the Charter of Aged Care Rights to be able to complain free from reprisal and have their complaints dealt with fairly and promptly was being supported. The consumer was observed to become very distressed when asked this question. Their hands were visibly shaking and started to cry. The consumer later advised they were fearful of reprisal by the clinical lead and other staff that may not like them complaining and might take away more care and services from them. The consumer is the social and transport services which poses potential psychological harm to the consumer and undermines their independence and quality of life.

One consumer (CHSP) noted they had complained several times and not received a response regarding their coordinator not contacting them to initiate their services, including allied health appointments to hearing and vision services as well as support with activities of daily living. Another consumer (HCP L2) said they did not know about their right to complain or to be informed about their care and services in a way they can understand. The consumer’s coordinator said they have cognitive memory decline and will be meeting with the consumer and their representative in June 2024. The consumer said they have been wanting more services for months.

The service recently implemented a new complaints form. There was no evidence the form was distributed to HCP and CHSP consumers. The aged care manager confirmed the forms had not been sent to consumers. Support workers and coordinators did not know about the new complaints form. There has been limited or no relevant feedback and complaints education relevant to the new form.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 6(3)(a).

Requirement 6(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Most consumers (HCP and CHSP) said they are not aware of advocacy and language services, and other methods for raising and resolving complaints. Three HCP consumers and one CHSP consumer said they did not know about their right to access an aged care advocate of their choice in accordance with The Charter of Aged Care Rights, and advised the service has not informed them of advocacy services and other ways to raise complaints. One consumer said they have contacted the Aged Care Quality and Safety Commission complaints section and confirmed the contact number is in the consumer agreement. The CEO recently arranged for the Aged Care Rights Service to deliver a presentation to approximately 25 consumers on their services. However, management was unable to describe other ways the service ensures consumers and representatives are made aware of and can access advocates, language services and culturally safe external complaints mechanisms.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 6(3)(b).

Requirement 6(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Most support staff, coordinators and the aged care manager were unable to explain the principles of open disclosure. The service does not have an updated open disclosure policy and procedures. Many of the complaints raised by consumers considered in Requirement 6(3)(a) have not been acknowledged or addressed and open disclosure has not occurred.

One consumer (HCP L4) said they have complained on several occasions about their care and services and staff always make an excuse. Another consumer said they complained 4 times when they were scheduled a male support worker against their stated preference and has begged the service to schedule female support workers only, due to past trauma. The consumer confirmed 4 subcontracted support workers have attended them in the past few months. The consumer advised they suffered episodes of trauma each time and repeatedly informed staff not to send male support workers, but they still do. The assessment Team found the service has not taken actions to prevent this happening again.

Most sampled CHSP consumers said they have made repeated complaints about not receiving their monthly statements, which means they are unable to budget for their care and service expenses. They said the issue has not been resolved. Sampled consumers advised they have been receiving statements up to 4 months late for years and sometimes they do not receive the statements at all.

The Assessment Team found there is no complaints register for HCP and CHSP consumers that effectively captures complaints information to ensure appropriate resolution occurs. Some complaints are entered on the incident register, but many of those were about staff being verbally abused by consumers. Resolution actions are focused on the staff member’s needs, while consumers’ issues are not addressed and not covered in the resolution column.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 6(3)(c).

Requirement 6(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Consumer raised several complaints after the Aged Care Rights Service presentation considered in Requirement 6(3)(b), such as dissatisfaction with services received and communication, a lack of transport services and consumers not being able to access care and services to meet their needs and preferences. However, improvement actions have not been planned and/or implementation has not commenced to address the complaints.

The continuous quality improvement manager confirmed there are currently no improvement actions for HCP and CHSP consumers within their scope of responsibility for all three businesses of the organisation including the HCP and CHSP services.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 6(3)(d).

Based on the information summarised above, I find the service non-compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as none of five specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 7(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Documentation reviewed and interviews with management showed the service does not have the right mix of staff, and there are not subcontracting agreements in place to ensure the delivery of safe, quality care and services. Management said they have drafted a subcontracting agreement which is not finalised or implemented with approximately 15 sub-contracted providers.

The support worker and subcontractor roster showed approximately 190 out of 300 consumers are not provided with services on a weekly basis. The support officer advised 3 CHSP consumers and one consumer (HCP L2) did not receive their scheduled services because there were not enough available support workers. Unfilled shifts are not recorded, monitored, or escalated to management or the governing body to address identified staffing issues.

The service does not provide care to HCP consumers on the weekends and does not arrange including clinical care. Management said the service’s clinical lead who provides clinical assessment, care planning and coordination of clinical services to ensure safe and quality clinical care, has been on extended leave since early April 2024, and their return date has been changed twice. The role has not been filled in their absence. There is no registered nurse in the management team and/or staff member qualified or sufficiently experienced to oversee the clinical care needs of consumers across CHSP and HCP services, to manage consumers’ deteriorating physical or psychological conditions and to ensure care plans contain the necessary clinical information.

A support worker confirmed 4 out of 7 support workers from the transport team were recently made redundant which has significantly reduced staffing capacity to meet HCP and CHSP consumers’ transport and social support needs. The support worker workforce has been decreased by up to 60% since April 2024, with 3 support workers promoted to coordinator roles.

As noted in Requirement 7(3)(d) the roster for support workers from 27 May 2024 to 7 June 2024 demonstrated there are not enough support workers to cover shifts when other support workers are on leave. During the Quality Review there were two support workers on leave and shifts were not being filled with support workers that had the capacity to complete the required tasks.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 7(3)(a).

Requirement 7(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. This was confirmed by feedback from consumers. Support workers said they have not been educated in identifying and supporting consumers identity, culture and diversity.

One consumer (CHSP) advised staff do not always treat consumers with dignity and respect and are not always kind and caring. They said some of the women Elders are too afraid to speak up for themselves. The consumer said they recently addressed the aged care manager at the women’s group and the manager walked out of the room without responding to their questions.

One consumer suffered emotional and psychological harm because the clinical lead told them (about 2 years ago) they were not entitled to clinical services because they did not have documented evidence that they are Aboriginal. This was considered in Requirements 2(3)(a) and 6(3)(a).

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 7(3)(b).

Requirement 7(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Sampled HCP and CHSP consumers said support workers and coordinators are not competent and do not know how to perform their roles effectively.

One consumer said their services could be better and domestic assistance is inconsistent because the service cannot keep staff. They also said the staff supervising the women’s group are not skilled or experienced and have not had the training to provide safe quality care and services. The aged care manager said they do not have the knowledge of, nor did they receive handover or education to implement effective complaints management and effective incident management systems. The aged care manager, coordinators and support workers advised they have not been educated in, do not know about and have not considered any serious incidents to be reported to the Commission under the Serious Incident Reporting Scheme (SIRS). All coordinators said they had no/limited knowledge of the Aged Care Quality Standards and have not been provided education about them.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 7(3)(c).

Requirement 7(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. A support worker said induction and education to their new position in April 2024 consisted of about two hours and there was no formal training undertaken or evaluation his knowledge in relation to the Quality Standards. There is no system or process to check staff are competent once they have completed training programs. All staff interviewed by the Assessment Team were unable to demonstrate understanding of their responsibilities regarding incident management and prevention and what constitutes a reportable incident. The service has not implemented SIRS education.

One coordinator advised the coordinators at the service are having significant difficulties managing their caseloads that have recently almost doubled when they took over case management of CHSP consumers from the 4 regions. The service has not yet been successful in recruiting a fifth coordinator. The impact on CHSP consumers has been the coordinators have not had the capacity to contact them to introduce themselves, provide their contact details, check consumers’ wellbeing and whether services are meeting their needs.

As noted in Requirement 7(3)(a) the service had not checked whether its employees were on the aged care banning list and did not have policy and procedures for this. The human resources officer confirmed the policy and procedures were updated on 12 June 2024 and staff checks were completed, with none on the banning order list. One of the service’s main subcontracted service providers had not submitted a declaration regarding completion of legislatively required staff probity checks including banning order and criminal history checks.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 7(3)(d).

Requirement 7(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate there is regular assessment, monitoring and review of the performance of each member of the workforce. Staff have an annual performance appraisal, but the process does not effectively measure whether staff are meeting the requirements of the Quality Standards.

Management acknowledged supervisors responsible for employees’ performance appraisals are not educated nor do they have sufficient knowledge of the legislative requirements and Quality Standards to be able to effectively implement staff performance appraisals. Management was unable to describe or provide evidence of ways staff performance is measured and assessed, such as using consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and management observations.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 7(3)(e).

Based on the information summarised above, I find the service non-compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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. | Not Compliant | Not Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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

This Quality Standard has been assessed as non-compliant as none of five specific requirements are compliant for the service.

**Findings of non-compliance**

Requirement 8(3)(a)

The Assessment Team found HCP and CHSP services did not demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service does not have effective systems and processes in place for consumer engagement in service design and delivery. This was confirmed by feedback from some consumers.

Consumers (HCP and CHSP) at the Friday Elders women’s group said their suggestions on improvements such as reinstating excursions and the lunch meal have been rejected by the service. Consumer complaints raised with management following their attendance at the recent presentation of the Aged Care Rights Service organised by the CEO, were not addressed by management. This was considered in Requirement 6(3)(d). The service has not completed a recent consumer feedback survey. The service states it will be establishing a community consultation committee which will include two consumers to represent HCP and CHSP aged care programs.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 8(3)(a).

Requirement 8(3)(b)

The Assessment Team found HCP and CHSP services did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The board has 7 directors, including 2 with clinical knowledge and all are Aboriginal and/or Elders, and governs 3 different business within the organisation, including the HCP and CHSP services. However, the terms of reference and minutes for board in relation to HCP and CHSP services have not yet been implemented.

Organisational reporting and escalation pathways from support staff to the general manager have not yet been established. Important operating principles of clinical care, high risk, vulnerable consumers, serious complaints, incidents and reportable incidents, staff performance and HCP/CHSP program management have not yet been established at the operational level. This has not been escalated to the governing body to consideration and resolution.

The service did not demonstrate the governing body is aware of or provides strategic direction in relation to addressing and preventing identified risks to consumers health safety and wellbeing. Management did not provide minutes of board meetings requested by the Assessment Team or evidence of other actions taken by the governing body to ensure care and services for consumers are safe, inclusive and of high quality.

During the Quality Review management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 8(3)(b).

Requirement 8(3)(c)

The Assessment Team found HCP and CHSP services did not demonstrate there are effective organisational governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, complaints and feedback.

**Information management**

The service did not demonstrate effective information systems and processes are in place. Most support workers are unable to access care planning documentation to enable them to understand consumers’ needs and preferences and to guide them in safe and effective care and service delivery. Progress notes are not accessible to support workers, including their own progress notes once submitted. Subcontracted support workers do not provide their progress notes to the service preventing adequate monitoring of consumer health and wellbeing. Support workers advised they are unable to readily access policies, procedures and education through their mobile phones. Consumer records are not centrally stored and consolidated. They are captured on two different electronic systems where consumer information updates are not synchronised or complete. One system captures care planning and coordination notes and the other system contains support worker notes.

**Continuous improvement**

The service did not provide evidence of a continuous improvement system that effectively draws on consumer feedback, complaints, audits and surveys, staff suggestions, review of clinical indicators, incidents, meetings and external reviews. The service’s plan for continuous improvement contains some identified issues, but there are no timelines for completion and management advised the activities have not yet commenced.

**Financial governance**

The service did not demonstrate it has effective financial governance systems in place. The aged care manager advised they are not experienced in the financial management of care and service delivery. The Assessment Team found some consumers have high amounts of unspent funding.

**Workforce governance**

The service did not demonstrate it has effective workforce governance systems to enable planning and management of its workforce based on ongoing review of consumer care needs, clinical data, consumer and staff feedback, benchmarking and planned and unplanned staff leave. The Assessment Team found roles and responsibilities are not clearly articulated in position descriptions, including responsibilities for incident, complaints and other reporting escalation lines, and management do not have the capacity or knowledge to regularly monitor and review the performance of staff. The service does not have effective systems, processes and contractual agreements with external providers to ensure subcontracted staff are meeting consumer needs and preferences.

**Regulatory compliance**

The service did not demonstrate it has effective regulatory compliance systems in place. Management confirmed changes to aged care legislation and regulatory requirements are not monitored by the organisation. Communication and training on changes are not provided to staff and there is no system or process to ensure policies and procedures are amended to reflect regulatory changes. Staff have not been trained on and the service is not meeting the legislative requirements for SIRS and incident management.

**Feedback and complaints**

The service did not demonstrate it has an effective feedback and complaints process and that feedback and complaints inform continuous improvement. There are no established reporting or escalation processes to ensure the governing body is kept informed about and monitors complaint trends, provides strategic direction and has oversight of continuous improvement initiatives to resolve and prevent identified quality and safety issues in the delivery of care and services.

The Assessment Team found open disclosure is not used when things go wrong. Most Support staff, coordinators and the aged care manager were unable to explain the principles of open disclosure.

Requirement 8(3)(d)

The Assessment Team found HCP and CHSP services did not demonstrate effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system.

The service lacks effective and comprehensive management systems and processes to ensure effective incident and risk management, including incident recording, root cause analysis, determination and implementation of mitigation strategies. Requirements 2(3)(a) and 3(3)(b) provided examples of ineffective identification and management of high impact high prevalence risks to consumers. The service has a new risk and vulnerability register that is partially implemented. The service’s risk management plan was not consolidated for HCP and CHSP consumers. The plan did not identify high risk, vulnerable consumers, such as those with high clinical, psychological and cultural safety needs.

The service is not identifying, responding to or preventing the abuse and neglect of consumers and ensuring they live their best life. The service’s staff training program does not include SIRS training. Management and staff did not demonstrate knowledge and understanding of identifying SIRS incidents and reporting requirements. The aged care manager advised that incident management was not included in their handover when they commenced their role and did not know the organisation has an incident management system, policies and procedures.

As outlined in Requirement 1(3)(d) the service does not have a formal dignity of risk process. Staff are not provided with training or guidelines on and did not demonstrate a good understanding of dignity of risk. One coordinator and staff interviewed were unable to explain the practical application of dignity of risk to support consumers to live their best life.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 8(3)(d).

Requirement 8(3)(e)

The Assessment Team found HCP and CHSP services did not demonstrate where clinical care is provided there is a clinical governance framework. The service did not provide evidence of a clinical governance framework. The service currently has no clinical oversight as the clinical lead has been on extended leave since April 2023 and the role has not been filled. Management were unable to confirm the return date for the clinical lead as the date has been cancelled twice.

Organisational clinical governance meeting minutes from January 2024 and March 2024 did not include information about HCP and CHSP consumers. The service did not provide meeting minutes for January to May 2024.

Management and staff demonstrated limited knowledge of and the service was unable to supply requested policies and procedures on antimicrobial stewardship, minimising the use of restraint, and antimicrobial stewardship.

During the Quality Audit management acknowledged these findings and said they will immediately commence addressing these issues to meet this requirement. In their response to the Assessment Team report, the provider did not dispute the evidence put forward. I am satisfied that on the weight of the evidence, HCP and CHSP services are non-compliant with Requirement 8(3)(e).

Based on the information summarised above, I find the service non-compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)