**Performance**

**Report**

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| Name: | Banana Shire Council - Taroom Home Care Services |
| Commission ID: | 700613 |
| Address: | 18 Yaldwyn Street, TAROOM, Queensland, 4420 |
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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: 9528 Banana Shire Council  
Service: 27458 Banana Shire Council -Taroom Home Care Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7598 Banana Shire Council  
Service: 24882 Banana Shire Council - Care Relationships and Carer Support  
Service: 24883 Banana Shire Council - Community and Home Support

**This performance report**

This performance report for Banana Shire Council - Taroom Home Care Services (**the service**) has been prepared by J. Bayldon, 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.

# 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)- Ensure that the identity, diversity, and culture of consumers is recorded to ensure consumers are valued by the service.
* Requirement 1(3)(b)– Ensure that the cultural preferences of consumers is consistently recorded in care documentation and cultural training is provided to staff to enable culturally safe care and services to be provided to consumers.
* Requirement 1(3)(d) – Ensure consumer risks are identified in consumer documentation and that staff are training in the identification and management of risks to enable the service to support consumers in taking risks.
* Requirement 1(3)(e)– Ensure that information provided to consumers is accurate, relevant, and current to enable them to exercise choice.
* Requirement 1(3)(f) – Ensure that consumers privacy is respected, and staff are trained to ensure that confidential information of consumers is maintained by the service.
* Requirement 2(3)(a) – Ensure the service has documented processes and procedures in relation to assessment and planning to guide staff and ensure consumers are being delivered with safe and effective care and services.
* Requirement 2(3)(b) – Ensure that assessment and planning processes includes the identification of information in relation to the needs, goals, preferences, and end-of-life planning preferences of consumers.
* Requirement 2(3)(c) – Ensure that consumers and others they wish to be involved in their care are part of the assessment, planning and review processes of care and services being delivered.
* Requirement 2(3)(d) – Ensure that outcomes of assessment and planning are documented and communicated to consumers effectively via care documentation.
* Requirement 2(3)(e) – Ensure that processes are in place to guide staff to review care and services effectively and regularly for consumers.
* Requirement 3(3)(a) **­**– Ensure that policies and procedures and in place along with appropriate consumer clinical care information to guide staff in providing best practice clinical care to consumers.
* Requirement 3(3)(b) – Ensure effective management of high-prevalence and high-impact risks to consumers through documentation, risk assessment and management tools and staff training where appropriate.
* Requirement 3(3)(c) – Ensure that processes are in place and staff are equipped to recognise identify and support the needs, goals, and preferences of consumers nearing the end of life.
* Requirement 3(3)(d) – Ensure that policies and procedures are in place and staff are equipped to enable the consistent recording of changes in consumers capacity or condition to be recognised, recorded, and responded to in a timely manner.
* Requirement 3(3)(e) – Ensure that information about consumers conditions, needs, and preferences is documented in consumers care planning documentation and communicated within the organisation or with others where care is shared.
* Requirement 3(3)(f) – Ensure that there are documented records of referrals to individuals and providers of other care and services and staff are guided by a procedure by the service.
* Requirement 3(3)(g) – Ensure there are practices to guide staff on the minimisation of infection-related risks in relation to infections and antimicrobial stewardship.
* Requirement 4(3)(e) – Ensure there are practices and procedures in place to guide staff in making referrals to other organisations and providers of other services and supports for the daily living of consumers.
* Requirement 6(3)(b) – Ensure that consumers are provided with accurate and relevant information for advocates, language services and other methods of raising and resolving complaints.
* Requirement 6(3)(c) – Ensure that consumer complaints are handled using an open disclosure process and that appropriate actions are taken.
* Requirement 6(3)(d) – Ensure that complaints and feedback are recorded and reviewed to inform improvements to the care and services delivered to consumers.
* Requirement 7(3)(b)– Ensure that staff are equipped with the relevant training and support to ensure that all interactions with consumers are kind, caring, and respectful of consumer’s identity, culture, and diversity.
* Requirement 7(3)(c) – Ensure that staff are equipped with the qualifications and knowledge to perform their roles effectively.
* Requirement 7(3)(d) – Ensure that staff are appropriately recruited, trained, and supported in delivering outcomes to consumers as required by these standards.
* Requirement 7(3)(e) – Ensure that the performance of the workforce is regularly reviewed, assessed, and monitored.
* Requirement 8(3)(a) – Ensure that consumers are engaged and supported in the evaluation of the delivery of care and services.
* Requirement 8(3)(b) – Ensure that the services governing body is displaying a culture of safe, inclusive, and quality care and services and is accountable for its delivery.
* Requirement 8(3)(c) – Ensure there are effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.
* Requirement 8(3)(d) – Ensure there are effective risk management systems and practice in place to protect consumers and ensure they live the best life they can.
* Requirement 8(3)(e) – Ensure there is a clinical governance framework that guides staff in safe and effective clinical care and services provided to consumers.

# 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. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Compliant | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | 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

Non-Compliant Requirements

Requirement 1(3)(a)

The Assessment Team was not satisfied that the identity culture and diversity of consumers was valued. The Assessment Team provided the following evidence relevant to my finding:

* Consumers interviewed all said staff treat them with dignity and respect.
* Staff spoke respectfully about consumers.
* Care planning documentation did not identify consumers backgrounds, spirituality, or diversity.
* The service was unable to evidence that consumers were provided with a copy of the Charter of Aged Care Rights.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Whilst I am satisfied that consumers are treated with dignity and respect, I am concerned that the failure of the service to record the diversity, identity and culture of consumers evidences the services inability to understand or value the needs of consumers. I am also concerned that consumers aren’t being communicated to by the service about their rights. Therefore, I find the provider, in relation to the service, non-compliant with Requirement 1(3)(a) at the time of the performance report decision.

Requirement 1(3)(b)

The Assessment Team was not satisfied that the care and service being provided to consumers is culturally safe. The Assessment Team provided the following information relevant to my finding:

* Consumer care plans did not consistently record consumers’ country of birth, sex (with no gender-neutral option).
* Consumer care plan’s reviewed did not include information about spirituality, life experiences, and employment to provide an individual profile that can assist in providing culturally safe services.
* Management acknowledged no culture or diversity training has been provided and there is no policy to guide staff on cultural awareness.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. It is quite evident based on the information summarised above that the service is not equipped and consumer information is not recorded to allow the service to provide care and services that are culturally safe for consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 1(3)(b) at the time of the performance report decision.

Requirement 1(3)(d)

The Assessment Team was not satisfied that the service could demonstrate that consumers are supported to take risks if they choose. The Assessment Team provided the following information relevant to my finding:

* The Assessment Team could not find evidence demonstrating that the service reviewing and documenting risks as identified.
* Staff have not received training to assist them in identifying and managing risks associated with consumer choice.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. The Assessment Team has failed any consumer examples in relation to the service providing support to them in taking risks. Void of this information, it is difficult to determine how consumers feel about the services support of them. However, it is quite evident from the Assessment Team’s report that the service isn’t documenting consumer risks and staff haven’t received training in identifying and managing risks. Due to this, I find it difficult to reconcile that the service is equipped to support consumers in taking risks to live the best lives they can. Therefore, I find the provider, in relation to the service, non-compliant with Requirement 1(3)(d) at the time of the performance report decision.

Requirement 1(3)(e)

The Assessment Team was not satisfied that consumers are consistently provided with information that is accurate to assist them to make informed choices and decisions about the care and services they receive. The Assessment Team provided the following information relevant to my finding:

* HCP consumers interviewed confirmed that they do not receive a budget as part of the care planning process.
* Consumers are not provided with information regarding staff attendance that is readily available to them to enable them to make choices about the care and services they receive.
* HCP agreements provided to consumers are out of date and contain incorrect or inconsistent information.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. It is evident from the above, that consumers are not receiving accurate information from the service that enables them to exercise their choices. The above is also evidence of management’s inability to ensure that information provided to consumers is relevant and easy to understand. Therefore, I find the provider, in relation to the service, non-compliant with Requirement 1(3)(e) at the time of the performance report decision.

Requirement 1(3)(f)

The Assessment Team was not satisfied that the service was able to demonstrate that each consumer’s personal information is kept confidential or that there are policies and procedures to guide staff in managing and storing of personal information. The Assessment Team provided the following information relevant to my finding:

* Consumer information including progress notes was being kept in a vehicle over the weekends. Management confirmed it was going to amend the process to ensure that progress notes were stored in a safe.
* Observations from the Assessment Team of staff and management accessing consumers personal information from their personal mobile phones, noting that Management confirmed some consumers are relatives of staff members.
* The service could not demonstrate that staff have been provided with training on the collection and storage of personal information.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Acknowledging that management was going to make improvements to the confidential consumer information over the weekends, I am still concerned that combining this with staff having not received training in relation to the storage and collection of personal information, the service will need time to ensure that it can safely demonstrate the protection of consumers privacy. I therefore find the provider, in relation to the service, non-compliant with requirement 1(3)(f) at the time of the performance report decision.

Compliant Requirements

Consumers interviewed were able to provide examples of how the service supports them in making decisions about their own care and services. Staff were able to describe how they ensure consumers maintain important relationships with others important to them. Care documentation evidenced details of next of kin and contact information for people who are important to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 1(3)(c) at the time of the performance report decision.

# 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

Non-Compliant Requirements

Requirement 2(3)(a)

The Assessment Team was not satisfied that the service could demonstrate that assessment and planning consistently occurs for each consumer to enable to delivery of safe and effective care and services. The Assessment Team provided the following information relevant to my finding:

* The service has no assessment planning policies or procedures to guide staff in assessment and planning practices for consumers.
* The service does not use validated assessment tools, including risk assessments as part of their assessment and planning process.
* Consumer documentation reviewed by the Assessment Team did not include consideration of consumer risks.
* Care staff interviewed were unaware of an assessment and planning process and confirmed they do not refer to care plans as a guide when delivering services.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. It quite clear that from the information evidenced by the Assessment Team, that the service does not the appropriate assessment and planning processes or risk assessment tools in place to guide staff in the delivery of safe and effective care and services to consumers. This is also evident via the lack of detail in consumer care planning documentation. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(a) at the time of the performance report decision.

Requirement 2(3)(b)

The Assessment Team was not satisfied that the service is identifying the needs, goals, and preferences of consumers. The Assessment Team provided the following information relevant to my finding:

* Consumer documentation lacks sufficient detail to deliver care to consumers and does not include information regarding advanced care and end of life planning.
* For some consumers, there was no evidence to suggest that advanced care and end of life planning resources were offered to consumers or their representatives.
* Staff confirmed they do not collected information regarding end-of-life preferences for consumers however upon request can provide information to consumers.
* The Assessment Team reviewed consumer care planning documentation which does not consistently record sufficient information regarding the needs, goals, and preferences of consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I am concerned that based on the above evidence collected by the Assessment Team, that the service is unable to provide effective care and services for consumers and is not equipped to provide end of life services or support to consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(b) at the time of the performance report decision.

Requirement 2(3)(c)

The Assessment Team was not satisfied that assessment and planning involves the consumer and others involved in their care. The Assessment Team provided the following information relevant to my finding:

* Consumers representatives interviewed said they have not participated in care planning reviews or processes for consumers at the service.
* Staff interviewed confirmed that representatives are contacted only as issues arise whilst providing care and services to consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. The Assessment Team in their report was unable to provide any evidence that assessment and planning involves other organisations that may provide care and services to consumers. However, it is very evident that consumer representatives are not involved in the care planning process for consumers including the review of services as required. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(c) at the time of the performance report decision.

Requirement 2(3)(d)

The Assessment Team was not satisfied that consumers receive effective communication in relation to the outcomes of assessment and planning in a documented care plan. The Assessment Team provided the following information relevant to my finding:

* Consumers and representatives interviewed by the Assessment Team confirmed they have not been provided with a copy of care planning documentation.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. The Assessment Team did not provide evidence in their report of whether staff communicate information to consumers about their care and services. However, there seems to be a lack of information being provided to consumers about their care and services to suggest that communication from the service to consumers is not effective. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(d) at the time of the performance report decision.

Requirement 2(3)(e)

The Assessment Team was not satisfied that the care and services are regularly reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals, and preferences of consumers. The Assessment Team provided the following information relevant to my finding:

* Reviews of care documentation by the Assessment Team did not demonstrate regular reviews or services being adjusted in response to a change in consumers conditions.
* Services are not reviewed on agreed dates as per consumer care planning documentation.
* The service has no policies or procedures that guide staff in the effective and regular reviews of care and services for consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I agree with the Assessment Team’s finding in relation to care and services not being regularly reviewed for consumers and the service not having sufficient processes in place to guide staff in the review processes. I therefore find the provider, in relation to the service, non-compliant with Requirement 2(3)(e) at the time of the performance report decision.

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

Findings

Non-Compliant Requirements

Requirement 3(3)(a)

The Assessment Team was not satisfied that personal and clinical care provided to consumers is best practice, tailored to their needs, optimises their wellbeing. The Assessment Team provided the following information relevant to my finding:

* The service does not have policies, procedures, and assessment tools to guide staff in providing best practice clinical and personal care to consumers.
* Management could not demonstrate how staff deliver personal and clinical care to consumers.
* Care planning documentation did not contain information regarding risks to consumers clinical care needs or evidence of communication regarding the clinical care of consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information provided above from the Assessment Team, I find it difficult to see how the service could be providing best practice clinical care that is tailored to the needs of consumers without policies and procedures in place to guide staff or without consumer documentation that contains relevant information to inform the clinical care requirements of consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 3(3)(a) at the time of the performance report decision.

Requirement 3(3)(b)

The Assessment Team was not satisfied that the service could demonstrate the effective management of high-prevalence or high-impact risks associated with the care of each consumer. The Assessment Team provided the following information relevant to my finding:

* Care plans reviewed did not document individualised risk prevention or minimisation strategies to manage all high-impact and high-prevalence risks for consumers, including falls, diabetes management, and cognitive decline.
* Care staff reported that responses to high-impact or high-prevalence risks are reactive, risk assessments are not documented following an incident or changes in a consumer’s condition and risk mitigation strategies are not identified and documented.
* Management acknowledged that there are areas for improvement in relation to improving the identification and management of risks associated with the care of consumers.
* Management informed the Assessment Team that there are no policies and procedures to guide the practise of risk assessments and risk assessment tools have not been implemented.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(b) at the time of the performance report decision.

Requirement 3(3)(c)

The Assessment Team was not satisfied that the needs, goals, and preferences of consumers nearing the end of life are addressed or recognised. The Assessment Team provided the following information relevant to my finding:

* The service does not have care planning policies and procedures and there are no processes for connecting consumers with specialist palliative care providers.
* Care planning documents do not include the end of life needs and preferences of consumers.
* Staff interviewed said the service does not provide direct end-of-life or palliative care services to consumers.

In coming to my findings, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I acknowledge that the service may not provide palliative care services to consumers, however the service does not seem to have processes in place or be equipped to identify and support consumers nearing end of life. I therefore find the provider, in relation to service, non-compliant with Requirement 3(3)(c) at the time of the performance report decision.

Requirement 3(3)(d)

The Assessment Team was not satisfied that the service has policies and procedures in place to guide staff on identifying the deterioration or change to consumer’s capacity or condition and respond to it in a timely manner. The Assessment Team provided the following information relevant to my finding:

* Care planning documentation does not reflect the identification and response to deterioration or changes in a consumer’s condition.
* The service does not have documented care planning policies and procedures in place to guide staff on how to identify and notify others of changes in consumers’ condition.
* Consumer examples reviewed by the Assessment Team evidenced no changes to consumers conditions were updated in care planning documentation nor were strategies or risk assessments in care documentation updated because of changes to consumers condition or capacity.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I acknowledge that the service was able to provide examples of how they communicate changes to consumers conditions verbally, however I am concerned that without those changes being documented and the consumer file being updated, consumers aren’t getting the re-assessment or additional assessments that may be required for their care and services. In addition, the service has no policies or procedures to guide staff on identifying staff deterioration, therefore I am also concerned that the service and its staff are not equipped to support consumers who deteriorate due to a decrease in capacity or change in condition. I therefore find the provider, in relation to the service, non-compliant with Requirement 3(3)(d) at the time of the performance report decision.

Requirement 3(3)(e)

The Assessment Team was not satisfied that the service could demonstrate that effective communication about consumers’ conditions, needs, and preferences is documented and occurs within the organisation and with others where care is shared. The Assessment Team provided the following information relevant to my finding:

* Care planning documentation did not evidence accurate, up-to-date, and relevant information is shared with others as consumers move between care settings, such as between home, the hospital and medical officer visits.
* Staff could not describe how the organisation tells them about a consumer’s condition, needs, goals, and preferences as it relates to their own roles, duties, and responsibilities.
* There was no evidence provided by the Assessment Team of policies or procedures to guide staff on how the organisation communicates information in relation to consumers personal or clinical care needs.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. In the absence of a response from the provider and based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(e) at the time of the performance report decision.

Requirement 3(3)(f)

The Assessment Team was not satisfied that the service was making timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers. The Assessment Team provided the following information relevant to my finding:

* Staff interviewed confirmed the service does not have a practice of referring consumers to other individuals and providers of other care and services, however it will recommend consumers to the medical officer when a need to allied health services has been identified.
* The Assessment Team was not provided with nor found any evidence of referrals provided for consumers in care planning documentation.
* There are no policy documents for referrals to other individuals, organisations or providers that include arrangements for services that the organisation doesn’t provide to consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. In the absence of a response from the provider and based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(f) at the time of the performance report decision.

Requirement 3(3)(g)

The Assessment Team was not satisfied that the service has practices in place to guide staff with the minimisation of infection-related risks. The Assessment Team provided the following information relevant to my finding:

* The service supplies staff with personal protective equipment and there are infection control kits kept within the vehicles.
* Staff interviewed said they monitor all consumers and will assess any consumer who presents as potentially infectious.
* Management confirmed there are no contemporary policies and procedures that provide best practice guidance, including those specific for outbreak prevention and management.
* The service does not have a documented outbreak management plan in place and there no policy or procedure guiding antimicrobial stewardship.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I am concerned that without policies and procedures in place, staff would not be equipped in the process of antimicrobial stewardship and the minimisation of associated risks with this and infection control. Therefore, in the absence of a response from the provider to the Assessment Team’s report and based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(g) at the time of the performance report decision.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |

Findings

Non-Compliant Requirements

Requirement 4(3)(e)

The Assessment Team was not satisfied that the service was able to demonstrate that referrals to individuals or other organisations occurred and were timely and appropriate. The Assessment Team provided the following information relevant to my finding:

* As referred to in Standard 3 Requirement (3)(f) staff interviewed confirmed that the service does not refer consumers to other individuals and providers of other care and services. However, it will recommend consumers/representatives visit their medical officer when a need for allied health services has been identified.
* The service does not have referral procedures or policies in place to support staff in making referrals to other organisations.
* Consumer records reviewed by the Assessment Team did not demonstrate the organisation makes timely referrals to other individuals, organisations, or providers to meet the services and support needs of consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 4(3)(e) at the time of the performance report decision.

Compliant Requirements

Consumers/representatives said the service meets the daily living needs, goals and preferences of consumers and the service is safe and optimises their independence, health, and quality of life. Staff could provide examples of how they meet the needs of consumers and optimise their quality of life.

Staff were able to demonstrate that they were aware of individual consumers needs in relation to emotional, spiritual, and psychological wellbeing. Consumers/representatives interviewed said that they are provided with services that have been successful in supporting their independence, health, and wellbeing, and enhancing their quality of life.

Consumers/representatives interviewed said staff know them and provide them with appropriate support where required or observed. Staff were able to discuss the services and supports they deliver to assist consumers to stay connected with the community and do the things they enjoy.

Staff could describe how they are informed of any changes about the consumer, relevant to their responsibility, such as changes to delivery instructions. The service was able to provide examples how it shares information with consumers and their representatives, and with other providers of care such as medical officers and the hospital.

Staff know how to report any changes to a consumer’s appetite or eating habits, or concerns about weight loss or dehydration. Staff will supervise delivery of meals on wheels and assist and monitor consumers when food is consumed whilst providing care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) & 4(3)(f) at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Staff and management advised they monitor the vehicles on an ongoing basis to ensure they are safe, clean, and comfortable for consumers being transported by the service. Management said that care staff report any maintenance or repairs that are required to the council’s fleet team. Vehicles undergo regular inspections, servicing, and maintenance according to the maintenance schedule or when required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 5(3)(c) at the time of the performance report decision.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | 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

Non-Compliant Requirements

Requirement 6(3)(b)

The Assessment Team was not satisfied that consumers were provided with consistently correct contact information for in relation to accessing advocates, language services and other methods for raising and resolving complaints. The Assessment Team provided the following information relevant to my finding:

* Out of date telephone number provided for the Aged Care Complaints Scheme.
* Aged Care Quality and Safety Commission contact number is incorrect and website link does not work.
* No contact information for My Aged Care.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Whilst the service could provide some information to consumers and their representatives, it is quite clear that some of the information is out date or incorrect, making access to these areas difficult for consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 6(3)(b) at the time of the performance report decision.

Requirement 6(3)(c)

The Assessment Team was not satisfied that the service takes appropriate action and uses open disclosure when things go wrong. The Assessment Team provided the following information relevant to my finding:

* Staff said they would always apologise if something went wrong however were not able to confirm they had seen a complaints and open disclosure policy or if they had received training on handling complaints and open disclosure.
* Management advised the service does not have a current complaints and open disclosure policy or training to guide staff in service delivery. Training records provided by the service did not evidence training to staff on feedback and complaints, open disclosure, or incident management.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I am concerned that whilst staff have some knowledge of how open disclosure works, the above evidence indicates the service is not able to take appropriate action when things go wrong and utilise effectively an open disclosure process. I therefore find the provider, in relation to the service, non-compliant with Requirement 6(3)(c) at the time of the performance report decision.

Requirement (6)(3)(d)

The Assessment Team was not satisfied that the service reviews feedback and complaints to improve the quality of care and services to consumers. The Assessment Team provided the following information relevant to my finding:

* Management advised there is no formal complaints register for the service to capture feedback and complaints from consumers/representatives.
* The service also does not have a plan for continuous improvement to capture feedback, areas for improvement, planned actions and outcomes.
* Management was not able to demonstrate how feedback from a recent survey of consumers had been reviewed to support and develop actions and improvements to be made to services delivered to consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. It is evident from the information provided above that the service does not review feedback or complaints from consumers to improve the quality of care and services. I therefore, find the provider, in relation to the service, non-compliant with Requirement 6(3)(d) at the time of the performance report decision.

Compliant Requirements

Consumers/representatives said they are aware they can and are comfortable to provide feedback or make a complaint. Management and staff said all staff carry a complaints/feedback form with their daily task list to assist consumers to provide feedback if they raise concerns whilst staff are providing care and services. The service includes information for consumers/representatives on providing feedback and complaints on the service agreement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 6(3)(a) at the time of the performance report decision.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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

Non-Compliant Requirements

Requirement 7(3)(b)

The Assessment Team was not satisfied that the service had policies, procedures, and training to guide staff in ensuring that their interactions with consumers are kind, caring, and respectful. The Assessment Team provided the following information relevant to my finding:

* Consumers/representatives interviewed confirmed staff are kind, caring and respectful and understand their personal preferences for how their services are provided.
* Staff and management spoke respectfully about consumers and were familiar with individual consumer’s circumstances.
* Observations showed staff demonstrating kindness and care when interacting with consumers and respect their needs.
* The service was not able to demonstrate policies, procedures, and training to guide staff on delivering services demonstrating equality, diversity and inclusion, or knowledge of the Aged Care Code of Conduct and the Charter of Aged Care Rights.
* Management advised there is no formal complaints register for the service to capture feedback and complaints from consumers/representatives.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I am satisfied that consumers feel that staff are kind and respectful of during their interactions. I am also satisfied that staff treat consumers with respect during their interactions. However, I am concerned that staff are not equipped with the appropriate knowledge in relation to diversity and inclusion to ensure that interactions with consumers are consistently upheld. I therefore find the provider, in relation to the service, non-compliant with Requirement 7(3)(b) at the time of the performance report decision.

Requirement 7(3)(c)

The Assessment Team was not satisfied that members or the workforce are competent and have the knowledge required to effectively perform their roles. The Assessment Team provided the following information relevant to my finding:

* Review of staff records found that some staff members do not have current national police checks.
* The service has not provided training with the knowledge required for them to perform their roles effectively for consumers (see evidence from Standard 1, Standard 2, Standard 3, Standard 4 & Standard 6).

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I acknowledge that the Assessment Team was not able to evidence how staff know their roles and responsibilities or how the organisation ensures that only suitably skilled staff are delivering care and services. However, I am comfortable based on the evidence above and deficiencies in training noted in the other Standards of this report, that the service has not ensured that the workforce is competent and has the knowledge to effectively perform their roles. I therefore find the provider, in relation to the service, non-compliant with Requirement 7(3)(c) at the time of the performance report decision.

Requirement 7(3)(d)

The Assessment Team was not satisfied that the service could demonstrate that workforce is recruited, trained, and supported to deliver the outcomes required by these standards. The Assessment Team provided the following information relevant to my finding:

* Management said staff complete the organisation’s online induction modules when they start with the service.
* A review of training records indicate that several staff have not completed the services induction training and other training.
* There was no evidence of any training records in relation to the following areas:
  + - Infection control and monitoring.
    - Cultural, diversity and inclusion awareness.
    - Complaints management and open disclosure.
    - Incident management.
    - SIRS.
    - Food handling.
    - Medication administration.
    - Positive Behaviour Support.
    - Information management, privacy, and confidentiality.
    - Detecting and responding to abuse, neglect, and exploitation.
    - Dignity and respect.
    - Risk management and dignity of risk.
    - Supporting choice and decision making.
    - Restrictive practices
    - Antimicrobial stewardship

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. I am concerned that with no records of training provided by the service evidenced during the assessment, that staff are not trained or supported by the service to deliver outcomes required by these standards. I therefore find the provider, in relation to the service, non-compliant with Requirement 7(3)(d) at the time of the performance report decision.

Requirement 7(3)(e)

The Assessment Team was not satisfied that the service was able to evidence the regular assessment, monitoring, and review of the performance of each member of the workforce. The Assessment Team provided the following information relevant to my finding:

* The organisation has a performance appraisal process for all staff to monitor and review staff performance annually.
* Some staff discussed completing a performance appraisal in the previous 6 months.
* The Assessment Team requested management provide the list of staff and dates performance appraisals were completed during the Quality Audit however this was not provided.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Whilst I acknowledge that the service has a performance appraisal process, I am unable to verify if the process is being followed due to services inability to provide evidence to the Assessment Team and the service deciding to not provide a response to the Assessment Team’s report. Therefore, I find the provider, in relation to the service, non-compliant with Requirement 7(3)(e) at the time of the performance report decision.

Compliant Requirements

Consumers and representatives were satisfied with the staff availability and consistency and that staff know their needs and preferences. Staff demonstrated an understanding of consumer’s individual care needs and said they generally had sufficient time to complete the allocated tasks each day.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(a) at the time of the performance report decision.

# 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

Non-Compliant Requirements

Requirement 8(3)(a)

The Assessment Team was not satisfied that the service could demonstrate that consumers/representatives are engaged in the development, delivery, and evaluation of care and services. The Assessment Team provided the following information relevant to my finding:

* The service did conduct a consumer satisfaction survey in January 2024, however, were unable to demonstrate how feedback from consumers was analysed to inform continuous improvement, or how the results were reported to Council management, or feedback to consumers on the outcome of the survey.
* Management advised at the time of the Quality Audit that the service has not been holding consumer meetings.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I am concerned that consumers are not involved in the continuous improvement process or are engaged in the delivery of their care and services. I therefore find the provider, in relation to the service, non-compliant with Requirement 8(3)(a) at the time of the performance report decision.

Requirement 8(3)(b)

The Assessment Team was not satisfied that the service could demonstrate that its governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for the delivery. The Assessment Team provided the following information relevant to my finding:

* The Assessment Team was not provided with documentary evidence that the governing body requests or is provided with appropriate information related to the performance and continuous improvement of the service.
* The Assessment Team evidenced how recommendations provided to the governing body following a review of the service had not been addressed or actioned appropriately.

Based on the information summarised above and noting the service’s decision to not provide a response to the Assessment Team’s report, I therefore find the provider, in relation to the service, non-compliant with Requirement 8(3)(b) at the time of the performance report decision.

Requirement 8(3)(c)

The Assessment Team was not satisfied that the service could demonstrate effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints The Assessment Team provided the following information relevant to my finding:

* Information Management
* The service could not demonstrate appropriate policies, procedures and training are implemented to guide staff in the collection, storage, and management of consumer information.
* The service could not demonstrate consumers are provided with accurate, timely and clear information to support them in making informed decisions on care and services.
* Continuous Improvement
* The service does not have a continuous improvement plan to capture identified areas for improvement, proposed actions, responsibilities, outcomes, and evaluation.
* Feedback, complaints, and incidents are not consistently recorded to enable the identification of areas for improvement in service delivery.
* The Assessment Team was not provided with any reporting documentation to demonstrate the organisation is informed of areas for improvement or progress.
* Financial Governance
* The Assessment Team identified consumers receiving home care package funding were not provided with annual budgets to assist them in making informed decisions on service delivery and management were not aware this was required.
* Financial reports provided to the organisation’s governing body did not include references to home care packages with unspent funds, meaning the organisation has no oversight as to the financial packages of consumers.
* Workforce Governance
* The service was not able to demonstrate it supports and develops its workforce to deliver safe and quality care and services. Staff training is not consistently provided and recorded to meet expectations set by these Standards.
* The Manager for Community Services’ reports provided to the governing body include the number of staff, however no evidence of information on appropriate staffing levels to meet service delivery requirements.
* Regulatory Compliance
* Management and staff did not have a consistent understanding on the introduction of the SIRS and Code of Conduct for Aged Care.
* Management acknowledged they are aware of the Aged Care Quality Standards and receive alerts on changes, however, do not have time to consistently monitor or implement changes to ensure compliance.
* Feedback and Complaints
* The service does not maintain a complaints and feedback register.
* Consumer feedback in a survey conducted by the service had not been collated for analysis or review to inform service improvements.
* The service could not demonstrate staff are not provided training in complaints management to ensure consistent understanding of complaints management.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(c) at the time of the performance report decision.

Requirement 8(3)(d)

The Assessment Team was not satisfied that the service could demonstrate effective risk management systems and practices have been implemented to identify and manage high impact and high prevalence risks. The Assessment Team provided the following information relevant to my finding:

* The organisation has a disaster management plan in the event of a natural disaster. However, the service does not have an emergency contact list identifying consumers who are vulnerable including next of kin details, or mobility and cognitive information to assist in relocating consumers or guide the organisation in developing emergency responses during a natural disaster.
* The organisation did not have an outbreak management plan in place and the service could not demonstrate staff have been provided with training in relation to infection control practices.
* The service does not maintain an incident register to document incidents which occur in the provision of care and services to support the analysis of data to guide the design and delivery of ongoing care and services.
* The service did not have policies in place and was not able to demonstrate staff had completed training in recognising and responding to abuse and neglect.
* The service does not maintain an incident register to record incidents in the provision of care to consumers. There is no evidence staff have received training related to the SIRS or on their responsibilities in recording or responding to incidents in the provision of care and services.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I am concerned that the service does not have effective risk management systems in place to safeguard consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 8(3)(d) at the time of the performance report decision.

Requirement 8(3)(e)

The Assessment Team was not satisfied that the organisation has a clinical governance framework in place to guide the delivery of clinical services. The Assessment Team provided the following information relevant to my finding:

* Management and staff did not have a consistent understanding of the intent of antimicrobial stewardship or demonstrate training for staff to promote awareness of appropriate antibiotic prescribing.
* The service was not able to demonstrate effective clinical interventions were implemented and documented for individual consumers in relation to risk assessments and ongoing monitoring of risks that may impact on an individual consumer’s overall health and wellbeing.
* The service did not have a consistent understanding of restrictive practices. The service could not evidence policies, procedures and training that guides staff in identifying or managing restrictive practices.
* The organisation could not demonstrate policies, procedures, and training to guide staff in applying open disclosure in response to complaints and feedback.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the decision of the provider to not provide a response to the Assessment Team’s report. Based on the information summarised above, I am confident the service does not have a clinical governance framework that guides staff in the safe delivery of clinical services to consumers. I therefore find the provider, in relation to the service, non-compliant with Requirement 8(3)(e) at the time of the performance report decision.

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)