**Performance**

**Report**

**1800 951 822**

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| Name: | Bedingfeld Park |
| Commission ID: | 500298 |
| Address: | 4 Bedingfeld Road, PINJARRA, Western Australia, 6208 |
| Activity type: | Quality Audit |
| Activity date: | 11 December 2023 to 12 December 2023 |
| Performance report date: | 25 January 2024 |

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: 460 Bedingfeld Park Inc  
Service: 26523 Bedingfeld Park Inc Home Care Services

**This performance report**

This performance report for Bedingfeld Park (**the service**) has been prepared by M Franco, 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, which 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 12 January 2024, accepting the findings within the report.

# 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 Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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.

Standard 1 Requirements (3)(d) and (3)(e)

* Ensure consumers are supported to take risks to enable them to live the best life they can, including conducting risk assessments and implementing strategies to address risks identified and recording these in care plans.
* Ensure information provided to each consumer is current, accurate and timely and communicated clearly and is easy to understand and enables consumers to exercise choice, including ensuring monthly statements are provided in a timely manner.

Standard 2 Requirements (3)(a) and (3)(d)

* Ensure assessment and planning considers risks to the consumer’s health and well-being and strategies are developed and documented to mitigate the risks.
* Ensure assessment and care planning policies and processes are available to guide staff to effectively communicate assessment and planning.
* Ensure documented care and service plans are readily available to the consumer and where care and services are provided.

Standard 6 Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

* Ensure consumers and their representatives are encouraged to provide feedback and make complaints. Provide information to consumers on how to provide feedback and make complaints.
* Ensure there are policies and processes in place to receive and manage feedback and complaints.
* Ensure staff are provided training on how to support consumers to provide feedback and complaints.
* Ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Ensure staff are provide training on how to use open disclosure, and how to manage and respond to complaints.
* Ensure there is a system in place to record and manage complaints, to identify opportunities for improvement and analyse and trend complaint and feedback information.

Standard 7 Requirements (3)(c), (3)(d) and (3)(e)

* Ensure there are systems in place to maintain oversight of subcontracted staff competencies and qualifications.
* Ensure position descriptions are developed for all staff roles.
* Ensure a training matrix is developed and a training system is implemented to provide appropriate training for the workforce.
* Ensure performance processes are in place to regularly assess the performance of the workforce.

Standard 8 Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

* Ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Ensure consumers are invited to form a consumer advisory body.
* Ensure policies and procedures are developed to guide staff in all aspects of care and service delivery.
* Ensure the governing body is provided with relevant information and data to enable monitoring of effective care and service delivery and organisation wide governance systems.
* Ensure there are effective organisation wide governance systems, including for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Ensure an effective risk management system is in place, including an incident management system to manage consumer risks, incidents and near misses.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement (3)(d)

While representatives provided positive feedback about staff encouraging consumers to do things independently and management advised consumers are encouraged to do things independently and staff respect the consumer’s decision, the Assessment Team assessed this Requirement as not met, as the service does not have dignity of risk processes in place. The Assessment Team provided the following evidence relevant to my finding:

* Management advised dignity of risk processes are not used by the service and there are no processes in place to undertake dignity of risk discussions with consumers. Management said a dignity of risk process will be implemented and risk discussions will be held with consumers.
* Staff are not trained in or informed how to support consumers to take risks to maintain their independence and do things that are important to them.
* Documentation showed the service does not have a dignity of risk policy or procedure and care planning documentation did not include information about how consumers are supported to take risks.
* Documentation showed a consumer’s goal to remain as independent as possible and to continue walking. However, the consumer’s care plan includes a recommendation the consumer walks short distances only, with no discussion about how to support the consumer to meet the listed goal of continuing to walk and remain as independent as possible. Management confirmed a dignity of risk discussion had not been held with the consumer or the representative.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to this Requirement.

I acknowledge representatives said staff encourage consumers to do things independently and management said a dignity of risk process will be implemented.

I have placed weight on management stating dignity of risk processes are not used by the service and staff are not informed or trained on how to support consumers to take risks to maintain the consumer’s independence.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 1, Consumer dignity and choice.

Requirement (3)(e)

The Assessment Team assessed this Requirement as not met, as they were not satisfied information provided to each consumer is current and accurate and provided in a timely manner to enable consumers to exercise choice. The Assessment Team provided the following evidence relevant to my finding:

* Representatives expressed concerns about poor communication from the service, with minimal communication received and information provided not accurate nor timely.
  + Monthly statements had not been received by one representative for over 12 months. However, the service provided copies of 3 statements on receipt of a verbal complaint from the representative and confirmed correct email address for the representative to ensure future statements are delivered in a timely manner.
  + The same representative stated they thought the consumer was on HCP level 4 but, was informed the consumer was on a level 3 when signing the home care agreement in December 2023.
* Management stated no communications had been provided to consumers or representatives in the past 18 months as there were no changes in charges, care and services provided.
* Documentation showed a list of services which can be provided for consumers is listed in the home care agreement. However, management stated not all services are available given the current workforce capabilities.
* Documentation showed discrepancies in recording the HCP level for one consumer.
  + A home care agreement dated 6 November 2023 recorded the consumer on HCP level 2.
  + Care plan notes dated 8 November 2023 recorded the consumer on HCP level 3 as of 7 May 2019.
  + The My Aged Care support plan showed the consumer was approved for HCP level 3 as of 17 August 2017.
  + Management confirmed the consumer is on HCP level 3 and all documentation would be amended to reflect the consumer’s approved HCP level.
* Documentation showed monthly statements were clear, easy to understand and included itemised entries.
* Representatives, staff and management stated there were no home folders or information packs in the consumers’ homes. However, the Assessment Team report also states staff confirmed care plans are in place and available to them in each consumer’s home, under Requirement (3)(c) of Standard 2, Ongoing assessment and planning with consumers.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrated a deficit in relation to this Requirement.

The service is not maintaining current and accurate consumer information and not providing relevant information to consumers. There is a risk of consumers not having appropriate information on which to make choices. I acknowledge the service addressed the complaint about not receiving statements for over 12 months. However, inaccurate information and not providing information to consumers indicates poor information management and financial management systems which is addressed under Requirement (3)(c) in Standard 8, Organisational governance.

I have placed weight on representative feedback about poor communication from the service, minimal information provided by the service and management confirming the home care agreement includes services which are not available.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

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

Representatives confirmed staff treat consumers with respect and are provided with dignity when care and services are delivered. Staff spoke respectfully about consumers and could describe individual consumer’s preferences and needs. Management stated, and documentation confirmed, staff receive training in cultural safety and diversity.

Representatives stated care and services provided for consumers were culturally safe and that staff have good rapport with consumers. Although documentation did not record each consumer’s background or religious beliefs and practices, staff were aware of each consumer’s cultural need and described how they ensure care and services are culturally safe. Management stated there are no policies and procedures in place for home care services but, cultural safety and diversity training is completed by staff.

Representatives stated they are involved in making decisions and can communicate those decisions easily. Staff described how they support consumers when they wish to involve others in making decisions about the consumer’s care and services. Management stated there are no care planning policies

Representatives confirmed staff consider the consumer’s privacy and that the service maintains consumer privacy and confidentiality. Staff described how they protect consumer information and respect the consumer’s privacy. Management stated all consumer information is kept secure and all documentation soon will be digitised and kept on an electronic management system. Documentation showed although there are no policies and procedures in place, staff were trained and are practising the principles of privacy and confidentiality.

While the service does not have relevant policies and procedures in place to address consumer dignity and choice, I have placed weight on feedback from representatives and staff describing and demonstrating how consumers are treated with dignity and respect, are provided culturally safe care and services, are supported to exercise choice and independence and how consumer privacy is respected. Lack of policies and procedures relates to deficits in the organisation’s governance and has been considered under Requirement (3)(b) in Standard 8, Organisational governance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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. | Compliant |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement as not met, as they were not satisfied assessment and planning processes inform the delivery of safe and effective care, with strategies to manage identified risk not consistently documented. The Assessment Team provided the following evidence relevant to my finding:

* Staff said care plans did not identify risks or strategies to assist consumers.
* The clinical nurse manager said psychogeriatric assessments were completed for consumers and consumers will be monitored and reviewed for deterioration based on the outcomes of the assessment.
* Documentation showed assessment information is not completed when risks are identified. Care plans are not updated to provide staff with enough information to guide the delivery of safe care and services. Care plans do not include procedures for a consumer’s non-response to a scheduled visit and a home environment assessment.
* The service does not have policies and procedures for assessment and care planning. However, the Assessment Team stated the service has processes as part of assessment and planning which gathers the consumer’s story to inform how staff can support the consumer in Requirement (3)(c) in Standard 4, Services and supports for daily living

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report, which demonstrates assessment and planning does not consider risks to consumers’ health and well-being to inform the delivery of care.

I have considered the intent of this Requirement, which expects services to assess risks to a consumer’s safety, health and well-being, to discuss risks with the consumer and include the consumers in the care planning process. This supports consumers to receive the best possible care and services, and ensures their safety, health and well-being aren’t compromised. I find this did not occur, as care plans did not identify risks or strategies to ensure potential impact is minimised. Although the service has processes in place to gather the consumer’s story, the service does not have policies and procedures to guide staff in assessment and planning to ensure delivery of safe and effective care and services.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team assessed this Requirement as not met, as they were not satisfied assessment and care planning identifies and addressing the consumer’s current needs, goals and preferences including advance care planning. The Assessment Team provided the following evidence relevant to my finding:

* Representatives said consumers have a say in the services they receive and how the services are provided to them and said care plans are developed around the individual consumer’s goals, needs and preferences. However, representatives said advance care planning or end of life planning wishes were not discussed with the consumer.
* Management stated the initial assessment captures consumer needs, goals and preferences and if they change, the service will update the care plan.
* Documentation did not describe each consumer’s needs and preferences in enough detail to enable staff to provide appropriate care and services.
* The service does not have advance care planning and end of life planning policies and procedures.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which does not demonstrate deficits in relation to this Requirement.

I have considered that while the Assessment Team’s report states care planning documentation did not describe each consumer’s needs and preferences in enough detail to guide staff, no evidence was provided to demonstrate a failure in assessment and planning to identify needs, goals and preferences. However, I note advance care planning and end of life planning is not occurring with consumers. There was no evidence demonstrating staff would not be able to guide consumers where to find this information if requested and management said the service will have advance care planning and end of life discussions with consumers and include a new section to the care plan to record the outcome of those discussions. Therefore, I do not consider it proportionate to find the service’s whole assessment and planning process to be ineffective based on the evidence provided.

I have placed weight on statements from representatives demonstrating assessment and planning identifies the individual consumer’s needs, goals and preferences and that assessment is used to plan and deliver services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(c)

The Assessment Team assessed this Requirement as not met, as they were not satisfied other organisations and providers of care are involved in the assessment and care planning process where appropriate. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated there are opportunities to discuss consumer needs and preferences including how and when services are to be delivered.
* Management stated consumers and representatives are involved in the assessment and care planning process through initial assessments and reassessments.
* Documentation showed, and management confirmed, the service does not include other individuals or organisations in the assessment and planning process. For example, one consumer is receiving free physiotherapy through a general practitioner referral and the consumer had recently been discharged from hospital. The service has not involved the general practitioner, physiotherapist or reviewed the hospital discharge summary to support assessment and planning for the consumer.
  + The representative for this consumer stated staff members assist the consumer when walking and they ensure the consumer is completing the exercises assigned by the physiotherapist.
  + Staff stated care plans are in place and available to them in each consumer’s home. One staff member said care plans are not always updated when consumer’s needs change, so they speak with the family to discuss the consumer’s needs.
* Management stated in future the service will liaise with others involved in each consumer’s care to ensure it informs the consumer’s care planning and assessment to provide effective care and services.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which does not demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to carry out ongoing assessment and planning with the consumer, their representative and others who the consumer wants to involve in assessment and planning of their care and services. Assessment and planning including other organisations, individuals or service providers involved in caring for consumers requires effective communication with other service providers. I find the service does involves the consumer and their representative in assessment and planning but, there are improvements which could be made to further involve others in assessment and planning.

I have considered that while the Assessment Team’s report provides evidence of lack of involvement in assessment and planning of others providing care and services for consumers, there was no evidence of impact on any consumers. Although the Assessment Team presented an example of a consumer where others involved had not been consulted by the service, representatives confirmed staff are following the exercise regime as determined by the physiotherapist. This is evidence others are involved in the assessment and planning of consumer care and services. However, the service does not have formal mechanisms to undertake these processes and document this involvement. Management stated they will liaise with others involved in each consumer’s care to inform assessment and planning, including general practitioners and will consider hospital discharge summaries for consumers when undertaking assessment and planning. Therefore, I do not consider it proportionate to find the service’s involvement of others in assessment and planning to be ineffective based on the evidence provided.

I have placed weight on statements from representatives demonstrating recommendations from others providing services for consumers are being followed by staff. This indicates there is involvement without formal mechanisms in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team assessed this Requirement as not met, as they were not satisfied staff had access to up to date consumer information and care plans. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated the service provides copies of care plans detailing the outcome of an assessment or review.
* Not all staff said they have access to care plans and the service will inform them of any updates where there has been a change to the consumer’s care needs. There was no evidence of how the service communicates changes to staff. However, the Assessment Team report also states staff confirmed care plans are in place and available to them in each consumer’s home, under Requirement (3)(c) of this Standard.
* Management said staff are not recording progress notes in care plans and will speak with staff about recording progress notes.
* The service does not have assessment and care planning policies and procedures.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects a care and services plan should be available to the consumer in a way they can understand, and it should be available to those providing care and services for the consumer. I find there is conflicting evidence in the Assessment Team’s report. Representatives stated the service provides copies of the care and services plan to the consumer and their representative. However, there is conflicting evidence about whether care plans are available to staff at the point of care. The service does not have assessment and care planning policies and processes to guide staff in relation to effectively communicating assessment and planning in documented care plans and ensuring they are available to consumers and available where care and services are provided.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

Representatives stated the services provided for consumers are regularly reviewed and services can be changed if the consumer’s needs or preferences changed. Staff described how they would report incidents impacting on the needs of consumers. Management stated the service reviews care plans annually or sooner if the consumer is hospitalised, an incident occurs, or the care needs have changed. While the service does not have a policy or process to track reviews of its consumers, documentation showed reviews are completed annually. Improvements could be implemented to ensure consumer needs are consistently reviewed after an incident or hospitalisation and clearly documented in the care plans. Management stated the service will be implementing new processes to review hospital discharge summaries to ensure this information informs assessment and care planning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable |
| 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 Applicable |
| 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 Applicable |
| 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 Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| 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 Applicable |

Findings

Standard 3 was not assessed by the Assessment Team as the service does not provide personal or clinical care for consumers.

# Standard 4

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

Findings

Requirement (3)(e)

Although the Assessment Team report shows there has not been any need for referrals to other organisations and providers of other care and services, the Assessment Team assessed this Requirement as not met, as the service did not have policies and procedures to refer consumers to other providers of care. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated they felt confident the service would action timely referrals to other providers of care to meet the consumer’s needs.
* Management advised the current consumer cohort has not required referrals. However, if consumers required a referral, management stated this would be timely and appropriate.
* The service does not have policies and processes for making referrals to other providers of care.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence it the Assessment Team’s report, which does not demonstrate deficits in relation to this Requirement.

While the service did not provide examples of referrals to other organisations and services, management confirmed the current consumer cohort has not required any referrals to be processed. There was no evidence presented of referrals required and not actioned. Lack of referrals when none are required does not evidence a deficit in relation to this Requirement.

I acknowledge the service does not have policies and procedures for making referrals to other providers. However, this has not had an impact on consumers. I find this evidence relates to deficits in the organisation’s governance. Therefore, I have considered it under Requirement (3)(b) in Standard 8, Organisational governance.

I have placed weight on the Assessment Team’s evidence demonstrating representatives felt confident the service would action timely referrals to other providers of care to meet the consumer’s needs and no evidence of referrals not being processed having an impact on consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 4, Services and supports for daily living.

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

Representatives confirmed the service supports consumers to optimise their independence, health, goals, well-being and quality of life. Staff were knowledgeable about consumer needs, goals and preferences. Management advised consumer needs, goals and preferences are identified prior to commencement with the service and are documented to guide staff practices. Documentation showed the service captures each consumer’s identified goals which supports the consumer to maintain their independence and quality of life.

Representatives confirmed staff support the consumer when they are feeling low or where they have specific spiritual and psychological well-being needs. Staff described how they support consumers to do things which meet the consumer’s emotional and psychological well-being and how they can identify when a consumer is feeling low. Management stated if consumers were experiencing any mental health concerns, the service would refer them to their general practitioner or to an older adult mental health service. Documentation showed each consumer’s emotional, spiritual and psychological needs are recorded in the care plan and strategies to meet these needs are recorded following consultation with the consumer or representative about the consumer’s preferences.

Representatives confirmed consumers can do things of interest, participate in the community and have social and personal relationships. Staff demonstrated knowledge of individual consumer’s interests and relationships of importance to the consumer and described how they support consumers to remain connected to the community. Management stated the service discusses interests with the consumer and/or their representative and records information in relation to the consumer’s interests, past occupations, hobbies and preferences in care plans.

Staff stated they receive updates through phone calls if a consumer’s condition changes. Although the service does not have policies and procedures for staff to communicate relevant information within and external to the service, management described how information about needs and preferences is shared between consumers and staff. Management advised the service is not currently sharing information with external providers but, the service will do so in the future. Documentation showed information is shared with staff about each consumer’s needs and preferences. Lack of policies and procedures is considered in Requirement (3)(b) in Standard 8, Organisational governance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 4, Services and supports for daily living.

Requirements (3)(f) and (3)(g)

These requirements were not assessed, as the service does not receive funding for the preparation of meals and does not provide equipment for consumers.

# Standard 5

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

Findings

Standard 5 was not assessed by the Assessment Team as the service does not provide a physical service environment.

# Standard 6

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

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the service encourages and supports consumers, their family, friends, carers and others to provide feedback and make complaints. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated the service has not asked for feedback regarding care and services provided for consumers. Representatives stated there were no complaints or feedback forms provided by the service and they have not been given information on how to make a complaint or provide feedback. Representatives said they would call the service or send an email to make a complaint.
* Staff stated they have not made complaints or submitted feedback on behalf of consumers or representatives. Staff said they would direct the consumer or representative to make a complaint or provide feedback directly to the service should any issues arise.
* Management stated the service has not received any complaints or feedback in the past 18 months and the service does not have a system in place for managing and recording feedback and complaints. Management stated a new system will be purchased within the next 12 months which will include policies and procedures, learning modules and a feedback and complaints register.
* Documentation showed a continuous improvement log including an entry about an interim feedback and complaints register and feedback form.
* The service does not provide education and information to support consumers, their representatives and staff on how to provide feedback and make complaints.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence it the Assessment Team’s report, which demonstrates deficits in relation to this Requirement. The service does not encourage consumers or the representatives to provide feedback and complaints and does not have processes in place to receive and manage feedback and complaints. The service does not provide training to staff on how to support consumers to provide feedback and complaints.

I have considered the intent of this requirement, which expects an organisation to demonstrate the service encourages and supports consumers and their representatives to provide feedback or complain about the care and services received. I find this did not occur, as the service does not provide information to consumers and representatives about how to provide feedback and complaints.

I have placed weight on the Assessment Team’s evidence that representatives stated they have not been provided with information on how to make a complaint or provide feedback and acknowledgement from management that the service does not have a system in place for managing and recording feedback and complaints.

I acknowledge management stated a new system will be purchased within the next 12 months which will allow the service to manage feedback and complaints, including having access to relevant policies and procedures. I also acknowledge the continuous improvement action developed by the service to implement an interim feedback and complaints register and feedback form. However, at the time of my decision, there was no evidence this had occurred and had been embedded.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 6, Feedback and complaints.

Requirement (3)(b)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the service provides information to consumers about advocates, language services and other methods for raising and resolving complaints. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated they were unaware of advocacy services and other methods for raising and resolving complaints.
* Staff were unaware of advocacy services and other methods for raising and resolving complaints.
* Management stated information about advocacy services and other methods for raising and resolving complaints is not provided to consumers and representatives.
* Documentation showed the service does not have policies and procedures and the service is not providing information to consumers about access to advocates, language services and other methods for raising and resolving complaints.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement. Information about advocates, language services and other methods for raising and resolving complaints is not provided to consumer and/or their representatives. Staff are not aware of advocacy services and other methods for raising and resolving complaints.

I have considered the intent of this requirement, which expects consumers are made aware of and supported to access services which can assist them to make a complaint. I find this did not occur, as the service does not provide information to consumers and representatives about advocacy services, language services and other methods for raising and resolving complaints.

I have placed weight on the Assessment Team’s evidence that representatives stated they have not been made aware of advocacy services or other methods for raising and resolving complaints.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 6, Feedback and complaints.

Requirement (3)(c)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the staff understand and use open disclosure processes or that the service has policies and procedures in place to guide staff to take appropriate action in response to complaints. The Assessment Team provided the following evidence relevant to my finding:

* Representatives who had raised complaints or given feedback to the service stated they were satisfied with the actions taken by the service in response to that feedback or complaint.
* Staff could not demonstrate an understanding of what open disclosure means.
* Management confirmed staff have not been provided with open disclosure training and the service does not have open disclosure or feedback and complaints policies and procedures.
* Management provided an example of taking appropriate action in response to a complaint received, including using open disclosure processes. However, the service does not have a system in place to record and manage complaints received and management stated no complaints had been received for the past 18 months when this complaint was received in November 2023.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement. Staff are not aware of what open disclosure means, staff are not provided with relevant training and the service does not have policies and procedures in place to guide staff.

I have considered the intent of this requirement, which expects an organisation to have a best practice system for managing and resolving complaints for consumers. I find this did not occur, as the service does not train staff in open disclosure, the service does not have policies and procedures to guide staff in complaint management and the service does not have a system in place to record and manage complaints to identify opportunities to find and act on things that can improve the service’s systems.

I have placed weight on the Assessment Team’s evidence that staff are not trained in open disclosure and the service does not have policies and procedures in place to guide staff in managing and responding to complaints and feedback. I acknowledge representatives confirmed they were satisfied with the service’s response to complaints and management could describe how they respond to complaints. However, management also stated they had not received any complaints in the past 18 months when there had been complaints received during that period. This indicates a deficit in the complaint management system.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

Requirement (3)(d)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the service is reviewing and using feedback to improve the quality of care and services, with no feedback and complaints process and system in place for recording, trending and tracking feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated the service responds promptly to feedback and complaints made through emails or phone calls with no follow up required.
* Management stated the service had not received any complaints or feedback during the last 18 months. Most feedback and complaints are verbal and resolved immediately. Management acknowledged feedback and complaints received verbally are not documented.
* Management could not evidence complaint data and therefore could not demonstrate what trends complaints data showed or key areas of complaint and any identified service improvements based on feedback received.
* The service does not have a continuous improvement policy and procedure to describe processes on how trends are analysed and how they feed into the service’s improvements. However, the service has a continuous improvement log documenting an interim feedback and complaints register to be implemented prior to a new system being purchased within the next 12 months.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement. The service does not record all feedback and complaints or review feedback and complaints to identify opportunities for service improvements.

I have considered the intent of this requirement, which expects an organisation use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints. I find this did not occur, as the service does not have processes in place to review and analyse feedback and complaints and does not record all feedback and complaints in a system which allows the service to collate, analyse and trend the information. The service does not have policies and procedures to guide staff in receiving, responding, monitoring and reviewing feedback and complaints and does not provide training to staff on how to respond to feedback and complaints,

I have placed weight on the Assessment Team’s evidence that management does not record verbal feedback or complaints and does not review and analyse feedback and complaint information to identify opportunities for improvement.

I acknowledge representatives confirmed the service responds promptly to feedback and complaints. However, the service was unable to evidence using feedback and complaints to identify trends and opportunities for improvements.

I acknowledge the service is in the process of purchasing a new system within the next 12 months which will allow the service to manage feedback and complaints, including having access to relevant policies and procedures. I also acknowledge the continuous improvement action developed by the service to implement an interim feedback and complaints register and feedback form. However, at the time of my decision, there was no evidence this had occurred and had been embedded.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the workforce is planned to enable, and the number and mis of members of the workforce deployed enable, the delivery and management of safe and quality care and services. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated consumers receive quality care and services.
* Staff stated they have time to complete their rostered activities and consumers have been matched with the same staff for the past 4 years.
* Management stated there were no unfilled shifts in the past month and described processes in place to backfill if a staff member is unavailable to attend for a consumer.
* Management stated the service will not be taking any new consumers until the service has systems, processes and the workforce to provide all home care services for current and future consumers. Management stated the service will be employing a care coordinator within the next 6 months.
* Documentation showed the service did not evidence care plans in the consumer’s home and that information is not readily accessible to staff who have not worked with consumers before.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which does not demonstrate systemic deficits in relation to this Requirement.

While the Assessment Team stated documentation showed the service did not evidence care plans in the consumer’s home and that information is not readily accessible to staff who have not worked with consumers before, this is in contrast to evidence presented in Requirement (3)(c) of Standard 2, Ongoing assessment and planning with consumers, which stated most staff confirmed care plans are in place and available to them in each consumer’s home.

The Assessment Team did not provide evidence of impact on individual consumer’s service delivery because of the current workforce structure. Management described processes in place to ensure sufficient staff numbers to fill shifts and described plans to further develop the workforce structure and arrangements.

I have placed weight on the Assessment Team’s evidence that representatives confirmed consumers receive quality care and services, staff confirmed they have enough time to provide the services schedule, there have been no unfilled shifts in the past month and management has processes in place to backfill when a staff member is unavailable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 7, Human resources.

Requirement (3)(b)

Representatives stated staff are kind and caring to consumers and confirmed consumers are satisfied and only have compliments for the staff providing care and services. Management stated there were no complaints made against staff regarding the quality of care and respect for consumers. Documentation did not evidence any complaints about staff treatment of consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 7, Human resources.

Requirement (3)(c)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the service has position descriptions for each staff member and the service does not have oversight of contracted staff. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated staff were competent and were confident and satisfied with the care and services provided for the consumer.
* Staff stated they were confident and comfortable in performing their duties.
* Management stated there are no position descriptions in place for the workforce but, they will work on implementing position descriptions following the Quality Audit.
* Documentation showed subcontractors have a signed service agreements. However, the service does not have oversight processes for services delivered by subcontractors. Management stated subcontractor oversight is based on feedback from consumers, which the service has not received in the past 18 months.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which demonstrates systemic deficits in relation to this Requirement. The service does not have position descriptions for staff and does not have processes to maintain oversight of subcontracted staff competencies and qualifications.

While representatives were satisfied with staff performing services for the consumers and staff stated they felt confident and comfortable performing their duties, the service does not have systems in place to ensure staff and subcontractors are competent in their roles and have the appropriate qualifications and knowledge.

I acknowledge management has committed to implementing position descriptions for all staff. However, I have considered the intent of the Requirement, which expects an organisation has systems to regularly review the roles, responsibilities and accountabilities of the workforce. I find this did not occur, as the service does not have systems to undertake these expectations.

I have placed weight on the Assessment Team’s evidence that there are no position descriptions for the workforce and the service does not have processes to maintain oversight of subcontracted staff competencies and qualifications.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 7, Human resources.

Requirement (3)(d)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team provided the following evidence relevant to my finding:

* Staff stated they were transitioned from residential aged care to home care services and all online training was completed on the residential aged care’s training system.
* Management stated the same software system used in the residential aged care facility will be purchased and set up for home care services in the next 12 months. The software system will include training matrices for each specific role and will include code of conduct training for home care services.
* Documentation showed code of conduct training was not completed by staff and was not available as part of the training modules. Training records showed trained completed by staff on cultural diversity and safety, manual handling, infection prevention and control, privacy and confidentiality and Serious Incident Response Scheme – all completed on the residential aged care learning system. Training completed prior to the implementation of the electronic system was not documented by management.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which demonstrates systemic deficits in relation to this Requirement. The service does not have a training matrix or training system in place to ensure staff are appropriately trained and supported to deliver the outcomes required by these Quality Standards.

I acknowledge management has committed to implementing a new electronic system which will include training matrices. However, I have considered the intent of the Requirement, which expects members of the workforce receive ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities. I find this did not occur, as the service does not have training systems and processes in place to support the workforce.

I have placed weight on the Assessment Team’s evidence that there is no training system in place for the workforce. The Assessment Team’s report did not address recruitment processes under this Requirement. The service should ensure it has appropriate recruitment processes in place to meet the intent of this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 7 Human resources.

Requirement (3)(e)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the service regularly assesses, monitors and reviews the performance of each member of the workforce. The Assessment Team provided the following evidence relevant to my finding:

* Staff stated they have not had a performance review since commencing with the service.
* Management stated staff are assessed based on feedback and complaints, with no negative feedback or complaints received from consumers or their representatives over the past 18 months.
* Management did not provide evidence of policies and procedures governing staff performance evaluations nor evidence of staff performance reviews.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which demonstrates systemic deficits in relation to this Requirement. The service does not have policies and processes in place to regularly assess, monitor and review the performance of each member of the workforce.

I have considered the intent of the Requirement, which expects organisations to regularly assess the performance and the capabilities of the workforce. I find this did not occur, as the service does not have processes in place to regularly assess performance of the workforce.

I have placed weight on the Assessment Team’s evidence that management stated staff are assessed based on feedback and complaints but, there have not been any complaints for over 18 months. Staff stated they have not had a performance review since commencing with the service. Therefore, the performance of the workforce is not regularly assessed.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can; 4. managing and preventing incidents, including the use of an incident management system. | 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 Applicable |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement as not met, as they were not satisfied consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Assessment Team provided the following evidence relevant to my finding:

* Representatives stated consumer feedback is not proactively sought by the service. However, one representative discussed a consumer advisory body which had been developed but, the scheduled November 2023 meeting was cancelled, and the service has not informed consumer of a revised date for the meeting.
* Management advised an advisory care group has been set up for the residential care facility and the service was planning to include home care service consumers in that group. Management said the advisory care group for home care will come into effect by the end of January or February 2024.
* Management could not demonstrate examples of how consumers are engaged in service improvements.
* The service did not evidence that the provider governance reform requirement that a consumer advisory body had been established by 1 December 2023. Management did not evidence a written offer distributed to current consumers and their representatives to establish a consumer advisory body, including the date the offer was given.
* The service did not evidence meeting minutes when the decision to establish the consumer advisory body was made or changes of postponing the consumer advisory meeting to 2024.
* The service did not evidence it has processes to engage with consumers through consumer feedback, annual surveys and focus group activities.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which demonstrates consumers are not engaged or supported in the development, delivery and evaluation of services.

This Requirement expects organisations seek input from consumers about their experience and the quality of services they receive. I find this did not occur, as representatives said feedback is not proactively sought by the service. I acknowledge a representative mentioned a consumer advisory body meeting which was cancelled. However, management did not provide evidence of creation of the consumer advisory body and how the service intends to use this advisory body to engage and support consumers in the development, delivery and evaluation of care. I have also considered that management could not demonstrate examples of how consumers are engaged in service improvements.

I have placed weight on the Assessment Team’s evidence representatives stated the service does not proactively seek feedback from consumers and management could not provide evidence of using consumer feedback to improve services provided.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 8, Organisational governance.

Requirement (3)(b)

The Assessment Team assessed this Requirement as not met, as they were not satisfied the organisation’s governing body promotes a culture of safe, inclusive and quality care and service and is accountable for that delivery, with no policies and procedures in place to guide staff in any functions of the service. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the service does not have processes and systems in place for monitoring safe care service delivery. Management said there will be a care coordinator to provide monthly reports to the governing body and this information will be used to drive continuous improvement.
* The governing body has not implemented effective systems and processes to enable relevant data and information to be gathered, reported and monitored. Management did not evidence data or information provided to the governing body to enable monitoring of effective care and service delivery.
* The service does not have governance policies and procedures for all aspects of care and service delivery.
* The service does not have an organisational structure for home care services to show delegation of roles, responsibilities and accountabilities for the services offered for consumers. Management did not demonstrate the governing body provides input into developing communications to promote a culture of safe and quality care.
* The service does not have processes to enable effective oversight of care and services delivered by subcontractors.

In coming to my finding, I have considered the Assessment Team’s assessment and the evidence in the Assessment Team’s report which demonstrates the service’s governing body is not accountable for the delivery of safe, inclusive and quality services.

I have considered the intent of this Requirement, which expects the governing body is responsible for promoting a culture of safe, inclusive and quality care and services and is also responsible for overseeing the organisations’ strategic direction and policies for delivering care to meet the Quality Standards. I find this did not occur, as the service does not have policies and procedures to guide staff in all aspects of care and service delivery and the governing body does not receive and consider information and data to enable monitoring of effective care and service delivery.

I have placed weight on evidence in the Assessment Team’s report, which shows the governing body does not receive and consider relevant information to monitor effective care and service delivery and that the service does not have a suite of policies and procedures to guide staff in all aspects of care and services.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 8, Organisational governance.

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service’s governing systems were effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance or feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Information management
  + Care plans are not updated regularly, and staff do not have current and up to date information about consumers.
  + Management advised staff are not completing progress notes. Management stated this will be added to the service’s continuous improvement plan as an action that all staff are to record progress notes.
  + Management said the service is working on implementing an electronic care management system, including electronic forms, incident records and complaints records.
  + The service does not have policies and procedures to guide staff in all aspects of information management.
* Continuous improvement
  + Management stated opportunities for continuous improvement are identified through talking with staff, consumers and their families.
  + Management stated the service does not have a current continuous improvement register. As part of the service’s continuous improvement plan, management said the service will create a register, including an action about developing and implementing policies and procedures.
  + The service does not have policies and procedures to guide staff in all aspects of continuous improvement.
* Financial governance
  + The service has processes to ensure consumers are charged only for the care and services they receive.
  + The service is providing clear and detailed monthly statements for all consumers. However, the service did not evidence documentation to show the service has regular meetings with consumers and their representatives to discuss budgets and funding in detail.
* Workforce governance
  + Staff received training on cultural diversity and safety, manual handling, privacy and confidentiality, infection prevention control and the Serious Incident Response Scheme on commencement with the service.
  + The service did not evidence job descriptions for any role for the workforce and staff do not complete regular performance appraisals.
  + The service does not have policies and procedures to guide staff in workforce management and performance reviews.
* Regulatory compliance
  + Management stated the service subscribes to updates from an aged care peak body and staff are updated of any changes through email or staff memoranda.
  + Management could not provide documented evidence a consumer advisory body had been established.
  + Management stated staff had completed training on the Serious Incident Response Scheme but, staff have not completed training addressing the Aged Care Code of Conduct.
  + The service could not demonstrate, and documentation did not evidence subcontracting agreements showed delivery of care is consistent with the Code of Conduct.
* Feedback and complaints
  + Management stated the service does not have a formal feedback process. Consumers and representatives can call the office to raise any issues or complaints.
  + Management stated the service does not have feedback and complaints policies and procedures.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report, which demonstrates organisation wide governance systems are not effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, or feedback and complaints.

I have considered the intent of this Requirement, which expects effective organisation wide governance systems, considering the size and structure of the organisation. I find this did not occur, as the organisation does not have policies and procedures to guide staff across all organisation wide governance systems.

While I acknowledge the service will be implementing a new electronic system and will be ensuring staff complete progress notes, the service does not have an effective information management system to ensure up to date care documentation is available at point of service and there are no policies and procedures to guide staff in the provision of care and services.

The service does not have an effective continuous improvement system. Management confirmed the service does not have a current continuous improvement register nor policies and procedures to guide staff in continuous improvement practices.

The service does not have an effective financial governance system, with no processes to ensure budgets and funding are regularly discussed with consumers.

The service does not have an effective workforce governance system, with limited training provided for staff, no position descriptions, no workforce appraisal processes and no policies and procedures to guide staff in workforce governance.

The service does not have an effective regulatory compliance system as management did not evidence implementation of a consumer advisory body for the service, did not provide Code of Conduct training for the workforce and does not have processes in place to ensure subcontracted staff provide care and services in line with the Code of Conduct.

The service does not have an effective feedback and complaints system. Management stated the service does not have a formal feedback process. The service does not record verbal feedback and complaints and does not have policies and procedures to guide staff in managing and responding to feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied risk management systems and practices were effective in relation to identifying and managing risk associated with the care of consumers, managing and preventing incidents, and identifying and responding to abuse and neglect of consumers. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the service does not have processes for incident management and reporting.
* Risks to consumers are not being identified. Strategies to manage risks are not documented in care plans.
* Staff have not received training on identifying and reporting risks for consumers. However, staff said they have received training on identifying and responding to abuse and neglect of consumers.
* Staff described how they would report an actual or suspected neglect or abuse of a consumer.
* The service does not have policies and processes for incident management and reporting, abuse and neglect, or dignity of risk.
* The service did not demonstrate it has an incident management system and it does not record or collate information about incidents to drive continuous improvement.
* The service has an assessment and care planning process to identify ways to support the consumer to maintain their independence. However, the service is not providing staff with relevant training to ensure care and services support consumers to live their best life.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report, which demonstrates risk management systems and practices are not in place in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents, including the use of an incident management system.

This Requirement expects organisations to have systems and processes that help to identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it is affecting consumers. I find this did not occur, as the service does not have information to guide delivery of services and does not include consumer risks or mitigation strategies. I have also considered the organisation’s failure to identify deficits in assessment and planning processes, as demonstrated in the Assessment Team’s report in Standard 2, which shows the organisation’s risk management systems and practices are ineffective.

This Requirement also expects organisations to identify and evaluate incidents and ‘near misses’ and use this information to improve service delivery. I find this did not occur, as the service does not have an incident management system in place. I have placed weight on statements from management that they do not capture or review consumer incidents.

In relation to identifying and responding to abuse and neglect of consumers, the service does not have abuse and neglect policies and procedures. I have placed weight on evidence in the Assessment Team’s report showing the service does not have processes in place to respond to incidents. I acknowledge staff stated they have received training on identifying and responding to abuse and neglect and described how they would report actual or suspected neglect or abuse. This indicates staff know what to do. However, the service does not have formalised processes in place to respond to any reports provided by staff.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement (3)(e)

This Requirement was not assessed, as the service does not provide clinical care for consumers.

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)