**Performance**

**Report**

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| Name of service: | Beenleigh and District Senior Citizens Centre |
| Service address: | 20 Alamein Street BEENLEIGH QLD 4207 |
| Commission ID: | 700325 |
| Home Service Provider: | Beenleigh and Districts Senior Citizens Centre Inc |
| Activity type: | Quality Audit |
| Activity date: | 13 July 2023 to 17 July 2023 |
| Performance report date: | 11 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Beenleigh and District Senior Citizens Centre (**the service**) has been prepared by M Abjorensen, 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.

# Services included in this assessment

**Home Care:**

* Beenleigh and District Senior Citizens Centre Inc., 26905, 20 Alamein Street, BEENLEIGH QLD 4207

**CHSP:**

* Care Relationships and Carer Support, 24483, 20 Alamein Street, BEENLEIGH QLD 4207
* Community and Home Support, 24482, 20 Alamein Street, BEENLEIGH QLD 4207

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 2 Requirements (3)(a), (3)(d)

* Establish consistent assessment and planning procedures, with the use of validated assessment tools, which consider risks to consumer wellbeing and informs care delivery
* Develop care plans for all consumers which includes guidance for staff to access at the point of care

Standard 6 Requirement (3)(d)

* Ensure all feedback and complaints are captured within feedback registers to enable trending and analysis of complaints to inform service improvements
* Where consumer surveys occur, analyse and trend data to determine where improvements are required, through the perspective of consumers

Standard 8 Requirements (3)(c)

* Develop processes to monitor the funds for home care package consumers, which includes discussions with consumers who have high amounts of unspent funds or those at risk of overspending. These discussions should support consumers to make informed decision and help the service to prioritise care and services, based on the budgets available and discussions with 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. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Feedback from consumers and representatives described staff and volunteers as friendly and polite. Staff and management showed an understanding of each consumer’s preferences and backgrounds.

Consumers and representatives reported consumer preferences and values are taken into account by when staff delivering care and services. Staff and management described how the values and preferences of consumers inform care delivery.

Consumers and representatives described the different ways their decisions are encouraged and supported by the service, including how services are delivered and who is involved in their care. Care documentation showed regular communication with consumers and others involved in their care, regarding their wishes and decisions about the care and services they receive.

Consumers and representatives described how services support consumers to live independently and make decisions about how they choose to life. Care documentation showed consultation occurs to promote independence and manage risks through interventions, in accordance with the dignity of risk.

Consumers and representatives advised information provided supports their informed decision making. Information packs and consumer handbooks outline services available and home care package information relating to budgets and pricing schedules. The service has assigned staff with duties to support consumers in understanding care and services, including navigation aged care system platforms.

Consumers and representatives reported staff respect their privacy and consumer files contained records of informed consent the sharing of information with relevant parties. The service seeks consent from consumers prior to engaging a third party, such as an allied health clinician or other organisation.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer choice and dignity.

# 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. | Non-compliant | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant | Non-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 | Compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the service did not demonstrate that 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. The Assessment Team provided the following evidence relevant to my finding:

* Information from My Aged Care referrals is used as the predominate source of assessment and planning and assessments for risks, such as falls, are inconsistently completed for consumers
* Care planning and assessment was not evident for consumers living with terminal illness, cognitive decline and mobility limitations
  + Information and evidence under (3)(e) in Standard 3 shows, 13 HCP and CHSP consumer files contained minimal information to guide care workers
* Information and evidence under (3)(b) in this Standard shows a care file for a consumer living with cognitive decline without further information to guide care and services

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate assessment and planning considers risks to the consumer’s health and wellbeing to inform safe and effective care and service delivery.

The intent of the Requirement expects relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with the consumer, and included in planning a consumer’s care. I find this has not occurred, as consumers do not have care plans and assessment and planning does not consistently consider risks to inform care and service delivery.

Based on the information summarised above for HCP and CHSP programs, 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 reported the service did not demonstrate that 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. The Assessment Team provided the following evidence relevant to my finding:

* Advanced care planning and end of life planning is not discussed with consumers as part of assessment and planning, with the exception of one consumer with end of life planning, and care, arranged through the service
* Information and evidence under (3)(c) in Standard 3, shows the one consumer receiving end of life care through the service has discussed the needs, goals and preferences with the service, as per the consumer’s wishes
* Care planning is informed through consumer’s and representative’s understanding of their needs, goals and preferences, and does not capture all current, and relevant, information
  + The service identified one consumer living with cognitive decline, however, care documentation does not identify further information regarding the care and service requirements.
* Information and evidence under (3)(f) in Standard 4 shows care documentation identifies consumer dietary requirements, including allergies, preferences and meal assistance requirements
* Information and evidence under (3)(d) in Standard 4 shows actions taken to support a consumer to access increased care and services, through liaisons the representative to discuss the reasons changes to care and services are recommended, clinical meetings and care directives reflecting current needs and preferences

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate a failure in assessment and planning to identify and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

I have considered that the information and evidence does not show that needs, goals and preferences of consumer’s receiving care and services are not being met. Rather, the report identifies deficits in relation to the limited, or lack of documentation, regarding assessment and planning, specifically in relation to how risks inform care and service delivery. For this reason, I have considered this under (3)(a) in this Standard.

The Assessment Team report asserts care plans are developed based on consumer’s and representative’s understanding of consumer current needs, goals and preferences and that documentation reviewed shows this does not occur. However, evidence under this Requirement, and throughout the report, does not demonstrate an inconsistency in the needs goals and preferences of consumers and the care and services they receive. Rather, throughout the Assessment Team report, evidence shows consumers, representatives and staff understand, and deliver services in accordance with, consumer needs, goals and preferences.

Evidence does not demonstrate whether consumers have requested information, or discussions, which have not occurred nor does it show whether established advanced care plans or end of life plans are recorded. However, the Requirement wording shows advanced care planning and end of life discussions occur, if the consumer wishes, which has occurred as per the wishes of a consumer receiving advanced care planning.

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

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate 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. The Assessment Team provided the following evidence relevant to my finding:

* Not all consumers have care plans, where care plans have been developed, there is inconsistent or incomplete information regarding care and service requirements
* Staff, consumers and representatives were unsure whether a care plan had been provided or whether the care plan provided was current and up to date
* Management advised a review of the assessment and planning process is ongoing to ensure information is available to staff and consumers
* Management and staff confirmed there is no service plan being developed or provided to consumers
* Information and evidence (3)(d) Standard 3 shows three consumer records did not have care plans.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which demonstrates a failure to communicate, and document, the outcomes of assessment and planning to consumers, and where care and services are provided.

The Requirement expects a care and services plan is to be documented and reflect the outcomes of assessment and planning for each consumer. Accurate and up-to-date care and services plans are important for delivering safe and effective care and services, as well as positive outcomes for consumers. I find this has not occurred, as care and service plans have not been developed or provided to consumers

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)

The Assessment Team reported the service did not demonstrate that each consumer’s care and services are reviewed for effectiveness on a regular basis, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Staff advised the expectation is for each HCP and CHSP consumer to have their care plan reviewed every 6 to 12 months unless the consumer requests a review or circumstances change
* Case Managers advised they are in regular contact with their consumers and any changes in conditions that affect the consumer’s service delivery are detailed in notes and care and service delivery is adapted accordingly
* Following hospitalisation, a consumer’s care and services were adjusted however the changes were not reflected in the care documentation of consumers
* Staff provided evidence of ‘Change of condition’ forms that staff and managers complete when a change is identified or advised by consumers and their representatives. A review of sampled consumer records confirmed this information
* Information and evidence in (3)(c) in this Standard shows consumers and representatives reported care and services meet consumer needs and can be adjusted if there is a change.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate the service fails to review 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 .

Information and evidence shows care and services have been adjusted in accordance with a consumer’s change needs following hospitalisation, although documentation has not been updated. I have considered deficits relating to care documentation under (3)(a) and (3)(d), in this Standard. Further, consumers, staff and management advised changes to consumer’s circumstances or condition occurs through ‘change of condition’ forms and changes to care and services are reflected in care file notes.

This Requirement expects organisations to regularly review the care and services they provide to consumers. While information and evidence shows documented care plans are not consistently updated, the evidence shows care and services are reviewed in accordance with a consumer’s need or change in circumstance.

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

Requirement (3)(c)

Consumer representatives described the having choice services, making decisions on who is involved in their care and the approachability of staff, as ways the service makes it easy for them to be involved in the assessment and planning. Information and evidence under (3)(e) and (3)(f) in Standard 1 shows staff are available to assist consumers in the services available and provide support to access required supports and consumer consent is sought prior to sharing information with others involved in their care and services.

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.

# 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Requirement (3)(b)

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

* Management reported falls and cognitive decline as the high impact and high prevalence risks associated with the care of consumers at the service
* Care documentation did not consistently contain risk strategies and management advised they will review staff access to relevant information
* Information and evidence under (3)(a) in Standard 4 contains eight examples of risk management strategies related to the risks identified by management, including, behavioural support strategies for consumers with changed behaviours, falls prevention through referrals and support provided, as well as use of the incident management system, for example:
  + A clinical meeting was held to discuss a consumer’s changed behaviours and with interventions tailored to support the consumer while keeping the workforce and the consumer safe
* Information and evidence under (3)(b) in Standard 5 shows staff conduct risk assessments on external venues for social outings, with consideration given to walking distances, terrain incline and footpath levelness for consumers with a high risk of falls

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which demonstrates the effective management of high impact or high prevalence risks associated with the care of each consumer.

Despite required improvements related to documentation, evidence shows the care and services are delivered with the application of new practices in response to a consumer’s changing needs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 3, Personal and clinical care.

Requirement (3)(e)

The Assessment Team found the service did not demonstrate 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. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated staff know consumers’ needs as they normally have the same care staff providing their services
* Management and coordinators reported updates between care staff and the service occur via mobile applications and forms to record a change of consumer condition
* Clinical staff advised changes, incidents and other relevant information is documented and discussed at regular meetings. However, care staff do not always have access to these notes
* Care files contained general care directives, some did not contain needs, goals and preferences and three consumers did not have care plans
* Information and evidence under Requirements (3)(a) and (3)(d) in Standard 4 shows staff receive guidance from the service and share information verbally through meetings, referrals and liaisons with family, and other health professionals, involved in consumer care

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate a failure in how 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.

Overall, feedback from consumers, staff and management shows communication regarding consumer’s care needs and preferences occurs. Further, evidence does not demonstrate that information sharing regarding consumer care and service delivery is compromised due to the deficits in care documentation.

I have considered that information and evidence relating to incomplete or absent care files does not necessarily demonstrate ineffective communication and information sharing. However, this does demonstrate deficits in assessment and planning. For this reason, I have considered information relating to incomplete and inconsistent care files under Requirements (3)(d) and (3)(a) in Standard 2.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 3, Personal and clinical care.

Requirements (3)(a), (3)(c), (3)(d), (3)(f), (3)(f)

Consumers, and their representatives, reported the care they receive is tailored to their needs and that the service is flexible in the delivery of care and services. Case Managers reported engagement with staff to ensure they are providing safe and effective personal and clinical care, including buddy shifts, clinical oversight and consultation with consumers.

Case Managers and clinical staff described how they liaise with the consumer, their family where appropriate, and other service providing palliative care services. A consumer and representative receiving palliative care reported feeling supported by the service, with regular communication to ensure services are meeting their needs.

Staff described, and care documentation showed, the service has processes to identify and notify others of changes in consumer’s condition. Information and evidence under Requirement (3)(a) in this Standard, (3)(a) and (3)(b) in Standard 4 shows examples of actions taken by staff in response to a deterioration in a consumers’ health, cognition or physical function, including escalation, referrals, conducting assessments, monitoring, and implementing additional clinical care congruent to changed needs.

Coordinators and clinical staff advised, and care documentation showed, appropriate referrals completed in a timely manner. Consumers and representatives advised they are satisfied with the referrals made and the care and services provided.

Staff are provided with infection prevention and control training, with access to personal protective equipment. Management showed regular communications with staff regarding infection control procedures and changes to current guidance.

Based on this evidence, I find the provider, in relation to the service, compliant with requirements (3)(a), (3)(c), (3)(d), (3)(f) and (3)(f) in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Consumers said the services and supports they receive help them to maintain quality of life and independence. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence and meet their goals, needs and preferences.

Consumers and representatives reported services received support consumer emotional, spiritual and psychological wellbeing. Staff gave examples, and progress notes showed, how staff support consumers’ emotional and spiritual needs.

Consumers and representatives say they feel supported to participate in activities they enjoy, and with opportunities to connect with others within community, including attending social support group activities or going for walks during individual social support.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. These include staff consistency, care directives accessible through mobile devices and internal communication protocols. Consumers and representatives reported staff have a good knowledge of consumer’s needs and preferences.

Staff reported, and documentation showed, consumers are referred to other individuals, organisations and providers of other care and services as needed. Staff were knowledgeable of the referral process.

Consumers gave positive feedback about the food and stated the food is of suitable quality and quantity. Dietary requirements and preferences are documented and accommodated. The service has delivered nutrition and texture modification education to improve meals provided.

Equipment used to support daily living is provided to consumers with the oversight of allied health clinicians to ensure it is safe and suitable. Staff were aware of processes to clean and maintained equipment, including reporting hazards or damage to the service for repair. Equipment is not provided through CHSP subsidised services.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers said the environment is clean and they move comfortably throughout. Observations showed the service environment is welcoming, with a layout that supports function with seating options indoors, and outdoors, to facilitate interaction and engagement with activities offered.

Consumers were observed to move freely around the environment, indoors and outdoors and the centre is easy to access for consumers with different types of mobility equipment. Systems and processes are in place to ensure the environment is clean and well maintained, with any issues promptly addressed.

Furniture, fittings and equipment appeared safe, clean and well maintained. Staff were knowledgeable of cleaning and maintenance processes. Buses used to transport have appropriate equipment for hoists and other mobility equipment with alternative vehicles available for consumers unable to access the bus. Buses and cars are serviced, maintained regularly and this is overseen by office staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |

Findings

Requirement (3)(d)

The Assessment Team found the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following evidence relevant to my finding:

* While a feedback register is established, consumer complaints are not always captured in the register
  + Four consumer complaints relating to services and staff were recorded in consumer files and not captured in feedback registers to inform care and service improvements through trends analysis
* Management advised the March 2023 consumer survey results had not yet been analysed

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

The intent of the Requirement expects the organisation uses information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints. I find this has not occurred as consumer feedback is not recorded in a way that enables the organisation to identify, and analyse, trends to inform improvements or share the information with the governing body regarding actions taken by the service.

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.

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

Consumers said they are supported to provide feedback on the care and services they receive. Management said feedback and complaints are obtained through various mechanisms, including surveys specific to services consumers receive, online (via email or through their website), verbally and via feedback forms in suggestion boxes. Staff are encouraged to ask for feedback regularly, including during care plan reviews.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. The welcome pack provided to consumers on commencement, includes contact information for external complaints mechanisms, interpreter and advocacy services.

Complaints records showed, and interviews with consumers confirmed, the service utilised an open disclosure process while seeking a resolution.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team provided the following evidence relevant to my finding:

During the performance appraisal, staff and management have the opportunity to discuss the following topics:

* The service has established processes for performance appraisal inclusive of staff feedback, review of tasks, development opportunities and actions to achieve goals
* A majority of staff at the service have not participated in a performance appraisal within the past 12 months, or at another interval for staff employed for less than 12 months
* Information and evidence under (3)(d) in this Standard shows the service is responsive to staff training needs and development, including support to complete aged care certifications and offering training on requested topics

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate an overall failure in the regular assessment, monitoring and review of workforce performance.

This Requirement expects all members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need. This requirement looks at how organisations need to regularly assess the performance and the capabilities of the workforce as a whole. I find this does occur through monitoring of training and competency of the workforce and delivering education in response to requests and identified training needs.

While the Assessment Team report shows that completion of formal performance appraisals are behind schedule, supporting or corroborating evidence does not show that this has impacted on the quality of consumers’ care and services. I do not consider it proportionate to determine the service performance monitoring processes are ineffective, as a whole, based on a delay in performance appraisal timelines. Noting, the Assessment Team report acknowledges a number of the staff have not been with the organisation for more than 12 months, and as such, would not be due for an appraisal.

Further, throughout the Assessment Team report consumers and representatives report being satisfied with the performance and competency of staff involved in their care and services. Feedback from the workforce shows the service supports their training and development, including processes to onboard new staff into the organisation.

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

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

Throughout the Assessment Team’s report feedback from consumers and representatives indicates satisfaction with the number, and consistency of staff, through reports of being satisfied with care and services delivered to meet consumer needs. The service has implemented strategies to manage workforce shortages, which staff said have been successful. Staff stated they did not feel rushed when delivering services.

Staff were observed to be interacting with consumers in a kind and respectful manner. Consumers stated they are treated with dignity and respect during interactions with staff.

The service has policies, procedures and guidelines to enable the monitoring of staff competency. Management advised that all roles require staff members to have appropriate qualifications, experience, and background checks. However, information and evidence under (3)(c) in Standard 8 which shows the service identified that one third of staff did not have a current police check on file. However, evidence does not indicate whether the police checks were never obtained or had expired. While I do not find it proportionate to determine a failure in the organisation’s processes to ensure the workforce is competent and qualified to perform their roles due to an oversight regarding police checks. I have considered broader systems shown to monitor staff training needs, as well as care and service delivery through buddy shifts and case manager oversight, which assures the service of workforce competency and suitability to perform their role.

Management demonstrated through training records and calendars, that staff delivering complete training relevant to role requirements, and the service supports the workforce to obtain additional qualifications, or training, as part of professional development.

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 7, Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Requirement (3)(c)

The Assessment Team reported effective organisation wide governance systems for continuous improvement and workforce governance. However, the Assessment Team found organisation did not demonstrate effective governance systems relating to information management, financial governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

Information management:

* The service has recently implemented an electronic records management system with functionalities for to access consumer records through mobile devices
* Following Assessment Team feedback that staff cannot access all consumer care documentation, management commenced expanding staff device access permissions
* All consumer files and information is stored on the service’s care management system, which is username and password protected

Financial governance:

* The service does not have a process to monitor, and manage, consumers with high amounts of unspent home care package funds as former staff previously conducted this process
* Management advised unspent funds will be included on the agenda of monthly management meetings

Regulatory compliance:

* Management stated regulatory changes are received and managed by senior management, who then disseminate them to appropriate parties throughout the organisation
* One third of staff did not have current probity checks
* Access to My Aged Care delayed the organisation’s reporting on COVID-19 vaccination status

Feedback and complaints

* Feedback registers do not capture all consumer feedback for trending, analysis, oversight and broader service improvements
* Management advised they would improve how feedback is recorded and improve analysis of feedback trends
* Information and evidence under (3)(b) in this Standard shows the governing body receives information through reporting structures on feedback and complaints

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate ineffective governance systems relating to information management, regulatory compliance and feedback and complaints. However, effective systems for financial governance are not demonstrated.

The deficits pertaining to information management systems have been considered in Standard 2, however, evidence does not show these systems are ineffective at a governance level or that there is any impact on consumers or barrier to staff delivering care and services. Further, management commenced corrective actions during the Quality Audit.

While the Assessment Team report identifies required improvements into how feedback is recorded for trending, I do find it proportionate to deem this as a failure in organisation wide governance systems regarding feedback and complaints. Further, at a service level, feedback and complaints systems were effective in encouraging feedback, resolving concerns and making improvements for consumers.

For regulatory compliance, this requirement does not measure how an organisation complies with other legislative frameworks, but provides an understanding of whether the organisation itself undertakes this task. For this reason, I have considered information regarding workforce probity checks under (3)(c) in Standard 7.

The Requirement measures how systems and process make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. I find the organisation demonstrated systems remain informed of regulatory requirements and changes through communication protocols.

In relation to financial governance, while information and evidence did not identify whether there are consumers with high amounts of surplus, or deficits, the organisation could not demonstrate how package funds are overseen. While management described plans to include package funds on the agenda of the monthly meeting, these actions are in their infancy, have not been tested for their effectiveness or been embedded into daily care practices.

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

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate that an effective clinical governance framework. The Assessment Team provided the following evidence relevant to my finding:

* An established clinical governance framework identifies roles and responsibilities, clinical engagement and leadership, collection and sharing of information, openness and transparency, planning and resource allocation, and risk management systems
* Management advised regular clinical meetings occur to discuss consumer needs and complex cases
  + Information and evidence under (3)(a) in Standard 4 shows examples where clinical meetings have occurred in response to a consumer’s changing needs with interventions and referrals, as required.
  + Information and evidence under (3)(d) in this Standard shows the governing body is informed of incidents and risks associated with consumers with consideration to the safety of care and services delivered
* The service could not produce clinical indicator data to show how the governing body is informed of clinical care provided

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate an ineffective clinical governance framework.

The information and evidence shows clinical data is not reported to the board, however, the Assessment Team report shows the governing body is informed of consumer risks and incidents, in addition to clinical meetings regarding consumer conditions with adapted practices to improve the outcomes for consumers. Further, I do not find a failure to report clinical indicators to the board as proportionate reasoning to deem the clinical governance as ineffective.

Overall, I find the totality of evidence in the Assessment Team report demonstrates the clinical governance framework operates to put systems in place for delivering safe, quality clinical care for consumers.

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

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

The service conducts surveys asking consumers whether they are happy with the services provided and allows them to make suggestions about how the organisation can improve.

The governing body remains informed of the service’s operations through organisational structures and reporting pathways, including information from feedback and complaint mechanisms and incidents.

Management stated risks to the health and well-being of consumers are identified during the initial assessment. Data regarding incidents is provided to the governing body through regular reporting that allows appropriate oversight of factors that might affect the safety and quality of care provided by the service. The incident management system functions to capture incident information with follow up actions, including a review to prevent recurrence, as well as trending and analysis for overnight to inform improvements. Information and evidence under (3)(d) in Standard 7 shows staff receive mandatory training regarding elder abuse identification and response.

Based on the above evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 8 Organisational governance.

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