**Performance**

**Report**

**1800 951 822**

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| Name: | Belyuen Community Government Council Aged Care Program |
| Commission ID: | 600301 |
| Address: | Belyuen Community Council, Belyuen Community, DARWIN, Northern Territory, 0872 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2405 Belyuen Community Government Council  
Service: 26835 Belyuen Community Government Council  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7676 Belyuen Community Government Council  
Service: 23820 Belyuen Community Government Council - Community and Home Support

**This performance report**

This performance report for Belyuen Community Government Council Aged Care Program (**the service**) has been prepared by P.Frangiosa, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider did not submit a response to the Quality Audit report.

# 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 | **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 | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

*Requirement 7(3)(d)*

* Ensure staff training needs are met to ensure they are trained, equipped and supported to deliver the outcomes required by these standards.
* Monitor staff training completion to ensure they are up to date.

*Requirement 7(3)(e)*

* Ensure regular assessment, monitoring and review of the performance of each member of the workforce.

*Requirement 8(3)(c)*

* Ensure organisation wide governance systems are effective in relation to workforce governance.

# Other relevant matters:

In considering the compliance of the service across all of Quality Standards applying to both Commonwealth Home Support Package (CHSP) and Home Care Package (HCP) service delivery, the following considerations were applied to provide a determination on compliance:

* Weather conditions, and subsequently, internet availability, impacting the services ability to supply supporting information to the Assessment Team.
* Adverse escalating weather impacts, resulting in a reduced-on site assessment period to one day, which substantially impacted the Assessment Teams ability to interview consumers receiving CHSP subsidised services.
* The service’s ability to provide supporting information to the Assessment Team in its assessment of HCP service delivery within limited timeframes and intermittent internet availability.

The Assessment Team assessed Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e), 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g), 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f), 4(3)(g), 5(3)(a), 5(3)(b), 5(3)(c), 6(3)(a), 6(3)(b), 6(3)(c) and 8(3)(a) not met in relation to CHSP subsidised services, as they were unable to interview consumers and/or view their documentation. Despite this assessment, the Assessment Team was satisfied the provider meets the intent of these Requirements for HCP subsidised services. I have considered this information in conjunction with the extenuating circumstances and find it appropriate to use information and evidence in the Assessment Team’s report relating to HCP consumers in my finding for the CHSP subsidised services.

# 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

Consumers and representatives stated consumers are treated with respect by staff. Management and staff described how they treat consumers with dignity and respect, including using culturally appropriate methodology. Documentation showed detailed recognition of consumers’ identity, culture and diversity, with each consumer’s background, social, cultural, language and family composition recorded.

Consumers confirmed care and services are culturally safe, with staff and consumers having similar cultural backgrounds. Staff confirmed they consider the consumer’s cultural background when providing care and services. Management stated and the Assessment Team viewed training records with an emphasis on Aboriginal Mental Health and Diversity and Culture in Health.

Consumers and representatives confirmed the service supports consumers to exercise choice and independence, with staff ensuring the consumer is provided opportunities to decide on services and care provided. Staff described how they support consumers to make day-to-day choices. Management discussed how the service has ongoing discussion with consumers to support consumer choice and independence. Documentation showed the service captures details about whom the consumers wish to be involved in decisions.

The service demonstrated that consumers are supported to take risks if they choose and that steps are taken to mitigate the potential impact of risks when possible. Staff described the importance of discussing the potential risks with consumers and then allowing them the freedom to continue taking those risks if they choose. Management when interviewed confirmed that the service respects each consumer’s right to take risks to live the best life they can and any conversations discussing identified risks must be documented in consumers files.

Consumers and representatives confirmed staff respect and protect the consumer’s privacy. Staff described how they maintain consumer privacy and confidentiality by not sharing information with others who are not authorised to receive it. Management described the process for sharing personal and sensitive information only with those who require the information. Documentation confirmed the service uses a privacy consent process prior to sharing information with others.

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

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

Findings

Consumers and representatives confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. Risks assessed include falls, pain, wounds and cognition. Staff confirmed they have access to care planning documentation to guide them on the care and services provided, with concurrent information provided by allied health services were applicable.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how 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 and where culturally appropriate. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers. Documentation showed staff at the social support groups have access to clear directives in care plans to support consumers with their interests, likes, dislikes and medical conditions and HCP care plans have clear directives for staff.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care, in conjunction with inclusions from allied health practitioners.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks within their service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives confirmed discussions about end of life planning are held. Staff and management described strategies for respecting the cultural requirements of their consumer cohort, while still providing assistance where appropriate. Documentation showed the service has procedures to prioritise services and onward referrals to allied health for consumers nearing end of life. Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer, and support consumers with referrals to local health providers. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Staff confirmed they have access to the consumer’s care directives through an application on their mobile device. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment where and when required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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 | Compliant |

Findings

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar, in conjunction with specific seasonal activities. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being, including the services Spiritual Policy, which places emphasis on recognition of cultural connection to land and activities.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers on the mobile application to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through a mobile application. Management advised consumer care plans are available to staff through a mobile application and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying and nutritious. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals, and maintenance logs are maintained.

Based on the information summarised above, 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 confirmed they feel comfortable and welcome in the service environments. Staff described how they support consumers to interact and use the service environment to suit their needs. Management described how they know consumers feel welcome by assessing attendance and participation in activities. Consumers were observed participating in activities in the service environment.

The service environment was observed to be clean, accessible and fit for purpose. Staff stated the environment is rearranged for the needs of consumers on the day and there is a cleaning process in place to ensure the environment is clean and ready for use by the consumers.

Staff and management described the processes for cleaning equipment and escalating issues with furniture and general maintenance. The service environment was observed to be clean and well-maintained.

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. | Compliant | Compliant |

Findings

*Requirement 6(3)(d)*

The Assessment Team was not satisfied the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following evidence to support their assessment:

* Staff and management described how consumers’ feedback and complaints inform continuous improvement as required, and feedback and complaints documentation viewed showed how the service used consumer feedback to improve the quality of services.
* An established feedback and complaints management system is in place, which enables the monitoring and trending of feedback and complaints data. Management acknowledged that not all complaints and feedback are documented, particularly if resolved immediately.
* The continuous improvement plan did not include any evidence to show improvement of services that have stemmed from feedback and complaints.
* There was no evidence demonstrating feedback is actively sought to inform continuous improvement.

I have considered while information and evidence in the Assessment Team’s report shows areas for improvement in documenting improvements implemented in the continuous improvement plan and actively seeking feedback, I do not consider that it is proportionate to find this Requirement not met based on these deficits alone. Management and staff were able to provide examples of improvements to care and service delivery as a result of consumer feedback and complaints, which was supported by complaints documentation. I have also considered that the systems to monitor and trend complaints are in place to support continuous improvement. Finally, there was no evidence indicating the organisation has not taken appropriate action in response to trends of complaints.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

*Requirements 6(3)(a), 6(3)(b) and 6(3)(c)*

Consumers and representatives confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaints are recorded on a feedback register. Documentation showed complaint mechanisms and procedures are included in consumer welcome packs.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Management described how the service supports consumers to access advocates and other services and methods for raising and resolving complaints. Documentation showed the service’s complaints procedure and consumer policies offer consumers diverse internal and external feedback, complaints, and advocacy options.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues, even though the service does not have an open disclosure procedure.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

# 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

*Requirement 7(3)(c)*

The Assessment Team was not satisfied the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence to support their assessment:

* Consumers said staff have adequate skills and knowledge to perform their roles, including that they are competent and know what they’re doing.
* Most support workers sampled did not have a certification in aged care.
* Management said there was a lack of funding and insufficient time to provide training to staff.
* The service has systems and processes in place to monitor the registration of staff and mandatory requirements including police checks, first aid and cardiopulmonary resuscitation (CPR) qualifications, driver’s licences, vehicle registration, insurance and mandatory training requirements.
* Management said staff performance reviews had not yet been completed.

In relation to the lack of staff training and performance reviews, I have considered this evidence under Requirements (3)(d) and (3)(e) in this Standard, as the deficits are more relevant to the intent of these Requirements. I have also considered that there is no minimum standard qualification for entry-level care and support workers. I have not placed weight on this information when coming to my finding.

In coming to my finding, I have placed weight on feedback from consumers that staff have the adequate skills and knowledge to perform their roles. I have also placed weight on information and evidence included in the Assessment Team’s report under Standards 1, 2, 3 and 4, which indicates staff are competent as consumers are receiving the care and services they need.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, compliant with Requirement (3)(c) in Standard 7 Human Resources.

*Requirement 7(3)(d)*

The Assessment Team noted the service did not demonstrate that the workforce receives ongoing support, training and professional development they need to carry out their roles and responsibilities in delivering and managing care and services for aged care consumers. The Assessment Team provided the following evidence relevant to my finding:

* Staff said they had limited knowledge and information available in relation to the Aged Care Code of Conduct, the Serious Incident Response Scheme, incident reporting, and risks associated with the care of consumers. The majority of support workers interviewed by the Assessment Team stated they would like to have more training and that it would be useful for their role.
* Management stated they identify any training needs via various methods including consumer feedback, staff feedback, performance reviews and consumer assessments and observations. The Assessment Team reviewed the service’s mandatory training records noting completion and review dates omitted. Management confirmed that training has not been provided in all areas relevant to the delivery of services to aged care consumers, including elder abuse and the Serious Incident Response Scheme.
* Management and staff described the recruitment and orientation process, including buddy shifts when they first commence. However, the Assessment Team noted there was no evidence of a system in place for how additional training requirements are identified and delivered.
* As evidenced under Requirement (3)(c) in this Standard, management said there was a lack of funding and insufficient time to provide training to staff.

I have considered the intent of this Requirement, which expects organisations to ensure staff receive ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities. Organisations are also expected to review the training, learning and development needs of the workforce regularly. I find this did not occur, as staff have not received any training after commencement nor is training being tracked and reviewed.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, non-compliant with Requirement (3)(d) in Standard 7 Human Resources.

*Requirement 7(3)(e)*

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

* The services’ Human Resources policy states that performance reviews are to be undertaken on an ongoing basis and annually. No evidence of performance reviews was able to be provided on request.
* Management stated they identify any training needs via various methods including consumer feedback, staff feedback, and consumer assessments and observations, however, were unable to provide evidence to support this. Management confirmed that performance reviews had not been completed for all staff.

The intent of this Requirement expects organisations to have an appropriate workforce regularly evaluate how they are performing their role, and identify, plan for and support any training and development they need. I find this did not occur, as performance reviews had not been completed in line with the organisation’s policy.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, non-compliant with Requirement (3)(e) in Standard 7 Human Resources

*Requirements 7(3)(a) and 7(3)(b)*

Consumers and/or representatives were satisfied with staff availability and consistency and confirmed staff know their needs and preferences and confirmed they receive the agreed care and services, and staff are generally on time. Consumers and/or representatives advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff member or an additional service at a later time.

Consumers and/or representatives provided feedback that staff are kind, caring and respectful of them as individuals, and accommodate their preferences. Staff were able to provide examples to demonstrate how they are aware of consumer’s individual identity, preferences and cultural requirements. Management and staff were respectful and caring in how they spoke about consumers and demonstrated an understanding of individual consumers backgrounds, who is important to them and what they like to talk about. The Assessment Team noted policies and staff code of conduct include value-based requirements of respect and integrity and a caring approach. The Assessment Team noted the service monitors staff interaction through meetings, performance reviews and consumer and representative feedback.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, compliant with Requirements (3)(a) and (3)(b) in Standard 7 Human Resources.

# Standard 8

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

Findings

*Requirement 8(3)(c)*

While the Assessment Team was satisfied the organisation demonstrated effective governance systems in relation to financial governance, regulatory compliance and continuous improvement, they were not satisfied the same was demonstrated in relation to information management, workforce governance and feedback and complaints. The Assessment Team provided the following evidence to support their assessment:

* Policies and procedures relating to dignity of risk, risk management, high impact or high prevalence risks associated with the care of consumers, incident management and minimising the use of restraint were not readily available to staff providing care and services.
* The organisation’s Human Resource policy to conduct regular and annual performance reviews had not been followed, as none were actively being conducted. Management acknowledged this had occurred. Furthermore, learning and development needs of staff were not being monitored or implemented to ensure the workforce is trained and supported to deliver the outcomes required by the Quality Standards.
* Management advised of not capturing all feedback and complaints, instead actioning them as expediently as possible without necessitating recording them for the purpose of effective organisational wide improvements to service delivery.

In relation to information management, the Assessment Team’s report did not include the source of evidence to their statement that a number of policies and procedures were not available to staff. The Assessment Team’s report did not include any corroborating evidence demonstrating that policies and procedures vital to safe and quality care provision were not available, or the impact that this had to consumers. I have placed weight on information and evidence in Standards 1, 2, 3 and 4, which shows staff have access to the information they need at point of care and service delivery, and a number of policies and procedures (relating to consumer engagement, dignity and respect, diversity, and infection prevention and control).

In relation to workforce governance, I have considered systems in place did not ensure the organisation has enough skilled and qualified members of the workforce. The organisation did not support and develop its workforce to deliver safe and quality care and services.

In relation to feedback and complaints, I have considered while information and evidence in the Assessment Team’s report shows areas for improvement in documenting improvements implemented in the continuous improvement plan and actively seeking feedback, I do not consider that it is proportionate to find the whole feedback and complaints governance system to be ineffective based on these deficits alone. Management and staff were able to provide examples of improvements to care and service delivery as a result of consumer feedback and complaints, which was supported by complaints documentation. I have also considered that the systems to monitor and trend complaints are in place to support continuous improvement. Finally, there was no evidence indicating the organisation has not taken appropriate action in response to trends of complaints.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

*Requirement 8(3)(d)*

The Assessment Team was not satisfied the organisation demonstrated effective risk management systems and practices including to identify, assess, manage and monitor risks to consumer’s safety and well-being; and prevent further risks or incidents. The Assessment Team provided the following evidence relevant to their assessment:

* Managing high-impact or high-prevalence risks associated with the care of consumers:
  + Some risk screening tools were in place, however, they do not have high-impact or high-prevalence risk assessments.
  + Management were knowledgeable and understanding of individual consumers’ risks.
  + Evidence of policies, procedures and/or staff training relating to risk management were unable to be provided.
* Managing and preventing incidents, including the use of an incident management system (IMS):
  + The organisation has an IMS, which includes a reporting system, policies and procedures, some staff training (at commencement of employment), governance and oversight of incidents.
  + Management was able to describe and provide evidence of incidents reported under the Serious Incident Response Scheme (SIRS). Management were also knowledgeable of the incident escalation, reporting and closure process.
  + All staff said they knew how to report an incident and describe incident prevention processes.
  + Management acknowledged and documentation showed not all incidents had been documented.
  + The Board does not have a complete incident register.
* Identifying and responding to abuse and neglect of consumers:
  + Most staff have completed training in financial abuse and neglect.
  + Management provided examples where staff identified and reported allegations of financial abuse, and explained actions taken to address the allegations.
* Supporting consumers to live the best life they can:
  + Dignity of risk procedures are in place to guide staff practice.

In relation to governance systems for managing high-impact or high-prevalence risks, I have considered that there is no requirement for an organisation to have ‘high-impact or high-prevalence risk assessments’ in place. There is, however, a requirement for risk assessments to be completed to understand and manage risks associated with the consumers’ care. The Assessment Team’s report shows the organisation has risk screening tools in place, however, has not specified what they relate to. I have placed weight on my finding of compliance for Standards 2 and 3, which shows risks associated with consumers’ health and well-being are appropriately assessed and mitigation strategies are in place. Furthermore, regular reviews are occurring to ensure any changes to consumers’ risks are identified and managed. I have considered that positive outcomes for consumers, as shown in the Assessment Team’s report under Standard 3 is indicative of good governance systems.

I have also considered that while evidence of staff training could not be provided, this deficit is more relevant to, and has been considered under, Requirement (3)(d) in Standard 7 Human resources.

In relation to governance systems for managing and preventing incidents. While evidence in the Assessment Team’s report shows areas for improvement for recording and tracking incidents, I do not consider it to be proportionate to find the organisation’s IMS to be ineffective based on these deficits alone. I have considered there is no evidence indicating systemic failure, as it is unclear how many incidents have not been documented or the impact that this had on affected consumers. Furthermore, I find the evidence in the Assessment Team’s report to be contradictory, as it states the IMS in place includes governance and oversight of incidents but the Board does not have a complete incident register. There is no evidence demonstrating what the Board actually receives or whether there is another overarching body/committee that reviews incidents instead. I have placed weight on evidence in the Assessment Team’s report indicating staff and management were knowledgeable of how to report and manage incidents.

Based on the information summarised above, I find the provider, in relation to both CHSP and HCP services, compliant with Requirement (3)(d) in Standard 8 Organisational governance.

*Requirements 8(3)(a) and 8(3)(b)*

The service seeks feedback from consumers through formal and informal engagement, with an open-door approach to consumer engagement. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the governing body meets regularly and considers operational reports presented by management. Feedback, complaints, incidents and deterioration reporting are part of monitoring, with reporting on subcontractors to be incorporated into the monthly governing body reporting processes.

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)