**Performance**

**Report**

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| Name: | Biripi Aboriginal Corporation Medical Service |
| Commission ID: | 200047 |
| Address: | 151 Manning River Drive, TAREE, New South Wales, 2430 |
| 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: 7 Biripi Aboriginal Corporation Medical Service  
Service: 17379 Biripi Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7849 Biripi Aboriginal Corporation Medical Centre  
Service: 23823 Biripi Aboriginal Corporation Medical Centre - Care Relationships and Carer Support  
Service: 23824 Biripi Aboriginal Corporation Medical Centre - Community and Home Support

**This performance report**

This performance report for Biripi Aboriginal Corporation Medical Service (**the service**) has been prepared by A.Cachia, 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 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 assessment team’s report for the Quality Audit.

# 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 | **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 | **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 7, Requirement (3)(e)
  + Ensure staff responsible for completing performance reviews understand and apply the organisation’s performance management and review framework.
  + Implement monitoring processes to ensure compliance with the organisation’s performance management and review framework.
  + Ensure all staffs’ performance reviews are up to date.

# 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 said staff treat them with dignity and respect, with one consumer sharing how staff understand and know their background and preferences, advising staff always respect the consumers privacy. Staff explained how they treat consumers with dignity and respect, sharing how staff ensure they are aware of individual and cultural needs. Staff said how for one specific consumer, their care plan is tailored to accommodate their wishes to visit culturally supportive places for their cultural and social well-being. Management said the service guides and monitors staff practice and has a suite of policies and procedures, induction training and organisational commitment to a person-centred organisation. Staff were observed interacting with consumers in a respectful manner and demonstrated were knowledgeable of each consumer’s needs and preferences.

Consumers collectively shared that their cultural needs and background informed the services they received and explained how they felt safe, supported, and respected. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff sharing how being of a similar cultural background provides a level of cultural understanding between staff and consumers, supporting consumers through a shared understanding and experiences while valuing consumers. Management advised that the service communicates and works with consumers to ensure care and services are culturally safe. Sampled care plans included consumer specific information, including a request for a female carer with the same culture and life experiences.

Consumers said they are supported to actively make decisions about their care and delivery of services, and felt their independence was maintained. Staff said, and provided examples of how, they support consumers to make decisions and maintain relationships. Management said consumers are encouraged to be independent and management ensure this by informing consumers and representatives of their rights and responsibilities. This includes their right to make decisions about their care and who they wish to be involved. Documentation included information outlining consumer relationships, support persons and representatives involved in supporting individual care needs.

Consumers and representatives advised consumers are supported to live the best life they can. Staff explained how they engage with consumers to link them with services that meet their needs and advised that supporting consumers to take risks may depend on the services the consumer receives. Management was knowledgeable of dignity of risk principles and provided examples of supports in place to minimise risk associated with consumers’ choices. Policies and procedures are in place to guide staff practice in relation to risk management.

Consumers said they are provided with service information during the assessment process, with one consumer advising that the welcome pack included information relating to complaints, consumer rights, privacy and additional supporting information. Staff said consumers receive a copy of their home care package agreement, which outlines a range of information including cost of services and charter of aged care rights. Management explained how the organisation and staff adapt forms of communication, particularly when speaking with consumers with reduced cognitive capacity.

Consumers and representatives felt consumers’ privacy was respected, and personal information remained confidential, advising they had no concerns. Staff said they only share consumer information directly with consumers or their nominated representatives. Management said consumer information is paper-based and electronically stored, with all electronic information digitally secure through password protected mechanisms, and any paper-based information is kept in secure storage, only accessible by staff. The organisation has policies and procedures to guide staff in relation to privacy principles.

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 are satisfied with how staff listened to consumers’ needs and discussed ways to support consumer health and well-being, and how this translated into the services assessment and planning process. Staff were knowledgeable of consumers’ information and were satisfied that assessment and planning processes are effective, and risk was considered and assessed. While one clinical staff member said validated assessment tools are not used, sampled care plans showed risks are identified and mitigation strategies are documented. Furthermore, staff explained they frequently discuss consumer details and circumstances to ensure service delivery is maintained.

Sampled care plans were noted to broadly capture consumers' needs, goals and preferences, and did not include individualised detail. However, I have placed weight on feedback from consumers and representatives that consumers’ needs, goals and preferences are known, and care delivery has been planned around what is important to them. Furthermore, staff said they know individuals needs and preferences and shared how they provide advance care planning resources to consumers and representatives with consideration to cultural sensitivities. I encourage the provider to consider their assessment and planning processes to ensure individualised and detailed information is documented in consumers’ care plans.

Consumers and representatives said they are actively involved in developing a care management plan that meets consumers’ needs, including multiple consumers and representatives who said they feel like a partner in consumers’ care planning. Staff said they work in partnership with consumers by checking in with them about the services and supports they are providing, including if their needs have changed. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including allied health practitioners and their representatives. Sampled consumer files included allied health reports and health summaries supplied either by the consumer, representative or their health practitioner.

Most consumers confirmed they are provided with a copy of their care plan and demonstrated a clear understanding of the contents of the plan. Staff described how they provide services and support in alignment with the consumers care plan, with staff emphasising importance around how consumers have control, including if they choose to change services on the day, in which staff are informed and make arrangements to adjust to consumers preferences.

Consumers and representatives said the service reviews care and services, including in response to deterioration. Staff said consumers’ care and services are reassessed regularly or when a change in circumstances occurs, with staff describing how they will attend consumers homes to review the effectiveness of care and services to ensure appropriate modifications are made to meet consumer needs. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

Based on the evidence 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 said they are satisfied with the personal and/or clinical care provided, with consumers sharing how they felt safe and how staff regularly monitor their health and well-being. Staff demonstrated familiarity with the personal and clinical care needs of consumers, including high impact or high prevalence risks associated with their care. Staff said they are aware of and utilise best practice methods by tailoring care to the needs of consumers. The service maintains care documentation including file notes, nursing and allied health reports, outlining the service monitors personal and clinical care delivery. The service demonstrated how they are supporting one consumer who is a high falls risk and has an active wound in which staff are managing by dressing, monitoring and documenting updates, including providing photographs to demonstrate the management and monitoring of the wound.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Staff described how the service works closely with palliative and hospice care services to ensure service delivery and equipment meet consumers’ changing needs. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life.

Consumers and representatives said staff would identify and respond to consumer deterioration and change. Staff said they are knowledgeable and understand their responsibilities when responding to consumer deterioration and change. Staff are trained to report change and a registered nurse is available to consult with when needed. Documentation showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional clinical care congruent to changed needs. The service has a provision of care policy that guides staff to document and report change or deterioration to the consumers risk profile.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. One representative said they can leave the consumer with staff with confidence as staff know what to do and they have established a time to catch-up to exchange information.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Staff said they share consumer information with external organisations to support the consumer’s needs, and clinical staff ensure all relevant parties including general practitioners are involved in consumers’ care. Management said consumers are referred to external organisations on the day when consent from the consumer and representative is received. Care planning documents showed timely and appropriate referral to other services and organisations. The organisation has policies and procedures to guide staff in the referral process.

Consumers and representatives said staff are always fully masked, wash and sterilise their hands. Staff said they are vigilant in their adherence to hygiene practices to reduce infection-based risk. Brokerage agreements with allied health services adhere to industry related best practice. The service did not have a specific policy or training to guide staff, however it has a parent body that runs a medical clinic to manage, control and implement the appropriate use of antibiotics. Training documentation demonstrated staff participate in infection control training.

Based on this evidence, 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. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers said they are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received, including companionship. Staff said they support consumers independence, health and well-being through providing support to access the community and access to mobility aids and equipment to increase independence. Management said the service conducts assessment and care planning, receives consumer feedback and performs wellness checks to optimise consumer well-being. Care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers confirmed their emotional and psychological well-being is supported and provided examples of how staff would recognise if they are feeling low, including asking what they want to do and what is important to them, as well as have a little joke with consumers to lighten up the mood. Staff said they sensitively support consumers to participate in activities they enjoy. Management said the mission of the service is to improve health and well-being of consumers, including removing barriers to accessing community.

Consumers and representatives described how they have access to a range of services to enable them to stay connected to their community and do things of interest to them. Numerous consumers who attend the activity group shared how the outings they attend make them happy, stating they enjoy connecting with other consumers. Staff said the activities schedule is organised with consumer consultation, including fishing, arts and crafts and cultural site tours. The services activity groups accommodate outings allowing consumers to stay connected and participate in their community. Management said staff discuss with consumers what their interests are and plan activities and community access accordingly.

Consumers and representatives said they are comfortable talking to staff if consumers require changes to their services and explained they call the service or speak with staff who attend to provide services. Staff said they are aware of changes in care through consumer assessments and recommendations provided by allied health professionals. Care coordinators said they ensure information is documented on the consumers care plan and task list, which is shared with staff delivering services. Management said staff access the client management system and registered nurses will attend discharge meetings at the hospital or obtain discharge summaries to ensure continuity of care is maintained.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely, and support the needs of the consumer. The organisation has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers and representatives said they are satisfied with equipment provided to consumers, including mobility aids, scooters and electric beds, including that they are safe, suitable and maintained. Staff said they have access to equipment to support consumers and receive refresher training to ensure they use safe manual handling techniques. Management said the organisation has agreements in place with suppliers to ensure all equipment is tested and trialled with the consumer and reported to the care coordinator.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements, excluding 4(3)(f) as this was not applicable to the Quality Audit, 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 they always feel welcome and are greeted like family by staff, sharing how they have a sense of belonging at the service environment. Staff who facilitate the social support groups said they ensure the service environment is always welcoming and encourages consumer independence and function. Parking areas for consumer transport vehicles were observed to be close to the social support activity centre for easy access for consumers.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely. Staff said they maintain the cleanliness of the environment.

The service has a fleet of vehicles to support and transport consumers. The interior of the bus was observed to be clean and in good condition and had first aid kits and fire hazard equipment available. Staff are required to complete vehicle inspections prior to taking the vehicle out and service the vehicles in line with the organisation’s maintenance schedule.

Based on this evidence, 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

Consumers and representatives said they know how to provide feedback and make complaints and said they prefer to contact their assigned case managers to discuss any issues instead of completing feedback forms. Four consumers said they are happy with the services received and rarely need to complain. Staff said they support consumers and representatives by providing information on their rights, how to make a complaint and provide feedback. Management said the organisation promotes a culture of open feedback and transparency throughout the complaints process.

Consumers said they would prefer to speak with service staff directly, however, understand there are external complaints mechanisms if needed. Staff and management are knowledgeable of advocacy and interpreter services, and provided an example of how the service supports a non-English speaking consumer to ensure they understand and can communicate their rights with the support of their appointed representative. Information on consumer rights, complaints and advocacy services are provided to consumers in the consumer handbook.

Consumers said they are informed about the service’s commitment to respond to their complaints in a timely manner and open disclosure principles. One representative did not feel they were kept informed about their family member’s care, however, management showed they took immediate action to address the complaint. Staff described the process for actioning feedback and complaints and how they communicate the consumers' concerns through progress notes or direct feedback to the appointed coordinator. Management said the coordinators are responsible in managing complaints in the first instance, and complex complaints are escalated to executive leadership where appropriate.

Consumers said they have the opportunity to work closely with management to ensure feedback is actioned promptly, and improvements to care and service delivery are identified and implemented as a result. Management said improvements are proactively actioned as a result of feedback, complaints and other community engagements including Elders’ meetings. Management further advised that any trends are reviewed in monthly clinical meetings and fed to the board on a monthly basis.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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. | Not Compliant | Not Compliant |

Findings

Requirement 7(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 occurring. The Assessment Team provided the following evidence relevant to my finding:

* Management said performance reviews are generally conducted annually, however, currently the coordinators do not have the skillset to conduct performance appraisals for support workers.
* The Assessment Team sighted the organisation’s HR policies and procedures for assessment and monitoring of staff including a performance management framework to guide management staff, however, management said that following the resignation of the organisation’s HR Manager, performance appraisals have not occurred as per the policy.
* Management acknowledged the gap that currently exists and are actively working with coordinators to upskill staff to conduct performance appraisals as well as review the policy to incorporate monthly check-ins with staff.

In coming to my finding, I have considered the Assessment Team report which does not demonstrate the service is regularly assessing, monitoring or reviewing the performance of each member of the workforce to deliver the outcomes required by these standards.

This Requirement expects that all members of the workforce have an appropriate person 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 while the organisation has a performance management and review framework, management said it wasn’t being followed as coordinators didn’t have the right skillset. Management said they were in the process of upskilling coordinators to perform this function, however, at the time of my decision, there is no evidence that this had been completed or that performance reviews were up to date.

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

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d)

Consumers and representatives were satisfied with the number of staff available. Management discussed workforce planning and analysis of workforce needs, sharing how the service prepares rosters, scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services. Management described when rostering staff, they ensure cultural safety is prioritised, including rostering male staff to male consumers and female staff to female consumers when providing personal care.

Consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs, including that staff know their background and preferences, and are committed to their roles. Staff said they report any incidents to management if they were to see staff mistreating consumers in a disrespectful manner. Management described how staff code of conduct and professional boundaries training is part of the onboarding of staff and mandatory training matrix. Policies and procedures are in place that govern all aspects of the code of conduct, and inclusion and diversity to ensure expectations of staff align with organisational values, along with identifying neglect and elderly abuse as part of SIRS training.

Consumers and representatives provided positive feedback that staff understood consumers’ culture and cultural needs. Staff are required to have a Certificate III in Aged Care and have completed relevant training in community services to effectively perform their roles. Management described having a recruitment and an initial onboarding process to ensure the workforce is competent to perform their role. Position descriptions, qualification and competency requirements are in place for all staff, and a list of staff credentials is maintained and monitored.

Consumers and representatives said they are satisfied with staff skills and knowledge, advising that consumers felt safe and cared for when receiving services. Staff said they receive and have access to training on a regular basis, further advising they felt well trained for their roles and supported with any changes. Mandatory training and an induction program is in place for staff when commencing employment, including buddy shifts. Policies, procedures and ongoing educational ‘toolbox talks’ are in place to support staff learning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d) 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. | Compliant | 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

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through client satisfaction surveys, community engagement meetings including elder’s meetings, and consumers are happy that their suggestions and feedback are considered. Consumers said they provided a suggestion to implement an on-site general practitioner (GP), which was implemented. The service demonstrated that a GP attends twice a week, which has positively impacted support provided to consumers. Management said the service works in partnership with community, consumer advocates and representatives so consumers are empowered and connected with one another.

The organisation’s governing body is comprised of a mix of skills, including Elders and consumers that regularly reviews finance, program delivery, quality and human resourcing. Consumers and staff said they are satisfied the service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness. Staff and management said they are aware of incident and hazard reporting processes, including SIRS and the need to record all incidents on the incident management system. The Board meets regularly to ensure oversight of quality care and services is maintained, including reporting on chronic disease management, clinical care, incident and complaint data, along with any areas of concern.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information disseminated across the organisation through emails and addressed in regular meeting mechanisms. Management said they receive regular updates from government bodies on regulatory information, which is monitored by the leadership team and distributed to all relevant staff.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff training records showed staff have completed training on identifying abuse and neglect of consumers. Staff said they understand best practice and support consumers’ care and services by accessing information they need to be able to deliver care and services, as well as knowing the services reporting processes, including near misses or incidents. Management advised that the organisation ensures consumers live the best life they can by understanding their cultural background and listening to what’s important, which begins at the intake process where critical information is obtained.

Staff said they attend weekly clinical meetings to address clinical indicators, feedback and incident data trends and discuss remediation plans. Clinical staff meet regularly to discuss consumers at risk, follow ups required and to discuss staff workloads. Management said the service employed a health services manager and a quality improvement nurse who informs staff support and training. The organisation has a clinical governance framework that identifies methods for recording consumer information such as incidents, risks, feedback and complaints to measure clinical quality and outcomes. Policies and processes for antimicrobial stewardship, open disclosure and minimising the use of restraint were in place.

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