**Performance**

**Report**

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| Name: | Bland Shire Council - Community Care Services |
| Commission ID: | 200201 |
| Address: | 72 Ungarie Road, WEST WYALONG, New South Wales, 2671 |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7426 Bland Shire Council  
Service: 23920 Bland Shire Council - Care Relationships and Carer Support  
Service: 23919 Bland Shire Council - Community and Home Support

**This performance report**

This performance report for Bland Shire Council - Community Care Services (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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’s response to the Assessment Team’s report received 15 May 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(a)

Consistently identify and review risks to consumers and include sufficient detail in consumer support plans to inform safe and effective care.

* Requirement 2(3)(e)

Implement and maintain regular review of support plans for effectiveness and to update to reflect changes in consumer goals, needs and preferences.

* Requirement 3(3)(a)

Implement and ensure personal care plans are tailored to provide individualised care and support staff to deliver best practice care.

* Requirement 3(3)(b)

Implement a risk management framework for identification, and effective management of high-impact, high prevalence risks associated with the care of each consumer.

* Requirement 5(3)(c)

Ensure equipment is safe, clean and well maintained particularly in catering areas.

* Requirement 6(3)(d)

Demonstrate that feedback and complaints are reviewed and used for quality improvement.

* Requirement 7(3)(d)

Demonstrate the workforce is recruited, and ongoing training is provided, and staff remain equipped to deliver the outcomes required by the Aged Care Quality Standards.

* Requirement 7(3)(e)

Implement and maintain regular assessment, monitoring and review of the performance of each member of the workforce.

* Requirement 8(3)(a)

Engage consumers in the development, delivery and evaluation of care and services provided.

* Requirement 8(3)(c)

Implement organisational-wide governance systems for continuous improvement, regulatory compliance, and feedback and complaints.

* Requirement 8(3)(d)

Implement an effective risk management framework inclusive of a risk management policy and procedure for managing high-impact and high-prevalence risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

# Standard 1

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

Findings

In relation to Requirement 1(3)(e) the Assessment Team found consumers were not provided with accurate and timely information to enable them to exercise choice. Most consumers felt they received enough information from the service to exercise choice. However, consumers expressed a consistent theme of not being aware of what their yard maintenance included and different services provided different maintenance activities. Consumers were not provided with accurate and timely information to enable them to exercise choice. The service does not provide a calendar for the social support group, or a menu.

In response at the time of the Quality Audit management said they would seek clarification about what maintenance is expected. In a written response to the Assessment Team report the provider supplied further evidence of actions taken. The information included templates for monthly and weekly activities, information sheets about yard maintenance and domestic assistance tasks setting out very clearly what consumers can expect to be completed and what is not included

I have considered the Assessment Team report and the additional information in the response from the provider. I consider the issues raised by the Assessment Team have been addressed. I find Requirement 1(3)(e) Compliant

All other Requirements in Standard 1 are Compliant.

All consumers or their representatives feel respected by the service. Staff listen to all consumers and respect their choices. While the service does not have a diversity action place or documentation to guide staff in how they respect, promote and value diversity and cultures, consumer support plans detail consumer’s identity.,.

Consumers or their representatives feel the service knows about a consumer’s background and what’s important to them and considers this when providing services. Staff expressed the importance of working with consumers and understanding how they may need to adapt their work style for each consumer. Management have conducted cultural safety training. Support planning discussions prompt consideration about cultural or religious preferences.

Consumers or their representatives feel the social support group keeps consumers engaged with others and the services they receive. This means they can spend time doing other things. Staff support consumers to maintain relationships and connections with their community, especially through the social support group. Where appropriate representatives attend meetings to support consumers. While the service does not have policy/procedure to support and guide staff during support planning consumers are asked about preferences for support and if they wanted anyone else to be notified of their care changes.

Some consumers described how they are encouraged to take risks or are offered things to do they otherwise might not do. Staff explained they understand consumers may become more risk-adverse as they get older and it’s important for consumers to continue to do as much as they can. Management described having open communication and developing a strong rapport with consumers, which allows the service to inform consumers about risks including the risk of not taking up additional services or support recommended.

All consumers or their representatives feel the service and their staff respect consumer privacy including through staff knocking on the door and awaiting permission to enter. Staff discussed practical ways in which they maintain consumers’ privacy. Management explained they inform consumers of privacy and confidentiality practices during the consumer onboarding process. The Assessment Team observed documentation secured in a locked room in a filing cabinet. Staff computers were locked immediately upon staff leaving their workspaces. The consumer handbook includes privacy and confidentiality rights for the consumer and the service has a privacy and confidentiality policy.

As all Requirements are Compliant, Standard 1 is Compliant.

# Standard 2

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

Findings

In relation to Requirement 2(3)(a) the Assessment Team found the service is not consistently identifying and reviewing risks to consumers and recommended the requirement is not met. While staff were familiar with consumer’s needs and said they report concerns to management and have access to support plans, some support plans were not sufficiently detailed. The service did not provide adequate evidence to satisfy the Assessment Team that support plans consistently included sufficient details to enable staff to effectively perform their duties or conduct regular reviews of risk assessments. Risks to consumers’ health and well-being were not consistently identified or reviewed regularly. Management acknowledged some consumer support plans were outdated and did not have risk assessments conducted or were due for a review.

In a written response to the Assessment Team report the service advised it continues to complete re-assessments and new assessments. The coordinator is now trained and will assist with assessments and further staff will commence training shortly enabling the service to get up to date in care planning documents. A new template was provided as evidence and has been created for assessment staff to use when seeking details about consumer’s preferences for personal care.

I have considered the Assessment Team report and the response from the provider. I acknowledge the consumer assessments and outstanding assessment reviews for support plans are in progress and a new template is being used to capture details about consumer preferences. However, evidence was not supplied that all consumer support plans and assessments are current or contain sufficient detail about consumer care. No evidence was supplied that consideration of risk informs the delivery of safe and effective care and services. I find Requirement 2(3)(a) Not Compliant.

In relation to Requirement 2(3)(e) most consumers reported assessments and reassessment of care and services were conducted regularly. However, management explained while there was no policy or procedure for care assessment and planning, plans were to be reviewed at least annually and acknowledged most support plans were outdated due to workforce challenges. The Assessment Team recommended the requirement is not met.

The Assessment Team observed while the service tracked support plan development and review dates 53 percent of support plans were completed more than one year ago. Management have engaged a coordinator to rectify this. Whilst the service identified this gap and has undertaken steps to actively rectify this, a policy also needs to be created, approved, and implemented. Additionally, the reviews will take time for management to conduct a reassessment, complete support plans and ensure this practice can be sustained despite changes in the workforce.

In a written response to the Assessment Team report the service said a procedure is to be created and discussions to occur over enabling sustainability of implementation. The item has been added to the continuous improvement plan for completion.

I have considered the Assessment Team report and the response from the provider. I have also considered the information that more than half of the consumer support plans were found to be overdue for development or review and a policy is yet to be created and implemented. While I acknowledge steps have been taken to address this deficit including employing a coordinator, support plan reviews remain outstanding. I find Requirement 2(3)(e) is Not Compliant

I find all other Requirements in Standard 2 Compliant.

Consumers said they received the care and services they needed. They expressed confidence in the service and staff support for them if their needs were to change in the future. Some recalled being asked about advance care directives. Management described the assessment process and how they captured individual needs, goals, and preferences. Advance care planning is discussed during initial assessment and reviews. Support plans demonstrated advance care planning was reflected in the documentation.

All consumers and representatives confirmed they were involved in making decisions regarding consumer care and consumers receive the services they signed up for. Care and services are discussed with management. Staff explained they spoke to management if they felt consumers’ needs and preferences changed which required a change in care and services. Management asks consumers if they wanted to include others when carrying out assessments and reviews. They also obtained consumers’ consent prior to communicating with external service providers.

Most consumers recalled being provided a copy of and signing their support plans. Staff are informed about any changes to consumer services and support plans and check the

support plans and read progress notes for the consumers they are seeing on the

day. Consumers were provided with a service agreement which is signed by the consumer and/or representative and the Charter of Aged Care Rights.

As Requirements 2(3)(a) and 2(3)(e) are Not Compliant, Standard 2 is Not Compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

In relation to Requirement 3(3)(a) the Assessment Team recommended the service did not demonstrate each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing.

Consumers interviewed described satisfaction with personal services received saying it was safe and right for them. Care staff said they can read support plans but were not provided with best practice examples or training in personal care. Support plans identify consumers receiving personal care but are not tailored to the person resulting in a lack of individualised information on how to support the consumer. The service utilises an online learning platform but was not able to provide details of courses including those related to personal care. Staff said it is possible they do not receive all the information they need and support plans are not specifically tailored to the consumer. Staff said they ask each consumer for their personal preferences during the delivery of personal care, but it is not documented for others to follow. Management said the service does not have a policy or procedure in place. All support plans reviewed identified consumers receiving personal care, but lacked details on how the personal care is to be provided and the consumers’, needs, preferences or personal care goals.

In a written response to the Assessment Team report the service acknowledged the need to investigate and improve best practice methods and implement improvements in training and communication of tailored and individualised consumer personal care. It noted the need to create a relevant policy and records and information about staff training and a template to capture consumer personal care preferences was supplied.

I have considered the Assessment Team report and the response from the provider. While I acknowledge in its response the provider has noted the improvements required, I consider the consumer support plans are not individualised to the consumer and the service does not have a

process to identify and implement best practice to optimise consumer health and well-being. I find Requirement 3(3)(a) Not Compliant.

In relation to Requirement 3(3)(b) the Assessment Team recommended the service did not demonstrate the effective management of high-impact and high prevalence risks associated with the care of each consumer. The Assessment Team recommended the requirement is not met as the service does not have the procedure for risk-based questions and reassessment embedded in everyday practice. Consumers interviewed said the service had not specifically asked them about risks associated with their care and could not recall the last time they were assessed by the service. The service’s documentation does not capture high-impact and high prevalence risks associated with the care of the consumer. Management said they would be investigating the right approach to high-impact and high-prevalence risks which are not currently monitored, and no training is available for staff. An action has been added to the service’s Continuous Improvement Plan.

In a written response to the Assessment Team report the provider noted the Assessment Team’s recommendations about not demonstrating effective management of high-impact and high-prevalence risks associated with the assessment and care of each consumer and has added an action to the service’s Continuous Improvement Plan to discuss and address this deficit.

I have considered the Assessment Team report and the response from the provider. While I acknowledge in its response the provider has noted the improvements required, I consider the service has not demonstrated effective management of high-impact and high-prevalence risks associated with the assessment and care of each consumer. I find Requirement 3(3)(b) Not Compliant.

All other Requirements in Standard 3 are Compliant.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity is preserved. Consumers discussed their end-of-life needs, documents are in place and shared with the service. Staff discussed links with the local palliative care service and the provision of personal care. Management confirmed end-of-life wishes are discussed with the consumer, documented and shared with staff.

The service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers expressed confidence in the ability of staff to respond to any deterioration or should they need assistance. Management and staff discussed the process of information sharing, documenting changes in consumers and review and action in progress notes. The service does not currently have a policy on deterioration. Management said they would investigate a policy and procedure on recognising and responding to consumer deterioration to underpin the current practice.

The service demonstrated information about consumers is communicated within the organisation and with others responsible for care. Consumers said they have regular staff, and they know what to do. Staff have access to consumer files and support plans and information is also included on staff rosters. Documentation reviewed detailed consumers’ needs preferences and conditions. Management acknowledged support plans are out of date and said there is daily communication with staff regarding consumer care needs.

The service demonstrated appropriate and timely referrals to individuals, other organisations and providers of other care and services. Consumers interviewed discussed the range of supports they receive from the service and how they have been assisted to link with others. Documentation sampled showed referrals and links to other organisations and referrals made for extra services and package upgrades.

The service minimises infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics.

As Requirements 3(3)(a) and 3(3)(b) are Not Compliant Standard 3 is Not Compliant.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The services offered to consumers included social support groups, domestic assistance, flexible respite, and yard maintenance. Consumers interviewed provided examples of how the services they received helped maintain their independence, well-being, and quality of life.

Consumers reported they enjoyed the groups they attended and felt comfortable with the staff providing services. Consumers said staff checked how they were on each visit and noticed if something was amiss. They described how being socially connected helped them emotionally and psychologically. Consumers explained they developed a close relationship with staff and members of the group and this enabled them to be supported emotionally and psychologically.

All consumers gave examples about the opportunities they were provided to build and maintain relationships, pursue activities of interest and participate in their community including making new or rekindling old connections in the community.

Consumers reported the service has good communication systems. They said staffing is consistent and this enabled staff to get to know consumer preferences concerning activities, games, food, and beverages. Staff reported they got to know each consumer as staff attended to them and as consumers attended social support groups.

The service connects consumers with other lifestyle services and supports when required. Consumers expressed confidence that the service would guide them in the right direction. However, consumers also reported managing their social life independently as they were locals.

The service provides hot meals to the Wednesday Activity Day group. Consumers reported satisfaction with the meals provided. They articulated staff cooked lovely home-cooked meals.

The equipment provided to consumers was safe and suitable for consumers’ use.

As all Requirements are Compliant, Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant |

Findings

In relation to Requirement 5(3)(c) the Assessment Team recommended the requirement is not met. Consumers interviewed reported no concerns impacting their sense of safety when using the furniture and equipment at the service. They explained the venue and vehicles were always clean and that they felt safe. However, the Assessment Team noted unclean cooking facilities, unlabelled dates on food and a lack of temperature control information for food.

Management was unable to provide documented evidence of when either the oven and fridge were last thoroughly cleaned. The wheelchair lift in the 12-seater bus did not have a maintenance label.

During the Quality Audit the service confirmed at the venue where meals are served that the fridge temperature was not monitored. Management confirmed the maintenance of the wheelchair lift in the bus was missed. Whilst the service acknowledged the Assessment Team’s findings and included rectification actions in the continuous improvement plan, it acknowledged would take time to rectify these issues, implement systems and processes, change practices, and ensure sustainability.

In a written response to the Assessment Team report the provider supplied further information detailing activities and documentation templates to address the issues raised in relation to safety. The plan for continuous improvement has also been updated and a booking made for the wheelchair lift maintenance.

I acknowledge the actions the service has taken and that are planned to address the concerns raised in the Assessment Team report. However, I consider the implementation is not yet demonstrated. I find Requirement 5(3)(c) Not Compliant.

All other Requirements in Standard 5 are Compliant.

The service runs regular group activities in the office space. The service also offers occasional excursions to consumers. Consumers were supported to attend activities through the provision of a 10-seater bus or company cars.

Consumers recounted the venue was always clean and comfortable and they felt safe.

As Requirement 5(3)(c) is Not Compliant Standard 5 is Not Compliant.

# Standard 6

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

Findings

The Assessment Team recommended Requirement 6(3)(a) is not met. Consumers were not aware of how to provide feedback or complaints. Consumers stated they have not been asked to provide feedback on staff or the service. Staff explained their part in the complaints and feedback process and stated that if a consumer is not happy, they encourage the consumer to call the office. Management noted several ways consumers can provide feedback. They could not describe how consumers could provide anonymous feedback. Management was not aware of best practice guidelines for complaints handling and feedback and complaints policy.

A written response to the Assessment Team report included a copy of the Clients’ Handbook and Client Agreement which both clearly address complaints and feedback. Examples of a Yard maintenance feedback form was also provided and further surveys for services are planned. Best practice guidelines and staff review of the complaints handling policy have been added to the service’s Plan for Continuous Improvement.

I have considered the Assessment Team’s report and the response from the provider. I have given weight to the documents supplied and the actions identified on the Plan for Continuous Improvement. As complaints and feedback mechanisms are listed in the Clients’ Handbook and Client Agreement and feedback has been sought and is planned, I find Requirement 6(3)(a) Compliant.

The Assessment Team recommended Requirement 6(3)(b) is not met. While all consumers or their representatives felt safe to raise a complaint or provide feedback consumers were not aware of how to access advocacy services or other ways of raising a complaint, such as contacting the Aged Care Quality and Safety Commission. Staff and management stated they do not know any consumer who would need an advocate and could not give an example of a consumer they have assisted to access an advocate. Management was unsure what advocacy service they could refer consumers to but stated there is information in the Client’s Handbook. The Client Handbook contains advocacy information including for the Older Persons Advocacy Network and Senior Rights Services. It does not provide information for consumers about interpreting services and does contain the Commission’s details for consumers although the hyperlink is out of date and does not work. The service does not have an interpreter policy or procedure to guide staff in supporting consumers awareness.

In a written response to the Assessment Team report the provider confirmed the Continuous Improvement Plan has been updated to include advocacy and interpreting services to the Feedback and Complaints policy.

I have considered the Assessment Team report and the response from the provider. I have come to a different view to the Assessment Team. In making my decision I have given weight to the current Client’s Handbook containing advocacy information. I have also considered that the amendments to the Feedback and Complaints policy needed to improve staff awareness and guide them to support consumers who require advocacy services are identified for action in the Plan for Continuous improvement. As advocacy information is available to consumers, I find Requirement 6(3)(b) is Compliant.

The Assessment Team recommended Requirement 6(3)(d) is not met. Consumers said the service responds to complaints and feedback although they are not always provided with follow-up information to explain what has been done, following an investigation. Consumers or their representatives felt changes or improvements had not been made as a result of their feedback.

Staff could not describe how feedback led to quality improvement of the service. Management provided an example of how they demonstrate this requirement which detailed a consumer’s representative complaining about the quality of work being done. Management provided education to all support workers, this was corroborated through staff meeting minutes provided.

In a written response to the Assessment Team report the provider noted consumers said they are not getting feedback on their complaint resulting in them feeling changes or improvements were not made and undertook to take action and implement changes to address this issue. The provider also noted and planned to discuss the complaints and feedback process with staff. The provider also acknowledged yard maintenance complaints and communication was limited and staffing changes led to a lack of continuity when setting up implementing processes. Plans are in place to address this matter.

I have considered the Assessment Team report and the response from the provider. While the provider has acknowledged the consumers have not been made aware of the improvements resulting from feedback and complaints this is yet to be rectified. I consider that as improvements are not evident to the consumer the. I find Requirement 6(3)(d) is Not Compliant.

Requirement 6(3)(c) is Compliant. Consumers said the service responds to complaints and feedback although they are not always provided with follow-up information to explain what has been done or improved, following an investigation. Consumers could describe the service’s management utilising open disclosure in the complaints handling process. Staff refer consumers to call the office to make a complaint. While staff were not aware of open disclosure management use open disclosure and said complaints are promptly addressed, and the consumer complaint is managed through the updated feedback and complaints register.

However open disclosure is not yet referenced in feedback and complaints policy.

The Assessment Team found open disclosure is being practiced and management are contacting consumers when they make a complaint or provide feedback. The service acknowledges their practice can be strengthened and have added items related to this requirement to the Continuous Improvement Plan.

As Requirement 6(3)(d) is Not Compliant Standard 6 is Not Compliant.

# Standard 7

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

Findings

The Assessment Team recommended Requirement 7(3)(d) is not met. The service did not demonstrate the workforce is recruited, trained and equipped to deliver the outcomes required by the Aged Care Quality Standards. Management explained training is informed by the position description, however, the position description does not specify mandatory training required for staff. The training register lists core training completed for staff members, but no ongoing training. The yearly core competency feedback form is linked to the local government competency framework, however, the Assessment Team was not able to verify which training courses are mandatory and if they have been completed. The service utilises an online learning platform but were not able to provide a register of courses or current completion.

In a written response to the Assessment Team report the provider confirmed the mandatory training requirements and supplied evidence of staff training and a list of annual training. However, the provider acknowledged the annual training required was overdue and did not occur in 2023 and was being arranged. While I accept there is an undertaking to arrange the training. I find Requirement 7(3)(d) Not Compliant.

The Assessment Team recommended Requirement 7(3)(e) is not met. The service was not able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Management said this is due to staff changes. Staff said and management confirmed 6 monthly supervision and yearly performance appraisals, used to be in place but they have not been occurring. Reviews of training completed and competencies, were also not occurring. Management said no appraisals have been completed this year and they would be scheduling ongoing training and monitoring with direct reports.

In a written response to the Assessment Team report the provider confirmed the monitoring, review and annual or six monthly performance appraisals for staff while all required have not occurred since 2022. In making my decision I have considered the acknowledgement of the provider that assessment monitoring, review and appraisal of staff has not been regularly undertaken. I find Requirement 7(3)(d) Not Compliant.

All other requirements in Standard 7 are met,

The service has a planned the workforce to ensure the delivery of safe and quality services for consumers. Consumers stated they have never missed out on a service; staff turn up on time and are not rushed. Staff discussed the time allocation to complete service delivery, said they are able to provide feedback and management has a process for shortages in staff. Management demonstrated a planned approach to recruitment and consultation with consumers when facing workforce pressures.

The service demonstrated a commitment to kind, caring and respectful staff interactions with consumers. Consumers and their representative’s said staff are kind and exhibit respectful interactions. Management discussed the council’s values, their importance in the delivery of services and training received such as Equal Employment opportunities.

Consumers described staff as competent, knowledgeable and having the skills to perform their job. Management said all staff have formal qualifications in aged care and community services. The service does not provide clinical care. The Assessment Team was able to view a register of qualifications. Staff described a range of additional training they have received at the service. The Assessment Team was able to review the position descriptions, training policy and procedure and qualification records. The service brokers home and garden maintenance, brokers are subject the ongoing monitoring of insurance, police checks and other requirements.

As Requirements 7(3)(d) and 7(3)(e) are Not Compliant Standard 7 is Not Compliant.

# Standard 8

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

Findings

The Assessment Team recommended Requirement 8(3)(a) is not met. The service did not demonstrate consumers are engaged in the development, delivery and evaluation of care.

The service does not have a consumer reference group, ongoing surveys or other methods to capture feedback. Management confirmed there is no organisation-wide method to involve consumers in developing, delivering and evaluating their care and services. Management said they were not aware of the requirement to engage with consumers and as such there is no policy or procedure to inform practice. Management confirmed they have been actively considering how to meet the requirement. The Assessment Team observed the inclusion of a client survey in the Continuous Improvement Plan.

In a written response to the Assessment Team report the provider confirmed that surveys will be implemented to engage consumers in the development, delivery and evaluation of their care. The feedback and complaints register also informs the delivery of care. Other verbal feedback will also be documented. While I acknowledge the initiatives being undertaken by the provider to engage consumers, I consider that as they are not yet implemented and outcomes have not been demonstrated. I find Requirement 8(3)(a) is Not Compliant

The Assessment Team recommended Requirement 8(3)(c) is not met. The service has organisational-wide governance systems to monitor processes for information management, financial governance, workforce governance. However, the service was not able to demonstrate organisational-wide governance systems for continuous improvement, regulatory compliance, and feedback and complaints.

The service uses various methods including cloud and local server-based systems to ensure information is kept private, all staff are provided with an individual login and password to access electronic systems. Client files are kept at the local office in a secure room with individual key locks and building-wide alarm system. The Assessment Team evidenced the cyber security, information security incident management, records management policy and enterprise risk management framework.

Financial governance is monitored by the director of community services and the general manager who report to the council on a month and quarterly basis. The service consults with local management to build the service’s budget and financial model. The service has in place an electronic finance management system with individual delegation access. The finance officer stated there have been no breaches within the last 12 months, audits are conducted twice yearly, and the finance is subject to the audit risk and improvement subcommittee.

The council has organisation-wide workforce planning process as part of yearly budget planning. Workforce sufficiency is managed by the General Manager to ensure compliance with funding and finance requirements with the remit to approve additional out of budget positions on a business need basis. The service has in place a contract officer who oversees the compliance and sufficiency of brokers as per business needs. The service’s Covid-19 Management and outbreak prevention plan provides direction inter alia on workforce planning during an outbreak.

The service monitors compliance of police checks, first aid and CPR and qualifications of care staff.

The service did not demonstrate it seeks opportunities for continuous improvement.

The service does not have a current organisation-wide method to consult with consumers, their representatives or staff. Senior management provide internal reports and an action plan for continuous improvement on the viability of the service. The Assessment Team noted the lack of implementation methodology; however, the local management did commence a local continuous improvement plan during the audit. Many of the service’s policies and procedures are in draft or out of date with no current remediation plan. Management discussed that it had previously engaged a consultant to review and update policy and due to ongoing staff shortages, many are out of date.

Management advised there have not been any adverse findings by regulatory agencies or an oversight body at the service in the preceding 12 months. The service has in place a legislative compliance policy outlining the organisation’s commitment to a culture of compliance and providing a framework for good public administration. However, aged care compliance requirements were not identified and management was aware that due to recent staffing changes the service was not adept with the current aged care regulatory compliance framework such as the Serious Incident Response Scheme (SIRS) or banning orders.

The services feedback and complaints data is reported to the general manager and council through monthly reporting. The council has in place a draft feedback and complaints policy and procedure which is not inclusive of open disclosure principles. However, the process for resolving complaints is open, honest, fair and confidential. The elements of open disclosure are inclusive of an apology, factual explanation of events, opportunities to include the consumer’s input; and the management of the complaint and related adverse event to prevent recurrence. The Assessment Team noted the lack of documentation for informal complaints that do not require a formal response and the lack of documentation restricts the services ability to track and monitor trends to improve services and care.

In a written response to the Assessment Team report the provider noted further action would be taken to implement organisational-wide governance systems for continuous improvement, regulatory compliance, and feedback and complaints. The service now has a Continuous Improvement Plan which used to improve services and processes and will develop an implementation methodology. The Bland Shire Council has an adopted Community Engagement Strategy which sets the processes and activities to communicate with and consult not only consumers but the broader community. Draft and outdated policies will be addressed. The response also noted the need to address and implement aged care compliance requirements. including the SIRS and Banning orders.

I have considered the Assessment Team report and response from the provider. The provider has acknowledged it was not able to demonstrate organisational-wide governance systems for continuous improvement, regulatory compliance, and feedback and complaints. While it has put in place some improvements and made plans to address these matters implementation is not completed. I find Requirement 8(3)(c) Not Compliant.

The Assessment Team recommended Requirement 8(3)(d) is not met. The service does not have a risk management framework inclusive of a risk management policy and procedure for managing high-impact and high-prevalence risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. The provider’s risk management framework details the identification of risk at an organisational level, however, does not provide clarity or governance for high impact and high prevalence risks associated with the care of consumers. The Assessment Team noted management have actioned some areas of risk within the continuous improvement register.

The service does not have in place a SIRS policy or management and reporting process delaying the ability to identify and respond to the abuse and neglect of consumers. The service does not have a dignity of risk or best practice policy or process to ensure consumers are living the best life they can. The service has updated the continuous improvement plan to reflect needed updates to existing documents and missing policies and procedures. Consumers said they have not been engaged in a survey or formal feedback. The service has an incident and complaints register with limited ability to monitor, trend and respond to incidents. Consideration is being given to using an electronic register. Incidents and complaints are manually collated and reported to management and the Bland Shire Council.

In a written response to the Assessment Team report the provider refuted the Assessment Team’s view that the service does not have a risk management framework in place. The provider considers risk management is included in its Enterprise Risk Management process. The response also noted the deficits identified by the Assessment Team including policies, processes and procedures to be created and added remedial actions to the service’s Plan for Continuous Improvement.

I have considered the Assessment Team report and response from the provider. I acknowledge the provider considers risk management is undertaken through the Enterprise Risk Management Process. However, specific regulatory obligations relating to the Aged Care Quality Standards including effective management and reporting of risk such as the obligations under the Serious Incident Response Scheme are not yet in place. Policies, procedures and processes related to risk are not yet developed. For these reasons I find Requirement 8(3)(d) Not Compliant.

In relation to 8(3)(b) the service is demonstrating the governing body promotes and is accountable for the delivery of a culture of safe, inclusive, and quality care and service. The service is using monthly local management reports, monthly and quarterly financial reports, incident reports, feedback and complaints to provide information to senior management, the general manager and councillors on the provision of care. Minutes of meetings show data has been acknowledged with no further actions. There is monthly reporting to the executive in addition to committees such as finance and risk sub-committees. The documents reviewed by the Assessment Team demonstrated the governing body is engaged and promoting a culture of safe, inclusive and quality care and services.

Requirement 8(3)(e) was not assessed.

As Requirements 8(3)(a), 8(3)(c) and 8(3)(c) are Not Compliant Standard 8 is Not Compliant.

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-2)