**Performance**

**Report**

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| Name: | Carrathool Shire Council - Hillston |
| Commission ID: | 200190 |
| Address: | 190 High Street, HILLSTON, New South Wales, 2675 |
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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: 9186 Carrathool Shire Council  
Service: 26910 Carrathool Shire Council - Home Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7604 Carrathool Shire Council  
Service: 24814 Carrathool Shire Council - Care Relationships and Carer Support  
Service: 24813 Carrathool Shire Council - Community and Home Support

**This performance report**

This performance report for Carrathool Shire Council - Hillston (**the service**) has been prepared by J Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 March 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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 1(3)(d) – the approved provider is to ensure that it has policies and procedures in place to support consumers to take risks to live their best life, including that staff work with consumers and/or their representatives to identify associated risks and mitigation strategies for the consumer and that the discussion with confirmation of informed consent is included in care documentation.
* Requirement 1(3)(e) - the approved provider is to ensure effective measures are implemented for consumers to receive timely, accurate and current information that is easy for them to understand and that can adequately inform their decisions about their care and services.
* Requirement 2(3)(a) - the approved provider is to ensure consumer care plans are updated and reflect their current and assessed goals, needs, preferences and risks to enable staff to provide safe, quality care and services.
* Requirement 2(3)(b) – the approved provider is to ensure that information on consumers’ needs goals and preferences are documented in their care and support plan, they are asked about and provided information on advance care directives and end of life planning and their preferences are documented in their support plan if they choose.
* Requirement 2(3)(c) – the approved provider must implement a policy and procedure for assessment and planning that is based on an ongoing partnership with consumers and representatives who the consumer wishes to involve in their care, and where assessment and planning includes other providers of care,
* Requirement 2(3)(d) – the approved provider is to implement systems and processes that ensure consumers’ care plans include sufficient information to guide staff in the delivery of safe and effective care and services that meet consumer needs, goals and preferences; and can be accessed by staff at the point of care and consumers and relevant representatives if they choose, and that these systems and processes are effectively communicated to and understood by staff.
* Requirement 2(3)(e) – the approved provider is to is to implement systems and processes to ensure care plans are regularly reviewed for effectiveness, when incidents occur or there are changes/deterioration in a consumer’s condition; and these systems and processes are effectively communicated to and understood by staff.
* Requirement 3(3)(b) – the approved provider is to implement systems and processes to ensure high impact or high prevalence risks associated with the care of consumers are effectively identified, managed and documented, including areas such as falls, choking, epileptic seizures.
* Requirement 3(3)(e) - the approved provider is to ensure there is a system and process in place that records information about consumers’ condition, needs and preferences in a timely manner and is accessible to staff and others responsible for the consumer’s care and support.
* Requirement 3(3)(f) – the approved provider is to implement systems and processes to ensure staff make timely and appropriate referrals to other providers of care and services when required, and that consumers are informed by the service that this can occur.
* Requirement 3(3)(g) – the approved provider is to ensure there are systems and processes implemented to track and ensure staff receive regular training and can demonstrate competence in standard and transmission-based precautions to prevent and control infection.
* Requirement 4(3)(a) – the approved provider is to implement systems and processes to ensure services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life; and these systems and processes are effectively communicated to and understood by staff.
* Requirement 4(3)(d) – the approved provider is to implement systems and processes to seek consumer/representative consent to share and obtain appropriate information with and from relevant external service providers of the consumer to ensure the consumer’s care plan reflects their current needs, risks and preferences, and to ensure the information can be easily accessed by relevant staff providing care and services to the consumer to inform safe and effective care and support.
* Requirement 4(3)(e) – the approved provider is to implement systems and processes that ensure timely referral and/or support is provided to consumers to access other appropriate providers of care and services when required.
* Requirement 4(3)(g) – the approved provider is to implement a process to ensure regular maintenance of equipment purchased through consumers’ CHSP and HCP funding.
* Requirement 5(3)(b) – the approved provider is to implement a process to ensure all fire safety equipment is maintained and fire safety procedures meet regulatory requirements, all service premises have a current registered fire safety certificate that is displayed.
* Requirement 6(3)(a) – the approved provider is to implement a process to ensure consumers and representatives are encouraged and supported to provide feedback and make complaints.
* Requirement 6(3)(b) – the approved provider is to implement a system and process to ensure consumers are provided with accurate information about and have access to advocates, language services and other methods for raising and resolving complaints.
* Requirement 6(3)(c) – the approved provider is to demonstrate appropriate action is consistently taken in response to complaints, and that it has processes to ensure complaints are accurately documented to assist with resolution, review, and evaluation of complaint trends.
* Requirement 6(3)(d) - the approved provider is to implement a system and process to ensure consumer/representative feedback and complaints are documented, trended, analysed and responded to in a timely manner and are used to inform continuous quality improvement of care and service delivery.
* Requirement 7(3)(c) - the approved provider is to implement an education and competency assessment program, and an effective training completion and competency tracking system, to ensure staff and management have competence to effectively perform their roles in line with legal and regulatory requirements, and to deliver safe, effective and quality consumer care and support.
* Requirement 7(3)(d) – the approved provider is to implement a training policy and procedure that clearly articulates the mandatory training and competency requirements for each role in the organisation and includes a process for ongoing training needs analysis to inform timely delivery of ongoing training activities targeted to specific job roles to maintain compliance with regulatory and legislative changes and continuous organisational improvements.
* Requirement 7(3)(e) - the approved provider is to implement a performance assessment, monitoring and review process to ensure that all staff and management have annual performance reviews, and performance issues are managed in a timely manner to ensure safe and effective care and service delivery.
* Requirement 8(3)(a) - the approved provider is to implement effective measures to ensure consumers are supported to and engaged in the development, delivery and evaluation of care and services.
* Requirement 8(3)(b) - the approved provider is to implement an organisational reporting system and process to ensure management and the governing body/executive receive timely and accurate information regarding trends in consumer incidents and risk, regulatory compliance, feedback and complaints, workforce management, continuous improvement and service quality data, to enable both levels to effectively monitor and provide direction and input on areas for improvement to promote safe, inclusive, quality care.
* Requirement 8(3)(c) - the approved provider is to review and improve the effectiveness of key organisational governance systems including information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Requirement 8(3)(d) - the approved provider is to implement effective risk and incident management systems and processes and ensure these are effectively communicated to and understood by management and staff.

# 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not Compliant | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as two of the six specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 1(3)(d)

The Assessment Team found that the service demonstrated it assists consumers to take risks to live their best life. The service was unable to provide evidence that staff are made aware of consumer risks, strategies are provided to mitigate those risks, the risks are documented and signed by consumers and/or their representatives when they decide to take the identified risks. One consumer stated that staff enable and encourage them to do things for themselves. The consumer said they will often scoot around their paddock on their mobility scooter while staff are there, and that staff check on them and watch from the house.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including documentation for the identification of consumers risks will be designed or incorporated into consumer care plans. I acknowledge the service’s efforts to assist consumers to take risks to live their best life. However, the service is expected to ensure consumers and/or their representatives are made aware of and assisted to understand the risks involved, and the service works with them to develop mitigation strategies to minimise the risk of harm to the consumer. These discussions should be documented (such as in a dignity of risk form) and signed by the consumer and/or representative to confirm informed consent. As the service was unable to provide evidence and consumers did not provide feedback that dignity of risk discussions take place, I consider the service has not sufficiently demonstrated compliance with this requirement.

* Accordingly, I find the service non-compliant in Requirement 1(3)(d).

Requirement 1(3)(e)

The Assessment Team found the service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated in a way that is easy to understand and enables them to exercise choice. Sampled HCP and CHSP consumers said they were not provided with information regarding the supports and services available to them. However, they said the service contacts them to discuss services and supports. This was confirmed by management. The Assessment Team found no evidence that these discussions were recorded in care planning documentation. In addition, sampled consumers said they had not received copies of their care plan. I have considered this in Requirement 2(3)(a)

The Assessment Team found that HCP consumers are provided with a copy of the client service agreement. However, the information contained in the agreement was outdated including incomplete Quality of Care Principles. Management advised that consumers receive brochures detailing upcoming activities, which were sighted by the Assessment Team. Council’s website contains information on monthly service outings. Management said that a copy of the Homecare Packages Program Manual for Care Recipients produced by the Department of Health and Aging is given to all consumers. I note this is a lengthy document not specific to the services provided by the organisation.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including all council’s documentation will be reviewed and updated to provide current information to best assist consumers and their representatives to make informed choices, and procedures will be implemented to ensure documentation is updated in a timely fashion

and provided to the consumer as required. I acknowledge that the service provides brochures, contacts consumers to discuss their services and supports and the council website contains information on outings. However, I consider that the provision of the outdated service agreement to consumers on entry to the service, including outdated Quality of Care Principles, means that the service is not fulfilling their consumers’ right to be provided with (accurate) information to assist them to make service choices as required under the Quality of Care Principles 2014. Further, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 1(3)(e).

**Compliance Findings**

Requirement 1(3)(a)

The Assessment Team foundthe service did not demonstrate all consumers are treated with dignity and respect, with their identity, culture and diversity valued. All sampled consumers said they were treated with dignity and respect by staff and management. Staff described how they valued consumers’ diversity and culture including religious beliefs, personal points of view and outlook on life. Management reported they had no incidents reported by consumers about staff being disrespectful. However, the Assessment Team found that while staff and management provided consumers with care that showed dignity and respect, the service was unable to provide evidence that consumer information pertaining to culture, diversity, and identity, was sought, or was documented in care planning documentation.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including an action to include information on consumers’ cultural diversity, identity, goals and aspirations in their care plans. I acknowledge the importance of ensuring this information is documented in consumer care plans to inform culturally appropriate and respectful care. However, I believe this is more relevant to Requirement 2(3)(b) that requires consumers’ needs goals and preferences to be identified in assessment and planning. Further, I place weight on the evidence that all sampled consumers said they were treated with dignity and respect by staff and management.

* Accordingly, I find the service compliant in Requirement 1(3)(a).

Requirement 1(3)(b)

The Assessment Team found the service did not demonstrate care and services are culturally safe. The Assessment Team found all sampled HCP and CHSP consumers reported staff knew what was important to them and said that they always chat when the staff are there so they should know. One consumer said the community was so small everyone knows each other. Staff said they grew up in the area with Aboriginal people so they know everyone. Staff could provide examples of what providing care and services in a culturally safe way meant, including respecting people’s beliefs and heritage. The Assessment Team noted management were unsure if staff had completed cultural training.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified. I acknowledge that the service was not able to provide evidence regarding staff completion of cultural training. However, I believe this issue is more relevant to Requirement 7(3)(d) that requires staff to be trained, equipped and supported to deliver the outcomes required by the standards. I have placed weight on the fact that all sampled consumers said that staff knew what was important to them, and staff were able to provide examples of how they respected consumers beliefs and heritage, having grown up with the Aboriginal people.

* Accordingly, I find the service compliant in Requirement 1(3)(b).

Requirement 1(3)(c)

The Assessment Team foundthe service was did not demonstrate each consumer is supported to exercise choice and independence. The Assessment team noted that although the service enables consumers to exercise choice and independence, this was not documented in care plans as they had not been reviewed since consumers commenced receiving care and supports.

The Assessment Team found all sampled HCP and CHSP consumers said they were able to make their own decisions about their care, were able to exercise choice and could participate in activities if they wanted to. Evidence of two consumer interviews was provided in which consumers indicated they are encouraged and supported by the service to make choices regarding housework assistance, and when they attend the respite centre. Staff described how they support consumers with communication barriers such as hearing loss and speech impediments to communicate their decisions.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified. I acknowledge regular review and maintaining current information in care plans is important to ensure safe and quality care that meets consumers’ needs goals and preferences. However, I do not consider the absence of evidence documented in care plans regarding consumers being supported to exercise choice and independence outweighs the amount of consumer feedback that confirmed this occurs. Further, staff were able to describe how they support specific consumers with communication needs to communicate their choices.

* Accordingly, I find the service compliant in Requirement 1(3)(c).

Requirement 1(3)(f)

The Assessment Team found the service demonstrated that consumers’ privacy is respected and their personal information is kept confidential. All sampled HCP and CHSP consumers and/or their representatives said they believed staff and the service respected their privacy. Staff provided examples of respecting consumer privacy, including not discussing personal circumstances, keeping work information to yourself, and not asking anything that's personal.

* Accordingly, I find the service compliant in Requirement 1(3)(f).

# 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. | Not Compliant | 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as five of the five specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 2(3)(a)

The Assessment Team found the service did not demonstrate the 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. Sampled consumers said the service conducted an initial home visit to inform care planning and discuss services, but they had not had a follow up assessment and care plans were not updated. The Assessment Team found one consumer’s care plan did not contain evidence it had been reviewed since 2021. Consumers and representatives also advised they had not received a copy of their care documentation. Staff advised they did not have copies of consumers’ care plans, containing information about ongoing medical conditions such as epilepsy, or information on consumers’ risks such as falls, wounds or social isolation. They said they would like to receive consumer information, not just a list of tasks to be completed. The service coordinator said the consumer care plans are not regularly reviewed or reviewed when circumstances change. One consumer’s care plan had not been reviewed or updated following a major epileptic seizure that occurred two weeks earlier.

All sampled care plans did not contain consumer goals, needs and preferences, and care planning documentation did not contain validated assessments, risks or advance care directives. The service provided draft policies on planning and care that have not yet been approved, and contained no policies or procedures on how care planning should be conducted.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified such as implementing a new care plan with the required information, updating care plans and completing reviews. I commend the approved provider’s planned improvements to address the areas of non-compliance related to this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(a).

Requirement 2(3)(b)

The Assessment Team found the service did not demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. All sampled consumers said they had been asked by the service what tasks they want, but had not been asked about themselves, their goals, needs or preferences. All consumers said they had not been asked about or provided information on advanced care directives. All sampled consumer files did not contain a consumer overview, goals and information about their conditions, needs and preferences.

The service coordinator advised in relation to care plan reviews, the service asks consumers if they need any more (services), if anything has happened and if they are ok with the care. The coordinator said there was no policy on advance care directives or end of life planning

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified. I commend the approved Provider’s planned improvements to address the areas of non-compliance identified in this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(b).

Requirement 2(3)(c)

The Assessment Team found the service did not demonstrate assessment and planning is based on partnership with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services.

One consumer said the service coordinator visited their home in the past week to conduct a home safety check but did not discuss their care plan. The consumer advised they did not feel included in the safety assessment. Another consumer said the service had asked what they want cleaned but did not document their response, and the service has not asked about anything else. A third consumer said they have limited mobility due to a heart condition, but the service has not asked about their condition or sought information from their allied health specialist about the supports and services they need to remain safe and independent.

The service coordinator advised care staff were not asked for feedback on consumers’ outcomes, and consumer representatives were not involved. They said they did not work with other organisations or individuals as they did not feel it was there place to request, and the service does not have a policy or procedure for the consent to release/seek information.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified such as implementing a new client consent form to enable sharing of information the consumer’s medical professionals and other providers involved in their care. I commend the approved provider’s planned improvements to address the areas of non-compliance identified in this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice

* Accordingly, I find the service non-compliant in Requirement 2(3)(c).

Requirement 2(3)(d)

The Assessment Team found the service did not demonstrate that the outcomes of assessment and planning are communicated to the consumer and documented in a care and services plan that is provided to the consumer, and accessible where care and services are provided. Six out of six consumers said they had an initial planning meeting with the service, but could not recall receiving a copy of their care plan. One consumer (HCP1) said all communication is done verbally and they are not sure it is ever documented. Another consumer said they have received the services that were spoken about but they had not received any written document.

Staff interviewed advised they did not receive a care plan. When this was raised with the service coordinator, they said they had intended to provide consumers and staff with copies of their care plan, but this was prevented by issues with the client relationship management system. The service coordinator showed the Assessment Team examples of rosters emailed to staff that contained extra consumer information in the body of the email.

The service’s draft policy on care planning does not specify documentation of the care plan and communicating outcomes of assessment and planning with the consumer and others with whom care is shared.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified such as the provision of document folders containing personal information, care plans and care updates, to consumer that can be accessed by relevant staff. I commend the approved Provider’s planned improvements to address the areas of non-compliance identified in this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 2(3)(d).

Requirement 2(3)(e)

The Assessment Team found the service did not demonstrate care and services are reviewed regularly for effectiveness, when a consumer’s circumstance change or when incidents impact the needs, goals or preferences of the consumer. Sampled consumers described changes to their condition and circumstances that had not resulted in care plan review or modified services. The service coordinator confirmed care plan reviews are not conducted annually or when there is a change in consumers’ circumstances. This has resulted in care plans that are several years out of date. Staff said they did not receive information on consumers’ conditions or risks, such as falls, wounds or social isolation.

One CHSP consumer advised they communicated to the service that they had a seizure on 24 February 2024 that lasted for 26 minutes. The consumer also said they have 70% reduced capacity in heart function, decreased mobility and they are a falls risk. The service coordinator advise they were not aware of the consumer’s seizure or their other conditions requiring monitoring and review. All care plans reviewed by the Assessment Team did not have a review date.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified such as the implementation consumer risk assessments and ongoing reviews as consumers’ circumstances change. I commend the approved provider’s planned improvements to address the areas of non-compliance identified in this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice

* Accordingly, I find the service non-compliant in Requirement 2(3)(e).

# 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. | Not Compliant | 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. | Not applicable | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as compliant/ non-compliant as five of the seven specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 3(3)(b)

The Assessment Team found the service did not demonstrate effective management of high impact high prevalence risks associated with the care of each consumer. Consumers and/or their representatives were unable to explain risks related to their care and what the service has done to mitigate their risks. The service coordinator advised the service does not conduct risk assessments and that the service uses the information from the My Aged Care (MAC) assessment (that may be out of date). The service coordinator said the service does not have high risk consumers or plans for managing consumers’ at risk of dehydration and malnutrition, choking, pain and medication. They noted the service had one consumer in the past who had a pressure area, and staff are learning to identify pressure areas in their certificate III and IV studies.

The Assessment Team found risks are not identified in consumers’ care and support plans, which has negatively impacted their health, safety and wellbeing. One representative advised their consumer (HCPL2) has a high falls risk. The service organised an occupational therapy assessment that recommend appropriate home modifications, but they have been unable to locate a builder to complete the job. The representative said the consumer had multiple falls while waiting for the modifications that required hospital admissions, and the family felt the consumer must be placed in residential aged care for their safety. Service management said they were unable to explain what the service had done to mitigate the consumer’s falls risks while waiting for the modifications, when the Assessment Team raised this with them.

A staff member advised the Assessment Team they were informed by the representative of one consumer (HCPL3) that due to radiation therapy the consumer has swallowing difficulties and can choke on a grain of rice. The staff member advised the consumer frequently gestures to their throat when eating, indicating they cannot swallow the foods. Management states the service does not have consumers with dysphasia and has not put mitigation strategies in place to manage the consumer’s dysphasia. In addition, the representative explained the consumer has had many falls, including one in the past week. The representative described various mobility aids provided to the consumer as part of their package, but noted their four-wheel walker is unsafe, and that as the consumer stoops, forward the waker provides too much momentum causing the consumer to fall. The Assessment Team found the service does not collect information on the consumer’s falls and was unable to demonstrate how they mitigate these risks.

In their response to the Assessment Team report the approved provider noted in relation to the first consumer with delayed home modifications, a swivel chair was provided to transfer the consumer into the shower in order to mitigate the falls risk, but staff were unable to implement this plan due to the consumer’s entry into residential aged care. The approved provider did not refute the Assessment Team’s findings in relation to the second consumer and outlined planned improvements to address the issues identified in relation to this requirement, including delivering staff training on recognising and responding to changes in consumers’ condition. I commend the approved provider’s planned improvements to address the identified areas of non-compliance. However, based on the evidence provided, I consider the service has demonstrated significant systemic gaps in the effective management of high impact and high prevalence risks associated with the care of consumers. I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 3(3)(b).

Requirement 3(3)(e)

The Assessment Team found the service did not demonstrate information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others who provide care to the consumer. Staff advised they rely on consumers to inform them about their condition, needs and preferences. The coordinator of the service said they were not aware the service was able to collect hospital discharge letters following consumer hospital admissions or documentation from the GP, with the consumer’s consent.

The Assessment team found invoices from an occupational therapist in some consumer files, some of those files contained a full occupational therapist assessment that identified consumers’ needs and preferences, and the assessment outcomes were not communicated and shared with staff at the service and representatives when required.

One consumer was observed at the day centre to be using a single point stick to mobilise. Staff were asked about the consumer’s mobility requirements and did not mention the consumer must use a four-wheel walker. The representative had informed the Assessment Team this was recommended in the consumer’s last occupational therapy assessment. Another staff member said they had not received correspondence from the service on changes to a consumer’s needs, goals and preferences following their discharge from hospital, and needed to go in to see what had changed.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including the council will review and/or complete consumer documentation in relation to personal care and clinical care. Based on the evidence provided, I am not satisfied that the service has ensured effective communication of information within the organisation on consumers’ condition, needs and preferences, particularly following hospitalisation or when other changes in consumers’ condition have occurred.

* Accordingly, I find the service non-compliant in Requirement 3(3)(e).

Requirement 3(3)(f)

The Assessment Team found the service did not demonstrate timely and appropriate referrals to individuals, and other providers of care and services. Sample consumers and representatives frequently mentioned to the Assessment Team they were not sure what is included in their home care package. Some consumers were not aware they could be referred to dietician using their package. The process for external referrals is that staff pass on requests for referrals to the service coordinator. The coordinator advised the Assessment Team it can be challenging to access allied health services because of the regional location. The service coordinator said it can take a month to get an occupational therapist appointment, and they were not aware of alternative services that could be accessed for consumers.

The service does not have a documented policy or procedure to guide staff to make external referrals to services the organisation does not provide. One representative said their consumer (HCP L3) had been waiting for over a year for a dietician. The service coordinator said they were not aware they could make a referral to a dietician. The representative said the consumer had been recommended high nutrient supplements, but they were advised by the service the supplements cannot be attained through their home care package, and has not been able to provide the supplements to the consumer. The representative noted it is easier to access allied health services when the consumer is in hospital.

In their response to the Assessment Team report the approved provider noted that due to the remoteness of Hillston, access to allied health, health specialists and even contractors is limited. Access to health professionals may require lengthy waits and travel to larger centres. Access to contractors is even more difficult especially in the area of building services. I acknowledge the difficulties experienced by rural, remote and regional areas in accessing health professionals. However, I consider that a 12 month wait to access a dietician assessment is excessive, even in that context, and does not demonstrate timely and appropriate referral to an external service. Particularly given the consumer lives with a choking risk as identified by staff and the consumer’s representative. This was considered in Requirement 3(3)(b).

* Accordingly, I find the service non-compliant in Requirement 3(3)(f).

Requirement 3(3)(g)

The Assessment Team found the service demonstrated minimisation of infection-related risks by implementing standard and transmission-based precautions. Sampled consumers and representatives explained that support workers wash their hands when they arrive and use PPE according to the task they are completing. Staff confirmed this. The coordinator explained if staff feel unwell, they are expected to conduct a Rapid Antigen Test for COVID-19, and even if negative they must wear a mask. The service coordinator said staff completed courses on infection control during the COVID-19 period, but also said they were not the coordinator at the time and did not know what content was covered in the courses.

The service said they were unable to supply records of COVID-19 and influenza immunisation rates because their human resources staff were absent. In their response to the Assessment Team report, the provider supplied samples of staff immunisation records, waivers and consent forms. However, these did not include vaccination for COVID-19. They only included Hepatitis A and B and Tetanus vaccinations. The Assessment Team found the infection control policy contained sufficient information to inform staff of standard and transmission precautions and provided links to further information resources. The service does not currently have procedures for managing specific infection related conditions such as gastroenteritis and said they understood this would strengthen their practice in relation to this requirement.

The Assessment Team noted the service does not have oversight of antibiotic prescribing or an understanding of antibiotic resistance, but noted that due to the size and scope of the organisation’s services, antimicrobial stewardship is not applicable in the assessment of this requirement

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings. However, I consider that the service management’s lack of knowledge about the content of infection control staff training and the statement that the staff training was last completed during the COVID-19 period, shows that infection control training is not currently occurring and/or completions tracked. This underestimates the risk posed by COVID -19 to the health safety and wellbeing of the service’s consumer cohort. COVID -19 remains present in the community and the Department of Health and Aged Care website states, ‘*the risk of serious illness from COVID-19 increases with age and the rate is higher for those with other serious health conditions or a weakened immune system.’* Further, staff competence in infection control procedures is critical to prevent the transmission of additional diseases that can cause serious harm to consumers, such as gastroenteritis and influenza. I am not satisfied that the service has demonstrated effective minimisation of infection related risks as it has not tracked and ensured its staff have current competence in infection control.

* Accordingly, I find the service non-compliant in Requirement 3(3)(g).

**Compliance Findings**

Requirement 3(3)(a)

The Assessment Team found the service did not demonstrate that each consumer gets safe and effective personal care and clinical care, which is best practice, tailored to their needs and optimises their health and wellbeing. The service provides personal care and brokers out clinical care services such as physiotherapy and occupational therapy. Consumers said they felt staff were safe when delivering personal care. Staff advised the service coordinator provides information on new consumers, including a task list, and information is sent in an email regarding consumer risks, such as falls, but there are no consumer care plans available to staff.

The Assessment Team reviewed several care plans that did not consistently provide sufficient information on consumers’ personal care needs to provide safe and effective care. The service does not have policies of practice in place to deliver safe and effective personal care, or oversight of clinical care which is brokered out.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified. While gaps were found in care plans regarding information on consumers’ personal care needs, I have considered this in my assessment of Requirement 2(3)(a). Further, the Assessment Team did not identify any negative impacts for consumers resulting from deficits in personal and/or clinical care due to ineffective monitoring of contracted clinical services and care planning.

* Accordingly, I find the service compliant in Requirement 3(3)(a).

Requirement 3(3)(d)

The Assessment Team found the service did not demonstrate deterioration or change in a consumers’ mental health, cognitive or physical function, capacity or coordination is recognised and responded to in a timely manner. Sampled consumers and representatives said that although staff knew them, they may not notice deterioration or changes in their health. Staff were unable to explain how they would recognise deterioration in consumers. The service does not have a policy to guide staff to recognise deterioration and does not provide training about recognising consumer deterioration.

The service coordinator advised the Assessment Team that one consumer, who experienced poor mental health and went through a crisis situation, asked the service if someone could sit with him. The service responded to the consumer’s request and the service coordinator visited the consumer at their house and sat with them for an hour, and following the visit rang the consumer to check they were alright. The service coordinator said an email was sent to staff instructing them to monitor the consumer and the service offered the consumer counselling.

However, the Assessment Team found this information and warning signs of deterioration were not entered in the consumer’s care plan to assist staff to recognise signs of mental health deterioration in the consumer. I acknowledge the care plan was not updated following the incident. However, I have considered gaps in care plan review in Requirement 2(3)(e), including lack of care plan review for the second consumer noted in the current requirement. Further, I note that the service did provide a timely response when the consumer reached out for assistance, offered to organise counselling for the consumer and alerted care staff via email about the need to monitor the consumer’s changed condition. Based on the evidence provided, I consider the service has demonstrated compliance in this requirement.

* Accordingly, I find the service compliant in Requirement 3(3)(d).

**Not Applicable Findings**

Requirement 3(3)(c)

The Assessment Team found the service did not demonstrate the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised and their dignity preserved. Sampled consumers and representatives advised the service has not raised end-of-life plans with them. The service coordinator confirmed this, noting the service has accepted consumers who were at end of life who were being supported by the local hospital. Staff said they had not provided care for any consumers nearing end of life, and they do not discuss advance care planning with consumers or document their preferences. The service did not demonstrate it has policies and procedures or that staff received training in this requirement

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, such as end of life planning, dependent on the consumers plans and whether the consumer wants to address this area with Council staff. I note that the service has accepted consumers requiring end of life care, but those consumers had specialist hospital support.

I consider that although the service has not provided specialised end of life care to consumers, it has provided care and support services to consumers while they were receiving specialised palliative and end of life care from the hospital. I have considered the issue of the service not offering palliative and end of life planning in Requirement 2(3)(b). I do not consider this requirement is applicable to the service as the service does not actually provide specialised end of life care.

* Accordingly, I find this requirement is not applicable to the care and services delivered.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as compliant/ non-compliant as thee of the seven specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 4(3)(a)

The Assessment Team found the service did not demonstrate that consumers receive safe and effective services and supports for daily living, that meets consumers’ goals and preferences. HCP and CHSP consumers advised the service made them feel safe, provided services and supports that enabled them to remain at home. Management reported that services and supports are discussed with consumers, but this is not recorded in care planning documentation and their goals are not identified. Staff reported they are not provided with a copy of care planning documentation, but management send them an email if there has been change in a consumer’s condition. Staff said they enter information in a diary at the end of each shift that is provided to the service each fortnight. Management confirmed they do not analyse progress notes to identify possible deterioration, critical assessments are not conducted to identify risks to consumers health safety and wellbeing, nor to monitor that services delivered remain safe and effective. Requirement 3(3)(b) and 3(f) included examples of extended delays in a dietary assessment and provision of home modifications to address consumers’ choking and falls risks, that negatively impacted their health, safety and independence.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including improvement of consumer file notes that will be recorded as required to ensure continuity and currency of consumer information. In coming to my finding, I have considered the Assessment Team’s findings, information elsewhere in the Assessment Team’s report, which does not demonstrate the organisation is consistently ensuring that safe and effective services and supports for daily living are provided to consumers.

* Accordingly, I find the service non-compliant in Requirement 4(3)(a).

Requirement 4(3)(d)

The service found the service did not demonstrate that information regarding the consumer’s needs, preferences and condition, is communicated within the organisation and with others who share responsibility for care. Management advised they do not seek information from medical practitioners and consumers’ discharge summaries are not obtained when they leave hospital. They said the hospital contacts the service prior to discharge to confirm services and supports that can be provided, but the information is not recorded. Management reported that they were unaware that they are able to seek this information due to privacy, and consumers are not provided consent to share information forms. Management acknowledged this was an oversight that would be addressed. All staff interviewed advised they are not provided with consumer care plans, and do not know if the consumer has a medical condition that may indicate a potential risk. The Assessment Team found the service agreement for HCP consumers contained a signed declaration of consent to share information with other service providers, medical practitioners and funding bodies. However, the service could not provide evidence that these organisations were contacted, and that information was being documented and shared for the provision of care and services.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, including a new client consent form has been drafted to enable Council to share information with the consumer’s medical professionals and other providers involved in their care to better identify their care needs in partnership with all relevant providers. These will be discussed with consumers and consent established with any objections recorded. A copy of the draft consent form was provided as evidence. The approved provider advised Council will as a priority update care plans and complete reviewed to ensure client needs are met including identification of risk through completion of risk assessments; and client documentation folders containing care plan updates and other relevant documentation will be provided for each consumer and accessible to relevant staff.

* Accordingly, I find the service non-compliant in Requirement 4(3)(d).

Requirement 4(3)(e)

The Assessment Team found the service did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of care and services. While assisting consumers to access medical appointments and arrange occupational therapy assessments, it could not provide evidence that it refers and/or supports consumers to access other appropriate providers of care and services when required. Sampled HCP and CHSP consumers and representatives reported making their own appointments with external providers such as counsellors and allied health professionals. One representative advised that the service did not respond to their request for a quote or information on home modifications recommended by an occupational therapist to reduce their consumer’s falls risk in the shower. This was also considered Requirement 3(3)(b).

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Tea. In coming to my finding, I have considered the Assessment Team’s findings and information elsewhere in the Assessment Team’s report, including extended delays in dietician referral and no consideration of speech pathologist review for a consumer that was exhibiting signs of choking on their food, noted in Requirement 3(3)(b). I acknowledge the approved provider’s response. However, based on the above considerations I am not satisfied that the service makes timely and appropriate referrals to providers of other care and services when required.

I commend the approved provider’s demonstrated commitment to implementing a system to ensure safety, suitability and maintenance of equipment purchased for consumers. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 4(3)(e).

Requirement 4(3)(g)

The Assessment Team found the service did not demonstrate that where equipment purchased through consumers’ CHSP and HCP funding is provided, it is safe, suitable, clean and well maintained. The service does not keep a register or have a system for checking equipment maintenance, safety and suitability, nor does it provide relevant staff training or have systems or policies in place to meet this requirement.

The service advised it was not aware of this requirement and the Assessment Team noted the service commenced proactive action to ensure sufficient equipment oversight and support is provided, including delivering staff training to check equipment and devices. Also, the service coordinator advised the devices provided to consumers such as four- wheel walkers, electric wheelchairs and other mobility equipment, are safe because the service ensures appropriate referral to the general practitioner or occupational therapist.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings, but noted council was under the impression that the service and ongoing maintenance of aids, modifications and equipment was the responsibility of the client and the contractor who supplied the goods. However, the approved provider stated that council will implement an equipment list of supplied aids for each consumer with safety checks and a maintenance schedule and relevant maintenance will be organised with contractors on behalf of the consumer. Also, training will be provided to staff to assist with this process. I commend the approved provider’s demonstrated commitment to implementing a system to ensure safety, suitability and maintenance of equipment purchased for consumers. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 4(3)(a).

**Compliance Findings**

Requirement 4(3)(b)

The Assessment Team found that although the service provides services and supports that promote consumers’ emotional, spiritual and psychological well-being, it recommended the requirement was not met because this information was not documented in care planning documentation, and where supports are provided, they are not recorded. Consumers advised they were sure staff would recognise if they were feeling low or unwell. Staff described the strategies they use to support consumers when they observe they are down, and said they would call the service if concerned, or if a consumer’s health condition was urgent, they would call an ambulance. Requirement 3(3)(d) included an example of the timely and appropriate support the service provided to a consumer living with a mental health condition who reached out for help in a crisis.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings. I have considered the Assessment Team’s findings and information elsewhere in the Assessment Team’s report, and consider that based on consumer feedback and demonstrated staff knowledge, on balance the service has demonstrated it provides services and supports that promote consumers’ emotional, spiritual and psychological well-being, although this could be further improved by documenting incidents and identifying mitigation strategies where support has been provided.

* Accordingly, I find the service compliant in Requirement 4(3)(b).

Requirement 4(3)(c)

The Assessment Team found the service demonstrated consumers are enabled to participate in their communities, do things of interest to them, and maintain social and personal relationships. This was confirmed by sampled consumers and their representatives. The service takes consumers on bus trips in a bus that has lift access to support consumers that would otherwise be unable to participate due to mobility issues. Examples of recent trips include a visit to the fisheries centre, about which one consumer said the trip was fantastic and got them off the couch. A representative said the staff understand their consumer’s world is shrinking as they get older due to progressive cognitive impairment and they know the importance of their coffee chats with the consumer at home.

* Accordingly, I find the service compliant in Requirement 4(3)(c).

Requirement 4(3)(f)

The service does not provide meals. Hence, Requirement 4(3)(f) is not applicable.

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

Findings

This Quality Standard has been assessed as non-compliant as one of the three specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 5(3)(b)

The Assessment Team found the service demonstrated the service environment is safe clean and well maintained and consumers are able to move freely both indoors and outdoors. A staff member said they would notify the Council of any maintenance or safety issue, but they have not had to do so in 5 years.

However, the Assessment Team found there were no fire extinguishers, fire blankets, evacuation map, exit signage or a smoke alarm in the service environment. The service coordinator did not appear to be aware of the issue when it was raised by the Assessment Team, but informed the Assessment Team at the exit meeting they had contacted the Council and that the issue would be rectified within a week.

The service did not have oversight of cleaning records, was unsure who is responsible to do maintenance cleaning, and committed to finding this out from the Council. The Assessment Team found cobwebs over a toilet frame.

There were two locked doors at the back of the building. When this was raised with staff they had not considered if and did not demonstrate an understanding of what constitutes a restrictive practice. There was a step up from carpet to tiles in the bathroom that created a trip hazard for consumers, and the service was unable to explain how this risk was mitigated.

The service advised the Assessment Team it is working with Council to improve compliance with this requirement. In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined actions it has taken to address the issues identified such as Council's centre-based respite facility in Goolgowi has had a fire extinguisher and fire blanket purchased and these will be installed together with signage shortly. A smoke alarm will be placed appropriately. An evacuation plan will be organised and a first aid kit and signage has been installed. Regular cleaning of the facility will be rostered with Council's facility cleaner.

I commend the planned improvements and actions taken by the provider to date. However, I note that the provider has not addressed the lack of fire exit signs or considered the potential of environmental restraint due to locked doors at the centre, identified by the Assessment Team. Further, the lack of appropriately maintained fire safety equipment is a serious breach of consumer safety and regulatory requirements.

* Accordingly, I find the service non-compliant in Requirement (5)(3)(b).

**Compliance Findings**

Requirement 5(3)(a)

The Assessment Team found the service demonstrated the service environment is welcoming and east to understand, and optimises each consumer’s sense of belonging, independence and wellbeing. Sampled consumers and representatives said the environment is welcoming at the Goolgowi old council chambers, where the respite group is held every Wednesday between 10:00am and 12:00pm, and that the environment is close to the local café promoting a sense of community and belonging. The Assessment Team observed building layout resembles an older home, that promotes a sense of belonging as consumers can navigate feely without the use of large signs; and artwork on the walls was observed to provoke discussion between consumers. Historical signs from the town are displayed near the entrance, also fostering a sense of belonging. One consumer noted staff are kind, welcoming and supportive of them taking their small dog to the group at the centre.

* Accordingly, I find the service compliant in Requirement 5(3)(a).

Requirement 5(3)(c)

The Assessment Team found, on balance, the service demonstrated the furniture and equipment are safe, clean and well maintained and suitable for consumers. This was confirmed by sampled consumers and staff at the respite group. Staff advised they organised to have an over toilet frame provided when they moved to the service location, and it has been extremely helpful to consumers. The Assessment Team found the service bus to be in good working condition with a first aid kit and fire extinguisher. However, the Assessment Team noted the bus fire extinguisher was purchased in 2022, and had not been serviced since, and staff confirmed they have not had fire training to understand how to use the device. The service could not provide maintenance log for the respite facility, as this is handled by council.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings. I note the approved provider’s response does not mention remediation of bus fire safety equipment maintenance and training issues. However, as I have considered the service environment’s fire safety equipment, maintenance and training in Requirement 5(3)(b), on balance I consider this requirement to be compliant.

* Accordingly, I find the service compliant in Requirement 5(3)(a).

# 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not Compliant | Not Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as four of the four specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 6(3)(a)

The Assessment Team found the service did not demonstrate consumers, their family and friends, carers and others are encouraged and supported to provide feedback and complaints. Most sampled CHSP and HCP consumers and their representatives said they don’t have complaints, but they would not hesitate to contact the service if they did. The service confirmed all new HCP consumers receive a copy of the Client Agreement that contains information on the process for raising a complaint with the approved provider’s management and how to escalate the complaint if not satisfied with their response. The service also confirmed that on commencement, HCP consumers receive the Home Care Packages Manual for Care Recipients from the Department of Health and Aged Care that references how to lodge complaints about the service with the Commission. The service was unable to provide the Assessment Team with a copy of the CHSP client agreement.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings and outlined planned improvements to address the issues identified, such as updating the HCP service agreement to include appropriate information for complaints, advocacy and interpreter services, and council will implement periodical surveys/questionnaires of consumers and their representatives to elicit more feedback regarding council services. I acknowledge the approved provider’s planned improvements. However, I note there is no mention of the CHSP client agreement, or updates required to ensure consumers, their representatives and families understand the service’s feedback and complaints process. Further, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 6(3)(a).

Requirement 6(3)(b)

The Assessment Team found the service did not demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Sampled HCP and CHSP consumers and representatives said they have not needed to use advocacy or language services, and staff said they had not needed to contact these services to date. The HCP service agreement includes information on complaints and advocacy services. However, the Assessment Team noted errors in the information provided in the service agreement, including an incorrect contact number for the Aged Care Complaints Commissioner, outdated phone numbers and broken internet links for advocacy services, and there was no contact number provided for the translation/interpreter service. The service was unable to provide a copy of the CHSP service agreement. I considered this in Requirement 6(3)(a). Service management advised the Department of Health and Aged Care manual provided to HCP consumers contains the updated contact information. However, this would require consumers to cross reference both documents, and this may cause confusion or be too complicated for some.

In their response to the Assessment Team report the approved provider did not refute the Assessment Team’s findings. Based on the inaccuracies in and lack of information provided to consumers and their representatives about the methods for raising and resolving complaints and accessing advocacy and language services, I am not satisfied the approved provider has demonstrated compliance in this requirement.

* Accordingly, I find the service non-compliant in Requirement 6(3)(b).

Requirement 6(3)(c)

The Assessment Team found the service did not demonstrate appropriate action is taken in response to complaints. However, staff were able to provide examples of when open disclosure was used when things go wrong, when prompted by the Assessment Team. The service does not capture feedback and complaints. While the service provided examples of when it was contacted by consumers about rostering or scheduling issues, there is no documentation of those complaints or consumer contacts, and there was no documentation to show how complaints are resolved.

Service management advised the council’s complaints management policy, prepared in accordance with the Local Government Act (and is not aged care specific), deems a complaint as a request unless it is a second request and there has not been a response to the first.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, but noted Council's definition of a complaint was quite different from the audit definition consistent with the management advice regarding the complaints policy. The approved provider stated council now has a better understanding of the requirements for complaints and these will be recorded and trends analysed. I acknowledge the commitment of the approved provider to align its process for capturing consumer complaints regarding the service with this requirement. However, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 6(3)(c).

Requirement 6(3)(d)

The Assessment Team found the service did not demonstrate feedback and complaints are reviewed to improve the quality of care and services. The service could not provide evidence that this information is considered by senior management when identifying risks to the care of consumers or used to promote safe and inclusive care and services. The service has not conducted surveys or questionnaires to obtain consumer and representative feedback on the quality of care and services delivered.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team and outlined planned improvements to address the issues identified such as implementing periodical surveys/questionnaires of consumers and their representatives to elicit more feedback regarding Council services. Based on the evidence provided I am satisfied the service has obtained, recorded and reviewed consumer and representative feedback through either formal or informal means to inform quality improvement of its care and services. Further, I consider it will take time for the improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 6(3)(d).

# 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as three of the five specific requirements are non-compliant for the service.

**Findings of non-compliance**

Requirement 7(3)(c)

The Assessment Team found the service did not demonstrate the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Job documentation showed that staff are required to have a minimum of (or be currently undertaking) a Certificate III in Aged Care or equivalent. However, the employee records provided by the service confirmed two out of seven staff have the required qualification on their file, while the other staff files sampled state not applicable. A current first aid, CPR certificate is not state as a requirement in job descriptions. The service coordinator said there was no training policy or register to monitor training completions, and they did not know which courses were mandatory or the training (matrix) requirements for each staff level.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including a new phased induction training plan provided in in evidence, that contained an extensive suite of courses to be completed by care and support workers to meet identified capability requirements over the first 6 months of employment, and ongoing training programs. I acknowledge the finding of the Assessment Team regarding staff records that showed gaps in required qualifications for some staff, in particular the Certificate III in Aged Care. I acknowledge the approved provider’s commitment to providing a comprehensive training program for staff evidenced by the new training plan. However, I note the approved provider did not mention in its response the implementation of a training register /system to track training completions and remediate non-completions, which is an essential part of tracking development and maintenance of staff competence. Further, I consider it will take time for the improvements proposed by the approved provider to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 7(3)(c).

Requirement 7(3)(d)

The Assessment Team found the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. One sampled consumer advised staff are only taught how to clean and that they say they are not supported. The service coordinator advised there is no training policy that specifies which courses should be completed by each staff member. The coordinator also said they felt Serious Incident Reporting Scheme (SIRS) training was compulsory for all staff. The Assessment Team was only able to verify one staff member who had completed SIRS training because their completion certificate had been downloaded. The service was not able to provide evidence regarding staff completion of cultural training as noted in Requirement 1(3)(b). The service’s Elder Abuse policy was dated 2021 with no visible reviews or updates. The coordinator said the service is investigating online learning packages to be included in a monitoring compliance framework that is being drafted.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including an assessment of the service and the training required to deliver the outcomes of the Aged Care Standards will be undertaken and recommendations made; a complete review of staff training and skills will be identified, and an initial draft training plan has been completed. I commend the approved provider’s planned improvements to ensure staff are supported to deliver safe and effective services to consumers. However, I note that an important element of effective training is to ensure content is up to date with current legislation, and to ensure staff are equipped with current policies and procedures they can refer to as they apply what they have learned into practice in the field. The service’s elder abuse policy has not been updated since 2021, and it would therefore not include how it relates to the changes brought about by the extension of SIRS to home care and flexible care providers on 1 December 2022. Further, I consider it will take time for the improvements proposed by the approved provider to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 7(3)(d).

Requirement 7(3)(e)

The Assessment Team found the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. Staff interviewed said they had not received any supervision or performance appraisals. Staff also said regular staff meetings are not conducted. The service was unable to locate the service’s performance appraisal policy when requested by the Assessment Team. The service coordinator confirmed the service is not monitoring or reviewing the performance of staff resulting in staff members not being able to demonstrate their practice. Management advised the lack of complaints and feedback shows the good practice of staff, and this is used to inform the development of staff.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including that staff performance reviews and their implementation are under critical assessment by the general manager and human resources team. After considering the findings in the Assessment Team report and the approved provider’s response, I place more weight on the evidence demonstrating the lack of a staff performance monitoring and review system, process and practices to ensure safe quality care and services are provided to consumers. I acknowledge the approved provider’s plan to address this gap in workforce management. However, I consider it will take time for the proposed improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 7(3)(e).

**Compliance Findings**

Requirement 7(3)(a)

The Assessment Team found the service did not demonstrate the workforce is planned and the number and mix of members of the workforce are deployed to enable the delivery and management of safe and quality care and services. Consumers said there is no specific time given as to when staff will arrive to provide their service on their scheduled day. One consumer said they show up anytime between 10:30am and 2:00pm, and another consumer said the service time often changes. The service coordinator said there were no unfilled shifts in the past month. Staff rosters showed they are completed weekly, emailed to staff with 2 days’ notice and printed for consumers. The current coordinator holds multiple roles including rostering, case management, workforce planning, workforce supervision and support work. The coordinator advised the service is currently investigating internal secondment for when they have leave in June 2024.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including a review of workforce planning will be conducted, a complete review of staff training and skills will be identified; and the departure of the service coordinator has been noted and will be discussed with management to determine a resolution plan. I acknowledge the findings of the Assessment Team and in particular the negative impact on consumer wellbeing resulting from uncertainty about support worker arrival times that may require improved workforce planning. However, on balance there is not sufficient evidence to conclude there is an insufficient size and mix of workforce to deliver effective care and services. There was no evidence of a significant number of unfilled shifts. Further, there is evidence that the service engaged in forward planning to fill the coordinator’s role through internal secondment, 3 months in advance of their planned leave.

* Accordingly, I find the service compliant in Requirement 7(3)(a).

Requirement 7(3)(b)

The Assessment Team found the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Sampled consumers confirmed this, and the Assessment Team observed staff having respectful and caring interactions with consumers. The Assessment Team observed respectful and kind interactions in the social support group and with two consumers who attended the office, and observed email reminders to staff regarding upcoming consumer birthdays.

* Accordingly, I find the service compliant in Requirement 7(3)(b).

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant | Not Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | 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 | 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 | Not Applicable |

Findings

This Quality Standard has been assessed as non-compliant as four of the five specific requirements are non-compliant for the service, and Requirement 8(3)(e) is not applicable.

**Findings of non-compliance**

Requirement 8(3)(a)

The Assessment Team found the service did not demonstrate that consumers are supported to engage in the development, delivery and evaluation of care and services. The Assessment Team found HCP and CHSP consumers and representatives are not provided with surveys or questionnaires to provide feedback on the quality of services and supports delivered. The service is not legally required to have a consumer advisory committee. However, it does not provide any opportunities where consumers are engaged in the delivery of care and services. Requirement 6(3)(a) noted that HCP consumers are provided with a client agreement that contains information on the feedback and complaint process, on commencement. However, CHSP consumers do not receive a client agreement.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including that the council will implement periodical consumer and representative surveys/questionnaires to elicit more feedback on Council services, Council has made a first draft of its HCP Service Agreement and will implement a new CHSP agreement shortly. I acknowledge the approved provider’s commitment to increasing engagement and consultation with consumers and representatives to increase their input to the development, delivery and evaluation of care and services. However, based on the evidence provided, on balance, I am not satisfied that the approved provider has made any significant attempts to date to obtain consumer feedback and input to service development and delivery. Further, I consider it will take time for the improvements proposed by the approved provider to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 8(3)(a).

Requirement 8(3)(b)

The Assessment Team found the service did not demonstrate that its governing body promotes and is accountable for the delivery of a culture of safe, inclusive and quality care and services. Directors are employees of the council and abide by the terms and conditions of their employment. The council’s general manager receives information on the service through regular meetings with the director. Management advised that the meetings are used to discuss financial aspects of the service, consumer numbers and types of supports utilised. Reports to council showed there is no discussion on consumer incidents, risks or complaints. The organisation acknowledged it is currently developing strategies to capture and report on this information to the governing body/executive to inform continuous improvement and improve their accountability for the delivery of safe and quality aged care services.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, but noted the Council and all staff are governed by the NSt4/ Local Government Act 1993. Councillors are involved in the policy direction of Council and the overall financial position. The General Manager is responsible for the day-to-day operations of Council which includes Aged Care Services. Council staff are only able to discuss incidents, risks or complaints through the General Manager as they are operational matters. The approved provider advised written reports to the General Manager will be implemented covering these issues together with recommendations for continuous improvement.

Based on the evidence provided, I am not satisfied that currently the governing body/executive is informed of or accountable for ensuring effective management of high impact high prevalence risks to consumers of the service. I acknowledge the approved provider’s commitment to improving information flow to and accountability of the governing body/executive to ensure it influences and oversees the effective management of risk to and safety of the service’s consumers. However, I consider it will take time for the improvements proposed by the approved provider to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 8(3)(b).

Requirement 8(3)(c)

The Assessment Team found the service did not demonstrate effective organisation wide governance systems in the areas of information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints

The Assessment Team found the service has multiple information systems for recording and storing consumer information, that are electronic and paper based. It is currently transitioning to a new electronic consumer management system. However, the service did not demonstrate incidents are identified and recorded on the service’s risk management system, and there was no evidence provided to show that the governing body receives information on consumer incidents and risk to ensure its input to and oversight of mitigation strategies. This was considered in Requirement 8(3)(d).

The service did not demonstrate it records and responds to trends and reports on consumer and representative feedback and complaints, and does not collect information on complaints, feedback and incidents to inform strategies for continuous improvement. The council executive does not request this information from the service. The service’s continuous improvement plan contains 4 areas for improvement, including transfer of consumer data to the new electronic consumer management system, review and updating of the HCP client agreement, developing a brochure to promote outings and purchasing software to replace manual spreadsheets. I note that that these areas for improvement do not appear to have been influenced by or to focus on encouraging and obtaining consumer input.

The service’s financial governance includes a complete annual audit of council finances by the NSW Audit Office, and a separate internal service audit that reviews internal controls such as debits and fee structure.

In relation to workforce governance, the Assessment Team found the service has a documented organisational chart and position descriptions that are supplied to staff when the apply for their position. Staff must sign a Code of Conduct prior to commencement. However, I note that regular monitoring and review of staff performance does not occur, and the service does not track staff raining completions or have a mandatory training program for staff or system and process develop, maintain and monitor staff competence in key areas to ensure the delivery of safe and effective care and services. This was considered in Requirements 7(3)(c) and 7(3)(e).

The service advised it obtains information from the Aged Care Quality and Safety Commission and the Department of Health to maintain its regulatory compliance. However, the Assessment Team found the consumer agreement contained out of date information on the Aged Care Quality Standards.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including complaints management and continuous improvement will be reviewed and improved, periodical surveys/questionnaires of consumers and their representatives to elicit more feedback on council services will be implemented, and council will update its documentation for the new SIRS requirements and organise staff training. I acknowledge the approved provider’s commitment to taking action to return to compliance in this requirement. However, based on the evidence provided, I am satisfied that currently the service does not have effective organisation wide governance systems, and I consider it will take time for the improvements proposed by the approved provider to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 8(3)(c).

Requirement 8(3)(d)

The Assessment Team found the service did not demonstrate effective risk management systems and practices. The service could not demonstrate high impact high prevalences risks were identified. The service conducts a work health and safety home risk assessment for all CHSP and HCP consumers. However, risk governance was not demonstrated at the operational management or executive levels. The service could not demonstrate that incidents are identified and logged into the organisation’s risk management system. The service coordinator advised the service does not conduct risk assessments, does not have high risk consumers, nor plans for managing consumers at risk of dehydration and malnutrition, choking, pain and medication. This was considered in Requirement 3(3)(b). However, the Assessment Team found the service does have consumers with dysphasia an at high risk of falls and has not put mitigation strategies in place to manage their risks.

The Assessment Team found the service has an elder abuse policy, but demonstrated the policy is not being followed. The service advised the Assessment Team of concerns that one consumer was possibly being abused by a person outside of the service as they had disclosed this to a staff member. The consumer’s care planning documentation did not contain information regarding the concerns of abuse and the information was not escalated to senior management for further advice and investigation to minimise the risk to the consumer.

In their response to the Assessment Team report the approved provider did not refute the overall findings of the Assessment Team, and outlined planned improvements to address the issues identified, including the implementation of a risk register at the service; council will update its documentation for the new SIRS requirements and organise staff training, and will further investigate the matter raised in relation to the potential abuse of the consumer. In coming to my finding, I have considered the Assessment Team’s findings, information elsewhere in the Assessment Team report and the approved provider’s response, which does not demonstrate the service has effective risk management systems and processes in place to assess, recognise, identify, record, communicate, analyse, trend and mitigate risks to its consumers at the operational or strategic level. I acknowledge the approved provider’s commitment to remedy its non-compliance with this requirement. However, I consider it will take time for the proposed improvements to be embedded and sustained in practice.

* Accordingly, I find the service non-compliant in Requirement 8(3)(d).

Requirement 8(3)(e)

This requirement is not applicable as the service does not provide clinical care.

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)