**Performance**

**Report**

**1800 951 822**

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| Name of service: | CatholicCare Canberra & Goulburn - CHSP |
| Service address: | Tenison Woods House, 57 MacArthur Avenue O'CONNOR ACT 2602 |
| Commission ID: | 200977 |
| Home Service Provider: | Roman Catholic Church for the Archdiocese of Canberra and Goulburn as trustees for CatholicCare |
| Activity type: | Quality Audit |
| Activity date: | 13 January 2023 to 18 January 2023 |
| Performance report date: | 13 March 2023 |

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

**This performance report**

This performance report for CatholicCare Canberra & Goulburn - CHSP (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 26680, Tenison Woods House, 57 MacArthur Avenue, O'CONNOR ACT 2602
* Community and Home Support, 24802, Tenison Woods House, 57 MacArthur Avenue, O'CONNOR ACT 2602

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 February 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

**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.

**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.

**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.

**Requirement 3(3)(a)** - Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

**Requirement 3(3)(b)** - Effective management of high impact or high prevalence risks associated with the care of each consumer.

**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.

**Requirement 6(3)(c)** - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

**Requirement 8(3)(c)** - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

**Requirement 8(3)(d)** - Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

# Standard 1

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Consumers confirmed the support worker, coordinators, management understand consumer’s backgrounds, preferences and what is important to them, what makes them feel respected, valued and culturally safe. Respecting consumer privacy and their personal information is kept confidential. Consumers said the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. They outlined how staff assist them to understand the range of supports and services available and make choices about these. All staff interviewed described ways they interact with consumers sensitively and how they understood the consumers cultural backgrounds. Documentation reviewed supported the sentiments expressed by consumers and statements by staff.

Consumers said the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. They outlined how staff assist them to understand the range of supports and services available and make choices about these. Staff and management confirmed all consumers and/or representatives are provided with an information pack and a copy of the Charter of Aged Care Rights. They explain to consumers they have the right to call and change their preferences whenever they want. Where consumers choose to involve others, they are involved to the level requested by the consumer.

Consumers confirmed that the service supports them to live their best life and encourages them to keep independent and active and will refer them to other services to support them when needed. Coordination staff discussed how the service identifies any potential individual risks to consumers and discusses with them how to minimise harm. They described the importance of supporting consumers in their choices and described how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported.

However, the Assessment Team found that the service does not have an aged care specific care planning policy or procedure and triggers for reassessment were not identified in any documentation by the Assessment Team. The Assessment Team noted care planning and shift plans are not consistent and are not updated with support measures and individual risks to consumer information. On balance I do not concur with the Assessment team’s findings on these matters, as I consider, on balance, that such matters were generally in place.

Despite this, in its response the approved provider submitted its PCI which set out the measures it would implement. I acknowledge the focus on continuous improvement shown by the approved provider.

# Standard 2

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Compliant Requirements

Most consumers and/or representatives interviewed said they have received a copy of their care plan from the service. Two out of three support workers interviewed said they can access their shift plan on their mobile device at the point of care. One support worker said sometimes shift plans are not available when there is a domestic assistance shift, however they talk to the consumer and/or their family to get direction.

Although concerns were identified in relation to the content of care plans, I have considered this under other requirements in this Standard.

Despite this, in its response the approved provider submitted its PCI which set out the measures it would implement. I acknowledge the focus on continuous improvement shown by the approved provider.

In relation to Non-Compliance of Requirement 2(3)(a)

All consumers and/or representatives said the services they receive help them to be independent and remain living in their own homes. Most consumers and/or representatives said the services and supports meet their current needs.

All support workers could describe the services they provide to consumers and could describe individual risks to their wellbeing and strategies they put in place to mitigate these risks. For example, a support worker said many of the consumers are at risk of falls and he always ensures the consumer has their mobility aid nearby and encourages them to use it. He said he ensures floors are immediately dried with a towel to remove any slip hazards in the bathroom. Coordinators and management said they communicate with the consumer and their family regularly and a risk profile is completed for each consumer which guides them in the delivery of safe and effective care and services. However, a review of care planning documentation for seven consumers found 4 out of 7 CHSP consumers did not have risk profiles completed. While shifts plans sighted by the Assessment Team found that most identified risks to the consumer for example, there were not any mitigating strategies identified in the shift plan to guide support workers.

In its response to this and other non-compliant requirements in Standard 2 the approved provider acknowledged that improvements were required in conducting and recording risk assessments to inform service delivery. It submitted its PCI which set out the measures it would implement to address the issues identified. It noted that it did have a risk assessment tool at the time of the Quality Audit and provided a copy of same. I accept this, but find that risk profiles were not always being completed or mitigating strategies identified to guide support workers.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

In relation to Non-Compliance of Requirement 2(3)(b)

Shift Plans are not consistently provided to support workers, and some risks, goals and preferences are not available to shift workers at the point of care. Advance Care Planning is not discussed with consumers as part of initial assessment. One consumer was recorded as stating they had been requesting domestic assistance services and has asked the service multiple times and they do nothing about it. This information was not disputed by the approved provider.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

In relation to Non-Compliance of Requirement 2(3)(e)

Care and services are not being reviewed regularly for effectiveness and when there are changes in the needs of consumers. Coordinators said reviews of care and services are conducted yearly and when there has been a change in the condition of the consumer, such as discharge from hospital or a fall. Most consumers said if their circumstances changed, they would call the service and talk to their coordinator. Most consumers said the service would work with them to get the best outcome. However management was unsure if there were any outstanding reviews at the time of the Quality Audit.

The service does not have an aged care specific care planning policy or procedure and triggers for reassessment were not identified in any documentation by the Assessment Team.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

The approved provider’s strong engagement with the issues identified in this Standard and other Standards is acknowledged and is evidenced in its PCI. While the improvements in relation to all non-compliant requirements is noted, the approved provider requires time to show these improvements are embedded and can be sustained.

# Standard 3

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Compliant Requirements

Management said consumers requiring end of life care are referred to external organisations through the brokered nursing services.

All consumers and/or representatives interviewed said staff would know if there was a change in their condition. All support workers could describe what they would do if they recognised a change in the consumer’s condition. Coordinators provided evidence of communication with consumer families when consumers were admitted to hospital and the discussions held regarding the requirement for increased services when the consumer returns home.

Consumers and/or representatives interviewed said all support workers wear masks and gloves and have observed support workers practicing hand hygiene when in their homes. Support workers said they have access to personal protective equipment (PPE) and RAT tests and when their stocks run low, they can access more PPE through their local office or the coordinator will send it to them. The Assessment Team sighted the services business continuity plan which includes a COVID safety plan and evidence of COVID vaccinations for all staff was sighted. The infection control policy provides information on how infection is transmitted and guidance for staff on minimising infections. This included personal hygiene, cleaning and waste disposal.

The organisation has a number of existing relationships and MOU’s facilitating collaboration and warm referral arrangements with a number of varied organisations. Management described the process for staff when making appropriate referrals for specialists, and how the service ensures referrals are made in a timely manner.

In relation to Non-Compliance of Requirement 3(3)(a)

Overall, consumers who receive personal care are satisfied with the care and said they get care that is safe and effective. Consumers and/or representatives said consumers receive personal care mostly from the same support workers. Management said support workers are employed based on their qualifications and experience. The service employs support workers who have a minimum Certificate III or a person who is working towards their Certificate III with experience. Management said they ensure all support workers are provided with buddy shifts until they feel confident in their roles. Support workers said they feel supported by management and are provided with the training they need to carry out care and services safely.

However, while most shift plans sighted by the Assessment Team were detailed, formal risk assessments are not undertaken for many consumers, indicating that not all shift plans include all risks to consumers. In addition, support workers are not required to write shift notes on a regular basis (see requirement 3(3)(e) which limits the ability to evidence safe and effective delivery of care. The service does not have any policies on falls management, behaviour support and wound care to guide staff in best practice.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

In relation to Non-Compliance of Requirement 3(3)(b)

High impact or high prevalence risks associated with the care of each consumer is not documented and mitigation strategies are not included in care planning documentation.

The service has an appropriate incident management system which was demonstrated to the Assessment Team. Incidents are logged by staff through a form that is accessed via a QR code. Once the incident is submitted, it is sent to the Director of the relevant program for action and investigation. Management said trends are identified at the program level and if there are any reportable incidents, they are tabled at the next board meeting for discussion and action. Management said behaviour management was identified as a recurring incident in 2022 and training was rolled out to all staff at the service as a result. The Assessment Team sighted the services Incident Management Policy and Procedure which included roles and responsibilities.

However, I do not consider this demonstrates pro-active monitoring of risks and adjustments to practice in relation to risk, particularly potential risks. I note that the provider submitted information evidencing that a number of staff attended dementia specific training.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

In relation to Non-Compliance of Requirement 3(3)(e)

All support workers said their main source of information regarding consumers is through the individual shift plans. The shift plan is available to support workers at the point of care through their mobile application. Support workers said if they need more information, they talk to the coordinator and/or the consumer. Coordinators said information contained in the individual shift plan is derived from assessments completed by the ACAT and care planning discussions with the consumer. Most support workers said they do not write shift notes and said the mobile application does not have the capability to write notes. They said if there is a change in the condition of the consumer, they will call the coordinator and/or send them an email.

In its response the approved provider submitted its Continuous Improvement Plan (PCI) which set out the measures it would implement to address the issues identified.

While the improvements in relation to all non-compliant requirements is noted, the approved provider requires time to show these improvements are embedded and can be sustained.

# Standard 4

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

All consumers and/or representatives interviewed reported that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Support workers and coordinators interviewed could describe individual consumer needs, goals and preferences. For example, a support worker said they regularly take a consumer for a walk to the park as that is the consumer’s preference and it is good for their mobility and strength. Most care plans sighted captured goals and preferences.

All consumers and/or representatives interviewed said staff would recognise if they were feeling low and would provide support to them if needed. One consumer said they had developed a great relationship with their regular support worker and they always asks her about their day and the support worker will ‘prep her up’ if they is feeling low. A support worker said they recognises if a consumer is feeling low because they work hard on slowly building up rapport with consumers.

All consumers and/or representatives interviewed said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships.

The Assessment Team sighted evidence of communication between the coordinators and allied health professionals, however found that follow up of outstanding assessments appeared to be ad hoc and referrals were being delayed as a result. I do not share this view and find that communication was generally effective. Improvements in care planning will assist stronger communication.

# Standard 5

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

The service is providing an environment that is welcoming and ensures the environment is inclusive and encourages interaction with others, and ensures the environment is safe, clean and maintained.

All consumers and/or representatives said they always feel welcomed when they attend the service. Consumers said the community rooms are fit for purpose and light and airy. The Assessment Team observed consumers entering the service and being welcomed warmly by name by the staff. The service area was fully accessible with clear signage for entry and exits and ramps leading up to the front door. The two rooms primarily used by consumers for the weekly art class were clean and fully accessible. Consumers were observed to be interacting with staff and their peers happily. The service has an accessible bathroom in close proximity to the rooms.

Management provided the Assessment Team with copies of the monthly Work Health and Safety reports which identified any issues within the building. Furniture, fittings and equipment within the service environment appeared clean, well maintained and suitable for consumers to use.

# Standard 6

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Compliant Requirements

The Assessment Team found the complaints flowchart to be confusing for consumers to understand as it showed who to contact if consumers wanted to raise a minor concern, severe concern and major concern. In response to the Assessment Team’s feedback, management agreed and advised the service will update their client information packs. However, based on consumer and representative feedback and review of documentation I am satisfied that consumers and representatives are encouraged and supported to provide feedback and make complaints. The approved provider has implemented the required improvements.

The Assessment Team found the organisation’s complaints policies and procedures do not guide staff and third-party providers with complaints and feedback mechanisms and did not include contact information for the Commission. The approved provider submitted information which satisfies me that those matters were in place at the time of the Quality Audit. The approved provider has implemented the required, minor improvements.

The Assessment Team reviewed the Complaints and feedback register which showed that since June 2022, one compliment and complaint was recorded. It did not identify evidence which showed improvements have been made in response to feedback or complaints. The approved provider submitted information which indicated that, prior to the Quality Audit, a register was in place which recorded and tracked improvements as a result of complaints of feedback.

On balance I am satisfied that feedback and complaints are reviewed and used to improve the quality of care and services. However the approved provider needs to improve the recording of information on its complaints register to ensure a full account is available to inform improvements. In its PCI the approved provider identified improvements in relation to these matters.

In relation to Non-Compliance of Requirement 6(3)(c)

The service was unable to provide an example or demonstrate appropriate action is taken in response to a complaint. Management interviewed demonstrated some awareness of open disclosure and advised the service is developing client feedback framework to support the workforce to be clear on how complaints and feedback is received and acted upon appropriately. Review of the complaint register showed complaints are not promptly responded to, that consumers are not informed of the outcomes or that the complaint status is closed.

In its response the approved provider submitted its Continuous Improvement Plan (PCI) which set out the measures it would implement to address the issues identified.

The improvements in relation to all the non-compliant requirement is noted, and appear to address the issues identified, however the approved provider requires time to show these improvements are embedded and can be sustained.

# Standard 7

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

Most consumers interviewed provided positive feedback regarding support workers and management. They advised they are satisfied with the knowledge and skills of all staff.

Some consumers and representatives have provided feedback to the service regarding inconsistent staffing and irregularities in service provision however management advised there is a set staffing establishment and staffing profile for each consumer and advised the service has identified a service gap with support workers in remote locations. Management said the service is targeting recruitment in regional areas to meet growing demand for services as a planned action on the continuous improvement plan. Management interviewed advised the program managers and scheduling workers review staff rosters and utilisation regularly to identify potential service gaps, capacity and skills of the workforce. Support workers interviewed confirmed they feel like there is enough time to complete work effectively to deliver safe quality care and services.

Management advised recruitment processes, including interview questions, focus on alignment with Mission and Values, not just as well as skills and knowledge. Management said the service’s Annual Satisfaction Survey asks a question specifically about whether an individual’s cultural needs are being met. The Assessment team sighted evidence in staff training information related to professional courtesy and respectful approach.

Personnel records were sighted by the Assessment Team and they included role descriptions, evidence of qualifications, police checks, on the job training evidence, induction documentation, etc. review of staff raining records showed evidence that staff have completed a number of training courses.

The Assessment Team sighted the service’s training matrix which showed individualised mandatory training for each staff member recruited. The service showed evidence how they monitor completion of each staff members required training and how they monitor staff who have not.

Management advised the service monitors and reviews the performance of each member of the workforce regularly and when needed in various ways. This was verified by the Assessment Team.

# Standard 8

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

Findings

I have relied on the Assessment Team’s evidence and the approved provider’s response in making my findings on compliance as outlined in the table above. A summary of this evidence is outlined below.

In relation to Compliant Requirements

Consumers interviewed said they did feel they can provide ongoing input into how care and services are delivered. Staff said they feel the service is well run and management staff are reactive to consumer and representative requests and implement any changes quickly. Management advised the service conducted Annual Satisfaction Surveys. The Assessment Team sighted the ‘Summary of the Planning Days, Strategic feedback for future planning” meeting minutes and provided the board for review.

The Assessment Team sighted evidence which showed aged care services being promoted by the board as culture of safe, inclusive, and quality care of services. It identified issues with management of high impact and high prevalence risks and oversight of contractors, however I have considered that information under other requirements of this Standard.

In relation to Non-Compliance of Requirement 8(3)(c)

No issues were identified in relation to continuous improvement, Financial Governance, Workforce Governance and Regulatory Compliance.

However, in relation to Information Management, staff were not receiving current and up to date consumer Shift plans. The Assessment Team noted some shift plans were not available, as identified in relation to Standard 2.

In relation to Feedback and Complaints, processes are in place to address feedback and complaints however issues were identified in relation to addressing complaints, as identified in relation to Standard 6.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

In relation to Non-Compliance of Requirement 8(3)(d)

Management advised upon entry to the service a consumer risk profile may be completed with the participant and/or representative and support plans developed to mitigate those identified risks and as a result support individuals to live a full life. However, the Assessment Team analysed evidence which showed the service is not updating shift plans with current information or completing risk assessments.

The Assessment Team sighted analysed evidence which showed high impact or high prevalence risks associated with the care of each consumer was not documented or contained mitigation strategies for consumers sampled. care planning documentation was noted to be missing and not reviewed regularly. The service has an appropriate incident management system, however, I do not consider this demonstrates pro-active monitoring of risks and adjustments to practice in relation to risk, particularly potential risks.

Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting the support staff who understand them and know of their needs. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports.

In its response the approved provider submitted its PCI which set out the measures it would implement to address the issues identified.

The improvements in relation to all these non-compliant requirements are noted, and appear to address the issues identified, however the approved provider requires time to show these improvements are embedded and can be sustained.

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