**Performance**

**Report**

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| Name: | Chester Hill Neighbourhood Centre Inc |
| Commission ID: | 200440 |
| Address: | 89-91 Waldron Road, CHESTER HILL, New South Wales, 2162 |
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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: 6946 Chester Hill Neighbourhood Centre Inc  
Service: 26472 CHNC Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7816 Chester Hill Neighbourhood Centre Inc  
Service: 24198 Chester Hill Neighbourhood Centre Inc - Community and Home Support

**This performance report**

This performance report for Chester Hill Neighbourhood Centre Inc (**the service**) has been prepared by T Wurf, 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 7 June 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 applicable** |
| **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 applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **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) – ensure consumers are supported to take risks to enable them to live their best lives.
* Requirement 2(3)(a) – ensure assessment and planning processes include the use of validated assessment tools and consider risks to consumers’ health and well-being.
* Requirement 2(3)(b) – ensure assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including in relation to subcontracted services, end of life planning and advanced care planning.
* Requirement 2(3)(c) – ensure other organisations, such as subcontracted service providers and medical officers, are involved in assessment, planning and review of consumers’ care and services.
* Requirement 2(3)(d):
  + implement and embed the new electronic care management system, and
  + ensure the outcomes of assessment and planning processes are communicated and documented in a care plan that is available to the consumer and staff and others providing care and services.
* Requirement 2(3)(e) – embed a structured and planned process to regularly review consumers’ care and services, including following a change in a consumer’s condition or when an incident occurs.
* Requirement 3(3)(a) – ensure consumers’ personal and clinical care is documented, safe and effective, including when care is delivered by a subcontracted service provider.
* Requirement 3(3)(b) – implement a process to identify and manage high impact and high prevalence risks to consumers.
* Requirement 3(3)(c) – implement a process to ensure the needs, goals and preferences of consumers nearing end of life are recognised and addressed.
* Requirement 3(3)(d) – ensure the service’s processes enable deterioration or change in a consumer’s function, capacity or health to be recognised and responded to in a timely manner.
* Requirement 3(3)(e):
  + implement and embed the new electronic care management system, and
  + ensure information about consumers is documented and communicated in a systematic and consistent way with staff and others involved in the care of consumers.
* Requirement 3(3)(g) – implement systems and processes to minimise infection-related risks, including risks related to infectious diseases and antibiotic resistance.
* Requirement 4(3)(d):
  + implement and embed the new electronic care management system, and
  + ensure information about consumers is documented and communicated in a systematic and consistent way with staff and others involved in care and service delivery to consumers.
* Requirement 4(3)(g) – implement and embed a system to record and monitor equipment purchased and used by consumers through their home care package to ensure it is safe, suitable, clean and well maintained.
* Requirement 6(3)(b) – ensure consumers are informed about and supported to access, advocates, language and translation services, and other methods for raising complaints.
* Requirement 6(3)(d) - ensure feedback and complaints are analysed, monitored and used to improve the quality of care and services.
* Requirement 7(3)(a) – implement a system to plan the workforce to ensure a sufficient number and mix of staff are available to deliver and manage safe and quality care and services.
* Requirement 7(3)(c) – implement processes to ensure staff and subcontracted service providers have the required qualifications, knowledge and competence to effectively perform their roles.
* Requirement 7(3)(d) – provide training to staff and volunteers relevant to their roles and to support them to deliver care and services and outcomes required by the Quality Standards.
* Requirement 7(3)(e) – implement processes to assess, monitor and review the performance of staff, volunteers and subcontracted service providers.
* Requirement 8(3)(a) – actively engage consumers in the development, delivery and evaluation of care and services.
* Requirement 8(3)(b):
  + Ensure the governing body provides effective stewardship in returning the service to full compliance with the Quality Standards.
  + Establish processes to ensure the Board is accountable for safe, inclusive and quality care and services.
* Requirement 8(3)(c) - embed effective organisation-wide governance system relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Requirement 8(3)(d) – implement and embed effective risk management systems and practices.
* Requirement 8(3)(e) – ensure the clinical governance framework is:
  + understood and implemented by the organisation’s governing board and management to ensure quality and safety of clinical care for consumers, and
  + effective, including in areas related to (but not limited to) the non-compliance in Standards 2 and 3, antimicrobial stewardship and restrictive practices.

# Other relevant matters:

Chester Hill Neighbourhood Centre Inc is a not-for-profit organisation located in Chester Hill, New South Wales. The organisation provides Home Care Packages (HCP) across all levels of package, and social support services under the Commonwealth Home Support Programme (CHSP).

The organisation provides group social support and lunch each Wednesday in a centre-based environment (a hall in another premises in Chester Hill). An outing program also occurs on a regular basis.

The organisation subcontracts clinical and allied health services to other organisations that provide direct clinical care to the service’s HCP consumers.

The Quality Audit assessed the service against the Aged Care Quality Standards. Standard 3 and requirements 4(3)(g) and 8(3)(e) do not apply to the organisation’s CHSP services. Standard 5 and requirement 4(3)(f) do not apply to the organisation’s HCP services.

# Standard 1

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

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirement 1(3)(d) is non-compliant. Non-compliance is based on:

* + The service did not identify and discuss risks with consumers to support consumers with risks they may choose to take.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 1(3)(d) – non-compliant*

The Quality Audit Report found that although the service had policies to support consumers to take risks, this was not occurring and there was no process to identify, document and manage risks to consumers. Management and staff broadly described a process to identify, document and manage risks to consumers, however, could not identify examples where consumers had been supported to take risks and were unaware of how to support consumers to take risks.

The provider’s response to the Quality Audit Report acknowledged these findings and included examples of new forms, processes and staff training to identify and support consumers to take risks in areas that were important to them. For example:

* + A new intake and assessment form identifies health and social risks to consumers.
  + A consumer choice risk assessment form to be completed when risks are identified to support the discussion about risk and options to minimise and monitor risk.
  + A consumer risk management plan identifies potential risks for the consumer cohort and includes details on managing risks.
  + Scheduled staff training on risk documentation and supporting consumers to take risks.

The actions will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 1(3)(e) - compliant*

The Quality Audit Report found this requirement was not met and identified several areas in which information was not provided to consumers. These areas also been addressed under other requirements. For example:

* + Consumers had not been provided with a copy of their care plan (addressed under requirement 2(3)(d)).
  + Consumers had not been provided with information about language and translation services, advocates, and external mechanisms to raise complaints (addressed under requirement 6(3)(b)).

Other information in Quality Audit Report included positive feedback from consumers about the information they receive from the service and said the service provided and discussed a variety of information with them upon commencement of services. Information included a consumer handbook, information about services, a copy of the charter of aged care rights, contact information for the service and information about fees and charges. Those consumers attending centre-based activities and outings said they receive regular information. HCP consumers said they received an agreement and monthly financial statements.

Where required, consumers from a culturally and linguistically diverse background are supported by family members or staff who speaks their language to understand information provided by the service. Where consumers have cognitive or communication impairments, family are involved.

In coming to my decision about compliance, I have placed weight on the positive feedback from consumers about their experience with information provided by the service and am satisfied that areas in which the Assessment Team found information was not provided to consumers are more appropriately addressed under other requirements in this report.

Therefore, I have decided this requirement is compliant.

*Requirements 1(3)(a), 1(3)(b), 1(3)(c) and 1(3)(f) - compliant*

Consumers and representatives said staff treat them with dignity and respect when delivering services and communicating with them in-person and over the telephone. Staff knew consumers well and spoke about them respectfully. Organisational documents such as policies and procedures, the client information pack, and staff job descriptions reflect the values of respect and inclusion.

Consumers said staff know their identity, culture and background, and the things that are important to them, which makes them feel valued. Consumers from various cultural backgrounds said they did not have specific cultural needs, however, felt confident if they did these would be met. Staff described how services can be tailored to meet a consumer’s individual preferences relating to their culture. Two staff who deliver social support advised they are matched with consumers that speak the same languages as them (Vietnamese and Arabic).

Consumers described how they can make decisions about the way their services are delivered and who should be involved in decisions and their care. They spoke positively about the opportunities to make connections with others and develop new relationships, particularly through social support groups and outings.

Consumer documentation was individualised and contained information about consumers’ background, culture and life stories, relationships of importance, preferences and identified those consumers who are matched with specific staff based on the language spoken.

The service has policies related to privacy and confidentiality. Consumers felt staff respected their privacy and kept their personal information confidential. Staff described methods used to ensure consumer information is kept secure. Consumer information kept electronically is password protected, and hard copy information is kept in locked cupboards in areas only accessible by staff.

# 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

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied all associated requirements are non-compliant. Non-compliance is based on:

* + The service did not use validated tools to complete assessments. Assessment and planning processes did not consider risks to consumers in planning care and services. Information important about the consumer was not consistently reflected in a care plan.
  + Assessment and planning did not consistently identify or address consumers’ needs, goals and preferences, including in relation to subcontracted services, end of life planning and advanced care planning.
  + Assessment and planning processes did not include other organisations, such as subcontracted service providers or medical officers.
  + Outcomes of assessment and planning were not consistently documented in a care plan that was available to the consumer and accessible where care and services are provided.
  + Consumers’ care and services were not routinely reviewed or reviewed following a change in a consumer’s condition or an incident.

I have made this decision based on the following analysis.

*Requirement 2(3)(a) – non-compliant*

The Quality Audit Report included evidence the service does not use validated tools to complete assessments, and the service’s assessment and planning processes do not consider risks to consumers in planning care and services.

The service uses assessments from My Aged Care as the predominate source of assessment and planning information. Whilst consumers and representatives said initial in-home assessments are completed, the Assessment Team reviewed a sample of consumer documentation and found:

* + Assessments did not record relevant information about a consumer’s health, conditions, and risks to them.
  + Where risks had been identified, assessments or strategies to manage the risks were not completed or documented.
  + Insufficient information about how to manage specialised nursing care needs.
  + Allied health recommendations had not been documented or implemented.

The service does not access reports and progress notes from subcontracted service providers who deliver care to the service’s consumers.

Whilst the service’s policy and procedures state care and clinical practices should be evidence-based, reviewed by clinicians, shared with staff, and incorporated into training materials, this was not occurring in practice.

The provider’s response acknowledged these findings and included examples of new and updated forms, processes and documentation to improve assessment and planning and consideration of risks, including:

* + Introduced a range of validated assessment tools. Options for external professionals to complete validated assessments beyond the scope of service staff is being considered.
  + A new intake and assessment form identifies health and social risks to consumers.
  + A consumer choice risk assessment form is completed when risks are identified to support the discussion and options to minimise and monitor risk.
  + A consumer risk management plan identifies potential risks for the consumer cohort and includes details on managing risks.
  + Care plans have been updated to include wholistic and detailed information, including about a consumer’s condition, risks, and information from other providers involved in the consumer’s care and services.
  + Care plans will now be available in consumers’ homes and available to staff.
  + The subcontracted service provider agreements have been updated to require subcontracted service providers to submit written report and progress notes to the service.
  + Assessment and planning processes and systems will be regularly audited as part of the service’s audit program.

Whilst I am satisfied the provider has identified actions, forms and processes to improve assessment and planning, these will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 2(3)(b) – non-compliant*

The Quality Audit Report found the service’s assessment and planning processes did not consistently identify consumers’ needs, goals and preferences, including in relation to subcontracted services, end of life planning and advanced care planning. For example:

* + The Assessment Team reviewed a sample of consumer files and found:
  + documentation was inconsistent in capturing consumers’ current needs, goals and preferences
  + consumer information was inconsistently recorded across several documents such as a care plan, personalised help plan, home care package agreement and the consumer emergency information form, and
  + no assessment, planning or other information was held by the service for a consumer receiving personal care and wound care from a subcontracted service provider.
  + Whilst management said end of life planning is part of the initial assessment, consumers and their representatives said they had not been asked or provided information about advance care planning or other end of life supports, and staff were not familiar with end of life care.

The provider’s response included various actions to improve assessment and planning processes, such as:

* + Introduced a range of validated assessment tools.
  + Updated the assessment and review documents to include information and discussion about advanced care planning. A factsheet on advanced care planning is now given to consumers during assessment and review processes, and staff have relevant discussions about advanced care planning and end of life planning.
  + The new electronic care management system will prompt staff to enter advanced care planning details and improve documentation of consumer needs, goals and preferences.
  + The subcontracted service provider agreements have been updated to require subcontracted service providers to submit written report and progress notes to the service to ensure the service maintains information about consumers’ needs, goals and preferences.
  + Updated care planning information for consumers named in the Quality Audit Report.
  + Scheduled online staff training in various topics including advance care planning, end of life planning, consumer-directed care, and understanding needs, goals and preferences.
  + Introduced a consumer contact process for staff to discuss care plans and health and wellbeing monthly with HCP consumers.

Whilst I am satisfied the provider has identified actions, forms and processes to improve assessment and planning, these will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 2(3)(c) – non-compliant*

The Quality Audit Report found the service completes assessment and planning processes in partnership with the consumer and others that the consumer wishes to involve.

However, subcontracted service providers are not included in assessment and planning processes and relevant information is not shared. Consumer care plans do not reflect an integrated and coordinated assessment and planning approach between the service and subcontracted service providers and medical officers. The service does not receive consumer information from subcontracted service providers or medical officers.

The provider’s response included various actions to improve the involvement of other providers of care in assessment and planning processes. Actions included:

* + Updated the assessment and review documents to include a section to prompt staff to identify subcontracted service providers involved in the care of consumers, and to engage those providers in assessment and planning.
  + The new electronic care management system will enable staff and volunteers to access care plans and consumer documentation, including via a mobile phone application.
  + The subcontracted service provider agreements have been updated to require subcontracted service providers to submit written report and progress notes to the service, for consideration in assessment and planning.
  + Introduced a consumer consent form to access relevant information from medical, allied health and other providers of care.

Whilst I am satisfied the provider has identified actions, forms and processes to improve the involvement of other care providers in assessment and planning, these will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 2(3)(d) – non-compliant*

The Quality Audit Report included evidence the outcomes of assessment and planning were not communicated and documented in a care plan that was available to the consumer and accessible where care and services are provided. For example:

* + The service utilises emails, an electronic client management system, paper files and personal share-drives on a computer to record consumer information. However these systems were not used for all consumers and not all staff had access to the systems.
  + Consumers said they had not received a copy of their care plan although they had signed it.
  + Management advised that care planning documentation was not provided to consumers, their representatives or to staff. Staff also said they did not have access to care plans.
  + Whilst progress notes are completed and sent to the service daily, these are saved in the staffs’ personal drive on a computer, and not widely available to staff who provide care.

The provider’s response acknowledged the findings and identified that the new electronic care management system to be implemented by 1 July 2024 would be the single storage point for all consumer information and documentation and would be accessible for staff and volunteers, including via a mobile phone application. The service has also implemented a new procedure where consumer care plans are sent to the consumer after every assessment and review and are available to staff in the consumer’s home.

Whilst I am satisfied the provider is implementing a new electronic care management system and a new process to provide care plans to consumer and staff, these are yet to be fully implemented and will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 2(3)(e) – non-compliant*

The Quality Audit Report found that care and services were regularly reviewed for CHSP consumers, but not for HCP consumers. I have come to a different view and have decided this requirement is non-compliant for both HCP and CHSP services, based on evidence in the Quality Audit Report that the service did not have a robust process to regularly review care and services, including following changes or incidents. This is based on the following:

* + Whilst consumers were satisfied with their care and services, they were unsure whether reviews occurred.
  + Staff reported care plans are always the same and they had not seen any changes.
  + The Assessment Team reviewed a sample of consumer files and found:
  + Reviews did not occur as required for two named CHSP consumers. Reviews occurred every two years for one consumer (rather than yearly as prescribed by the service’s policy and the Commonwealth Home Support Programme manual) and no review occurred for the other consumer following an incident.
  + Reviews had not occurred for several HCP consumers, including following incidents or change in circumstances.

The provider’s response identified actions taken to improve review processes, such as:

* + Updated the consumer handbook to advise reviews are conducted annually.
  + Updated procedures to ensure reviews occur when there is an incident, a change of circumstance, hospital admission or at the request of a consumer.
  + Review dates for consumers have been entered into the new electronic care management system and will monitored by the aged care program coordinator.

Whilst I am satisfied the provider has updated information, procedures and systems to ensure reviews occur, these will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

# 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. | Not Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not applicable |
| 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 Compliant | 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. | Not Compliant | Not applicable |
| 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 applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 applicable |

Findings

This Quality Standard does not apply to the organisation’s CHSP services.

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied six of the seven requirements are non-compliant. Non-compliance is based on:

* + The service does not have systems to ensure consumers’ personal and clinical care is documented, safe and effective, including when care is delivered by a subcontracted service provider.
  + The service did not have a process to identify or manage high-impact or high-prevalence risks to consumers.
  + The service did not have processes to recognise and address the needs, goals and preferences of consumers nearing end of life.
  + The service did not have systems or processes to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates.
  + The service did not have a systematic process to document information about consumers and communicate that information to relevant staff and volunteers and others involved in the care of consumers.
  + The service did not have systems or processes to minimise infection-related risks.

I am satisfied requirement 3(3)(f) is compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 3(3)(a) – non-compliant*

The Quality Audit Report identified consumers were satisfied with the personal and clinical care they receive. However:

* + The service subcontracts clinical and allied health services to other providers, however, does not receive information about those services delivered to HCP consumers or have a process to ensure subcontracted care is safe and effective.
  + Staff said they do not have access to consumers’ care plans or relevant training in care delivery and they ask consumers how they like the care delivered.
  + Consumer care documentation is inconsistently stored across various paper-based and electronic systems. This has also been addressed under other requirements.
  + The service does not undertake assessments related to care and consumer care documentation does not contain sufficient detail to guide staff in care delivery.
  + Management and staff did not have a consistent understanding of restrictive practices, specifically chemical restraint, and do not receive training in this area.

The provider’s response acknowledged the findings in the Quality Audit Report and identified several actions to improve the safety and effectiveness of personal and clinical care provided to consumers. Actions included:

* + Purchased and used resources to implement a best practice guide and improve policies, procedures and practices.
  + Implemented new assessment and review forms that include comprehensive clinical questions and the use of validated assessment tools to complete more comprehensive care plans.
  + A new electronic care management system will be implemented by 1 July 2024 which will store consumer documentation in one location, accessible to staff and others, including via a mobile phone application.
  + Updated the subcontracted service provider agreements to require subcontracted service providers submit written report and progress notes to the service.
  + Scheduled staff training in restrictive practices (to be completed by July 2024 and then annually) and writing professional progress notes to improve care documentation.

These improvement actions are yet to be fully implemented and tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 3(3)(b) – non-compliant*

The Quality Audit Report found the service did not have a process to identify or manage high-impact or high-prevalence risks to consumers. Staff could not describe how they identify or manage risks to a consumer and do not receive training in this area. The Assessment Team reviewed a sample of consumer documentation and identified risks to individual consumers had not been identified or managed by the service.

The provider’s response acknowledged the findings in the Quality Audit Report and identified several actions to improve the management of high-impact, high-prevalence risks. Actions included:

* + Purchased a risk and vulnerability resource toolkit to support staff assess, manage, record and monitor high-impact, high-prevalence risks. New processes will be implemented by mid-July 2024.
  + Scheduled staff training in various topics including restrictive practices, aged care risks, nutrition and hydration, choking, medications, pain, pressure injuries, delirium and hearing loss.
  + Updated policies and procedures to ensure staff obtain medication charts for consumers from medical officers.

These improvement actions are yet to be fully implemented and tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 3(3)(c) – non-compliant*

The Quality Audit Report identified consumers had not considered end of life plans and the service had not discussed this with them. The service does not provide end of life information to consumers and their representatives, and staff are not trained in this area. Care documents do not record consumers’ end of life planning and advanced care directives.

The approved provider’s response identified actions in response to the findings in the Quality Audit Report:

* + Updated the assessment and review documents to include information and discussion about advanced care planning and end of life planning. A factsheet on advanced care planning that is now given to consumers during assessment and review processes, and staff have relevant discussions about advanced care planning and end of life planning with consumers.
  + The new electronic care management system will prompt staff to enter advanced care planning details and improve the documentation of consumer needs, goals and preferences.
  + Scheduled staff training in topics including advance care planning, end of life planning, consumer-directed care, and understanding needs, goals and preferences.

These improvement actions are yet to be fully implemented and tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 3(3)(d) – non-compliant*

The Quality Audit Report identified the service does not have systems and processes that support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. The service does not receive case and progress notes from subcontracted service providers to support the service to identify and respond to changes and deterioration in consumers. Where changes in a consumer had been identified, these had not been escalated to management and/or responded to.

The provider’s response identified new policies, forms and staff training to improve the recognition and response to deterioration or change in a consumer. Actions included:

* + Developed a managing deterioration and escalation practice document.
  + Scheduled staff training in writing professional progress notes to ensure the documentation and communication of consumer deterioration or change.
  + Updated the subcontracted service provider agreements to require subcontracted service providers submit written report and progress notes to the service, to improve engagement and awareness of the condition of consumers.
  + Implemented a customer contact procedure whereby staff contact consumers monthly to discuss their health, wellbeing, changes, referrals and any matters for escalation. The new electronic care management system will provide reminders to complete these monthly.

These improvement actions are yet to be fully implemented and tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 3(3)(e) – non-compliant*

The Quality Audit Report found the service did not have a systematic process to document information about consumers and communicate that information to staff, volunteers and others involved in the care of consumers. For example:

* + Care planning documentation was not routinely available to staff. Instead, staff were provided verbal information about consumers along with a duties roster.
  + Consumer information and care planning documentation are not shared between the organisation and subcontracted service providers.
  + Care information, including information from external health services, is not stored in a consistent location.
  + I have also considered evidence in the Quality Audit Report under requirement 2(3)(d) and 4(3)(d) about consumer documentation lacking detail and not made available to staff and others involved in the care and services for consumers.

The provider’s response acknowledged these findings and identified the following:

* + The new electronic care management system to be implemented by 1 July 2024 would ensure information about consumers is documented, stored in one location and accessible for staff and others, including via a mobile phone application.
  + The service has implemented a new procedure where consumer care plans are sent to the consumer and are available to staff in the consumer’s home.
  + New assessment and review processes will support staff to obtain, document and share more detailed information about consumers, including clinical information.

Whilst I am satisfied the provider is implementing a new electronic care management system and new processes to obtain, document and share consumer information (including personal and clinical care information), these are yet to be fully implemented and will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 3(3)(f) – compliant*

The service makes appropriate and timely referrals to individuals, other organisations and providers of care and services. The Assessment Team identified evidence of referrals to My Aged Care and to allied health providers for podiatry, physiotherapy and occupational therapy. Consumers and their representatives said the service supports them through referrals to access other providers and services. Management explained the process for gaining consent and making referrals.

*Requirement 3(3)(g) – non-compliant*

The Quality Audit Report included evidence the service was not minimising infection-related risks. For example:

* + The service did not have a plan to manage an outbreak of an infectious disease and staff were not trained in infection prevention and control.
  + The service does not have practices to promote appropriate antibiotic prescribing and use. A consumer’s representative described an accumulative resistance to oral antibiotics due to over-prescribing for a frequently experienced infection, which was known by the service.

The provider’s response included the following actions to improve the management of infection-related risks at the service:

* + Implemented an outbreak management protocol and a winter preparedness plan for staff illness/outbreaks in May 2024.
  + A 6-monthly staff competency skills assessment and an annual hand hygiene competency assessment.
  + Updated consumers’ care plans to include the requirement of staff to wear appropriate personal protective equipment when providing services to consumers.
  + Staff training on medications to ensure medication lists are recorded on file and the use of medications is understood by staff.
  + Scheduled audits on various topics including medication and infection control.

These actions these will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

# Standard 4

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

Findings

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 4(3)(d) and 4(3)(g) are non-compliant. Non-compliance is based on:

* + The service did not have a systematic process to document information about consumers and make that information available to relevant staff and volunteers.
  + The service did not have a system to record and monitor equipment purchased and used by consumers through their HCP to ensure it was safe, suitable, clean and well maintained.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 4(3)(d) – non-compliant*

The Quality Audit Report identified consumers were satisfied the service communicates with them regarding day-to-day services and staff and volunteers know their needs and preferences. Volunteers and staff provide a mix of verbal and written feedback about consumers to coordination staff.

However, the service did not have a systematic process to document information about consumers and make that information available to relevant staff and volunteers. For example:

* + Care planning documentation was not routinely provided to staff. Instead, staff were provided verbal information about consumers along with a duties roster.
  + Consumer files included assessment and review documentation and one annual progress note entry stating a care review had been conducted.
  + Consumer files lacked evidence of reports, feedback or progress note entries from coordination staff, staff and volunteers.
  + Where progress notes were made by staff, they were filed under the staff member’s personal share-drive on the computer, not the consumer’s file and it was difficult to match progress notes to consumers.

The provider’s response advised the service is transitioning the information management system from a paper-based and personal share-drive computer storage to an electronic care management system by 1 July 2024. The response stated the new electronic system will improve recording of care documentation and progress notes, case management, budget statements and staff rostering. Staff training in writing professional progress notes to improve the quality of care documentation is scheduled for July 2024. Quarterly audits of care plans will also be conducted.

These improvement actions are yet to be fully implemented and tested for effectiveness and sustainability. Therefore, this requirement is non-compliant.

*Requirement 4(3)(g)- non-compliant*

This requirement is not applicable to the organisation’s CHSP services.

The Quality Audit Report identified HCP consumers that had home modifications and equipment which was assessed as suitable for them by an occupational therapist and maintained by the service. However, there was no system to record what equipment consumers have, or to monitor the condition of equipment and ensure it is safe, suitable, clean and well maintained.

The provider’s response acknowledged the findings and identified that an equipment register had been developed for HCP consumers to record details about equipment purchased and used, warranty and servicing. Whilst a blank template of the register was provided, the service is yet to complete this for consumers. It will take time to establish the register and test it for effectiveness and sustainability. For these reasons, this requirement is non-compliant.

*Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(e), and 4(3)(f) - compliant*

Consumers provided positive feedback about how staff and volunteers support them to stay active, maintain their independence, and do the things they want to do, including through community-based social support services. Consumers who attend the centre participate in meaningful activities and engage with others, and said the interaction has helped maintain their independence and improve their quality of life through the connection to their community. Consumers are also referred for additional services through My Aged Care, such as allied health services or higher-level home care packages as required to meet their needs, goals and preferences. Staff and volunteers had knowledge of individual consumer’s needs and preferences and descried how they support consumer to attend social activities in the community and at the centre.

I have also considered information in the Quality Audit Report from requirement 5(3)(a) under this requirement. Specifically, that consumers are regularly consulted for input to the development of the programs to ensure their needs and interests are met. Consumers said they felt a sense of belonging as they are “consulted about everything” on an ongoing basis.

Consumers said they feel comfortable, happy and safe with staff and volunteers. They said they have developed relationships with staff and volunteers who have worked at the service for several years and who regularly check on them. They said feeling socially connected supports their emotional wellbeing. Staff and volunteers described how they monitor consumers’ wellbeing and strategies to support consumers that are feeling low. Concerns about consumers’ wellbeing are raised with the coordinator who can make referrals if needed. Coordination staff knew consumers’ needs and interests and match appropriate staff that can build rapport and an ongoing relationship with individual consumers.

Consumers were satisfied with the opportunities they have to build and maintain relationships and pursue activities of interest in the community for both individual and group-based social support. Staff and volunteers knew those people important to consumers and activities that consumers enjoy. Group-based activities are tailored to the cultural interests of the group, for example, the Vietnamese social support group is supported by Vietnamese-speaking volunteers and they go on outings where they access Vietnamese food and products.

Consumer documentation was individualised and contained information about backgrounds and life stories, relationships of importance, activities of interest, and interests, needs and preferences related to wellbeing and supports for daily living.

Consumers and representatives said referrals are made where required, with their permission and gave examples of referrals for community transport and allied health services. Staff and volunteers advise coordinators about changes in consumers’ needs and preferences that may prompt a referral. Coordinators were familiar with referral processes and pathways.

Requirement 4(3)(f) is not applicable to the organisation’s HCP services. The service provides meals to consumers attending centre-based services and there are processes in place to ensure food safety requirements are met. Consumers provided strong positive feedback about the meals provided at the centre, which they said they always enjoyed. They described the meals as high quality, to their liking and good portion sizes. Consumers on social outings in the community access meals from local cafes and clubs which are regulated by the New South Wales Food Authority. Management advised consumers’ dietary requirements can be accommodated, however, no current consumers had specific needs or preferences.

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

Findings

The Quality Standard does not apply to the organisation’s HCP services.

In relation to CHSP services, the Quality Audit Report included evidence (summarised below) the service is compliant with this Quality Standard and associated requirements.

Consumers attending the centre in Chester Hill provided positive feedback about their experience and the environment. They said the environment is welcoming, comfortable and easy to access and move around independently. They said they feel welcome at the centre by the staff and volunteers, and they always enjoy their time there.

The centre, kitchen and equipment are checked regularly by staff and volunteers for safety. Where risks or issues are identified, these are reported to the company who owns the centre.

Consumers said they felt safe at the centre, and reported the centre is always clean and well maintained and they can access outdoor areas. Consumers said the rooms, furniture and buses they travel on to get to the centre are comfortable, clean and well maintained. Staff ensure the equipment is clean and checked regularly. Relevant documentation is kept regarding maintenance of vehicles and insurances.

The Assessment Team observed:

* + The centre to be welcoming and spacious.
  + Consumers moving around independently.
  + Tables settings were welcoming and home-like.
  + Furniture was suitable for consumers and appeared clean and well maintained.
  + Cleaning wipes and hand sanitiser were available to consumers and staff. Evacuation plans and fire extinguishers/equipment were observed on site.
  + The bus was in good condition, clean and contained safety equipment such as first aid kits and fire extinguishers.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | 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. | Compliant | 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

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 6(3)(b) and 6(3)(d) are non-compliant. Non-compliance is based on:

* + The service does not ensure consumers are aware of and have access to advocates, language services and other methods of raising complaints.
  + The service does not have a process to monitor, analyse and use feedback and complaints to improve the quality of care and services.

I am satisfied other requirements in this Quality Standard are compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 6(3)(b) – non-compliant*

The Quality Audit Report identified evidence the service had not ensured consumers were aware of or supported to access advocates, language services and other methods of raising complaints. The consumer handbook did not contain information about these supports. Most consumers and representatives interviewed by the Assessment Team did not know how to access advocates or other avenues for raising complaints. Most staff did not understand what advocacy services are, or how to support consumers to access advocacy and language services. No consumer had been supported to access advocacy or translation services, including consumers from culturally and linguistically diverse backgrounds.

The provider’s response acknowledged the findings in the Quality Audit Report and identified the following actions taken:

* + Updated policies and procedures to ensure consumers are aware of advocates, language services and methods for raising and resolving complaints.
  + Updated and reissued the consumer handbook to include information about complaint processes and advocates.
  + Updated assessment and review procedures to provide consumers with information about advocates, in the consumer’s preferred language.
  + Developed a document (authority to act as advocate) available to consumers to assist in appointing an advocate.
  + Scheduled staff training on topics such as advocacy, use of the translating and interpreting service, and complaints.

I am satisfied that the provider has identified several improvement actions to improve consumer information and awareness about advocates, language services and other methods of raising complaints. These actions will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 6(3)(d) – non-compliant*

The Quality Audit Report found that whilst the service resolves individual complaint matters, feedback and complaints are not analysed, trended or used to improve the quality of care and service. The service’s quality improvement plan did not contain entries based on feedback or complaints and recent Board meeting minutes did not reference discussion about feedback and complaint data or trends.

The provider’s response stated that feedback and complaints are used to review quality of care and services, and identified several mechanisms used by the service to seek feedback from consumers and provide information to consumers about complaint processes. For example, survey forms, questions asked during the assessment and review processes and the consumer handbook.

The provider’s response identified established and new processes to seek and respond to individual feedback and complaint matters. The response did not, however, include reference to a system to monitor, analyse and use feedback and complaints to make improvements to the quality of care and services at the service for consumers. Therefore, the service is non-compliant with this requirement.

*Requirements 6(3)(a) and 6(3)(c) – compliant*

Based on evidence in the Quality Audit Report (summarised below), I am satisfied requirements 6(3)(a) and 6(3)(c) are compliant.

The service has a feedback and complaints management procedure to guide staff. The Assessment Team reviewed a sample of complaints and identified complaints were actioned and resolved and open disclosure was used.

Consumers and their representatives were aware of how to give feedback or make a complaint and were satisfied with how the service manages and resolves their concerns. They said they felt listened to, acknowledged and that the service takes prompt action in response to feedback and complaints.

Management and staff had a consistent understanding on the service’s feedback and complaints management processes and their role, including supporting consumers to provide feedback and complaints. Staff were aware of the principles of open disclosure.

The service is strengthening its overall management of feedback and complaints management as per entries in the quality improvement plan.

# 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. | Not Compliant | Not 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

Having considered the Quality Audit Report and provider’s response, I have assessed this Quality Standard as non-compliant as requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e) are non-compliant. Non-compliance is based on:

* + The service does not have a system or process to plan the workforce.
  + The service does not have systems to ensure staff, volunteers or subcontracted service providers have the qualifications, knowledge or competency to perform their roles.
  + Staff and volunteers do not receive training or support relevant to their roles.
  + The performance of staff, volunteers and subcontracted service providers is not assessed, monitored or reviewed.

I am satisfied requirement 7(3)(b) is compliant, based on evidence in the Quality Audit Report.

I have made this decision based on the following analysis.

*Requirement 7(3)(a) – non-compliant*

The Quality Audit Report found that whilst consumers felt there were enough staff to deliver care and services, the service did not have a system or process to plan the workforce to ensure an appropriate number and mix of staff (including staff provided through brokerage service arrangements) to deliver care and services. For example:

* + Management said the organisation did not have a system to calculate the number or skill mix of staff required. Rosters were developed weekly and sent to staff on a Friday for the following week.
  + The service does not have a registered nurse on staff, including to complete assessments and respond to incidents.
  + The service relies on the coordinator role which includes multiple duties such as rostering, case management, training, workforce planning and supervision, monitoring for regulatory compliance and complaint management.
  + The service was unaware of a subcontracted service provider’s registered nurse being on leave and whether consumers were receiving clinical care services in their absence.
  + A consumer’s preference for a specific gender of staff to provide personal care had been raised with the service but not actioned.
  + Previous Board meeting minutes identified the need for additional staff.

The provider’s response acknowledged the findings in the Quality Audit Report and stated that the service needs to implement a system to determine the number of staff required to plan and coordinate service delivery. The response identified challenges in recruitment of suitable workers, which had been reported to the management committee. Improvement actions identified in the response included:

* + Fortnightly rosters to be developed and sent to staff from 1 July 2024.
  + Updated the subcontracted service provider agreements to include consumer contacts and established clear expectations for communication with subcontracted service providers, including around staff absences.
  + Recruited an aged care administration assistant to support the quality workforce.
  + Utilise a workforce support program to recruit new staff to the casual pool.
  + Implemented 6-monthly staff performance reviews that will assist identify where staff are overburdened and required delegation of work.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirements 7(3)(b) – compliant*

The Quality Audit Report included evidence that this requirement is compliant. For example, consumers and their representatives said staff are kind, considerate, caring and respectful and take their time when providing care and services. Staff described how they are caring and inclusive toward consumers.

*Requirement 7(3)(c) – non-compliant*

The Quality Audit Report identified evidence that:

* + The service does not have systems in place to ensure staff have the qualifications and knowledge to perform their roles and does not maintain records of relevant qualifications and registrations.
  + The service does not have a process to assess the competency of staff and subcontracted service providers.
  + Staff do not undertake professional development or training relevant to their roles.

The provider’s response identified actions to improve systems to monitor the competency of the workforce, including:

* + Developed a plan to implement professional development plans for all staff, management and the management committee based on their role. This includes staff supervision meetings to discuss learning needs. Training will be provided through various online platforms and providers.
  + Updated the subcontracted service provider agreements to require case notes and progress notes for consumers be made available to the service.
  + Improved record keeping of staff qualifications, registrations, and training certificates.
  + Established a hand hygiene competency to be completed annually and a skills assessment form to be completed 6-monthly by management for all staff providing care and services to consumers.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 7(3)(d) – non-compliant*

The Quality Audit Report included evidence that:

* + Staff and volunteers do not routinely receive orientation, induction or training relevant to their role and the Quality standards.
  + The service does not have a system to identify staff training needs and record training completed by staff. Staff had not received training in various topics including incident reporting, restrictive practices, abuse and neglect, and risks.
  + Most volunteers did not have a current national criminal history check.
  + For subcontracted service provider staff, subcontractor agreements were not routinely in place and there was no evidence of screening checks.

The provider’s response acknowledged the findings and identified improvement actions including:

* + Established a staff education calendar that included training on various topics.
  + Developed a register to track staff training.
  + Volunteers have been registered for an online training platform and will complete various courses relevant to their role.
  + Developed a register to track currency of current national criminal history checks for staff, volunteers and subcontracted service providers.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 7(3)(e) – non-compliant*

The Quality Audit Report found the service does not have a process to assess, monitor or review the performance of members of the workforce, including staff, volunteers, and subcontracted service providers. For example:

* + Whilst consumers were satisfied with the performance of the workforce, they had not been asked to provide feedback about workforce performance.
  + Most members of the workforce said their performance is not monitored or reviewed.
  + Management stated the service does not have a schedule to complete performance reviews.
  + Whilst management said the president of the Board conducts six-monthly performance reviews with team leaders/coordinators and the service manager, there was no evidence of this and management and coordinators could not describe the outcomes of their last performance reviews.
  + Whilst management said the performance of care workers is monitored and reviewed in regular meetings, evidence of this was not available.

The provider’s response acknowledged the findings and updated the quality improvement plan with an action to establish performance reviews for all staff. This process will be supported by the newly developed performance development review template, 6-monthly surveys for consumers, and 6-monthly skills assessment form for all staff providing care and services to consumers.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 Compliant | Not applicable |

Findings

Having considered the Quality Audit Report and the provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied all associated requirements are non-compliant. Non-compliance is based on:

* + Consumers were not actively engaged in the development, delivery and evaluation of care and services.
  + The Board did not promote and was not accountable for safe, inclusive, and quality care and services.
  + The organisation’s governance systems were ineffective, specifically relating to information systems, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
  + The organisation did not have effective risk management systems and practices.
  + The service’s clinical governance systems were ineffective.

I have made this decision based on the following analysis.

*Requirement 8(3)(a) – non-compliant*

The Quality Audit Report identified the service did not engage consumers in the development, delivery and evaluation of care and services. No consumers were part of the service’s consumer advisory body and the service’s quality improvement plan did not include any items arising from consumer feedback.

The provider’s response acknowledged the findings and identified the following actions to strengthen consumer engagement:

* + Developed a consumer engagement plan for the establishment of a consumer advisory body. In July 2024, consumers will be invited to join the consumer advisory body and the inaugural meeting will be held in September 2024.
  + In addition to existing feedback mechanisms, introduce a new 6-monthly consumer survey.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(b) – non-compliant*

The Quality Audit Report found the governing body was not promoting or accountable for the delivery of safe, inclusive, and quality care and service. Evidence included:

* + Whilst monthly management reports were provided to the governing board, a focus on quality care and services was not evident, nor was how the board engaged with significant incidents relating to the safety of consumers.
  + When asked, the president of the board said they rely on staff feedback to know whether the service delivers safe and quality services.
  + The policy for board meeting agenda items (such as clinical indicators, quality improvement, infections, advanced care planning and policies and procedures) were not reflected in meeting minutes.
  + Management could not identify strategies to support potentially vulnerable consumers.

The provider’s response identified the following actions to strengthen the governing body’s engagement and accountability:

* + The management committee will undertake training and have been registered for the Commission’s governing for reform training modules (to be completed by the end of October 2024).
  + Management reports to the management committee will be strengthened and include a focus on topics such as incidents and feedback.
  + A standard agenda has been developed for the quality care advisory body that report to the board and meeting minutes will be kept.

These actions have not been fully implemented and will take time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(c) – non-compliant*

The Quality Audit Report found organisational governance systems related to:

* + information management and financial governance were effective; and
  + continuous improvement, workforce governance, regulatory compliance, and feedback and complaints were ineffective.

Additionally, I have considered information throughout the Quality Audit Report and the provider’s response that related to information management (particularly in Standards 2, 3 and 4) and am of the view that governance systems information management systems are also ineffective.

Summarised evidence of ineffective governance systems include:

* + Information management systems were ineffective and inconsistent. The service utilised emails, an electronic client management system, paper files and personal shared-drives on a computer to record consumer information, however these systems were not used for all consumers and not all staff had access to these systems. Care planning documentation was not routinely available to consumers, staff and other providers of care.
  + The service did not have a robust continuous improvement system. Feedback, complaints, incident, clinical data and other sources of information were not routinely used to inform continuous improvement activities. The governing board did not have oversight of continuous improvement activities. The service’s improvement committee does not include a consumer representative or quality coordinator as per the service’s continuous improvement policy.
  + Regarding workforce governance, processes relevant to workforce planning and staff qualifications and screening, competence, training and performance were not effective. Refer to Standard 7 for further information.
  + The service did not provide evidence of its systems and processes to monitor its compliance with relevant legislation, regulatory requirements, professional standards and guidelines.
  + The governing body does not have oversight of feedback and complaints and feedback and complaints are not analysed, monitored and used to improve the quality of care and services. Refer to requirement 6(3)(d) for further information.

I have considered the provider’s response in relation to Standards 2, 3 and 4 for information management, and particularly note the planned transition to the new electronic care management system by 1 July 2024.

I have considered the provider’s response to standard 6 (for feedback and complaints) and 7 (for workforce governance).

The approved provider’s response to this requirement included information about organisational plans, documents and audit processes related to risk, business continuity, and safety and compliance, stating these documents demonstrate continuous improvement and regulatory compliance. The response also acknowledged improvements were needed to strengthen the service’s continuous improvement and quality improvement plans, and develop a method to review systems and processes to comply with relevant legislation, regulatory requirements, professional standards and guidelines.

I acknowledge the provider’s various improvement actions identified in this and other requirements to strengthen organisational governance systems. As many of the actions are yet to be fully implemented and tested for effectiveness and sustainability, I have decided this requirement is non-complaint.

*Requirement 8(3)(d) – non-compliant*

The Quality Audit Report identified the service does not have a risk management framework, including to manage the areas covered in the sub-requirements of 8(3)(d). For example:

* + Risks to consumers were not identified, assessed or managed. The service does not maintain a record or register of relevant risks. Refer to requirements 1(3)(d), 2(3)(a) and 3(3)(b) for further information.
  + The service does not have processes to identify and respond to elder abuse. The service has not recorded or appropriately responded to an allegation of elder abuse, including in accordance with the service’s policy.
  + The service’s incident management system is ineffective. Not all incidents are recorded in the incident and complaints register, including serious incidents.
  + Staff are not trained in topic areas relevant to this requirement.

The provider’s response stated risks assessments are conducted for every event, activity and outing and referred to various feedback and complaints processes available to consumers. Staff will be required to complete training in various topics including high-impact, high-prevalence risks in aged care, clinical topics, and incident management. Staff have been provided with information about elder abuse.

Whilst the provider’s response identified various staff training, the response overall does not convince me the service has or intends to implement effective risks management systems and practices. Therefore, I have decided this requirement is non-compliant.

*Requirement 8(3)(e) – non-compliant*

This requirement is not applicable to the organisation’s CHSP services.

The Quality Audit Report found the organisation’s clinical governance systems were ineffective. For example:

* + Whilst the organisation has a documented clinical governance framework, this framework was not understood by management.
  + Clinical indicator data was not reported or discussed at relevant governance meetings. Clinical audits were not conducted.
  + Regarding antimicrobial stewardship:
  + Consumers’ files did not routinely include a medication list.
  + Multiple consumers were on long-term antibiotics and the service did not liaise with relevant medical practitioners in relation to antibiotic use as per the service’s antimicrobial stewardship policy.
  + Antimicrobial stewardship is not included in staff orientation as per the service’s policy.
  + The service did not provide a vaccination register for staff and subcontracted providers.
  + Staff were not aware of what constituted restrictive practices, were not aware of organisational policies related to restrictive practices, and had not received training in this area.

The provider’s response identified the following actions to improve clinical governance at the service:

* + Updated policies and procedures to ensure the service has medication plans for consumers.
  + A clinical representative will review policies to determine where a registered nurse is required.
  + Management and staff will be trained on antimicrobial stewardship and restrictive practices in aged care.
  + The service has a vaccination register for staff and has extended this register to include subcontracted service providers.

In coming to my decision about compliance, I have considered information in this requirement and the areas of non-compliance in Standards 2 and 3. I am of the view that the organisation’s clinical governance is ineffective. Those actions identified by the service to improve clinical governance will take time to implement and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is non-compliant.

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