Performance

Report

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| Name of service or service group: | Performance report date: |
| Chigwell Community House | 19 July 2022 |
| Commission ID: | Activity type: |
| 300327 | Quality Assessment |
| Home Service Provider: | Activity date: |
| Bucaan Community House Incorporated | 16 June 2022 to 17 June 2022 |

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 Chigwell Community House (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

**CHSP:**

* Home Maintenance, 4-7XOZJYN, 8 Bucaan Street, CHIGWELL TAS 7011
* Domestic Assistance, 4-7XOZK20, 8 Bucaan Street, CHIGWELL TAS 7011
* Meals, 4-7XOZK5F, 8 Bucaan Street, CHIGWELL TAS 7011
* Social Support - Group, 4-7XOZK88, 8 Bucaan Street, CHIGWELL TAS 7011
* Social Support - Individual, 4-7XOZKB1, 8 Bucaan Street, CHIGWELL TAS 7011
* CHSP Transport, 4-7XPFPEQ, 8 Bucaan Street, CHIGWELL TAS 7011

# Material relied on

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

* the assessment team’s report for the Quality Assessment 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 4 July 2022.

# 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 | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-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.

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| 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. |
| 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. |
| 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. |
| 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. |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. |
| 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. |
| 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. |
| 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. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers interviewed said they are treated with dignity and respect and the service meets their cultural needs. Consumers were able to describe how the care and services they receive are culturally safe and met their needs, and that staff are aware of their backgrounds. Consumers interviewed said they are able to exercise choice and independence and make their own decisions regarding the way their service is delivered, and who they would like to be involved in their care. Consumers expressed in various ways their satisfaction with how the service supports them to live the best life they can and what this means to them. Consumers interviewed indicated they felt supported to contact the service if there was anything they needed.

Consumers interviewed said they receive information that enables them to make decisions about the services they receive, and expressed satisfaction that the information provided, is clear and easy to understand. Consumers interviewed said they were satisfied with the management of their personal information held by the service and their privacy is respected.

Staff and management interviewed stated they regularly encourage and promote consumer decision making. Staff provided examples of how they understand the need to respect consumers’ culture and volunteers interviewed demonstrated ways in which they are aware of cultural diversity and how they provide services in line with this. Management interviewed advised current and accurate information is available to consumers via direct verbal communication, through pamphlets, brochures and a range of other resources.

Policies and training records reviewed indicate that consumer identity and culture is considered during service delivery. Service documentation reviewed reflected individualised preferences and a commitment to cultural safety.

The service demonstrated consumers are supported to take risks to enable remain living independently. Volunteers interviewed advised they listen to consumers and respect their decision to take risks, where applicable.

The service demonstrated secure information systems which enable the safe storage of paper based and electronic consumer information within the service. Staff demonstrated how they manage personal information, the systems used by the service demonstrated an understanding and respect for consumer privacy and confidentiality.

On the basis of the available evidence, this quality standard is assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

The Assessment Team found the service did not demonstrate robust processes and procedures to effectively conduct risk-based assessment and care planning for consumers. The services assessment and care planning processes reviewed did not consider the risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. The service did not demonstrate robust consumer review or re-assessment processes, procedures or guidelines. The service did not evidence use of a range of effective review or re-assessment tools to determine consumer current goals, needs and preferences.

For example, while the services initial assessment documentation reviewed included questions such as ‘can you walk?’, ‘can you eat?’ and ‘do you have memory problems or get confused?’ the service did not demonstrate corresponding goals or strategies to support the consumer and they are therefore not reflected in consumer care plan documentation. Consumer progress notes reviewed were noted as infrequent and primarily reflecting process. For example,

“re-assessment completed” and did not record information about the consumers health, well-being or outcomes as a result of participation in the program activity.

Review of a consumers file highlighted a ‘falls risk symbol’. Symbols are identified and noted by staff during the initial consumer assessment. Management interviewed said this consumer was identified as needing assistance with walking however, there was no record of a fall assessment undertaken to determine what specific support this consumer required. The consumers care plan did not reflect they were a falls risk nor were there strategies detailed to enable staff to appropriately support the consumer. Management interviewed stated staff and volunteers know the consumer and what assistance is required however, this was not consistently documented in care planning documentation.

Consumers interviewed said they participated in a discussion regarding their advanced care and end of life planning. Consumers expressed in various ways their satisfaction with assessment communication and felt they were involved in the assessment and planning of their services. Consumers interviewed advised staff explain the services available and they receive documented information including a copy of their care plan, if required.

Staff interviewed demonstrated an understanding of the need to offer a copy of the consumer care plan, should they wish to have one. Staff and volunteers interviewed demonstrated an awareness of the range of other care and services available to consumers.

The service evidenced processes and procedures to document consumers advanced care and end of life planning, where appropriate; also processes and procedures to ensure consumers and their representative are involved in the initial assessment and ongoing care planning. The service did not demonstrate adequate information contained within care planning documentation in support of comprehensive notes indicating individual consumers needs, goals and preferences.

Assessment and planning documents reviewed reflected the involvement of the consumer and representative.

In response to the Assessment Report, the service advised that risk assessments are undertaken for mobility and meal risks. In relation to the identification of changes in a consumer’s mobility, a referral is sent to My Aged Care or other relevant mobility assistance services. The service also advised that all staff and volunteers have been informed of changes to forms for assessment and reassessment to include risk assessments for mobility and meal concerns. The service advised that home safety risk assessments are not completed as no services are provided in a consumer’s home.

The service evidenced a number of documents supporting consumer review, re-assessment process, procedures and guidelines and provided examples where these had been actioned.

The service supplied further evidence in staff meeting minutes that incidents regarding consumers is discussed and noted on the consumers file however, the information did not provide any detail relating to subsequent steps to mitigate future incidents or if the needs of a specific consumer had changed as a result of the incident.

While the service evidenced policies and procedures, the Assessment Team did not observe consumer documentation contained adequate information detailing individual consumer information. While consumer feedback indicated staff and volunteers know them and the support consumers need, this information was not included on consumer files or documentation.

Acknowledging the further information provided in response to the Assessment Report, I find the service is Non-compliant for this Standard.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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 applicable |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Not applicable |
| 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 applicable |
| 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 applicable |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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 applicable |

## Findings

This Standard was deemed Not Applicable as the service does not provide personal and clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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. | Non-compliant |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers interviewed described in various ways their concern regarding the impending closure of the program had impacted on their emotional well-being and quality of life. Consumers interviewed described being supported to maintain contact with the people important to them and to continue to do the things of interest. Consumers advised they are satisfied their needs and preferences are communicated within the service and with others, where responsibility for their services are shared.

Consumers interviewed said the service has adequate supplies of activity related equipment which is safe, clean and well-maintained however, the Assessment Team noted that activities such as bingo and other related games are not offered at the RSL club and did not sight information regarding subsequent activities for consumers. Consumers interviewed expressed a high level of satisfaction with the quality and quantity of the meals which are now provided through the local RSL club on Fridays and for two consumers who receive two weekly take-away deliveries through the service.

One consumer said “the food is beautiful, absolutely wonderful and huge variety. Dietary requirements are catered for and alternatives are also offered.”

Volunteers interviewed demonstrated an understanding of the need to communicate consumer needs and preferences within the service, where required. Staff and volunteers interviewed demonstrated an understanding of the process for meal provision to consumers.

Management advised the service will cease delivery of the CHSP program in late 2022 to early 2023. Consumers and volunteers interviewed expressed concerns regarding the closure with consumers appearing to be unclear about how to access these services from other providers. For example:

* Consumers interviewed said they have concerns about not getting transport services. They said they know the drivers and other transport such as taxis are very expensive. They went on to say the community house program helps them and others to get out of the house and socialise.

While the service provided the Assessment Team with a referral, assessment, care plan and re-assessment policies and procedures and associated flow charts, these documents related to the assessment activities as described for the Tasmanian Government funding HACC program for under 65 years of age participants and does not therefore reflect the needs of the Commonwealth Home Support Program (CHSP) participants. Management interviewed stated concerns regarding consumers were discussed at meetings however, did not provide the Assessment Team with evidence supporting this.

Management interviewed acknowledged information collected regarding consumer activity, transport and meal needs and preferences is not recorded in consumer files and said this is due to funding issues and a lack of resources. For example:

* A consumer was described in their file as having specific religious requirements including food, although her spiritual needs and preferences are not documented in her file.

The service does not provide any equipment, (other than activity related and personal protective equipment, such as face masks) to individual consumers. Staff and volunteers said the service has sufficient, well maintained equipment to support consumer needs and preferences.

In response to the Assessment Report, the service advised that while the CHSP program will be closing, other activities at the house will continue and consumers will be supported. While acknowledging this, the interviews held with consumers demonstrated ongoing anxiety at the closure of the CHSP program and potential confusion as to ongoing supports and services for consumers. The service supplied their Referral, Assessment, Care Plans and Reassessment Policy, which included reference to both HACC program for under 65 years of age participants and CHSP processes however, the flow chart included in the policy document did not appear clear as to how to initially identify consumer eligibility prior to completing the assessment process.

The service advised that all staff had undertaken diversity training in the last two years and, as indicated in the Assessment Report, consumer feedback indicated that care and services received are culturally safe and meet consumer needs and that staff and volunteers are aware of consumer backgrounds. However, care plan documentation reviewed did not include information regarding a consumer’s religion, spirituality or diversity.

Considering the information provided in the Assessment Report and further information from the provider I find this quality standard Non-compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 |
| 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 |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and representatives interviewed considered that the service is welcoming, safe, clean and well maintained and provided a place for them to socialise and feel part of the community. Consumers said the service is comfortable and accessible and they can move freely as they wish.

Staff and volunteers interviewed described how they provide a warm, welcoming environment and this was observed by the Assessment Team.

The service environment was observed to be accessible to all consumers using mobility devices, including wheel chair ramp access and furniture and equipment was clean.

The service demonstrated maintenance system processes and procedures to ensure the building and equipment in the centre are maintained and suitable for consumers.

I therefore find this quality standard as Compliant.

**Standard 6**

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

## Findings

Consumers interviewed said they are encouraged to provide feedback during service activities, directly to staff and volunteers. Consumers interviewed advised they have access to advocacy and language services, if required. Consumers said that they are satisfied the service listens to their concerns and action is taken as required.

Staff and volunteers interviewed described the steps they take to ensure feedback is escalated accordingly. However, staff and volunteers interviewed did not demonstrate an understanding of how open disclosure is used when something goes wrong and management did not evidence the use of an open disclosure policy or training.

The service demonstrated consumer information packs, posters and newsletters include advocacy support contact details.

Management interviewed described how complaints are documented, and improvements actioned to ensure quality services. For example:

The management committee meets once a month and has a standing item on the agenda, opportunities for improvement, to ensure that suggestions and feedback are dealt with in a timely manner.

Management interviewed acknowledged that open disclosure policy will be embedded in the Complaints and Complaints Policy and Procedures and provided a draft of the open disclosure inclusion to the Assessment Team.

In response to the Assessment Report, the provider advised the open disclosure inclusion to the Complaints and Compliments Policy was approved by the Management Committee on 22 June 2022.

While acknowledging the work of the provider in updating the policy, it will take time to embed into standard practices. Therefore, this quality standard is assessed as Non-compliant.

**Standard 7**

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| Human resources | | CHSP |
| 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. | Non-compliant |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers interviewed advised they are aware of current staff shortages and the impact on their care and services. While most consumers said the service, staff and volunteers were excellent, they are disappointed that the program is not continuing.

Consumers reported that staff and volunteers are always kind, caring and respectful of their background, circumstance and values. The service has a range of material available to support staff to understand respectful interactions within the community. Consumers reported that staff and volunteers were competent and effectively deliver beneficial services. Consumers reported staff complete their work efficiently and effectively.

Staff files reviewed reflect relevant qualifications, training and education is delivered applicable to their role to enable staff to deliver quality services. Staff and management interviewed reported that performance and development is monitored in an ongoing capacity and during annual performance appraisals.

The service demonstrated an induction program for volunteers ensures they are aware of their responsibilities in delivering services however, it is not clear there is consistently staff and volunteers available for all shifts. For example:

* The service does not have processes to replace volunteers if they are unavailable. Management said if a volunteer cannot attend a consumer, the service is unable to provide the scheduled program.

While the service is attempting to refer and transfer current consumers to other providers to maintain continuity of service delivery, the Assessment Team found that the service could not currently demonstrate the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

In response to the Assessment Report, the service advised that where a staff member is unable to attend a consumer, options are developed in discussion with the consumer. The service advised the current staffing structure and stated that when a staff member leaves, the vital components of the role are reassigned to other staff.

Considering the information provided in the Assessment Report and further information from the service, and that the CHSP program is expected to cease in late 2022 or early 2023, I am not confident that, at the time of the assessment, the service has plans in place to ensure a sufficient number of staff to consistently provide services.

I therefore find this quality standard as Non-compliant.

**Standard 8**

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| Organisational governance | | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers interviewed reported they are regularly invited to provide direct feedback or complaints and are engaged through activity surveys.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality services and is accountable for their delivery.

The service maintains systems to effectively manage financial governance, workforce accountabilities, continuous improvement and feedback and complaints. However, information deficiencies, in the form of processes and procedures are evident through regulatory compliance and reassessment processes and documentation. For example:

* Assessment, review, re-assessment and care planning information reviewed evidenced inconsistencies in how information is collected, documented and monitored on an on-going basis. Management acknowledged the deficiencies in consumer review and reassessment processes and documentation.

While documentation reviewed indicated that staff and volunteers had current police checks, there were gaps in information regarding identification of any criminal convictions or a Statutory Declaration Form.

While the service identifies consumer risk during the initial assessment phase in the form of symbols, care documentation reviewed identified consumer information is not consistently updated to reflect changes to consumers health. Management acknowledged the deficiencies in consumer assessment, review and reassessment documentation and committed to improve their process.

The service demonstrated processes and procedures to manage consumer, staff and volunteer infection control management.

A clinical governance framework is out of scope for the programs delivered by the service.

In response to the Assessment Report, the service confirmed a Statutory Declaration Form was approved for use as of 22 June 2022 and is now embedded in the National Police Check Policy and Procedure. The service advised this has now been completed by all relevant staff. As discussed previously in this report, concerns raised regarding the inclusion of current and up-to-date information in consumer care plans also fall under this standard. The service advised that annual reviews occur at a minimum however, acknowledged that consumer needs may change daily and stated that the team responds accordingly. While acknowledging the challenges faced by the service regarding staffing and the need to update consumer information in numerous places and portals, there continues to be a requirement that all information is recorded in consumer files.

I therefore find that this quality standard is Non-compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)