**Performance**

**Report**

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| Name: | Chorus Australia Limited |
| Commission ID: | 500322 |
| Address: | 43 Planet Street, CARLISLE, Western Australia, 6101 |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2024 to 16 August 2024 |
| Performance report date: | 24 September 2024 |

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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9682 Chorus Australia Limited  
Service: 27446 Chorus Australia Limited - Care Relationships and Carer Support  
Service: 27447 Chorus Australia Limited - Community and Home Support

**This performance report**

This performance report has been prepared by P.Frangiosa, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider did not submit a response to the assessment team’s report received.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* **Requirement 2(3)(e)** - Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* **Requirement 3(3)(e)** - Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
* **Requirement 8(3)(c)** - Effective organisation wide governance systems relating to information management and feedback and complaints.

# Standard 1

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

Findings

Consumers and representatives said consumers are treated with dignity and respect, and they feel valued by those who provide care. Staff were observed to respect consumers dignity and engaged with them in a friendly manner. Processes include discussions with each consumer about their identity, culture and diversity needs.

The service supports consumer choice which includes consideration of risk so each consumer is able to live the best life they can. For sampled consumers who choose to undertake a risky activity, risk assessments were undertaken, the associated risk was explained to the consumer and/or representative, mitigation strategies were implemented, informed consent was obtained, and regular review was undertaken.

Consumers and representatives said consumers are provided information via various mechanisms, which enables them to exercise choice. All consumers and representatives interviewed stated that their monthly statements are clear, itemised, and easy to understand.

Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to identify consumers with specific cultural preferences and described how they tailor care and services to support their needs. Care planning documentation included information to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice. Staff provided examples of how they assist consumers in making day-to-day decisions. Care planning documentation included consumer choice and preferences.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

Requirement 2(3)(e) - was found non-compliant following a Quality Audit undertaken from 14 August 2024 to 16 August 2024. The service did not demonstrate:

* services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team was not satisfied the effectiveness of the care and services provided might not be aligned with the consumer’s needs, goals and preferences as support plans are not reviewed routinely and updated with current services and service delivery instructions. The Assessment Team provided the following evidence to support their assessment:

* Sampled care planning documentation viewed showed 7 out of 9 support plans had not been reviewed after 12 months of implementation, or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* The provider’s internal audit documentation showed 14 out of 19 service locations’ support plans had no reviews conducted within the previous twelve months, 2 of the remaining 5 locations only had 25% support plans reviewed within a year, whilst the remaining 3 locations had 50% of their support plans reviewed within a year.

The provider did not provide a response to the Assessment Team’s report.

In coming to my finding, I have considered the information in the Assessment Team’s report.

The provider in responding to the deficiencies identified by the Assessment Team during the Quality audit advised it was currently working on reviewing and preventing future occurrences of missed reviews, the risk remains that consumer’s care and services are not within the current My Aged Care (MAC) guidelines or their individual, needs, goals or preferences due to existing support plans that have not been reviewed. With reviews not being conducted routinely, or in timely manner when consumer circumstances change, their medical needs, personal care and daily living preferences may be impacted, including circumstances involving discharge from hospital.

I appreciate the provider’s acknowledgement regarding identified gaps in tracking and documentation, and proposed timeframes in responding to them. However, at this stage the service is yet to fully implement service improvements or action all the outstanding care plans and document outcomes. At the time of my finding, these actions have not been fully implemented or embedded.

The intent of this requirement expects organisations to regularly review the care and services they provide to consumers, ensuring they are up-to-date and meet the consumer’s current needs, goals and preferences, meet the consumer’s needs safely and effectively, and care and services are updated to apply better practice when available.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 2(3)(e) in Standard 2 Ongoing assessment and planning with consumers.

Requirements 2(3)(a), 2(3)(b), 2(3)(c), and 2(3)(d)

Consumers and representatives confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care.

Staff and management described how 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.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 2(3)(a), 2(3)(b), 2(3)(c), and 2(3)(d), Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement 3(3)(e) - was found non-compliant following a Quality Audit undertaken from 14 August 2024 to 16 August 2024. The service did not demonstrate:

* 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.

The Assessment Team was not satisfied consumer support plans provided consistent delivery instructions for the care and services provided to each consumer accessing CHSP services. The Assessment Team provided the following evidence to support their assessment:

* A review of care planning documentation identified 4 out of 7 support plans did not have service delivery instructions to guide staff practice when providing personal care or medication prompting.
* Though support workers could describe medication requirements for one consumer, there are no instructions documented in the electronic care management system on where to find this information.
  + Furthermore, this consumers webster pack was reported to have been missing a course of medication. Support workers checked with third parties including family, to be advised the pharmacist had removed a particular dose as the consumer was to undergo a medical procedure.
  + This change of medication circumstances was not documented in the electronic care management system, demonstrating that information regarding the changes to the consumers medication was not communicated within the organisation prior to the provision of care and services.
* The provider acknowledged the deficiencies identified by the Assessment Team’s finding and presented the organisation’s internal audits showing 8 out of 19 service locations have a support plan uploaded for each consumer. The provider also submitted the organisation’s continuous improvement plan and action to address this finding.

The provider did not provide a response to the Assessment Team’s report.

In coming to my finding, I have considered the information in the Assessment Team’s report.

The intent of this requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access to, should help them provide and coordinate care that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story.

I appreciate the provider’s acknowledgement during the audit relating to deficiencies identified. However, at this stage the service is yet to remedy these deficiencies. Documentation demonstrated the service does not have processes in place to capture and inform assessment or guide staff practice in the delivery of safe and effective personal and clinical care.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 3(3)(e) in Standard 3 Personal care and clinical care.

Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f), and 3(3)(g)

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f), and 3(3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

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

Findings

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers on the mobile application to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through a mobile application. Management advised consumer care plans are available to staff through a mobile application and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying and nutritious. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes. Documentation showed the service has a documented emergency plan which identifies allergies, likes and dislikes of consumers and there are special directives for consumers with diabetes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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

Findings

Consumers confirmed they feel comfortable and welcome in the service environments. Staff described how they support consumers to interact and use the service environment to suit their needs. Management described how they know consumers feel welcome by assessing attendance and participation in activities such as the social support groups. The service environment was observed to be clean, accessible and fit for purpose.

Staff and management described the processes for cleaning equipment and escalating issues with furniture. The service environment was observed to be clean and well-maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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

Findings

Consumers and representatives confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Management described how the service supports consumers to access advocates and other services and methods for raising and resolving complaints. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options, in the consumer’s language of choice.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues, even though the service does not have an open disclosure procedure.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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

Findings

Consumers and representatives confirmed consumers feel respected. Staff described how they relate to consumers respectfully. Results from a survey conducted by the service showed consumers feel they are treated with integrity and respect.

Consumers stated staff are competent. Staff described the minimum qualifications required for their roles. Management described the service’s processes for determining staff competency, including for subcontracted staff. Documentation showed evidence of minimum qualifications and knowledge required for each role.

Staff confirmed they receive induction training and ongoing mandatory training. Management explained the service uses an online training system for staff. Documentation showed the service maintains up-to-date training and competency records for staff.

Support staff confirmed they undergo regular informal performance appraisal processes with management. Management confirmed support staff undergo regular informal performance appraisal processes with office staff undergoing formal annual appraisal processes. Management stated a review of performance appraisal processes will be undertaken. Documentation showed evidence of performance reviews being completed for office staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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. | 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. | Compliant |

Findings

Requirement 8(3)(c) - was found non-compliant following a Quality Audit undertaken from 14 August 2024 to 16 August 2024. The service did not demonstrate:

* Effective organisation wide governance systems relating to information management and feedback and complaints.

The Assessment Team was not satisfied consumers could access information about their care and services that are in line with their current needs and preferences. In addition, information to ensure support workers have access to information that assists them in their role is not regularly reviewed or updated. The Assessment Team provided the following evidence to support their assessment:

*Information management*

* Reviewed organisational internal preliminary audits indicated support plans had not been reviewed within the required timeframe across all locals. Despite ‘Individual Planning for Customer Procedure’ and ‘Assessment and Goal Planning Guideline’ providing guidance to staff for the assessment, planning, and review of consumers support plans.

*Feedback and complaints*

* Management advised information regarding issues addressed are recorded in each consumers individual electronic notes. Management further advised the information is not collated and reviewed to identify improvement opportunities.

The provider did not provide a response to the Assessment Team’s report.

In coming to my finding, I have considered the information in the Assessment Team’s report.

The intent of this requirement is to ensure effective information management systems and process (including feedback and complaints systems and processes actively look to improve results for consumers) give appropriate members of the workforce access to information that helps them in their roles. It also makes sure consumers can access information about their care and services. These systems cover how an organisation maintains, stores, shares, and destroys information and how it controls privacy and confidentiality. Information that supports consumers to make decisions should be relevant and accurate and provided in a timely manner.

The provider in response to the deficiencies identified by the Assessment Team during the Quality audit advised steps including.

* Better Safer Care monitoring and reporting tool development, which outlines the need to design and launch a tool to enable monitoring and reporting of customer changes, which triggers actions, to support customer outcomes proactively, relating to the provision of safe and high-quality customer services.
* Management advising of a project to outline the actions to be taken to ensure all support plans are updated and a process to ensure regular reviews is implemented. The team advised all locals are to complete a full audit by the end of August 2024. Once this has been completed staff at each local will be required to update all support plans by April 2025

I appreciate the provider’s acknowledgement regarding identified gaps in tracking and documentation, and proposed timeframes in responding to them. However, at this stage the service is yet to fully implement service improvements or action all the outstanding care plans and document outcomes. At the time of my finding, these actions have not been fully implemented or embedded.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(c) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(d), and 8(3)(e)

The organisation has an infection control plan and outbreak plans and all staff have received infection control training and refresher training. Training on restrictive practices is to be implemented as part of the review of the clinical governance processes. Open disclosure is used when things go wrong.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support, continuous improvement, financial governance, workforce governance, and regulatory compliance.

The organisation has a risk management framework inclusive of a risk register and risk management procedure and matrix. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(d), and 8(3)(e) in Standard 8, Organisational governance.

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)