**Performance**

**Report**

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| Name: | Circular Head Aboriginal Corporation |
| Commission ID: | 300361 |
| Address: | 20 King Street, SMITHTON, Tasmania, 7330 |
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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: 8987 Circular Head Aboriginal Corporation  
Service: 26934 Circular Head Aboriginal Corporation

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7375 Circular Head Aboriginal Corporation  
Service: 24212 Circular Head Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report for Circular Head Aboriginal Corporation (**the service**) has been prepared by L Glass 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 4 June 2024.

# Assessment summary for Home Care Packages (HCP)

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

* Implement and undertake effective management of high-impact high-prevalence risks in relation to falls management for HCP consumers
* use feedback and complaints to inform improvements to care and services
* demonstrate that the governing body is accountable for a culture of safe, inclusive and quality care including using information from management reports and feedback and complaints from consumers to improve delivery of consumer care and 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. | Compliant | 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

Standard 1 is Compliant as 6 of 6 Requirements are Compliant.

The service demonstrated most consumers are treated with dignity and respect, their culture, identity, and diversity valued. Most staff described how they treat consumers with respect by acknowledging their choices and preferences and using consumers preferred names. Documentation reviewed demonstrated information is inclusive and respectful of consumer identity.

Most consumers and representatives interviewed said staff were aware of consumer’s cultural preferences. Most staff demonstrated understanding of consumer cultural backgrounds and described how they ensure care and services reflect consumer’s cultural needs and diversity.

Consumers are supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Consumers and representatives confirmed the service involved them in making decisions about the services consumers receive. Staff described how they support consumers to exercise choice and make decisions about services.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives said consumer are encouraged to do things independently and staff respect the decisions they make. Staff described how they support consumers to take risks. The service has an individual risk management plan template and is currently developing a dignity of risk policy and training module.

The service demonstrated information provided to each consumer is current, accurate, and timely and is communicated in a way that is easy to understand and enables them to exercise choice. All consumers interviewed confirmed information provided to them is easy to understand.

The service demonstrated there are policies and processes to ensure consumer information is kept confidential. Most consumers said staff respect their privacy when delivering care and services. Staff demonstrated they provide privacy and confidentiality during care and provision of other services.

# 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. | Compliant | 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 | 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 | 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 | 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. | Compliant | Compliant |

Findings

Standard 2 is Compliant as 5 of 5 Requirements are Compliant.

The Assessment Team recommended Requirement 2(3)(a) is not met. I have come to a different view and find the Requirement is Compliant. The service’s assessment and care planning process involves risk assessments, and consideration of medical conditions and risks identified within the consumers My Aged Care assessment. HCP and CHSP care coordinators undertake initial and ongoing assessment which involves completing environmental risk assessments as well as the falls risk assessment tool (FRAT). However, the Assessment Team considered the service was unable to demonstrate effective identification and assessment of all risk as it relied brokered services to deliver clinical care. Management acknowledged while they have access to and service agreements with brokered health professionals for the delivery of clinical care, they do not have a process for engaging these brokered services to support assessment and care planning.

In response to feedback from the Assessment Team, management explained they had identified a number of immediate and longer-term improvement initiatives. This included developing formalised policies and procedures to support care coordinators in determining when and how to access external health professionals; commencing a review of the service’s intake, assessment, and planning process to ensure it capture of medical conditions through the consumers medical officers and developing a longer-term initiative of employing a registered nurse to support the assessment and identification of clinical risk. The Assessment Team reviewed the service’s quality improvement register which reflected improvement initiatives described.

In a written response to the Assessment Team’s report the service supplied further information including updated policies and procedures referrals and a staff schedule for training in falls and risk assessment.

I have considered the Assessment Team’s findings, and the response from the provider during the Quality Audit and in a written response to the Assessment Team’s report. I consider that the provider is undertaking assessment and planning, including consideration of risks to the consumer’s health and wellbeing. The service’s care coordinators are undertaking planning and assessment and arrangements are in place to improve communication with brokered services. I find the Assessment Team has not demonstrated there is a systemic failure in the service.

All other requirements in Standard 2 are Compliant.

Consumers and representatives are satisfied assessment and care planning reflects the current needs, goals, and preferences of consumers. One of 5 consumers and representatives said they were aware of advanced care planning. Care coordinators said consumers in the region did not have much understanding of advance care planning. Management explained they do not provide advance care planning services and until recently did not include or consider advance care planning in their assessment and care planning process. However, the service has recently introduced this step in their assessment and care planning process through discussions around advance care planning access to resources and external services to develop advance care plans.

Consumers and representatives are involved in consumer care planning and the care coordinator meets with them on a regular basis to discuss and review care plans. Care coordinators conduct initial and ongoing care plan reviews in person with the consumers and their nominated representatives. Management explained while they do not currently have a process for engaging external organisations or individuals in the assessment and care planning process, they are currently developing a communication pathway with consumers’ medical officers to obtain medical summaries.

Consumers and representatives described the care and services received and all reported getting a copy of the consumer’s care plan. Care coordinators said following the initial and ongoing care plan reviews they provide consumers and their representatives with an information pack that includes an updated care plan, information on external advocacy services, as well as key service contacts. Consumers and representatives said the service regularly reviews care and services including when changes occur. Care coordinators explained they undertake care plan reviews annually or when there is a change to a consumer's care and service needs.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | 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 | 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 | 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Standard 3 is Not Compliant for HCP as only 6 of 7 Requirements are Compliant.

Standard 3 is Compliant for CHSP as 7 of 7 Requirements are Compliant.

The service offers personal and brokered clinical care to HCP consumers only. Consumers and representatives are satisfied personal and clinical care is tailored to consumer’s needs and optimises their health and well-being. Care coordinators explained that clinical care is

outsourced, and they utilise community nursing staff as well as external allied health professionals to undertake clinical care. Care staff said they ensure they provide personal care that is aligned with consumer’s care plan and preferences.

The Assessment Team recommended Requirement 3(3)(b) is not met for HCP and Met for CHSP. The service identified falls as a high-impact, high-prevalence risk for consumers. Management said they are in the process of developing risk registers for HCP and CHSP consumers to support identification of at risk and vulnerable consumers. Although the service had identified falls as a high impact high prevalence risk, they were unable to produce any form of formal policy, procedure or guidance to support staff in the management or reporting of falls.

In response to feedback, management said they would undertake a review of their current policies and procedures, implement new ones where needed and deliver education to support and guide staff practices. Several draft policies and procedures were reviewed during the Quality Audit which included falls prevention. The service’s quality improvement register included improvement initiatives for the management of high-impact, high-prevalence risks.

In a written response to the Assessment Team’s report the service supplied further information including a fall’s risk policy and register and a fall’s report form and a vulnerable consumer’s register. I acknowledge the documents supplied provide support and guidance to staff however I consider implementation and initiatives to communicate how to effectively the manage risks to consumers are yet to be consolidated into practice. I find Requirement 3(3)(b) Not Compliant for HCP and Compliant for CHSP.

All other Requirements in Standard 3 are Compliant.

The service said they have not yet had an instance where a consumer required end-of-life care. They explained if this were to happen, the consumer would be taken to the hospital, or the service would engage the support of Palliative Care Tasmania.

Consumers and representatives said all the staff know the consumer and they are confident staff would be able to identify a change in consumer condition. Care coordinators described ways in which they respond to deterioration. Care staff demonstrated their understanding of consumers and their conditions and said they raise any concerns directly with the consumer's case manager.

Care staff can access information about a consumer’s condition, needs and preferences through handover and rostering notes as well as consumer care plans. Care coordinators and management explained how they include relevant information about consumer conditions and the reason for the referral when brokering care to allied and community nursing services.

Consumers and representatives are satisfied with the measures staff take to protect consumers from infection. Staff explained they have complied with hand hygiene, and infection prevention and control training modules and discussed their use of Personal Protective Equipment (PPE) such as masks and gloves.

# 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. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Standard 4 is Compliant as 7 of 7 Requirements are Compliant.

Consumers and representatives said the care and services received supports consumers to maintain independence and optimise quality of life. Care coordinators described how domestic and social supports are provided to consumers to support them to maintain independence and remain at their home. Care staff delivering social support ask consumers how they would like to use their social support services. Consumer care documentation includes consumer needs, goals and preferences.

Consumers and representatives were satisfied consumers’ spiritual and psychological well-being is considered when developing care and service plans. Care plans include a section relating to consumer’s emotional, spiritual and psychological well-being. Care staff support consumers who are socially isolated by providing social support and companionship. The lifestyle coordinator considers culturally and spiritually significant days and plans activities or trips around them.

Consumers and representatives are supported to have social relationships and do things of interest to them through their social supports and group activities such as weekly meals and a men's shed. The lifestyle coordinator tries to organise regular group activities to support consumer interaction and socialisation. Consumers were observed socialising with each other at one of the weekly lunches held by the service.

Consumers and representatives are confident staff have access to care information including consumer’s needs and preferences. Lifestyle staff confirmed they can access consumer care plans online and can make notes about activities consumers have participated for other staff to access.

The service offers twice-weekly group lunches onsite as well as individual meal preparation. Consumers and representatives provided positive feedback about the variety, quality and quantity of the meals provided at the weekly lunch. Consumers receiving shopping and meal preparation said it is a great service and they get to choose the food and can communicate how they would like it prepared. Care staff support consumers to exercise choice around meals and preparation. Care documentation detailed consumer dietary requirements and allergies.

Consumers and representatives are satisfied the equipment provided is safe and suitable for the consumers. Consumers get a choice when it comes to purchasing mobility and other equipment and staff described how they ensure equipment remains safe, clean, and well-maintained.

# Standard 5

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

Findings

Standard 5 is Compliant as 3 of 3 Requirements are Compliant.

The Assessment Team recommended Requirement 5(3)(b) is not met. Management described the service’s Work Health and Safety (WHS), maintenance, and hazard management processes as a ‘work in progress’. Management explained they had recently identified the management of WHS for the organisation needed to be addressed. A review of the service’s quality improvement plan, documented maintenance management as a required improvement initiative.

In a written response to the Assessment Team’s report the service supplied further information including maintenance policies and a maintenance schedule. Items to be improved and actioned are recorded in the service’s plan for continuous improvement and quality improvement plan.

I have considered the Assessment Team’s report and the written response from the provider. The response indicates maintenance is being completed or is planned and the deficits identified in the Quality Audit are being actioned and a completion date recorded. I find Requirement 5(3)(b) Compliant.

Consumers utilise the service environment to participate in a range of social activities and spoke positively about the service environment. The areas are accessible for all levels of ability with signage to provide direction. The service is welcoming and provides comfortably furnished areas for consumers to participate in activities and group meals at the service. Consumers were observed to be enjoying the lunch service.

Consumers and representatives reported the service furniture, fittings and equipment including fleet cars are comfortable, clean and well maintained.

# 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. | Compliant | 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

Standard 6 is Not Compliant as only 3 of 4 Requirements are Compliant.

The Assessment Team recommended Requirement 6(3)(d) is not met. It found the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Consumers said they have provided feedback and suggestions that have not been evaluated or implemented by the service. There was no evidence to demonstrate that complaints are analysed, trended and information is used to make improvements to the quality of care and services. In response to the Assessment Team during the Quality Audit, management acknowledged the deficiencies identified in systems and processes in relation to this requirement. Management proactively responded to the Assessment Team’s feedback by updating the service’s quality improvement register with a number of improvement actions.

In a written response to the Assessment Team’s report the service supplied further information including an updated plan for continuous improvement, a complaint register and complaints tracker template.

I have considered the Assessment Team report and the documents supplied in the provider’s written response. While I acknowledge the proactive response from the provider during the Quality Audit and the documents supplied including a complaints register and tracker, they are not yet implemented. I have also considered feedback and complaints are not yet being reviewed and used to improve the quality of care and services. The service is yet to demonstrate it trends, analyses and reports the complaints and feedback to the board to inform improvements to the delivery of care and services and to ensure there is safe and effective care. I find Requirement 6(3)(d) Not Compliant.

All other Requirements in Standard 6 are Compliant.

The service demonstrated consumers are encouraged to provide feedback and make complaints. Consumers have provided feedback and made complaints. Staff have supported and encouraged consumers to provide feedback and make a complaint. Management demonstrated and documentation verified, there are processes to ensure feedback and complaints are captured.

The service demonstrated consumers are made aware of and have access to advocates, language services, and other methods for complaints resolution. Consumers and representatives confirmed they are aware of various mechanisms to raise and resolve complaints. Staff demonstrated knowledge of alternative services that support consumers to raise and resolve complaints. Management and documentation verified, information about advocacy services is provided to consumers in the consumer handbook at the time the consumer joins the service.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Most consumers and representatives said the service has acted on feedback provided. Staff and management address and document consumer feedback and ensure it is actioned in a timely manner.

# Standard 7

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

Findings

Standard 7 is Compliant as 5 of 5 Requirements are Compliant.

All consumers and representatives are satisfied with the care and services provided by care staff. Consumers and representatives indicated consumers get quality care and services through the provision of regular staff to meet their needs. Staff and management indicated there are sufficient staffing numbers and described how they plan and manage the workforce.

The service demonstrated that workforce interactions with consumers are kind, caring, and respectful of each consumer’s identity, culture and diversity. Most consumers and representatives described kind and caring staff interactions in various ways. Staff and management were observed respectfully interacting with consumers during meal service and in the office environment.

The service demonstrated the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Most consumers and representatives said they feel safe and have confidence that staff know what they are doing. Staff demonstrated knowledge specific to the care and services provided to consumers. Management demonstrated how staff are assessed as competent and capable in their role.

Most consumers said staff are competent. Staff confirmed the recruitment process and said they are mostly supported in performing their roles. The service has identified several additional training and education opportunities throughout the Quality Audit process. There are processes in place to ensure performance management is initiated following feedback from consumers and staff, or where incidents have occurred. Management support staff to improve performance through career development opportunities. Staff interviewed confirmed they participate in an annual performance review and are encouraged to provide feedback on their performance as well as identify opportunities for improvement and training.

# 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. | Compliant | 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. | Compliant | 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 | 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 | Compliant |

Findings

Standard 8 is Not Compliant as only 4 of 5 Requirements are Compliant.

The Assessment Team recommended Requirement 8(3)(a) is not met. It found the organisation did not demonstrate consumers and representatives are engaged and supported in the development, delivery, and evaluation of care and services. A consumer advisory meeting is in place however consumers were dissatisfied with the lack of response from the board about changes they had considered important.

In a written response to the Assessment Team’s report the service supplied further information including a provider governance policy and documentation to record and register consumer suggestions about consumer engagement in the delivery of care and services. Board members are invited to attend social activities and speak with consumers including at twice-weekly consumer luncheons.

I have considered the Assessment Team report and the response from the provider. While the Assessment Team have recommended this Requirement is not met, I have come to a different view. The mechanisms in place provide opportunities for consumer engagement in the development, delivery and evaluation of care. I have considered the deficit in actioning feedback and complaints under Requirement 6(3)(d). I find Requirement 8(3)(a) Compliant.

The Assessment Team recommended Requirement 8(3)(b) is not met. It found there was insufficient evidence provided to demonstrate the governing body understands and sets priorities to improve the performance of the service against the Quality Standards. Management provide monthly updates to the board relating to some key performance indicators such as financial management and incidents however other aspects of care and delivery of services are not addressed including any serious complaints.

In a written response to the Assessment Team’s report the service indicated it has initiated induction and training for board members and topics include reporting, responding to complaints and feedback and aged care compliance obligations.

I have considered the Assessment Team report and the response from the provider. While I acknowledge the initiatives in place to induct and train board members, the initiatives have not been fully implemented. Implementation will promote a culture of safe, inclusive and quality care and services and support the board to use the reports and information provided to it by management to ensure accountability for care and service delivery. I find Requirement 8(3)(b) Not Compliant.

The Assessment Team recommended Requirement 8(3)(c) is not met. It found the service did not demonstrate effective systems to support information management, continuous improvement, regulatory compliance, and feedback and complaints. The service demonstrated sufficiently effective systems in relation to financial governance and workforce governance. Information management. The service self-identified prior to the Quality Audit, and management confirmed on site, that some policies and procedures do not exist or are ineffective. Management stated, and documentation review confirmed, the service has a triaged list of high-risk policies to develop and/or review.

In relation to continuous improvement the Assessment Team found the continuous improvement system does not support throughput of feedback and complaints into the service’s quality improvement register, or monitoring and oversight of quality improvements. Management acknowledged the deficiencies identified in the continuous improvement systems. Management proactively responded to the Assessment Team’s feedback by adding additional criteria to the service’s feedback and complaints register and quality improvement register to aid monitoring and oversight.

In relation to regulatory compliance the Assessment Team found management was not aware of their obligations to have systems and processes in place to ensure the service, staff and brokered services comply with the Aged Care Code of Conduct. Management updated the quality improvement register during the Quality Audit to develop, review, and introduce staff information in relation to the Aged Care Code of Conduct. The service receives legislative updates through monitoring of government websites, correspondence, and media releases.

In relation to feedback and complaints the Assessment Team found the service has an implemented feedback and complaints system however did not demonstrate how complaints, feedback and other incidents are analysed, trended, and information is used to make improvements to the quality of care and services. There are no systems or processes to ensure complaints analysis and trending are promulgated to the governing body to provide further oversight and governance of all aspects of care and services.

The organisation has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality service. The organisation demonstrated there is effective workforce planning in place, and the workforce is competent, supported, and developed to deliver safe and quality care and services to consumers.

In a written response to the Assessment Team’s report the service supplied further information including a suite of policies and procedures addressing the identified gaps in regulatory compliance, continuous improvement systems and feedback and complaints. In making my decision I have also placed weight on the service’s proactive response to feedback from the Assessment Team given during the Quality Audit about ensuring staff and brokered services understand regulatory obligations and communicate consumer outcomes aligned to the Aged Care Code of Conduct. I have addressed deficits in continuous improvement in relation to addressing, analysing and responding to feedback and complaints and using the information to inform improvements in Requirements 6(3)(d) and 8(3)(b). I find Requirement 8(3)(c) Compliant.

The remaining Requirements in Standard 8 are Compliant.

The service has a documented risk management system that supports the identification and response to abuse and neglect of consumers, consumers to live the best life they can, and management and prevention of incidents.

The organisation has a documented clinical governance framework that guides staff and sets out responsibilities, accountabilities in relation to restrictive practices and open disclosure.

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)