**Performance**

**Report**

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| Name: | Colac Otway Shire Council |
| Commission ID: | 300577 |
| Address: | 2-6 Rae Street, COLAC, Victoria, 3250 |
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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: 8985 Colac Otway Shire  
Service: 26430 Colac Otway Shire Council  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8454 Colac Otway Shire Council  
Service: 25359 Colac Otway Shire Council - Care Relationships and Carer Support  
Service: 25358 Colac Otway Shire Council - Community and Home Support

**This performance report**

This performance report for Colac Otway Shire Council (**the service**) has been prepared by Nicola Eastwood, 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 28 March 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Not Assessed** |
| **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 | Not 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 | **Not Assessed** |
| **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.

**Standard 1**

* Requirement 1(3)(d) implement a process to support consumer choice where activities involve an element of risk.

**Standard 3**

* Requirement 3(3)(a) engage and implement systems to support consultation and response to changes in clinical care needs.
* Requirement 3(3)(b) create and implement policies to support care of conditions and complications with high impact or high prevalence risks.
* Requirement 3(3)(c) incorporate a palliative care/end of life policy into practice.
* Requirement 3(3)(e) consolidate and evaluate systems to ensure processes support sharing of information where care is shared.

**Standard 6**

* Requirement 6(3)(d) implement processes to ensure adequate tracking, analysis and monitoring of feedback and complaints.

**Standard 8**

* Requirement 8(3)(a) sustain effective feedback and complaints processes to inform broader service improvement.
* Requirement 8(3)(b) implement effective governance policies and frameworks to ensure a culture of safe and inclusive care.
* Requirement 8(3)(c) implement effective governance policies and frameworks to support continuous improvement and Regulatory and Legislative compliance.
* Requirement 8(3)(d) implement effective governance policies and frameworks to support adequate consideration of risk.
* Requirement 8(3)(e) reconsider and implement effective governance policies and frameworks.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Compliant | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 1(3)(d) and as a result does not comply with Standard 1.

Requirement 1(3)(d):

The service did not demonstrate consumers were being supported to take risks based on consumer choice. Consumers and representatives confirmed they had not discussed areas of risk and problem-solving solutions where indicated. Where case managers described how they supported consumers to have choice and control, consideration to risk was not included. Care documentation did not demonstrate interactions between consumers and staff to support choices involving risk and did not reflect the use of individualised risk mitigation to inform future risk management approaches and problem solving to improve outcomes for consumers. Existing policies and procedures did not reflect or support staff to manage any tension between consumers taking risks, and safety.

The Approved Provider submitted a copy of the services Plan for Continuous Improvement (PCI) with supporting evidence of actions to date. The service has now reviewed and is in the process of implementing policies to support recognition of consumer choice and risk. Each policy submitted in support of the response referred to alternate policy clauses relevant to standards and consideration of risk. I note additional training has also been commenced and is planned incrementally throughout the coming months. I encourage the service to consider how best to support the policy updates with consideration to how the dignity of risk principle applies to consumer choice and the service in practice. I consider further time is required to ensure these improvements are embedded. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and representatives confirmed staff treat them with dignity and respect. Staff described the initial and subsequent assessment process, which involves gaining an understanding of consumer preferences, choices, and life stories. Care planning documentation reflected what is important to consumers to maintain their dignity and identity.

Staff described knowing consumer preferences for care, understanding of unique backgrounds, how they address bias, stereotypes and misconceptions to deliver culturally safe care. Management demonstrated the service’s consideration of consumer preferences and cultural background which are included in the assessments and care plans. Care documentation reflected relationships of significance, and preferences in relation to consumer care. Staff described how they support consumers with independence and choice by offering options and providing opportunities for discussion.

Consumers and representatives advised they receive timely and clear information, including hard copies of care plans, invoices for services and monthly statements. Staff described ways they communicate information to consumers with memory loss and sensory impairments and described accessing interpreter service when required. Staff described how they safeguard consumer privacy and information and all consumer information is secured with password protected software and electronic devices.

# 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

The Assessment Team recommended that Requirements 2(3)(a), 2(3)(b) and 2(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 2(3)(a):

The service did not demonstrate assessment and planning was comprehensive and included consideration of risks to consumer health and wellbeing. While consumers and representatives said they receive the care and services they require, staff said they are sometimes not aware of consumer medical or clinical needs. Information is not routinely shared after return from hospital or if consumer condition changes. Validated clinical tools such as falls risk, nutrition and skin assessment tools were not utilised to aid in comprehensive consumer assessment.

The service’s PCI reflects a plan to review care plans and documentation to include assessment tools. The Assessment and Planning policy has been reviewed and is awaiting implementation and refers to further clinical considerations within the policy related to Standard 3. The policies clearly outline identification and assessment steps where clinical risk is identified and the associated process (supported by the Assessment and Support Planning Process Flow Chart). The policy also reflects relevant points for review and reassessment, I am reassured that the service has addressed the concerns raised by the Assessment Team and has a reasonable plan in place to ensure compliance is maintained with this Requirement.

Requirement 2(3)(b):

The service did not demonstrate consumer needs and preferences were captured in the assessment and care planning process, or that advance care planning was routinely discussed with consumers. Consumers and representatives confirmed current needs are met or services are in the process of being organised, however support plans did not always capture consumer needs nor interventions for identified issues.

The service’s PCI and supporting policies reflect inclusion of advance care directive consideration and the implementation of a care plan annual review template. The PCI reflects completion of additional staff training and goal directed care plans include discussion around advance care and end of life planning. I am reassured that the service has implemented effective systems to ensure inclusion of the advance care planning and consumer needs and preferences at the time of assessment and planning. I consider this Requirement compliant.

Requirement 2(3)(e):

Staff described a new process for review of support plans/goal of care plans annually when a consumer's condition deteriorates, changes or post hospital discharge. Case managers indicated a full care plan review doesn’t always take place, with only additional notes in e-tools rather than a comprehensive review. Changes to consumer circumstances including hospitalisation, new medical issues, the commencement of palliative care, and changes to service delivery are not reflected in the consumer care plan. The service does not have a current policy to guide the review process.

As indicated in Requirement’s 2(3)(a) and 2(3)(b) the Approved Provider response and supporting PCI now reflect a review process to address the concerns raised at the time of the Assessment Teams attendance. I am reassured that the service has implemented effective systems to maintain review of relevant assessments as circumstances change and with consideration to the goals identified by consumers. I consider this Requirement compliant.

Compliance with remaining Requirements:

Staff explained they access care plan information through the mobile application tracker and e-tools. Consumer information is available through the mobile tracker once they are booked for a service. Staff discussed how care plans were reviewed regularly, when consumers requested a change or when there were changes in care needs. There was a process in place to share information with the local health service to support additional sharing of information for consumers.

Consumers were aware of current services provided and which staff member would attend for visits. While support plans were not comprehensive, all consumers had an online support plan or goal of care plan. The Assessment Team noted that not all consumers could recall being offered a copy of the care plan, however all care plans reviewed were signed by consumers.

# Standard 3

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

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(e) and as a result does not comply with Standard 3.

Requirement 3(3)(a):

Staff described how they support consumer personal care needs but were unable to explain how they respond to changes in care needs such as skin care, behaviour management or falls. Care plan documentation reflected care plans not tailored to individual consumer needs and goals to optimise their health and well-being. Where clinical or complex care needs were required, there was no process to support consultation to optimise safe and effective personal and clinical care.

The service’s PCI reflects a review of the associated Standard 3 policy which is awaiting implementation. Further discussion related to communication with affiliated services and investigation into functionality of information systems are planned. The service has also provided additional medication administration training to carers. Given there are a number of aspects still under discussion related to this Requirement and the time frames identified for implementation of improvements, I consider further time is required to address the identified deficits, as a result this Requirement is non-compliant.

Requirement 3(3)(b):

Several consumers were identified at risk of falls and living with mental health issues, diabetes, or wounds. Interventions and risk management strategies such as offering to refer consumers to appropriate support services were being actioned but not always evident in consumer care plans. Information on key risks and associated management strategies were generally not reflected under the risk section.

The service’s PCI indicates development of specific policies to support high risk areas such as falls and diabetes related complications. I note the inclusion of high impact or high prevalence risks associated with the care of consumers within the services Standard 3 policy, but without the required additional clinical care processes. The PCI proposes a significant period of time required for completion of these policies, I encourage the service to complete as a matter of priority. This Requirement is non-compliant.

Requirement 3(3)(c):

Consumers nearing the end of life are referred to external palliative care if required. The Assessment Team noted a consumer with palliative intervention whose care had not been updated and no evidence was recorded regarding medical needs and palliative care. The service did not have an end-of-life or palliative care policy or guidelines for staff.

The services PCI proposes the creation of an End of Life/Palliative Care policy in the coming months. While I note a formalised process is required, consideration should be made to inclusion and modification of existing deterioration criteria to support staff recognising and ensuring appropriate assessment reviews are commenced. Further time is required to ensure this improvement is completed; this Requirement is non-compliant.

Requirement 3(3)(e):

The service did not demonstrate effective documentation of consumer conditions and needs within the organisation, nor adequate communication of information with others where responsibility for care is shared. While consumers did not express concern regarding the adequacy of information sharing, case managers confirmed they do not always have current information regarding consumer needs and services and do not communicate with the Allied Health Staff who provide significant care to consumers.

The service’s PCI and supporting policies, specifically the Standard 3 policy supports a plan to include information about consumer conditions both internally and externally to inform the principles of delivering personal and clinical care. I note the inclusion in the Standard 2 policy which also includes capacity to share information in order to achieve the consumer’s expressed goals and outcomes. There is a plan in place to update agreements and expectations with brokered services as well as reintroduction of Improvement Committee processes. Given the potential risks associated with failing to adequately implement recommendations where care is shared, I consider further time is required to ensure these improvements are implemented and evaluated. This Requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and representatives confirmed staff know them well and would be able to identify consumer deterioration or change. Staff described how changes in consumer clinical and personal care needs are escalated immediately. Management described conducting consumer reviews in line with email referrals and reports of consumer deterioration.

Case managers described the process for referring consumers to other allied health professionals through an online referral or telephone. Care documentation demonstrated referrals were made in response to identified needs, including to medical practitioners, podiatry, occupational therapy, home nursing, and physiotherapy.

Staff confirmed they have completed hand hygiene and infection prevention and control training as part of their qualification. Staff allocated meal preparation tasks have completed safe food handling training. Management confirmed staff vaccination status must be current to commence work but no evidence of staff vaccination register was provided at the time of the audit. The staff handbook outlines infection control information and principles; however, the Assessment Team noted the service has no policies on infection control and antimicrobial stewardship that guide staff practice.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are assisted to participate in the community and the activities they like. Staff explained the service encourages consumers to participate in activities and arranges support to facilitate their attendance. Care documentation reflected consumer participation in programs and activities to meet their needs, goals, and preferences.

Staff described how they provide reassurance to consumers and how they monitor and assess signs of low moods and anxiety. Consumers and representatives were satisfied that consideration of their emotional, spiritual, and psychological wellbeing informs the supports and services they receive. The Assessment Team noted that care documentation could include additional consideration to emotional, spiritual and psychological wellbeing particularly for consumers with mental health conditions.

Care documentation usually reflected consumer participation in programs and activities to meet their needs, goals, and preferences. This was supported by consumers’ accounts reflecting their enjoyment of participating in bus trips. Staff demonstrated their awareness of individual consumer lifestyles and mentioned referring consumers to Colac Area Health for social support, such as men's cooking classes.

Consumers confirmed staff know their daily living needs and provide individual support, ensuring continuity of services. Those receiving allied health services felt that staff were well-informed of their needs through referrals process Care documentation typically involved communication with others responsible for care, primarily at the service initiation or conclusion. Staff reported receiving and communicating information about consumer support requirements through telephone calls, emails, and the mobile telephone application (app).

Staff identify the need for consumers to receive care and services from other organisations, as part of an ongoing review and assessment process. This was supported by feedback from an external service provider, who noted the promptness of referrals. Staff are available to assist consumers with their transportation requirements in attending appointments.

Consumers were satisfied with the meal service option, staff involved in meal preparation encourage consumer participation in preparation and shopping requests. Changes in consumer dietary requirements are communicated by staff and updated in the delivery schedule. The Assessment Team noted food preferences were documented in the dietary sheet.

Management detailed the transportation process by staff or subcontractors, highlighting the importance of cleanliness, maintenance, and documentation of service and insurance records. Consumers expressed satisfaction with the service’s support in purchasing equipment and their confidence in receiving assistance for repair and maintenance.

# 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

The Assessment Team recommended that Requirements 6(3)(c) and 6(3)(d) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with Requirement 6(3)(c) and does not comply with Requirement 6(3)(d) and as a result does not comply with this Standard.

Requirement 6(3)(c):

The service did not demonstrate appropriate actions were taken in response to complaints or that an open disclosure process is used when things go wrong. While consumers and representatives said they were satisfied with the actions taken to resolve their complaints, they were unaware of the service process when things go wrong. Staff were unaware of open disclosure principles and the services complaints and feedback policy and procedure does not include a framework that provides staff with guidance. Management confirmed they had identified a lack of complaints management system and had recently implemented a complaint register. A review of complaints records did not demonstrate the service has a system for monitoring complaints and incidents, nor did it reflect a commitment to applying open disclosure principles when something goes wrong.

The service’s PCI and supporting feedback and complaints policy reflect actions completed to introduce an effective open disclosure process. Additional actions to ensure consumers are also aware of how the service has adopted this approach including provision of further information added to service delivery documentation. The PCI indicates future staff training to also be provided. I acknowledge the Assessment Teams observations and consider the actions planned and implemented by the service to be adequate to address the previously identified deficits. This Requirement is compliant.

Requirement 6(3)(d):

The service did not demonstrate that it monitors, analyses, and uses feedback and complaints data to improve the quality of its care services. Consumers were unaware of how their feedback and complaints are used to improved care and services. Management described that service feedback and complaints from the public are made at the organisational level, which are then registered in the council’s customer request management system. Complaints data is analysed, and quarterly reports provided to Executive Management team for overall organisational improvement. A review of files demonstrated oversight of general feedback occurring at the organisational level, however, this was not reflected at the service level. The complaints policy did not include details of how complaints data relating to home service consumers are monitored, analysed, and trends identified to improve the quality of care and service.

The service’s PCI reflects further review of the overarching Council feedback and complaints policy and creation of local level feedback and complaints monitoring processes. Future plans to engage and implement a complaints and compliments register from an information management platform and inclusion of hardcopy forms to be provided to consumers in addition to quarterly spot checks of feedback to inform continuous improvement. I acknowledge the work commenced to date and am reassured there is a plan for implementation of an effective process to analyse and monitor feedback and complaints. As these actions are currently in progress, further time is required to ensure implementation, improvement and evaluation. This Requirement is non-compliant.

Compliance with remaining Requirements:

Staff described how they encourage consumers to provide feedback and complaints using a range of options, including face-to-face interactions, email correspondence, contacting board members, and anonymously through the service’s website. Consumers and representatives confirmed they are encouraged and supported to provide feedback and complaints. Management explained during the initial assessment process, consumers are provided with information regarding the feedback and complaints process. A review of documentation reflected that the service promotes consumers discussions with staff regarding their care. The onboarding documentation outlined procedures for providing feedback and make complaints.

Consumers and representatives reported the service would support them if they required advocacy or language services and confirmed this information is provided during intake. A review of documentation reflected a consumer referral policy and procedure. The service Onboarding Pack contained information on interpreter and external advocacy services and included contact details of the Aged Care Quality and Safety Commission.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service operates on a four-week regular roster system released one week in advance. The service prioritises personal care, ensuring no unfilled shifts in the past month. In case of vacant shifts, consumers are contacted to allocate a subcontractor or reschedule the care or service. The Assessment Team reviewed the previous months roster confirming all vacant shifts were filled either by direct staff or subcontractors with consumer consent.

Staff described how they tailor service requests to meet consumer preferences and needs. Consumers confirmed the respectful treatment received from staff members, highlighting a caring relationship with them. The service maintains a comprehensive set of documents, including the staff handbook, aimed at facilitating the provision of respectful care.

The service verifies staff qualifications, vaccination status, and conducts police checks before offering employment. On commencement, staff receive a position description, an employee handbook detailing service values, code of conduct, complaints process, and development timeframes, along with a privacy and confidentiality agreement. Documentation reviewed confirmed staff qualifications, registrations, and relevant insurances. Consumers were satisfied staff are skilled and able to competently perform their roles.

Management described the online training and record management system to ensure staff training compliance. Consumers expressed confidence in both staff and subcontractor abilities to perform their duties effectively. Staff confirmed the received mandatory and ongoing training. A review of documents confirmed most staff are up to date with mandatory training, with due date set for remaining staff as per the organisational risk document. The Assessment Team noted further focus was required on critical incident analysis and feedback data, management provided an updated organisational risk document to support future improvements.

The service has documented policies and procedures for managing the workforce, covering recruitment, orientation, probation, performance monitoring and management of staff when issues are identified. Formal and informal processes are used to monitor and evaluate staff performance, with probationary and ongoing reviews conducted at three, six and twelve months.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) and as a result does not comply with Standard 8.

Requirement 8(3)(a):

Where feedback provided by consumers, representatives, staff and management reflected consumers are supported with engagement, the service did not demonstrate information is being used to inform continuous improvement, broader care and service enhancement. The service did not demonstrate how they assess and identify care and service improvement opportunities without a system of monitoring and reviewing records/data from consumer input. Management acknowledged they did not have a system for monitoring data and trends from consumer feedback or input to feed into service improvement.

The service’s PCI refers to the actions commenced and proposed related to Requirement 6(3)(d) as well as additional Serious Incident Response Scheme training and review of the service’s Standard 8 policy. I acknowledge the work commenced to date and am reassured there is a plan for implementation of an effective process to analyse and monitor feedback and complaints. As these actions are currently in progress, further time is required to ensure implementation, improvement and evaluation. This Requirement is non-compliant.

Requirement 8(3)(b):

A review of home service systems and supporting policies demonstrated the service does not have appropriate frameworks, including clinical governance to ensure a culture of safe and inclusive care is fostered and maintained. The service, Support Planning and Delivery policy dated 2018 does not reflect best practice assessment and planning, including the consideration of risks. Embedded in the Support Planning and Delivery policy is the incident reporting procedure which does not demonstrate best practice guidelines, including use of an effective incident feedback and management system.

The service’s PCI reflects a review of the Standard 8 policy as well as cultural awareness training for staff. I note the Standard 8 policy is awaiting implementation with planned completion not until some months into the future, I encourage the implementation of this policy as a matter of priority to ensure the benefit of its improvements are able to be evaluated. As a result, additional time is required to ensure effective governance systems are embedded in practice. This Requirement is non-compliant.

Requirement 8(3)(c):

Information provided to the Assessment team was selective, not always current, and did not reflect the extent of information and detail required to comprehensively inform the assessment process. Review of files sent to the Assessment team reflected notes that were either not complete, current, or supported best practice record keeping.

The service did not demonstrate a practice of continuous improvement that is informed by staff reporting, observation, incidents, complaints, consumer reviews, and risk identification. The service does not have an effective system in place to reflect Regulatory and Legislative changes are considered, particularly where related to Serious Incident Response Scheme (SIRS) reporting.

The service did not demonstrate that feedback and complaints is used to improved care and services and the available evidence indicated consumers last participated in a survey in 2022. While there is evidence of organisation level collation of complaints and feedback this information is not provided to assist the service to inform areas of improvement.

Consumers confirmed they understand the monthly statements received and there was evidence of discussion regarding unspent funds at the Board level. The service demonstrated adequate records are maintained and appropriate checks of competency and staff qualifications as well as relevant compliance and insurances for subcontractors.

The services PCI refers to Requirement 8(3)(b) and the implementation of the service’s Standard 8 policy and effective governance processes. I note the PCI reference at Requirement 8(3)(a) to actions included under Requirement 6(3)(d) related to feedback and complaints as well as the proposed review and implementation of policies. I acknowledge the interaction between this Requirement and the associated provisions across governance and continuous improvement. The service’s PCI supports progress toward addressing the identified deficits, however I consider further time is required to ensure these are implemented in practice. This Requirement is non-compliant.

Requirement 8(3)(d):

The service does not have risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Care planning documents did not accurately reflect consumers most current care needs and associated risks, resulting in consumers not receiving appropriate care. Risks are not routinely reported, escalated and reviewed at the service level.

The service’s PCI refers to the implementation of the Standard 8 policy which includes a Risk Management framework, this policy is awaiting implementation. As indicated in Requirement 8(3)(b) I encourage the implementation of this policy as a matter of priority to ensure effective evaluation of the benefits of the proposed Risk Management framework incorporated in this policy.

Requirement 8(3)(e):

The service did not demonstrate an effective clinical governance framework or systems to ensure the quality and safety of clinical care, including minimising the use of restraint. The service also did not have a supporting open disclosure or antimicrobial stewardship process.

The Assessment Team noted the absence of a restrictive practice policy and the service complaints policy last reviewed in 2023 does not include an open disclosure process to guide staff. Management and staff were not aware of how to apply open disclosure to guide their responses where incidents have or may have caused harm to consumers.

The services PCI reflects consideration to this Requirement through implementation of the Standard 8 policy. I note inclusion of antimicrobial stewardship provisions and reference to the Standard 3 policy for further information related to minimising restraint. The Standard 3 policy explains principles of minimising use of restraint and promoting a restraint free environment, the policy incorrectly indicates the use of seatbelts on mobility equipment (such as wheelchairs) is not considered a restraint. I also note the updated Standard 6 policy which includes the effective inclusion of open disclosure processes. I encourage the service to revisit their interpretation of restraint requirements and ensure the implementation the Standard 8 policy continues as a matter of priority. This Requirement 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-1)