**Performance**

**Report**

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| Name: | Cooma Challenge Limited |
| Commission ID: | 200909 |
| Address: | 2 Walgarra Street, COOMA, New South Wales, 2630 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 August 2023 to 22 August 2023 |
| Performance report date: | 15 December 2023 |

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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7818 Cooma Challenge Limited  
Service: 25026 Cooma Challenge Limited - Care Relationships and Carer Support  
Service: 25027 Cooma Challenge Limited - Community and Home Support

**This performance report**

This performance report for Cooma Challenge Limited (**the service**) has been prepared by M Abjorensen, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 2, Requirements (3)(a), (3)(b), (3)(d) (3)(e)
  + Ensure assessment and planning considers risks to consumer health and wellbeing to inform effective and safe care delivery
  + Ensure assessment and planning is conducted to reflect the current needs, goals and preferences of consumers
  + Ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan, available to consumers and relevant staff delivering care and services.
  + Undertake reviews of consumer care and services regularly and in response to a change in need, condition or circumstance
* Standard 3, Requirements (3)(e)
  + Ensure information is shared and communicated effectively within the organisation, including follow up on staff shift notes and correspondence relating to the personal care and clinical care delivered to consumers
* Standard 6, Requirements (3)(c), (3)(d)
  + Establish a feedback and complaints system that operates to reflect the principles of open disclosure
  + Establish a feedback and complaints system that documents feedback to inform improvements relating to the quality of care and services delivered to consumers
* Standard 8, Requirements (3)(c), (3)(d)
  + Implement effective organisation wide governance systems relating to information management, continuous improvement and feedback and complaints with oversight and engagement from the governing body
  + Establish risk management systems, including an incident management system, which enables oversight from the governing body and ensure appropriate action is taken in response to consumers’ risks and/or incidents

# 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. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Not applicable |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| 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 (3)(a)

The Assessment Team found the service did not demonstrate 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. The Assessment Team provided the following evidence relevant to my finding:

* While the home risk assessment identifies hazards relating to staff work environments, assessment and planning did not consider consumer risks such as hearing or vision impairment, falls or changed behaviour
* The Assessment Team provided two examples of consumers with specific support needs relating to mobility and sensory impairment. Care plans showed the day of scheduled services and the type of service delivered without further regarding support needs.

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate the assessment and planning considers risks to consumers to inform care and service delivery.

I have considered the intent of the Requirement which expects relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with the consumer, and included in planning a consumer’s care. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being aren’t compromised. I find this has not occurred as care documentation does not show support requirements for consumers living with mobility limitations and sensory impairments.

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

Requirement (3)(b)

The Assessment Team found the service did not demonstrate 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. The Assessment Team provided the following evidence relevant to my finding:

* Care plans showed types of services received (domestic assistance, personal care, and social support) and frequency of support/activities. However, consumer needs and/or preferences were not recorded.
* Three consumer care plans contained the same goal, without interventions to achieve the goal based on assessed needs.
* The care plan for a consumer with limited mobility lists the areas to be cleaned but does not show the support requirements or consumer needs, such as, being unable to bend, reach or carry certain items.

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate that current goals, needs and preferences of consumers is identified in assessment and planning.

I have considered the intent of the Requirement expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. I find this has not occurred through care plans that do not reflect the consumer’s needs or support requirements.

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

Requirement (3)(d)

The Assessment Team was not satisfied the service communicates the outcomes assessments and planning are communicated with consumers, and documented in a care and services plan that is readily available to the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Staff were not aware of making care plans accessible to consumers and advised care plans will be provided once the care plans are updated
* Management advised once care plans have been updated, staff will be provided access to inform care and service delivery
* Currently staff rely on their knowledge of consumers or receive emails with task lists for new consumers to inform care and service delivery

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate 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.

I have considered the intent of the Requirement which expects a care and services plan, which includes a person’s needs, goals and preferences, should be available to the consumer in a way they can understand. This may involve support to have information in an accessible language and format, or to help consumers understand the content. Further, the care plan should be available to those providing care and services to the consumer. I find this does not occur as staff rely on their own knowledge of consumers and care plans have not been provided to consumers,

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

Requirement (3)(e)

The Assessment Team found the service did not demonstrate that care and services were reviewed regularly and when circumstances change or when incidents impact on the needs, goals, and preferences. The Assessment Team provided the following evidence relevant to my finding:

* Care and services were not reviewed following hospitalisation or a falls incident where injury was sustained
* Of 15 care plans, 8 were not dated to indicate the most recent review and five had not been reviewed in over 12 months
* The service did not demonstrate processes to conduct reassessments or to monitor the reassessment schedule for consumers

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate 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.

This Requirement expects all care and services plans are expected to include an agreed review date. While the frequency of reviews depends on the needs of each consumer and the type of services the organisation is providing, a consumer’s care and services plan should be reviewed when: the consumer’s condition changes (for example, physical or mental health), situations change (for example, if the organisation’s arrangements for a service changes) or when incidents or accidents happen (for example, if a consumer has fallen). I find this has not occurred as consumers have not been reviewed following falls or hospitalisations, in addition to a number of out of date care and service plans identified.

Based on the information summarised above, I find the provider, in relation to the service non-compliant with Requirement (3)(e) in 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | 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. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

Requirement (3)(b)

The Assessment Team found the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

* Risks associated with the care of each consumer are not consistently documented and care documentation did not consistently record consumer risks identified in My Aged Care records, such as falls risks.
* Staff shift notes show a consumer had a fall, however, the fall was not recorded in the incident register and follow up actions were not documented.
* Staff delivering services do not have access to care directives, such as, risk mitigation strategies
* While management advised that risks to CHSP consumers are identified by monitoring the incident register for concerns such as falls, the incident register did not contain recent inputs for CHSP consumers.

In coming to my finding, I have considered the Assessment Team report which does not demonstrate a failure in the effective management of high impact and high prevalent risks.

I have considered the evidence in the Assessment Team report relating to the assessment of risk and staff access to care documentation in my compliance finding in Requirements (3)(a) and (3)(d) in Standard 2 and do not intend to consider it again under this Requirement.

I have weighted the information and evidence in Standard 2 which shows staff rely on their familiarity with consumers in delivering services and consumers reported receiving appropriate supports. I have considered that the Assessment Team report does not show staff practices in risk management, nor is there evidence to show the delivery of personal or clinical is compromised in relation to the management of risks or as a result of deficits identified in assessment and planning.

I have considered the issues relating to staff shift notes, and subsequent follow up actions under Requirement (3)(e) in this Standard due to the nature of the key issues identified regarding the inconsistent documenting of the condition, needs, preferences relating to personal care and clinical care.

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

Requirement (3)(d)

The Assessment Team found the service did not demonstrate 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. The Assessment Team provided the following evidence relevant to my finding:

* Most consumers interviewed said that they thought staff could identify if they were feeling low or unwell.
* The service contacted My Aged Care in response to a consumer with increased care needs
* Staff interviewed reported that if they notice changes in a consumers consumer’s emotional, physical, or mental well-being, they will report concerns immediately to the service
* Shift notes identify concerns regarding a consumer’s psychological wellbeing without further actions demonstrated
* Management advised that some staff have undertaken dementia training, however policies and training relating to consumer deterioration were not demonstrated.

In coming to my finding, I have considered information in the Assessment Team repot which does not demonstrate that the service fails to recognise and respond in a timely manner to consumer deterioration.

I have considered the core deficits relating to the follow up on shift notes, where staff identify consumer risks without evidenced follow up, show a failure in the effective management of consumer risks. For this reason, I have considered the example relating to the shift notes of a consumer’s psychological wellbeing under Requirement (3)(b) in this Standard.

Information and evidence throughout the report shows consumers describe the helpful support received from staff and the familiarity staff have with consumers.

I am satisfied there was evidence to show consumer deterioration or change is recognised and responded to through staff feedback regarding actions taken in response to a decline in consumer condition, coupled with the example of actions taken to support a consumer with increased care needs.

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

Requirement (3)(e)

The Assessment Team found 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 provided the following evidence relevant to my finding:

* Information and evidence under Requirement (3)(b) shows where staff shift notes communicate information regarding a consumer fall, further actions, were not evident
* Information and evidence under Requirement (3)(d) in this Standard shows multiple shift notes regarding concerns for a consumer’s psychological wellbeing and the service did not document further actions to demonstrate further actions taken.
* Management explained a mobile application is used by staff to enter shift notes and communicate information about consumers’ needs, preferences and condition and training has been scheduled to increase the number of staff using the system.
* The service has approximately 50 staff members, and three staff currently use application to enter notes and monitor information.
* Most staff currently receive information through individual work emails, and progress notes are entered in the shift notes returned to the office
* Information regarding consumer hospitalisation or incidents was not recorded to communicate with those involved in the care of consumers

In coming to my finding, I have considered information in the Assessment Team report which does not demonstrate consumer information is communicated and shared within the organisation, and with others where responsibility for care is shared.

I find the impact of the deficits relative to this Requirement are evident through shift notes not reviewed to effectively coordinate the personal care and clinical care received by consumers.

I acknowledge the implementation of the communication system is currently still in its infancy and current practices do not demonstrate effective sharing of information occurs. Further time is required to demonstrate the effectiveness of the system to share and communicate consumer information.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(e) 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

Requirement (3)(d)

The Assessment Team found the service demonstrated that Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* Care plans did not reflect the services received, for example, a consumer’s care plan shows domestic assistance but a consumer confirmed they also receive weekly social support
* Care documentation does not contain specific instructions for personal care and social support
* Information and evidence under Requirements (3)(a) and (3)(d) in Standard 2 shows consumers find staff help them in the way they need and staff know consumers needs because they are familiar with them.

In coming to my finding, I have considered information in the Assessment Team report which does not demonstrate a failure to communicate and share consumer information within the organisation, and with others where responsibility for care is shared.

I have considered the information does not show an impact, or risk, to consumers regarding documentation deficits in the delivery of services and supports for daily living. I find the information and evidence focuses heavily on documentation deficits which are already addressed in Standard 2.

The intent of the Requirement outlines that how information is communicated can vary, but the method needs to be efficient and fit the situation. I have considered the consumer feedback shows they are receiving supports for daily living in accordance with their needs. This indicates that despite insufficient information accessible through care planning, that information regarding consumer’s needs and condition is communicated in a way that enables the delivery of individual social support and domestic assistance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) in Standard 4, Services and supports for daily living.

# 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. | Not applicable |
| 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Requirement (3)(b)

The Assessment Team reported the service did not demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team provided the following evidence relevant to my finding:

* Consumers, management and staff said that they had not had the need to access advocacy services, or access interpreter services.
* Observations showed information for translation and interpreter services is located near the reception area.
* One staff member said they were aware of alternative avenues to resolve complaints and would provide consumers with information if required
* The consumer handbook does not contain information on advocacy, interpreter or complaints processes.
* Management advised that this information will be included in an information consumer handbook that will be developed.

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate a failure to make consumers aware of language, advocacy and complaints resolution services.

I find the evidence shows the key deficit is that the consumer handbook does not contain specific brochures and management has communicated plans to revise the handbook to include this information. Further, feedback from staff and management shows they are aware of these services and would support consumers to access these as needed and the reception has information for translation and interpreter services available.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(b) in Standard 6, Feedback and complaints.

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team provided the following evidence relevant to my finding:

* Staff advised if a consumer complaint was received they would seek guidance from management
* The complaints and feedback register did not contain CHSP complaints reported in the past 12 months to demonstrate how open disclosure is practiced in complaints resolution
* Open disclosure is not included in the client complaints management policy or in the staff handbook.
* Management explained that the service does not receive much feedback and there is likely some underreporting symptomatic of the previous culture of the organisation and the policies will be revised to include open disclosure principles

In coming to my finding, I have considered the information in the Assessment Team report which does not demonstrate effective management, and resolution of, complaints.

While there is not evidence to show ineffective handling of feedback, I find the evidence shows feedback systems are not operating to demonstrate how the organisation handles consumer feedback.

The intent of the Requirement expects organisations to create an environment that reduces harm to consumers through a culture where people feel supported and are encouraged to identify and report negative events. This gives organisations opportunities to find and act on things that can improve their systems. This includes how the organisation recognises when something has gone wrong that could harm, or has harmed, someone. The organisation is expected to tell the consumer about this, apologise, and explain what has happened. They should also explain why it happened and what they are doing to prevent it from happening again. I find this has not been demonstrated, as feedback has not been recorded in over 12 months to demonstrate an environment that encourages and effectively addresses feedback.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(c) in Standard 6, Feedback and complaints.

Requirement (3)(d)

The Assessment Team reported that feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following evidence relevant to my finding:

* The complaints register did not contain evidence of consumer feedback, two inputs recorded did not contain consumer names nor did they relate to consumer feedback
* Staff described a recent complaint from a consumer regarding a staff member but could not provide further details on actions taken
* The board chairman said that complaints and feedback are not communicated by the service to the board during meetings. The expectation is that complaints are handled at the service level and service improvements based on consumer feedback are not discussed at board meetings.
* The service’s complaints policy did not include information about how complaints and feedback can be used to improve services.

In coming to my finding, I have considered the Assessment Team report which demonstrates the service does not review feedback and complaints to inform care and service improvements.

In addition to the expectation for organisations to encourage complaints and seek consumer feedback, the intent of the Requirement expects organisations to provide timely feedback to the organisation’s governing body, its workforce and consumers on complaints and the actions the organisation took. It’s expected that the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints. I find this does not occur as feedback is not captured to track or record actions and the board does not seek information or trends relating to consumer feedback.

I encourage the organisation to consider the value of using consumer feedback to evaluate the quality of services delivered to inform improvements based on consumer experience.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(d) 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. | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable |
| 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. | Not applicable |

Findings

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Management said that when hiring support workers, they would prefer them to have at least a Certificate III in Aged Care or something similar. However, they said that most staff currently do not have certificates nor are working toward qualifications
* Support workers said they do not have prior experience or qualifications in aged care and buddy shifts are not provided when they commence
* Management explained the reason that position descriptions for support workers and CHSP team leaders were similar is of the similar duties, including care planning assessment, reviews and referrals.

In coming to my finding, I have considered the Assessment Team report which does not show deficits in relation to workforce knowledge, qualifications or competency to deliver consumers’ care and services.

While management ideally would recruit staff with specific qualifications and/or background and experience, evidence does not demonstrate that staff delivering care and services are not qualified or competent to do so. Further, position descriptions have been developed to outline role requirements and while buddy shifts are not arranged for new staff, there is a team leader position to support staff in undertaking their role.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(c) in Standard 7, Human resources.

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* Management said that there are two mandatory training modules that must be completed by all staff before commencing shifts. They are infection control relating to COVID and the Code of Conduct for Aged Care. Any other training is completed on a voluntary basis, either before an employee commences in the role or if a shift is cancelled and there is extra time to allow training
* Support workers said they completed training relating to the Quality Standards and elder abuse and neglect before they commenced the job
* The service was unable to provide a mandatory training register for staff, although the Staff Training policy indicates that staff training records must be kept in a register. Additionally, the service had not delivered training on the serious incident response scheme.
* Support workers interviewed said they do not have regular meetings with their colleagues or management but would like this to occur in the future. They also said they did not recall completing buddy shifts or supervision with more experienced workers or their managers. Management said they are unable to schedule support workers onto shifts for meetings together as there is not enough funding to do so.
* Information and evidence under Requirement (3)(c) in Standard 8 shows Management said they monitor employee’s probity checks through a checklist kept for individual staff members. The Assessment team reviewed multiple checklists which indicated all staff checks, such as police were in date.

In coming to my finding, I have considered the Assessment Team report which does not demonstrate the service fails to train, equip and support the workforce to deliver the outcomes required by these standards.

I have considered the service demonstrated evidence of mandatory training delivered to staff, inclusive of infection control, elder abuse prevention and the quality standards. While a buddy shift may be an effective way to onboard a new staff member, I find management’s explanation relating to resources to be reasonable. Further, without evidence of impact or other issues relating to incomplete training records, I find there is more evidence to show the service is meeting the intent of the Requirement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) 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. | Not applicable |
| 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 applicable |
| 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. | 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 applicable |

Findings

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate effective organisation wide governance systems. The Assessment Team provided the following evidence relevant to my finding:

* Information management:
  + The uptake of the organisation’s electronic management system is not consistent as staff use different formats to store, communicate and share information. For example, some consumer information is stored in various locations, including, the electronic management system, saved locally on staff computers or in paper based formats.
  + Management advised the service intends to deliver system training to the workforce.
* Continuous improvement:
  + Two continuous improvement plans have been established in response to a previous Quality Audit and another established during the Assessment Contact. One action was marked as complete while the remaining 18 were marked as not started.
  + Management said they do not trend incidents or complaints to feed into continuous improvement activities.
* Workforce governance:
  + The organisation has recently recruited, promoted and appointed members in senior management positions, human resources, operations and a support worker team leader
  + Roles and responsibilities are defined in position descriptions, although differences between support worker and team leader roles were not clear. Management advised this is due to shared roles and responsibilities for the role.
  + Management said they have implemented mandatory aged care code of conduct training for all staff on commencement of employment.
* Regulatory compliance:
  + Code of conduct posters were observed in the office environment.
  + Management said they recalled sending out information when SIRS was introduced, however they said they have not provided training to staff on SIRS or mandatory reporting procedures. Documentation did not reflect revisions in relation to SIRS requirements.
* Feedback and complaints:
  + The service does not keep up-to-date complaints register, complaints and feedback are not trended and reported to the board. The board chairman said he does not expect information in board meetings or reports relating to consumer complaints

The Assessment Team reported the service has effective organisation wide governance systems relating to financial governance. The Assessment Team provided the following evidence relevant to my finding:

* A financial committee reviews the organisation’s finances and the board receives regular financial reports. Reporting includes forecasts for upcoming expenses, profit, loss and invoices.

In coming to my finding, I have considered the Assessment Team report which does not demonstrate effective organisation wide systems for information management, continuous improvement and feedback and complaints.

Inconsistent methods for storing, accessing and sharing consumer information poses risks to the continuity of care. The impact is demonstrated through deficits in Standards 2 and 3, where consumers do not have access to care plans, staff shift notes do not translate to changes in care delivery or reassessment and care documentation does not current consumer needs or service support requirements.

Continuous improvement systems and processes do not show demonstrate how the organisation undertakes actions to assess, monitor and improve the quality and safety of the care and services provided by the organisation.

Feedback and complaints systems do not operate to capture feedback or demonstrate how the organisation responds to feedback to consider improvements related to the consumer experience of the quality of care and services.

However, information and evidence does not demonstrate that systems relating to workforce governance, regulatory compliance and financial governance are ineffective.

The evidence does not demonstrate deficits in workforce governance and instead shows meaningful changes have occurred through recruitment and creating new positions to improve the oversight, and delivery of, consumer services.

For regulatory compliance, intent of the Requirement is for organisation’s to demonstrate how they undertake the task to remain informed of regulatory and legislative changes as opposed to the assessment of an organisation’s compliance with regulations. I find the evidence shows, indirectly, that the organisation has systems in place to remain informed of changes through awareness of the serious incident response scheme and the code of conduct training delivered to staff.

Financial governance is overseen through reporting structures and the committee to monitor finances with oversight from the governing body.

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

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate effective risk management systems and practices. The Assessment Team provided the following evidence relevant to my finding:

* Management said consumer risks are documented in care plans. Care documentation was not current and did not consistently show care planning identifies consumer risk or show management of risks.
* The service did not demonstrate actions taken for consumers with recent hospitalisations or concerns raised by staff regarding a consumer’s psychological wellbeing
* Management said they do not trend consumer risks or incidents and do not provide information on this to the board in reports or at meetings
* Board reports over three months state ‘incidents are not trended yet and therefore no pattern or benchmark can be identified’.
* Staff demonstrated an understanding on identifying abuse and neglect of consumers, they said they were not provided training or guidance by the service on how to do so, and had completed training in their own time
* The service has a policy which references information about elder abuse.

In coming to my finding, I have considered information in the Assessment Team report which does not demonstrate effective risk management systems and practices relating to the management of high impact and high prevalent risks associated with the care of consumers or the use of an incident management system.

The intent of this Requirement expects organisations to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers.

Further, it’s expected that the organisation’s risk management system identifies and evaluates incidents and ‘near misses’ (both clinical incidents and incidents in delivering care and services). It’s also expected that the organisation uses this information to improve its performance and how it delivers quality care and services. I find this does not occur through the failure to establish an incident management system or processes to identify, manage and respond to risks associated with the care of consumers.

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

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)