**Performance**

**Report**

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| Name: | Council of the Shire of Uralla - Uralla |
| Commission ID: | 200492 |
| Address: | 9 Hill Street, URALLA, New South Wales, 2358 |
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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: 906 Uralla Shire Council  
Service: 17778 Tablelands Community Options  
Service: 17779 Tablelands Community Options (Mainstream)

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7408 Uralla Shire Council  
Service: 24128 Uralla Shire Council - Care Relationships and Carer Support  
Service: 24127 Uralla Shire Council - Community and Home Support

**This performance report**

This performance report for Council of the Shire of Uralla - Uralla (**the service**) has been prepared by Gill Jones, 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 6 May 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

*Requirement 2(3)(a)*

* Ensure risks to consumers health and well-being are being adequately considered in assessment and care planning processes and risk assessments are completed for consumers who experience high impact or high prevalence risks including falls, impaired skin integrity or when the consumer experiences a change in their condition which poses an increased risk to their health and wellbeing.
* Ensure assessment and care planning documentation contains sufficient information to guide staff in the delivery of safe and effective care and services.

*Requirement 2(3)(b)*

* Ensure assessment and planning processes involve consumers in identifying their current needs, goals and preferences including their advanced care planning (ACP) and end of life (EOL) needs.
* Ensure assessment and care planning documentation is accurate in relation to consumer’s current conditions, current needs, goals and preferences.

*Requirement 2(3)(d)*

* Ensure outcomes of assessment and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to them.

*Requirement 2(3)(e)*

* Ensure care and services are reviewed regularly for effectiveness, and when circumstance change or when incidents impact on the needs, goals or preferences of the consumer.
* Ensure all care planning documentation is updated and available to staff at the point of care delivery.

*Requirement 3(3)(b)*

* Ensure high impact, high prevalent risks, particularly falls risk and risks associated with complex clinical care are effectively managed.

*Requirement 3(3)(e)*

Ensure effective processes are in place to ensure consumer’s information is documented, communicated accurately and is reflective of the consumer’s current care needs or preferences.

Ensure information about consumers care needs is shared, particularly when services are being brokered for clinical care.

*Requirement 8(3)(a)*

* Ensure an organisational wide approach to involving consumers in developing, delivering and evaluating care and services provided to ensure consumer centered aged care.
* Establish a consumer advisory body as per the governance responsibilities for Approved Providers delivering the Home Care Package (HCP) program.

# 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

Consumers and their representatives are satisfied management and staff treat them with dignity and respect. Staff interviewed by the Assessment Team spoke respectfully about consumers and recognised the value of their cultural diversity. Very positive results were obtained through the consumer survey with 98% of consumers indicating they were being treated respectfully.

Consumers/representatives are satisfied care and services meet their cultural preferences. Consumers’ cultural backgrounds are identified through the assessment process and recorded in the service’s electronic care management system. Support workers interviewed were familiar with the cultural backgrounds of the consumers they support and were able to describe how they deliver supports and services that are culturally safe.

Consumers/representatives are satisfied they are supported by the service to make decisions about the care and services they receive and can exercise choice, including refuse care. Care coordinators described how they support consumers to exercise choice by offering different services and supports that align with their needs and involving consumers in the decision-making process. The service has a policy outlining procedures for staff to ensure consumers are actively involved in choosing supports and services that maintain their independence and wellbeing, while providing choice and flexibility in how these supports are delivered.

Consumers/representatives are satisfied the service supports them to engage in activities with an element of risk that enable them to live the best life they can. Whilst the service has policies that cover assessment, care planning and risk management consumer care records did not always include clear information about how risks for individual consumers are assessed, reviewed, and managed. The service has developed a Consumer Choice Risk Assessment form which is to be introduced for staff use as a quality improvement.

Information provided to consumers is timely, accurate, up to date and effectively communicated. Overall, consumers/representatives are satisfied with the provision of information which includes a range of service information tailored to the type of service the consumer is receiving.

Consumers/representatives are satisfied their privacy is respected and their personal information is kept confidential. The service has processes in place to ensure consumers’ personal information remains confidential and staff are aware of these.

I find six of the six Requirements in Standard 1 compliant.

# 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. | Not Compliant | 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 | 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. | 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. | Not Compliant | 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 | Not Compliant |

Findings

The service was not able to demonstrate risks to consumer’s health and well-being are being adequately considered in assessment and care planning processes. Risk assessments have not been completed for consumers who experience high impact or high prevalence risks including falls, impaired skin integrity or when the consumer experiences a change in their condition posing an increased risk to their health and wellbeing. Care documentation demonstrated the service had not conducted risk assessments or reviewed care when consumer’s needs changed. Furthermore, assessment and care planning documentation did not contain information to guide staff in the delivery of safe and effective care and services.

Interviews with consumers/representatives and review of care documentation evidenced the service is not ensuring assessment and planning identifies consumers’ current needs, goals and preferences including their advanced care planning (ACP) and end of life (EOL) needs. Most consumers/representatives interviewed said they have not been asked by the service to be involved in the development or review of their care and services or how they would like their services to be delivered, including their ACP and EOL needs. Most consumers/representatives were unaware they had a care and services plan containing their needs, goals, and preferences. Some staff were unable to describe what is important to consumers in terms of how their care is delivered. Assessment and care planning documentation for consumers identified inconsistent information in relation to consumer’s current conditions, current needs, goals and preferences. In their response to the Assessment Team’s report, the provider stated that they are addressing the issues identified by completing care plan assessments with their high-risk consumers which will include completing falls risk assessments and having discussions with consumers about end of life planning. In their response the provider added they have purchased a comprehensive Falls Risk Program to guide practice in falls management.

Consumers/representatives said they participate in the planning and review of care and services in an informal manner but they don’t consistently have a role in the development of their care. Several HCP consumers said they were involved in making decisions about the care they receive but not all consumers said they had participated. One HCP consumer said she was not involved in the development of her assessment and care plan and review of this consumer’s care documentation showed no evidence of engagement by the consumer. Whilst consumers were aware of the services they were receiving and referrals made, care documentation did not evidence ongoing and formal consumer/representative involvement in the planning of services and ongoing reviews. Care coordinators described how they work in partnership with other organisations, individuals and service providers in assessment and care planning and communicate regularly with them regarding the changing needs of consumers.

Whilst consumers and their representatives reported that staff discuss the care and services they are receiving with them most consumers/representatives were unaware they had a care and services plan containing their needs, goals, and preferences. Three consumers said they not seen their care plan and it had not been shared with them. Consumers were not aware they could access a copy of their care support plan from the service if they chose to. Furthermore, had a care and services plan been made available to the consumer or their representative, it is likely it would not have been current as care plans in the services electronic management system were incomplete and irregularly reviewed. Additionally, a review of care documentation identified inconsistencies with summary support plans available at the point of care for support workers and support plans in the electronic management system. The provider, in their response to the Assessment Teams report, agreed stating that the care plan is not updated when services are changed. Whilst the Assessment Team recommended this requirement met as consumers were satisfied with the information they receive I find it non-compliant as consumers have not been provided with access to a documented care and services plan which describes the outcomes of assessment and planning processes.

Care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care and service documentation evidenced a lack of regular reviews of care planning documentation and assessments including the management of high impact high prevalent risks such as the risk of falls, and ACP and EOL care wishes and preferences. For several consumers the provider could not evidence the date of their last assessment/review of care and services provided. In their response to the Assessment Team’s report, the provider stated that they acknowledge the need for better documenting of care and service reviews. The provider stated that whilst they do action changes when the consumer’s condition and/or circumstances change and alter services accordingly the consumer’s care plan is often not updated. To address this the provider intends to incorporate several new fields to the consumer service details document which will become the care plan. This change will enable the direct support workers and staff from brokered services to access all consumer information unless the consumer doesn’t wish this to happen. It is expected this change will provide a very comprehensive picture of the consumer and their needs. The provider stated they have also contacted their software provider to implement a better system for identifying care plan review dates and date of last review.

Based on the information in the Assessment Team’s report and the response by the provider I find one of the five requirements in Standard 2 compliant. The changes planned by the provider to address deficiencies identified in assessment and planning will take time to embed therefore I find Requirement 2(3)(a), Requirement 2(3)(b), Requirement 2(3)(d) and Requirement 2(3)(e) not compliant.

# 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 | 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. | 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. | 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

Consumers/representatives said they were satisfied with the clinical and personal care and services provided. Consumers said that care was tailored to their needs and flexibly delivered. Generally, support workers demonstrated knowledge of consumers’ needs and preferences and described how they ensure care is tailored to the consumers’ needs. The service has policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

The management of high impact, high prevalence risks for individual consumers was not effectively managed, particularly in relation to falls. Strategies to manage high falls and transfer risks due to limited mobility were not developed to minimise risk for the consumer. Risks associated with the provision of complex wound care were not identified and strategies not implemented to effectively manage.

Management and staff described the actions taken by the service to support a consumer through end-of-life care which included respecting the consumer’s privacy and wishes. A representative said the service provided end of life care in collaboration with an external palliative care team which maximised the consumer’s comfort. Management advised the service discuss ACP and EOL wishes with consumers/representatives on entry to the service however this was not evidenced in care documentation or confirmed in consumer/representative interviews.

Consumers/representatives said staff would recognise deterioration in a consumer’s health or wellbeing. Staff were able to provide examples of changes in a consumer’s condition and what actions they took, including escalating their concerns to more senior staff. A review of consumer care planning documentation confirmed that the service responds in a timely manner when deterioration in a consumer’s well-being is identified. The service has procedures to guide staff in the process for managing deterioration and provides training to staff in this area.

The service was not able to demonstrate effective processes are in place to ensure consumer’s information is documented, communicated accurately and is reflective of the consumer’s current care needs or preferences. Feedback from consumers/representatives, staff and allied health professionals identified information about consumers care needs is not consistently shared, particularly when services are being brokered to another service provider for clinical care. Care planning documentation is not always accurate or up to date. Review of care documentation identified inconsistencies with summary support plans available at the point of care for support workers and support plans in the services electronic management system.

Generally, consumers/representatives said the delivery of care, including referral processes, is timely and appropriate. Consumers said they have access to other health professionals when they need it. Consumer care documentation demonstrated input from other health professionals, including Occupational Therapists and their recommendations are generally incorporated into consumer care documentation. The service has policies and procedures in place to guide staff practice in relation to referral processes.

Consumers/representatives said that staff follow standard infection control protocols, including handwashing and use of personal protective equipment (PPE) when entering their homes. Whilst staff do not administer antibiotics, they could describe how they would maintain appropriate infection control principles when overseeing antimicrobial medications by consumers to reduce the risk of resistance and contamination. Training records demonstrate staff are trained in infection control practices. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

In their response to the Assessment Team’s report the provider stated that the changes being implemented to address deficiencies in assessment and care planning will address the care delivery issues identified with regard to the management of high impact risks and documenting and sharing information about the consumer within the organisation, and with others where responsibility for care is shared.

Based on the information in the Assessment Team’s report and the response by the provider I find five of the seven requirements in Standard 3 compliant. The changes planned by the provider to address deficiencies identified in care delivery and communication will take time to embed therefore I find Requirement 3(3)(b), and Requirement 3(3)(e) not compliant.

# 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. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Overall, consumers and their representatives are satisfied with services and supports for daily living. The service’s initial assessment process identifies consumers’ goals and preferences and their chosen services are documented in their care and services plan. The service has policies to guide staff to support consumer’s wellbeing and improve quality of life. Consumer satisfaction with services offered was monitored through a recent satisfaction survey with high levels of satisfaction.

The service has processes to support consumers’ emotional, spiritual, and psychological well-being. Consumers and representatives are satisfied with the supports provided. Assessment processes identify consumers’ goals and preferences in relation to emotional and spiritual well-being and their chosen services are documented in their care and services plan.

Consumers and their representatives are satisfied the service supports them to participate in the community, to have social and personal relationships and to do activities of interest to them. Initial assessment processes identify consumers’ goals and preferences in relation to supports for daily living and their chosen services are documented in their care and services plan.

The service has established systems to enable the sharing of consumers’ information within the organisation and with others who share care responsibilities when providing supports for daily living. Support workers are satisfied they are provided with current and relevant information to guide the delivery of care and services. Where required, relevant consumer information is shared with external providers such as fitness operators who will then typically undertake further assessment to ensure their service meets the consumer’s needs and preferences.

The service makes timely and appropriate referrals to support consumers’ daily living preferences. Consumers and their representatives are satisfied their preferences are supported by appropriate referrals to transport services, meal deliveries and exercise classes.

The service provides safe, clean and well-maintained equipment and has appropriate equipment cleaning and maintenance programs in place. Consumers are assessed by an allied health professional to ensure any equipment provided is fit for purpose and an external provider is engaged for the purpose of equipment repairs and maintenance when required.

I find six of the six Requirements in Standard 4 compliant.

# 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

The service environment has easy access for people with various levels of ability and mobility. The reception area is welcoming with staff available to assist and direct consumers and visitors if required. Consumers attending the weekly social activities are able to undertake activities of their choice, including, talking with others, playing card games and doing craft. Consumers who visit the service described being satisfied with the environment and enjoy attending the service.

Consumers/representatives who visit the service environment described being satisfied with cleaning and maintenance. Management described processes in place to ensure the environment is clean, well maintained and monitored for any hazards. Staff described maintenance or cleaning issues identified are promptly addressed and reported to minimise risks to consumers, staff and visitors.

Furniture, fittings and equipment at the service were observed to be clean and well maintained. Management and staff described the cleaning and maintenance program for furniture, fittings and equipment which also included the service vehicles utilised to support consumers attending social and medical activities. One consumer said the equipment provided had improved his quality of life.

I find three of the three Requirements in Standard 5 compliant.

# 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. | Compliant | Compliant |

Findings

Consumers/representatives interviewed confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Information about the feedback and complaints processes is provided to consumers when they commence with the service. The annual community support survey (consumer satisfaction) for 2023 showed 90% of respondents always or mostly feel comfortable providing feedback, and 88% of respondents always or mostly understand how to make a complaint and are confident to do so.

Consumers/representatives are advised about advocacy, language services and external complaints processes when they commence with the service. Details of these services and external complaints processes are included in the service information guide provided to consumers and is displayed in notices and brochures at the service centre. The annual community support survey (consumer satisfaction) for 2023 showed 74% of respondents agreed they have been informed they have a right to complain to an external body.

Consumers and their representatives interviewed stated management are responsive to any matters they raise. The organisation has policies and procedures for managing feedback and complaints, including the use of open disclosure. Feedback and complaints are recorded along with any action taken in response to the matters raised. A review of the complaint’s documentation showed complaints are acknowledged, investigated, actioned, and resolved in a timely manner. Whilst not all staff were familiar with the term open disclosure they could describe the principals of it to resolve complaints.

The service has a plan for continuous improvement which includes input from feedback and complaints. These matters are discussed at the monthly leadership team meetings and the process is overseen by the manager. Management provided examples of improvements made in response to feedback and complaints. Some improvements in how verbal complaints or minor complaints are recorded was identified by the Assessment team to capture trends and this has been added to the service’s improvement register.

I find four of the four Requirements in Standard 6 compliant.

# 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

The service demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Consumers/representatives interviewed said staffing is consistent and is meeting the care needs of consumers. They confirmed the service notifies them of any changes to their scheduled care and services.

Consumers/representatives interviewed stated the staff are kind and caring and consumers are treated with respect. Management explained the values of the organisation are to promote kind and caring interactions and respect for consumer’s identity, culture and diversity. Staff are required to follow a code of conduct. Staff interviewed demonstrated they knew the consumers well and spoke about them in a respectful manner.

Consumers and their representatives interviewed were satisfied that staff are meeting the needs of consumers. They were satisfied that staff are trained and competent to deliver the care and services they required. Management explained there are position descriptions that set out the responsibilities and necessary qualifications and skills for each role. Management demonstrated staff are competent and have the qualifications and knowledge to effectively perform their roles. The annual community support survey (consumer satisfaction) for 2023 showed 98% of respondents confirmed support workers are trained enough to perform the tasks required.

Consumers and their representatives interviewed indicated staff know what they are doing, and they are satisfied with the care consumer’s receive. Management explained ways in which the service supports the workforce to deliver safe and quality care and services including through their recruitment processes, online annual mandatory training on essential topics and additional training as needs arise. Staff interviewed confirmed they have participated in training provided and that they have the resources and equipment needed to deliver appropriate care to consumers.

Management demonstrated they regularly monitor and review the performance of staff. There is a formal process for performance review which includes initial performance appraisals during the probationary period and then annually every financial year. A review of a sample of performance appraisal records showed performance appraisals are up to date. Management stated that, in addition to the formal process of appraisal, staff performance is monitored through observations, supervision and feedback from consumers, representatives and staff. Other data such as investigation of incidents, review of clinical data, training records and staff meetings is also considered.

I find five of the five Requirements in Standard 7 compliant.

# 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. | Compliant | 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

Management are aware of their governance requirements as an approved provider to offer consumers the opportunity to participate in the development, delivery and evaluation of care and services through a Consumer Advisory Committee for their Home Care Package Services. However, while this has been discussed at management meetings it has not been implemented therefore consumers have not been invited to participate in a consumer advisory committee. During the Quality Audit the organisation agreed to seek expressions of interest from consumers about participating in a Consumer Advisory Committee.

Whilst there are a variety of consultation processes for the wider community to assist in the development of the Council of the Shire of Uralla’s strategic and operational plans, these processes are not targeted specifically to consumers of aged care home services or to the provision of these services. At a service level, feedback is sought through annual satisfaction surveys, targeted surveys aligned to the audit program, and the comments and complaints mechanisms.

Both in the CHSP and the HCP program the organisation has not been able to demonstrate an organisation wide approach to involving consumers in developing, delivering and evaluating care and services to ensure consumer centered aged care. Furthermore, as an Approved Provider the organisation has not been able to demonstrate they are meeting their governance responsibilities to establish a consumer advisory body.

In their response to the Assessment Team’s report, the provider stated this issue is being addressed by the development of a letter to be sent to all consumers inviting them to take part in regular advisory forums to enhance and evaluate the care and servicers offered by Uralla Shire Council.  The provider stated they intend to seeking input on how and where consumers want these forums to be held and they look forward to working with the consumers collectively as well as individually.

A culture of safe, inclusive and quality care is promoted through the organisation’s vision and values and a code of conduct which all staff are required to follow. The organisation maintains oversight of the performance of the service through regular reports, which include key performance indicators, clinical data, audit data, and feedback and complaints. This enables them to identify areas for improvement and ensures they are accountable for the performance of the organisation.

The organisation demonstrated there are effective governance systems in place forinformation management; continuous improvement; financial governance; workforce governance; regulatory compliance and feedback and complaints. The service has information systems to provide all stakeholders with the information they need. Staff have electronic access to policies and procedures to support them in their role. Information is also provided to consumers, representatives, staff and other stakeholders through the council website, service newsletters, and individual emails and correspondence. The service has a continuous improvement system in place and identifies opportunities for improvement through input from consumer feedback, complaints, audits, surveys, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The continuous improvement process is monitored at a local and organisational level and is supported by an external benchmarking service. A review of the plan for continuous improvement showed improvements are logged, implemented, and evaluated. The organisation has financial governance processes in place and the resources needed for the delivery of care. Management explained there are processes for monitoring unspent funds from the HCPs of consumers and this information is regularly communicated to individual consumers. The organisation has workforce governance systems including position descriptions which clearly set out the qualifications and responsibilities required for each role. The workforce is monitored at both the service and organisation levels. The service demonstrated it has a system for the planning and management of its workforce. The service also has processes in place to ensure the monitoring of staff from subcontracted services including an agreement with the subcontracted agency and documentation around police checks, insurance, and qualifications. The organisation has systems in place to meet their regulatory requirements through obtaining information from peak bodies and other sources as well as internal audits of the service’s regulatory compliance. All staff have completed training in the Serious Incident Response Scheme (SIRS) and this was recorded in staff training records. The service oversees the compliance of subcontractors with their regulatory obligations such as public liability insurance, worker’s compensation insurance, qualifications, licences, police certificates, and vaccinations confirmed through review of contractor records and agreements. The organisation has a feedback and complaints policy and procedures. The process is overseen by the manager and complaint trends are monitored at the service and organisation level. Feedback and complaints are used to inform continuous improvement.

The organisation has a risk management framework with policies and procedures for organisational governance which include risk management, managing abuse and neglect and SIRS. Training is provided to staff in relation to risk management, incident reporting, and work health and safety. Consumers are supported to live the best life they can in line with the organisation’s consumer dignity and choice policy and using a consumer choice risk assessment process. The organisation has an incident management system for the identification, management, and review of incidents. A review of incident records showed incidents are being managed effectively and actions are taken to minimise the risk of further incidents. While the organisation has risk management policies and procedures the organisation did not consistently undertake risk assessments to manage risks for consumers as discussed in Standard 2 and 3.

The organisation has clinical governance processes. Clinical care is overseen by the management team through collection and analysis of clinical data at monthly clinical care meetings. Clinical indicators are also formally collected using an auditing tool each month and are reviewed by the administration and quality liaison officer. Antimicrobial stewardship is overseen by the contracted registered staff. The organisation has policies and procedures relating to the use of restrictive practices. Management advised that no restrictive practices are used for any consumers. The organisation has a policy and procedures for feedback and complaints which includes the principles of open disclosure. Staff and management gave examples of the process of open disclosure being implemented. To enhance the oversight of clinical care, the director of corporate and community services said they are looking into establishing a clinical advisory committee. The service is urged to do this as soon as possible to meet the Approved Provider Governance Arrangements for Home Care Packaged Services.

Based on the information in the Assessment Team’s report and the response by the provider I find four of the five requirements in Standard 8 compliant. The changes planned by the provider to address deficiencies identified in consumer participation in service development, delivery and evaluation will take time to embed therefore I find Requirement 8(3)(a) not compliant.

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)