**Performance**

**Report**

**1800 951 822**

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| Name of service: | Dandenong and District Aborigines Co Operative Ltd |
| Service address: | Unit 22, 87-91A Hallam South Road HALLAM VIC 3803 |
| Commission ID: | 300583 |
| Home Service Provider: | Dandenong & District Aborigines Co-operative Limited |
| Activity type: | Quality Audit |
| Activity date: | 12 May 2023 to 17 May 2023 |
| Performance report date: | 10 July 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.

**This performance report**

This performance report for Dandenong and District Aborigines Co Operative Ltd (**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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 25934, Unit 22, 87-91A Hallam South Road, HALLAM VIC 3803

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the Quality Audit; 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 on 15 June 2023. The response neither accepts, nor refutes, the Assessment Team’s recommendations. The response includes a workforce recruitment plan and action plan in relation deficits identified. However, with the exception of one action, these plans do not indicate if the actions have been completed or timeframes to address the issues.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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)(e)

* Commence assessment and planning processes and ensure it identifies current needs, goals and preferences of consumers, and includes consideration of risks to the consumer’s health and well-being to inform the delivery of care and services.
* Ensure the care and services for each consumer are reviewed regularly, and in response to a change in need, condition, or incident.
* Ensure policies and procedures in relation to assessment, care planning and review are in place and are understood by staff.
* Monitor staff compliance with the organisation’s policies, procedures and guidelines in relation to assessment, care planning and review.

Standard 3 Requirements (3)(a), (3)(b), (3)(c), (3)(e)

* Implement, and record, guidelines for best practice care delivery for each consumer, including monitoring of care delivered, workforce training and relevant inputs from others involved in the consumer’s care.
* Implement processes to identify and manage high impact and high prevalent risks associated with the care of each consumer, including, management strategies through referrals or guidance for staff and reporting incidents.
* Develop policies, procedures and relevant training for staff to ensure appropriate discussions and processes are followed for consumers nearing end of life, preserve the consumer’s dignity and maximise their comfort.
* Ensure information about the condition, needs, and preferences is documented and communicated within the organisation, and others.
* Ensure processes, procedures and guidelines for delivery of personal care are understood by staff and their compliance is monitored.

Standard 4 Requirements (3)(c), (3)(d)

* Ensure appropriate actions are taken to support consumers to engage in the community, and with others, whether or not their services have been suspended due to workforce challenges.
* Ensure information about the needs, condition and preferences for services and supports for daily living is accessible to the workforce, documented and communicated with those involved in the consumer’s care or services.

Standard 7 Requirement (3)(a)

* Undertake workforce planning to ensure funded programs are delivered to consumers with an appropriate number and skills mix of staff.

Standard 8 Requirements (3)(b), (3)(c), (3)(d)

* Ensure the governing body has oversight of the quality of care and services for each consumer, including identifying consumers receiving services and maintaining oversight over vulnerable consumers.
* Ensure information management systems enable the workforce access to current and accurate consumer information to guide care and service delivery.
* Where workforce challenges arise, ensure appropriate actions are taken to explore workforce contingency plans to enable care continuity.
* Implement processes to identify and manage high impact and high prevalent risks associated with the care of consumers.
* Ensure the incident management system operates to record and respond to consumer related incidents.

# Standard 1

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

Findings

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate that information provided to each consumer is current accurate and timely. The Assessment Team provided the following evidence relevant to my finding:

* Consumers’ information packs included information on services delivered by the organisation, advocacy services, privacy, elder abuse support resources and internal complaints information.
* The information packs provided to consumers did not contain information on external complaint bodies or the Charter of Aged Care Rights.
* Consumers stated they were provided with some information from the service when they commenced services.
* A sampled consumer file contained an unsigned copy of the Charter of Aged Care Rights.

The provider’s response included a continuous improvement plan, which included a completed action to update consumer information packs with the documents stated above. In addition to this, the provider is drafting additional consumer resources relevant to the services consumers receive.

In coming to my finding, I have considered that feedback from consumers did not demonstrate consumers do not receive timely, current or accurate information, nor concerns in relation to the information provided. There was also no evidence that any consumer has experienced a negative outcome which resulted from a lack of information provided by the service. Further, the deficiencies identified by the Assessment Team predominately related to documentation that was not included within the consumer information packs.

I am satisfied the actions taken by the provider are proportionate to and address the issues identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

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

Consumers and representatives reported they are treated with dignity and respect. Staff provided examples of how they understand what is important to consumers and encourage consumers to have input into the delivery of their services.

The organisation delivers services to members of the Aboriginal community and consumers reported being connected with the organisation for most of their adult life. Consumers described feeling safe, welcomed, supported, and valued. Consumer documentation reflected aspects of consumer stories and their identity, with respect to their background and family connections. Management and the care worker spoke respectfully about consumers, with an understanding and appreciation of the consumer’s individual identity.

While consumer files did not contain information relating to who they would like involved in their care, all consumers said they felt supported to exercise choice and independence, including autonomy in choosing others involved in the decision making. The staff member described strategies implemented to support consumer choice and decision making.

Consumers described the ways the service supports them to live their best life, including additional supports to source items or other equipment they require to improve their day to day living. For example, a consumer described how they have ‘good days and bad days’ and having someone to help with cleaning helps to provide them with the support they need. While documentation did not reflect risks or strategies to support consumers live a better life, management explained information relating to consumers was not accessible as a result of workforce changes. While evidence in the Assessment Team’s report shows areas for improvement in documenting how consumers are supported to exercise choice when an element of risk is involved, given the positive feedback received from consumers, I am satisfied the service supports consumers to live the best life they can.

Consumers and representatives were satisfied consumers’ personal information, privacy, and confidentiality is handled in a respectful manner. Management advised that their current electronic central database stores consumer information confidentially. Hard copy files are stored in a locked cabinet in the management office.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

Requirement (3)(a)

The Assessment Team found the service did not demonstrate assessment and planning, including 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:

* Home visit risk assessments were undertaken in developing sampled care plans; however, some had not been updated since 2018.
* Most sampled consumers did not have a care plan, other than information available through My Aged Care. Information relating to consumers was observed to be spread across various locations and not collated to demonstrate how risks inform safe and effective care delivery.
* One sampled consumer’s care plan noted risks to their health and well-being, however, no mitigation strategies were documented.
* Management advised of plans to improve assessment and care planning following successful recruitment of appropriate staff, including development of policies and procedures, and assessment forms to capture risks and identify support needs.
* The service is reliant on consumer and support worker feedback to inform potential risks and ensure appropriate risk assessments are initiated, however, this practice was not supported through information provided.
* Information and evidence in Requirement (3)(e) in this Standard shows one consumer is receiving personal care five days per week, however, there was no information in their care plan to guide staff in providing safe and effective care.
* Information and evidence in Requirement (3)(b) in Standard 3 shows one consumer did not accept a level 4 home care package they were allocated and risks associated with this choice were not explained to the consumer nor was any evaluation of care and service delivery undertaken to ensure risks associated with this decision were minimised.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning does not consider risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

This Requirement expects organisations to ensure assessment and planning processes are effective, in order to support consumers to get the best possible care and services and ensure their safety, health and well-being aren’t compromised. I find this did not occur, as the provider, in relation to the service, was not able to provide evidence to demonstrate how risks are considered to inform safe and effective care and service delivery for each consumer.

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:

* Sampled care plans documented consumers’ needs, goals or preferences, however, some had not been updated since 2018.
* One consumer expressed satisfaction with the domestic assistance services. While their care plan was last updated in 2018, documented goals and strategies were consistent with the feedback provided by the consumer, including, to maintain their pride with a clean home.
* Management advised that advanced care and end of life planning conversations have not been conducted with consumers.
* Management reported care planning policies and procedures, yet to be developed, will take into consideration consumer preferences, including records of medical power of attorney information, and advanced care directives and end of life care wishes, if identified.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning processes are not occurring to identify the current needs, goals and preferences of consumers.

This 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. It is also expected that advance care planning happen in line with the consumer’s preference to ensure they get the end of life experience they want. I find this did not occur, as sampled consumers’ care plans have not been reviewed to ensure they reflect current needs, goals and preferences. Furthermore, the service has not had discussions with consumers to understand their advance care and end of life wishes.

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)(e)

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

* Care planning documentation for two of three sampled consumers show a 12 monthly review date, however, documentation did not evidence a review of care and services had occurred.
* Management advised that the service does not currently have guidelines for the review of consumer care and services because most consumers only receive domestic assistance services, and only one consumer receives personal care services.
* Management advised policies and procedures are being developed in relation to regular reassessment of consumers’ care and services.
* Information and evidence under Requirement (3)(a) in Standard 3 shows one consumer’s personal care needs extends beyond the personal care hours approved through CHSP funding, however, a reassessment of their care and service needs has not been undertaken.

The provider’s response included planned actions to conduct regular assessments for consumers. Improvement actions include using feedback from consumers, staff and other sources, such as hospital admission and discharge summaries, to inform reviews of consumer care and services.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the service does not review the care and services of consumers regularly, effectiveness, or in response to a change in condition or circumstance.

I have considered the service acknowledged the service does not currently have procedures to review the care and services of consumers and consumer care plans have not been reviewed in over 12 months, or in response to a change in need.

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.

Requirements (3)(c), (3)(d)

Consumers and representatives described how the service involves consumers, and others they identify, in care planning and assessment. Care documentation demonstrated that assessment and planning involves the consumer, and others with consumer consent. A representative told the Assessment Team they are involved in the decision making, which includes input from the consumer’s general practitioner.

Consumers provided positive feedback in relation to their understanding of the services they receive. Where assessment and planning has occurred, documentation showed that assessment and care planning information was available for each sampled consumer. Management confirmed that all consumers will receive a signed copy of their care plan when consumer reassessment and planning recommences. While one staff member said they do not have access to the care directives of one consumer who is receiving personal care, this deficit is more aligned with initial assessment and planning processes. As a result, it has been addressed under Requirement (3)(a) in this Standard.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(d) 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the service did not demonstrate each consumer receives personal care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* Information and evidence in the Assessment Team’s report under Requirement (3)(a) in Standard 7 shows services, including personal care, have been suspended for all consumers except for one consumer with complex care needs.
* Currently the service is unaware of how many consumers are approved to receive personal care through the CHSP program. Information and evidence in the Assessment Team’s report under Requirements (3)(b) and (3)(c) in Standard 8 shows the Assessment Team could not access information to understand which consumers have been assessed as requiring personal care and the impact of them not receiving it. Management said they do not have oversight over the quality of care and services delivered to consumers, and best practice care is informed by assessments undertaken through My Aged Care.

The one consumer who receives personal care reported they are happy with the personal care services they receive and they feel safe when receiving personal care services. The staff member described how they support the consumer, while being aware of equipment and support needs associated with their care needs. In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate each consumer gets safe and effective personal care.

I have considered the intent of the Requirement is to ensure each consumer gets safe and effective personal care. As the provider, in relation to the service, has suspended personal care services for other consumers, who could not be identified during the Quality Audit, the service could not demonstrate each consumer receives safe and effective personal care.

However, I acknowledge the evidence provided demonstrated the consumer is satisfied, the staff member understands how to deliver safe and effective care tailored to the consumer’s needs, in addition to monitoring of their conditions.

I have considered evidence did not demonstrate that care delivered is in line with best practice principles, through training, communication or processes to monitor the quality of care delivered.

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

Requirement (3)(b)

The Assessment Team reported 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:

* One consumer advised they have been experiencing falls, with their most recent fall two weeks prior to the Quality Audit.
* Information and evidence under Requirements (3)(d) and (3)(f) in this Standard shows the consumer told the service they feel ‘wobbly’ at times when showering and requested installation of shower rails/bars. Management was aware the consumer made this request, however, was unable to demonstrate action had been taken in response.
* The support worker was aware of the consumer’s falls risk and described their latest fall as a ‘stumble’ in the shower.
* The last assessment of the consumer’s falls risk was undertaken through My Aged Care in 2021. Care documentation does not reflect risk management strategies for this consumer.
* Information and evidence under Requirement (3)(d) in Standard 8 shows there were no falls incidents documented in relation to the consumer to enable trending and analysis to occur.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates ineffective management of high impact and high prevalent risks associated with care of each consumer.

This Requirement expects organisations to do all they can to manage risks related to the care of each consumer. This includes ensuring the risk is as low as possible whist supporting the consumer to maintain independence and choice, risk assessments are used to identify ways to reduce the risk, and effective governance systems are in place to ensure a consumer’s changing needs are responded to promptly.

I find this did not occur, as the service failed to take action in response to one consumer’s known falls risk, despite the consumer reporting they felt ‘wobbly’ and requesting falls prevention equipment. I have considered that this was still not addressed after the consumer experienced a fall. Furthermore, the incident register did not contain inputs related to consumer incidents, despite the consumer, and staff member, disclosing a recent history of falls.

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

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. The Assessment Team provided the following evidence relevant to my finding:

* The service is not currently providing personal care in the support of consumers nearing end of life.
* Management advised the service does not discuss end of life planning with consumers and the service has not yet had to respond to consumers nearing end of life.
* Management advised policies and procedures have not yet been developed to support consumers nearing end of life, where consumers wish to have these discussions.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the service does not have systems or processes established to support consumers nearing the end of the life.

I have considered consumers receiving services are not currently nearing end of life and the service may not have previously had to support consumers nearing the end of life. However, I encourage the provider to consider the ways the service may support consumers nearing the end of life. Considerations relevant to the services delivered through the program funding, which may include referral networks, development of policies and education to equip the workforce in accordance with the processes, once established.

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

Requirement (3)(d)

The Assessment Team reported the service does not have effective processes to identify or respond to deterioration or change of a consumer’s health, capacity or condition, in a timely manner. The Assessment Team provided the following evidence relevant to my finding:

* Management reported that current challenges with staff shortages have impacted on the service’s ability to conduct timely responses to deterioration in a consumer’s condition.
* Management advised feedback from care staff is relied upon to identify consumer changes or deterioration and additional training is required for staff in relation to this requirement
* One described a change in physical function, such as falls, and the need for bathroom aids. Management reported they were aware, however, follow up actions were taken in response to Assessment Team feedback. Care planning documentation did not evidence reported changes in consumer condition.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate deterioration or change in the condition or circumstances of consumers has not been recognised and responded to in a timely manner.

I have considered that deficits relate to staffing numbers and training, rather than the inability to recognise and respond to deterioration. While one example was provided where a consumer’s risk of falls was not managed, there was no evidence of deterioration or change in their mobility in order to align the deficit to the intent to this Requirement. I find this deficit relates to management of high impact or high prevalence risks associated with the care of consumers, and have therefore considered the evidence under Requirement (3)(b) in this Standard.

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

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate information is communicated within the organisation and with others responsible for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* Consumer information, sourced through My Aged Care, is not always incorporated into care plans and care planning software limitations impair staff access to this information.
* While sampled care documentation showed some information exchange with My Aged Care, communication was not current, and active communication with others, internally or externally, was not evident. For example:
  + Management were not aware that a consumer, with high care needs, declined a home care package and followed up with this consumer, following Assessment Team feedback.
* Management confirmed, and documentation shows, that information specific to the consumer care needs, such as management of risks, are not recorded in way that can be shared with others involved in their care or accessible to the workforce.
* Management advised improvements are planned to improve staff access to care plans and the consumer information contained in care documentation.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the provider, in relation to the service, does not document, or communicate, information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared.

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

Requirement (3)(f)

The Assessment Team reported the service does not act on timely and appropriate referrals to individuals, other organisations and providers of care. The Assessment Team provided the following evidence relevant to my finding:

* One consumer reported a need for shower rails which was acted upon following feedback from the Assessment Team.
* Management advised referrals are not currently occurring, however, they will be ensuring staff protocols to follow referral processes by contacting management for timely referrals to address consumer needs, goals and preferences.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate ineffective action of appropriate or timely referrals, but rather process deficits. I find the evidence relating to a lack of referral processes relevant to governance of information management systems, under Requirement (3)(c) in Standard 8.

I have considered the service acted promptly in relation to the Assessment Team feedback and evidence did not demonstrate other occasions where inaction, where consumers required referrals. While I encourage the service to develop processes and policies to guide the workforce on timely, an appropriate, referrals, it is not proportionate to find referral actions as ineffective based solely on one referral, which was acted on.

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

Requirement (3)(g)

The service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Management outlined infection prevention and control protocols including implementation of vaccination programs and use of personal protective equipment for service delivery staff. The service has delivered the workforce training in relation to hand hygiene and competencies in personal protective equipment. The service provides masks, gloves, and hand sanitiser to all staff.

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

# Standard 4

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

Findings

Requirement (3)(c)

The Assessment Team reported the service did not demonstrate consumers are supported to maintain social relationships and participate in activities of interest to them in the community. The Assessment Team provided the following evidence relevant to my finding:

* Management reported that the service is not currently running social support groups for consumers due to the lack of workforce and plan to encourage consumers to participate in networking activities such as barbecues and community meetings notified by other arms of the organisation.
* One consumer described they remain engaged in their community through attending meetings and activities hosted by the organisation.
* Care planning documentation was not reflective of consumer assessments and care planning processes to identify consumers’ social profiles, backgrounds, and relationships of importance to inform supports for consumers to participate in relationships, places and things of interest to them.
* Information and evidence in the Assessment Team’s report under Requirements (3)(b) and (3)(c) in Standard 8 shows there was no evidence of actions taken to identify vulnerable consumers where social support services had been suspended and management said they do not have oversight of the quality of services delivered to consumers.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate lifestyle supports, in relation to community engagement and maintaining social relationships, are delivered. Ultimately, the service has suspended programs offering these services, which prevents consumers from accessing these lifestyle supports.

The intent of this Requirement is that organisations tailor, and coordinate, the services and supports they, and other organisations or community networks, provide for the consumer. As the provider, in relation to the service, has suspended all social support programs, the service could not demonstrate how services and supports assist each consumer to participate in the community, engage in meaningful activities of interest or promote social interactions with others.

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

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate that information about the condition, needs and preferences of consumers 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:

* Consumers did not provide feedback about the coordination of supports and communication of information about their support needs. Sampled care documentation was not current, active communication with others, internally or externally, was not evident
* Management advised that limitations with consumer planning system software is being addressed to facilitate the transfer of consumer information with the organisations and with others where care is shared.
* Management acknowledged that assessment and care planning processes for consumers will be undertaken as a matter of priority to ensure current and up to date information is accessible and shared with others, with consumer consent.
* Information and evidence in the Assessment Team’s report under Requirement (3)(c) in Standard 8 shows consumer information is not stored in electronic format but is locked in a cabinet in the manager’s office.

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates that while consumers were not dissatisfied with communication processes, consumer information was not available to the Assessment Team and is not accessible by the workforce.

I acknowledge one care worker receives verbal information to inform care delivery and consumers described effective supports received from this care worker. However, the detail, and quality, of this information shared was not evident.

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

Requirement (3)(e)

The Assessment Team reported the service did not demonstrate timely and appropriate referrals are undertaken to individuals, organisations and other providers of care. The Assessment Team provided the following information relevant to my finding:

* Management advised the service does not currently have a referrals procedure in place, and staff feedback regarding referrals was not supported with evidence.
* Care planning documentation for all consumers is not current and does not contain evidence of timely referrals actioning of referrals to other organisations and providers.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate inaction of timely and appropriate referrals occur. Instead, evidence highlights improvements required in relation to the establishment of referral processes, which I find relates to information management systems, under Requirement (3)(c) in Standard 8.

Further, evidence in the Assessment Team’s report does not demonstrate any instances where a consumers have not received a referral, or have experienced an impact as a result of referral that has not occurred.

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

Requirements (3)(a) and (3)(b)

The service demonstrated that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. One consumer described how domestic assistance, such as vacuuming and mopping, optimises their wellbeing because this allows them to spend more time in their garden. Another consumer described how the care worker assists them to make phone calls to pay bills and order supplies for their medical conditions. While consumers reported they currently only get cleaning services and are not receiving lawn mowing services at this stage, overall, consumers were satisfied with the services and supports they receive.

The service demonstrated consumers emotional and psychological well-being is supported. Consumers reported that staff who provide their services recognise when they are feeling low. A care worker spoke about how they assist consumers and provide support to alleviate stress, where possible. Management advised a counselling service is available to consumers though the organisation. Care planning documents for consumers was not consistent in identifying consumers’ emotional and social needs, however, management advised that this will be addressed once recruitment is successfully completed. Consumers described how the care worker keeps an eye on their well-being and whether they are getting a good night’s rest.

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

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5 Organisation’s service environment was not assessed. While the service is funded to provide social support group programs to consumers, the program is not recommenced following suspension due to COVID-19.

# Standard 6

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

Findings

Consumers reported they contact the service directly to provide feedback. Management stated the service welcome complaints in various formats such as in writing, over the telephone, by email and face to face meeting with the program manager. The complaints register contains positive feedback, and complaints, consistent to the feedback provided by consumers to the Assessment Team. Information on complaints and feedback processes are shared with consumers through the information pack, organisational brochures and newsletters.

The service demonstrated that it has processes in place for consumers to access advocates, language services and elder abuse support services. Management advised, and documentation showed, consumers are provided with contact details for advocacy and language services. Consumers stated that if they had any issues they would contact the service for support.

The service demonstrated that action is taken in response to complaints. Management advised that the organisations’ culture is to facilitate a transparent feedback process that encourages and fosters openness, fairness, learning and effective resolution. Consumers described being aware of the complaints process, however, complaints took a long time to be resolved. Interviews with consumers, and review of documentation, evidenced the principles of open disclosure are applied in the resolution of complaints. The organisation has a complaints and feedback policy inclusive of an open disclosure framework to inform the resolution of complaints and feedback.

The service demonstrated that it has an electronic and digital process to capture action and monitor complaints and feedback. Management reported feedback is welcomed as a way to identify service improvement areas. All complaints are documented in the complaints and feedback register and is assigned to the relevant staff member for action. Senior management review trends, which are reported to the board. A review of the complaints register identified positive feedback about events and services being currently provided and complaints about lawn mowing services with actions taken to improve service delivery for consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the service could not demonstrate that the workforce is planned to enable the delivery and management of safe and effective quality care and services. The Assessment Team provided the following evidence relevant to my finding:

* Following the dismissal of one staff member and seven concurrent resignations of care workers, the service currently has one care worker and a newly appointed manager. As a result, the service suspended funded programs, including, social support, maintenance and transport services in December 2022. While the number of consumers without services could not be determined by the service, domestic assistance has continued for 20 consumers and personal care for one consumer.
* Information and evidence in the Assessment Team’s report under Standards 2, 3 and 4, shows insufficient staffing numbers has resulted in assessment and planning not being consistently undertaken to inform care and service delivery, and a lack of tailored care and services to support consumers’ health and well-being.

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates there is an inadequate number of workforce members to deliver, and manage, the delivery of care and services.

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

Requirements (3)(b), (3)(c), (3)(d), (3)(e)

Consumers currently receiving services stated that the care worker was kind caring and respectful when providing with care and services. Management advised care workers are required to have a caring and compassionate nature. Consumer statements included the care worker is kind and caring and provides them with information on their services and other activities that the service is delivering.

The Assessment Team reported that while the service does not have a full complement of staff to provide care and services, the service demonstrated established processes to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management they are reviewing the position description to advertise vacant positions and staff delivering services require qualifications in aged care support and/or first aid competencies, according to their role. All staff are required to have undertaken probity checks and provide evidence of mandatory vaccinations.

The service has recruitment processes and ongoing training to ensure staff are equipped and supported to deliver outcomes. Management advised staff will be recruited based on their qualifications, training and experience, in accordance with the role requirements. Ongoing training is provided to staff based on the discussions staff have with their supervisors and any identified needs to upskill staff. Workforce training includes manual handling, first aid competencies, elder abuse, risk management and other training they identify will assist them provide effective care and services. While information and evidence in the Assessment Team’s report under Requirement (3)(d) in Standard 3 indicates a lack of staff training relating to deterioration, it is not proportionate to find the service’s whole training program ineffective due to one failure where no negative consumer outcome has been identified.

The service demonstrated that the service has processes to manage performance of each member of the workforce. Management advised performance is managed through the direct reporting lines of staff. New staff have probation and all staff have monthly meetings with their managers to discuss performance and training needs. The service has established processes to monitor, and manage, performance of the workforce.

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

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-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. | Non-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. | Non-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)(b)

The Assessment Team reported the service did not demonstrate the organisation is accountable, or has effective oversight, over the care and services delivered. The Assessment Team provided the following evidence relevant to my finding:

* The Board of Directors undertake governance training on acceptance to the board; and various subcommittees report to the board on issues that include quality and risk, occupational health and safety, financial management and corporate services.
* Reports from the chief executive officer include information on the various funded programs delivered by the organisation, however, documents provided did not demonstrate how board is engaged to manage, and maintain oversight, of the current risks related to the service’s challenges:
  + Minutes of board meetings reflected discussions to address workforce issues, including a proposal to employ a general practitioner for temporary period. However, actions to identify vulnerable consumers impacted by suspended services were not evident.
* Management advised that the Board will be reviewing the ‘serious incident response scheme’ (SIRS) information that has been distributed to all staff. The Board will be undergoing training on this shortly.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response which demonstrates the organisation’s body does not maintain oversight over consumers receiving services to be accountable for inclusive, quality care and services are delivered.

This Requirement expects the organisation’s governing body to be responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. I find this has not occurred, as the provider, in relation to the service, does not have accurate record keeping, to identify, and ensure the well-being of, consumers with suspended services. Deficits identified by the Assessment Team under Standards 2, 3, 4 and 7 demonstrate the governing body has failed to ensure effective supports, directions and processes are in place in order to deliver quality care and services.

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

Requirement (3)(c)

While the Assessment Team reported the service had effective organisation wide governance systems in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints, they were not satisfied effective governance systems were in place in relation to information management and workforce governance. The Assessment Team provided the following evidence relevant to my finding:

* Information management
  + The Assessment Team could not access information relating to consumers as a result of staff leaving organisation.
  + Information and evidence under Requirement (3)(f) in Standard 3 and Requirement (3)(e) in Standard 4, demonstrates systems and processes have not been established in relation to timely and appropriate referrals for consumers.
  + While electronic information is managed through an external provider to store, and protect, data, relevant information was not available to the Assessment Team or the workforce. Further, consumers’ documentation is paper based, stored in a locked cabinet and spread across various files.
* Workforce governance
  + The service has faced workforce challenges with approximately seven workforce members resigning, following the dismissal of a staff member which resulted in the suspension of services to consumers. The service did not show evidence of contingency plans to continue services through alternative arrangements.
  + A manager was appointed at the end of March 2023, after an organisational restructure. The manager, together with one care worker, have commenced providing domestic assistance to around 20 consumers and personal care to one consumer.
  + The service has commenced recruitment activities to fill the vacant positions.

In coming to my finding, I have considered the Assessment Team report and the provider’s response, which demonstrates ineffective information management systems and workforce governance.

I have acknowledged the circumstances leading to insufficient workforce numbers were unforeseen. While the provider’s response identifies plans to outsource assessment and planning for all consumers in the short term, evidence of whether this has occurred was not provided. Furthermore, the provider did not demonstrate governance workforce strategies, such as, subcontracting arrangements or other referrals, to support workforce sustainability or care continuity for consumers.

I have considered information management systems do not enable staff access to information or contain current, relevant information to guide care delivery.

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 has strategies to identify and respond to elder abuse and to support consumers to live the best life they can. However, the Assessment Team reported infective risk management systems and practices are in place in relation to the management of high impact and high prevalent risks and incident management. The Assessment Team provided the following evidence relevant to my finding:

* Managing high-impact or high-prevalence risks associated with the care of consumers:
  + The service does not have processes to manage high impact high prevalence risks for consumers, demonstrated through lack of care oversight of a consumer with complex care needs, without relevant strategies or oversight.
  + Management advised knowledge about consumers is limited due to the staff leaving the organisation and could not account for the consumers who had their services suspended, however meetings with consumers have commenced to identify and prioritise vulnerable consumers. However, evidence of this process was not provided.
  + Information and evidence in the Assessment Team’s report under Requirement (3)(b) in Standard 3 shows management does not trend high impact or high prevalence risks and ‘believed’ risks to consumers ‘would most likely be’ related to consumers living with dementia and mobility.
* Managing and preventing incidents, including the use of an incident management system.
  + The incident register did not contain evidence of consumer related incidents. Falls reported by a consumer, and care worker, were not recorded in the incident register
  + Management advised that all incidents and accidents are reported through incident management systems which are reviewed in accordance with work health and safety procedures. The incident register evidenced incidents and accidents relating to staff.

In coming to my finding, I have considered the Assessment Team report and the provider’s response, which demonstrates the organisation’s risk management systems and practices relating to management of high impact or high prevalence risks and incidents are ineffective.

I have considered that systems are not in place to identify and assess risks to the safety, health and well-being of consumers, in order to reduce or remove the risks in a timely manner. Furthermore, while the service has systems in place to report and review incidents, these systems were ineffective as not all incidents were logged to ensure complete and accurate information was considered through the review process.

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

Requirement (3)(a)

The service demonstrated that it undertakes to engage with consumers through quarterly newsletters and community meetings. Management advised that prior to the shutdown of services during the pandemic surveys were also undertaken. The Assessment Team provided examples of actions taken by the service in response to consumer feedback at community meetings, which resulted in education for consumers on aged care funding programs.

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

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)