**Performance**

**Report**

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| Name of service: | Filipino Community |
| Service address: | Unit 10/463a Somerville Road BROOKLYN VIC 3012 |
| Commission ID: | 300173 |
| Home Service Provider: | Filipino Community Council of Victoria Inc |
| Activity type: | Quality Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 10 May 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 Filipino Community (**the service**) has been prepared by F. Nguyen, 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

**Home Care:**

* Filipino CACP Program, 18791, Unit 10/463a Somerville Road, BROOKLYN VIC 3012

**CHSP:**

* Community and Home Support, 25483, Unit 10/463a Somerville Road, BROOKLYN VIC 3012
* Social Support Individual, 4-BDDT99P, Unit 10/463a Somerville Road, BROOKLYN VIC 3012

# 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 26 April 2023.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **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 | **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.

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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. | Non-compliant | 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 | Non-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. | Non-compliant | Non-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 | Non-compliant |

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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. | Non-compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant | Not applicable |

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant | Non-compliant |

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| Organisational governance | | HCP | CHSP |
| 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 | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:  (iii) financial governance | Non-compliant | 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 | 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. | Non-compliant | Non-compliant |

# 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. HCP and CHSP consumers and representatives interviewed described in various ways how consumers are respected and valued as individuals. Staff and volunteers interviewed provided examples of treating consumers with dignity and respect by talking politely with them, keeping them safe and providing care and support the way the consumer prefers. Care documentation reflected consumers’ backgrounds, including their needs, cultural backgrounds and language preferences. Consumers are provided with the Charter of Aged Care Rights on entry.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that care and services are culturally safe. HCP and CHSP consumers and representatives interviewed said in different ways that staff understand consumers’ cultural needs and preferences and consumers feel supported and safe. Most consumers at the service are of Filipino background and the service also includes consumers of other cultures as well. Staff interviewed provided examples of knowledge of consumers’ cultural backgrounds. Care documentation evidenced information about consumers’ cultural backgrounds and languages. The organisation, while primarily ethno-specific, showed a commitment to inclusive services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is supported to exercise choice and independence, make and communicate decisions about their care and services, involve others and maintain connections and relationships of choice. HCP and CHSP consumers and representatives interviewed were satisfied consumers are supported to make choices and decisions. Staff interviewed described how they assist consumers to make choices and decisions and maintain relationships and connections with family and community. Care documentation showed consumers’ choices and decisions about care and identified representatives responsible for decision making as appropriate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. While no consumers and representatives sampled described examples of risk taking, consumers and representatives interviewed expressed in various ways their satisfaction with how the HCP and CHSP care and services support consumers to live their best life. Care documentation showed some individual consumer risks and vulnerabilities are recorded. Care staff described support and assistance measures to ensure consumers are as safe as possible while living their best life.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the privacy of HCP and CHSP consumers is respected, and their personal information is treated confidentially. Consumers and representatives interviewed were satisfied consumer privacy and confidentiality are respected. Staff gave examples of the ways they protect consumers’ privacy and confidentiality, including sharing information only with the consumer or relevant staff or volunteer. File review showed consumer information is maintained confidentially and within password protected files and computers. A records management policy and a privacy policy are available to guide the collection and use of consumer information.

Overturned Recommendations- HCP

In respect to Requirement 1(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers confirmed they are not provided with timely and relevant information when they first commenced at the service, and ongoingly with information about the service’s offerings. Staff and management described how they provide information to consumers verbally. Management described the methods used to communicate information to each consumer in an understandable format, including face to face discussions and asking for a support person to be present. This was confirmed through Assessment Team observations.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below.

* To address issues relating to consumers’ budget deficits and the communication of financial information, the service has introduced a new budget threshold system. Under this system, consumers and their representatives will be contacted and provided with assistance when 65% of their budget is reached.
* The service has introduced a one-line contact number, this number has a contact personnel who will triage and respond to any queries within 24-72 hours. This ensures that communication and access to information is available and provided in a timely fashion.
* Implement Timeliness, Clarity and Accuracy of Information Policy and a Financial Monitoring Process.
* Appoint internal Accountant to review and oversee Financial Statements.

The Decision Maker deems Requirement 1(3)(e) to be 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. | Non-compliant | 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 | 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 | 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. | Non-compliant | Non-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 | Non-compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that partnerships with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services. All consumers and representatives interviewed confirmed in various ways that the service involves them in discussing consumer needs. Staff interviewed described how they work in partnership with consumers and others according to consumer wishes. While care documentation sampled does not specifically document those involved in assessment and planning, it generally demonstrated consumer partnerships occur. There were examples of medical practitioner involvement in care and service assessment and planning in both HCP and CHSP file documentation.

Non-Compliant Evidence

In respect to Requirements 2(3)(a), 2(3)(b),2(3)(d), and 2(3)(e), the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The Decision Maker is confident if the corrective action is followed through in its entirety the service should return to compliance upon its next assessment.

HCP

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning processes, including the consideration of risks to the consumers’ health and wellbeing, consistently inform safe and effective service delivery. Consumers and representatives interviewed were overall satisfied that staff took the time to listen to their needs. For HCP consumers, assessments are completed by a registered nurse/case manager. While assessments assist in the identification of some risk areas including history of falls, nutrition and hydration, sensory loss, behaviour and continence and home safety, risks to consumers are not considered or explored to inform safe and effective care and services. Not all assessments could be located. Validated assessments such as falls risk assessment tool, skin assessments, pain assessments or malnutrition risk assessments are not used to assess and understand risks associated with the consumer’s health and wellbeing. Identification of risks associated with medical conditions and diagnoses were not evident. A case manager/ registered nurse interviewed said when risk is identified, service nurses do not assess the risk and said HCP consumers are referred to allied health professionals for assessment. The service did not demonstrate that this consistently occurs. Strategies to minimise consumer risks are not planned to inform safe service delivery. Ten of 12 consumer care files reviewed did not include assessments of the risks to consumers. The service could not evidence that assessment and planning policies are utilised to guide staff.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning identifies and addresses the consumer’s individual current needs, goals and preferences. While eight of 10 consumers and representatives interviewed said services met consumer needs, two representatives said consumers needed more care. Consumer care documentation reviewed had generic documented goals and strategies to achieve goals for consumers, including goals for services that are not provided. Staff said they do not identify individual consumer goals and instead select the goals from a template of generic statements.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the outcomes of assessment and planning are 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. While the outcomes of assessment and planning are documented in a care plan, four of five consumers and representatives interviewed said either they did not recall any care plan being communicated, or when reviews occurred no care plan had been offered and they were not aware of the outcomes of assessment and planning. Staff said while the service process is to provide copies of care plans to consumers and representatives, currently they have not been offering copies of consumer care and services plans. While case management staff and care workers interviewed said a task list is available to care workers, not all consumers had task lists on file or information was not detailed to guide care and service provisions and did not include considerations of risk. Care workers said in various ways that they rely on information from representatives to guide care and service provisions. Information about the outcomes of assessment and planning is not adequate to inform safe, care and services at the point of care.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the effectiveness of care and services are reviewed regularly and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. All consumers and representatives interviewed said in various ways that the case manager/registered nurse sometimes visits them or that representatives communicate changes in their needs. However, one of five consumers recalled care and services being reviewed after an incident, and two representatives said in various ways that the consumer’s care had not been reviewed effectively when it should have been reviewed. Case management /nursing staff interviewed said while care and service reviews should occur at six to 12-month intervals, they said only some reviews have been completed and some are well overdue. While five of five consumer files sampled showed care documentation had been recently reviewed, care documentation did not show how care and services were consistently and effectively reviewed and updated when incidents occurred, circumstances changed or changes in consumers’ health and wellbeing occurred. The service could not evidence policies or procedures to guide staff in relation to care and service reviews.

CHSP

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that for CHSP consumers, assessments consistently occur. Although all consumers and representatives interviewed were satisfied that the care and services are planned to meet their needs, specific staff responsible for assessment described how they use the consumer’s My Aged Care Assessment and do not conduct a service level assessment to inform the services provided. Staff inconsistently complete a social and emotional wellbeing assessment that includes an anxiety and depression checklist. Risks, including falls risks, sensory loss and dietary risks, are not assessed and explored to inform safe and effective care and services. Eight of eight consumer care files sampled did not include assessments with consideration of risks for consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate assessment and planning identifies and addresses the consumer’s individual current needs, goals and preferences. While consumers and representatives are satisfied the social support services meet their needs, all consumers and representatives said in different ways that care goals are not discussed with them. Consumer file documentation showed no consumer has a care plan and no consumer goals are evident on file. Program coordination staff said there are no care plans or individual goals as all consumers had the same goal to increase interaction with others through social support group. Staff said any goal that comes to attention through regular communication calls may be documented in progress notes. Files reviewed did not evidence consumer goals and strategies to achieve goals however, file notes sampled showed regular discussions occur with consumers about their well-being and progress in care. Consumer/representative interviews and care files reviewed showed advance care planning is not addressed. Staff have not received training on advance care planning.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the outcomes of assessment and planning are 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. No consumer in the service has a documented care and services plan. All consumers and representatives interviewed said in various ways they were not aware of care plans, although their care had been discussed with them over the telephone. Staff said no consumers had care plans but their social support care is discussed with them.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers’ care and services are reviewed regularly and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Consumers and representatives interviewed said in different ways that while they talk with service staff, they do not have any care plans or goals and are not involved in any care and service reviews. Service staff said care and services are reviewed through progress notes that show communication and home visits occur.

# 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. | Non-compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate processes to recognises and addresses the needs, goals and preferences of consumers nearing the end of life, to maximise their comfort and preserve their dignity. Currently the service has no consumer identified as requiring palliative or end of life care and relevant staff said no consumer has required end of life care within the past 12 months. While the service has the capacity to provide care to consumers nearing the end of life, this is dependent on the consumer having adequate supports in place. Management said consumers requiring end of life care are generally admitted into hospital or residential care due to individual circumstances.

If a consumer has family or friend supports in place and expressed the wish to have end of life care at home, relevant staff said the service would consult with the medical practitioner, liaise with the local palliative care team and provide care and services to support the consumer in line with their wishes. While no advance care planning policy is accessible to guide staff in the provision of palliative care, staff said training, support and guidance would be given to staff in relation to personal care for consumers during palliation or end of life. This would allow for individualised care when needed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers is communicated within the organisation and with others responsible for care. Consumers and representatives interviewed expressed satisfaction that the consumers have continuity of care and care workers know how to deliver care and services. Care workers interviewed expressed general satisfaction with the information provided and said this is supplemented by information from representatives. The service has a new electronic system to assist communication of consumer information within the service. There is currently both hard copy and electronic information and internal staff are learning to use the new information system. There is evidence in care documentation including progress notes, referrals and referral reports, of information being appropriately communicated to others involved in care. Care documentation includes correspondence with medical practitioners and allied health specialists. Consumer consent to share information is on file.

While not all information requested could be located, not all task lists are detailed with risk prevention and care provision strategies and there is a reliance on representative guidance to care workers, a new electronic information system is being progressively implemented. On balance, the Decision Maker finds this Requirement is met.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that overall timely and appropriate referrals to individuals, other organisations and providers of other care and services. When asked about referrals, consumers and representatives were aware that when requested, other services would be involved in their service delivery. This included, for example, podiatry for foot health, physiotherapy for strength building to prevent falls and occupational therapy. Staff demonstrated an understanding of referral networks and described email referral processes to a range of service providers including allied health professionals. There was evidence in care documentation showing referrals were made in response to an identified need, with corresponding reports and recommendations to be actioned accordingly.

While not all consumers with deterioration had needs including referral needs identified, and relevant staff could not always identify whether allied health recommendations had been implemented, there have been recent staffing changes. On balance, the Decision Maker finds this Requirement is met.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers and representatives interviewed were satisfied with the measures staff have taken to protect the consumers from infection. Staff interviewed said they had training in infection control, including COVID-19, and described service requirements to participate in vaccination programs. The service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices, in addition to a recently developed COVID safety plan. Relevant staff interviewed could not describe the meaning of antimicrobial stewardship and the service does not have any antimicrobial stewardship policy to guide staff and relevant staff interviewed. However, the service does not prescribe antibiotics, and staff are required to take precautions to minimise consumer and staff illness and reduce any need for antibiotics. On balance, the Decision Maker finds this Requirement is met.

Non-Compliant Evidence

In respect to Requirements 3(3)(a), 3(3)(b), and 3(3)(d), the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The Decision Maker is confident if the corrective action is followed through in its entirety the service should return to compliance upon its next assessment.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers consistently receive safe and effective personal and clinical care that is best practice, tailored to meet their individual needs and optimises their health and well-being. While most consumers and representatives interviewed were satisfied with care provision, two representatives said consumers need more care. Case management/ nursing staff interviewed were not able to readily identify allied health care provision to consumers. Clinical data is not collected, collated, reviewed or reported to management. Care workers interviewed said they provide care as documented on task lists but rely on instructions from representatives. Sampled consumer files demonstrate health and personal care is not always tailored to consumers’ specific needs and does not optimise their health and wellbeing.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the effective management of high-impact or high-prevalence risks associated with the care of each consumer. Consumers identified with falls history, mobility issues do not always have their level of risk or potential harm identified, allied health recommendations are not always followed through and do not always have effective strategies in place to prevent and mitigate risks to the consumer. Incidents of physical assault are not always reported or actioned in a timely manner, placing consumers at potential risk. When actions related to prevention of physical assault are put into place, they are not sustained and alternative strategies are not documented. Clinical care risks related to risks of falls, managing changed behaviours, choking, nutrition and hydration, pain and preventing pressure injuries are not always recognised and effectively managed. While consumers and representatives were satisfied with direct care delivery, one consumer and two representatives described concerns about consumer risk and said in various ways that staff did not identify and action risks until requested to do so by consumers or representatives. Care documentation sampled did not evidence risks are always identified and managed to prevent harm or further harm to consumers.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that they consistently recognise and respond to deterioration in a timely manner, for consumers’ who experience deterioration or change in their function, capacity or condition. While most consumers interviewed are satisfied with care provided, three consumers/representatives said in various ways that deterioration or change is not always identified and responded to in a timely manner. While case management staff interviewed said they were not aware of deterioration or change in a consumer’s condition, home visits and reviews have recently occurred. Relevant care workers said they have reported deterioration to managers. Care documentation including reviews did not consistently show monitoring of consumers is recognised, responded to and monitored. The service does not have a policy on deterioration of consumers to guide staff to report and action deterioration or change in function or condition. When asked by the Assessment Team, relevant staff said no consumers were immobile, had complex nursing care needs or had deteriorated.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that HCP and CHSP consumers receive safe and effective services and supports for daily living that meet the consumers’ needs and optimise their independence, health, well-being and quality of life. Consumers and representatives provided examples of how the service supports consumers to maintain their independence, health, well-being and quality of life. All consumers and representatives interviewed stated that the consumers are able to undertake activities that optimises their independence of health and wellbeing. While consumers receiving individual or group social support do not have documented goals and HCP consumers have generic goals in relation to services and supports for daily living, sampled staff demonstrated an understanding of what is important to individual consumers. CHSP and HCP care workers provided examples of how they help the consumer through the provision of services and supports that optimise their wellbeing while maintaining their independence. Documentation in the form of feedback reflected the involvement of the consumer and included specific examples regarding the way services and supports are provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that supports for daily living promote the emotional, spiritual and psychological wellbeing of both HCP and CHSP consumers. Consumers and representatives provided examples of how the supports provided by staff promote emotional, spiritual and psychological well-being. Staff demonstrated an understanding of what is important to the consumer’s well-being and gave examples of how they support consumers when they are feeling low. While HCP and CHSP care documentation did not always reflect the same level of detail provided by staff, staff were able to identify behavioural triggers and interventions to promote psychological and emotional wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that HCP and CHSP consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers interviewed described satisfaction with the services and supports to interact with others, attend appointments within the community and participate in programs that interest them. Staff and volunteers provided examples of how they support consumers to connect with others and adapt programs to assist consumers to participate and do things of meaning to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about the condition, needs and preferences of HCP and CHSP consumers is communicated within the organisation and with others as appropriate where responsibility for care is shared. Consumers and representatives interviewed were satisfied that information about their care and services is shared within the service and with others as appropriate. Staff and volunteers demonstrated familiarity with the needs and backgrounds of consumers, often learnt from consumers and/or their representatives, and through task lists or a telephone application. While not all information about the consumer’s condition, needs and preferences was consistently detailed in care documentation, staff and volunteers said they have access to sufficient information to deliver services and supports, including through effective verbal communication. Consumers sign consents to share information.

While not all information is on file or detailed, staff said they have adequate information and consumers and representatives are satisfied with the continuity of consumer services and supports. On balance the Decision Maker finds this requirement Met.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers in HCP and CHSP services are provided with timely and appropriate referrals to individuals, other organisations and providers of other services and supports for daily living. While consumers and representatives overall said that consumers’ current supports met their needs and no referrals were required, they were aware that when requested they could be referred to other services and supports. Care documentation showed referrals being made such as to My Aged Care, equipment suppliers, meal services, transport services and occupational therapy assessment for home modification recommendations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that meals provided to CHSP consumers is varied and generally of suitable quality and quantity. The social support group is open to HCP consumers. Consumers and representatives interviewed described meal services are generally suited to consumer preferences, quality and quantity but sometimes it could improve. Staff described how external organisations provide prepared Filipino meals and they respond to consumer feedback by varying prepared meal suppliers for each social group and changing caterers as needed.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the service environment is welcoming and optimises each consumers’ independence, interaction and function. Consumers confirmed the service environment is welcoming and gave examples of how they feel a sense of belonging at social planned activity groups. Staff who worked in social support groups described the ways they ensure the environment is welcoming and encourages consumer independence and function.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the service environment is safe, clean and well maintained. Six of six consumers interviewed stated that the service is always clean, safe and well maintained and describe how staff support them if they need assistance with regards to mobility and transfers. Staff interviewed described how they encourage consumers to move safely indoors and outdoors and ways they maintain the cleanliness of the environment.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. All consumers interviewed expressed satisfaction with the suitability, cleanliness and maintenance of the building, furniture and fittings. Feedback from consumers attending social support groups showed the environments were spotless. Staff described cleaning procedures, including the cleaning and disinfecting of shared equipment before and after each activity.

# 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are actively encouraged and supported to provide feedback and make complaints. Eleven of 12 consumers and representatives interviewed said in various ways they are generally encouraged to provide feedback and raise any complaints and they feel safe to do so. The service demonstrated that they discuss complaints, compliments and feedback at commencement and ongoing with consumers, representatives, staff and others. Staff gave examples of encouragement and supports for consumers and others to provide feedback and make complaints including feedback forms, CHSP feedback, telephone calls and emails. Care documentation showed ongoing input, feedback and complaints from CHSP consumers who are asked for feedback after every group. While care documentation shows no complaints on file for HCP consumers, management said often feedback and complaints are immediately resolved and are not documented. Multiple feedback is on file for CHSP consumers and CHSP staff described ways they support feedback and complaints. On entry consumers receive an information pack with a feedback form for comments. complaints and suggestions. The service has a policy to guide complaint management.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they have a new process for ensuring that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives interviewed said they were provided with no information about advocates or other methods for raising and resolving complaints, they also said they had no need for language services. Staff interviewed stated that consumers would be assisted to access advocates and interpreting services as appropriate and multilingual staff can provide assistance as appropriate. Written documentation about external complaint avenues, language services and the right to advocacy is now provided to consumers and representatives in the service information pack. Current HCP consumers are to receive written information through care workers information and CHSP consumers are to be provided with information at the social support group. Arrangements to distribute the information to existing consumers were actioned and confirmed. While information about external complaint and advocacy options and interpreter services had not been made available to consumers, representatives and others, the information was sourced and distribution commenced during the Quality Audit. On balance, the Decision Maker finds the Requirement is met.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that appropriate action is taken in response to feedback and an open disclosure approach is used. CHSP consumers and representatives interviewed were satisfied that feedback and complaints are actioned. While all consumers and representatives interviewed said they have not had to complain, they indicated they felt safe to complain. The CHSP service showed feedback and complaints are documented and actioned. The HCP service has no recent complaints or feedback registered, although at least one recent complaint was evident in consumer care documentation and action and apology but not resolution had occurred. While relevant staff interviewed were not aware of the term ‘open disclosure’, they described how they apologise and explain what happened if something goes wrong. The service has a complaint management policy. On balance, the Decision Maker finds the Requirement is met.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed used to improve the quality of care and services. Consumers and representatives interviewed did not provide examples of how their feedback is used to improve the quality of care and services. While the plan for continuous improvement does not clearly show links to feedback and complaints, a CHSP feedback and action summary and data analyses show complaint trends and improvements in the quality of care arising from comments and complaints. There have been no formal complaints to inform improvements in the quality of HCP care and services or to show trends, however management and staff are aware of complaint trends and described how feedback and complaints are reviewed and used to improve services.

# 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. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant | Non-compliant |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe, quality care and services. Nineteen of 19 consumers and representatives interviewed expressed in various ways satisfaction that care workers deliver reliable and safe, quality care and services to consumers. The CHSP and HCP services include staff who are new to their positions and a small number of staff and volunteers assist consumers from both services. Management described plans to realign staffing through recruitment of new and existing unfilled positions.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Twelve of 12 consumers and representatives interviewed said in various ways that they feel safe and respected by staff who deliver HCP and CHSP care and services. Staff and volunteers interviewed provided examples of ways they show kindness and respect to consumers. Management said staff and volunteers are required to display culturally sensitive, responsive, person centred and ethical care. Position descriptions document expectations of care workers that include values-based criteria including a courteous, supportive, patient and non-judgemental approach.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that processes to ensure staff and volunteers have the qualifications and knowledge to effectively perform their roles. Ten of 10 consumers and representatives interviewed were satisfied the workforce is competent to effectively perform their roles. Staff and volunteers interviewed described their competence in their roles due to their experience, familiarity with consumers and knowledge of the tasks they perform. Position descriptions document required skills and competencies.

Non-Compliant Evidence

In respect to Requirements 7(3)(d) and 7(3)(e), the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The Decision Maker is confident if the corrective action is followed through in its entirety the service should return to compliance upon its next assessment.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that while recruitment occurs, the workforce is not trained, equipped and supported to deliver quality care and services. While consumers and representatives are overall satisfied with care and service delivery, three consumers and representatives said in various ways that some staff need more training in their roles. Staff interviewed described some induction and training provided by the service and education primarily from their other places of employment to equip them to deliver outcomes for consumers. Management described challenges with recruiting and retaining staff during and post Covid-19 and acknowledged the temporarily high workload for a case manager. Management said they are building a team of young, new staff and are focusing on supporting the team through team building. Although an induction checklist is completed, buddy shifts inconsistently occur and the training program is being developed. Currently essential training is not offered, and staff inconsistently participate in required training. Service policy requires staff to complete a training needs analysis annually and this has not occurred. Staff and volunteers said they are supported in their roles.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that staff performance is regularly assessed, monitored and reviewed. While consumers and representatives interviewed were overall satisfied with workforce performance, service processes to review staff performance are not applied in practice. No formal staff appraisals are conducted and no review of staff or volunteer performance occurs. The General Manager said most staff are new and have not yet required an appraisal however, they acknowledged that performance monitoring and staff accountability is not consistently occurring. Action to address these issues and monitor and review staff performance has not occurred.

Longer term staff interviewed said staff appraisals have not occurred for years. Two of two care workers interview said appraisals have not occurred. Management and staff said the service has an appraisal tool to monitor and review staff performance however, the service does not show that the system for staff appraisals is applied in practice. The service does not show that when non-performance is recognised it is addressed and performance improvement actions occur.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that in relation to information management, continuous improvement, and feedback and complaints, the service demonstrated that governance systems are effective.

Compliant Evidence

* Information Management

The service was able to demonstrate that they generally have effective information management systems in place. The service has some consumer care information on computer, other information in hard copy and relevant staff are still learning the new electronic care management system. Information privacy principles apply and access to information is dependent on and according to roles. The consumer information pack provides consumers and representatives with service information, an information provision policy and consent forms apply. Staff said there are no minimum bookings and management said they did not know of any two-hour condition. Consumers and representatives interviewed were satisfied with service times and two representatives said consumers required more services.

* Continuous Improvement

The service has a plan for continuous improvement. Improvements are initiated through the feedback and complaint system, consumer survey processes, incident forms and consultant gap analysis. The continuous improvement plan shows the source of the improvement, planned actions, responsibilities, planned completion date and outcomes. While interim progress towards goals or evaluated outcomes, is not documented, improvements have occurred.

* Feedback and Complaints

The organisation’s feedback and complaints system supports consumers and representatives to safely raise matters that affect them. CHSP complaints are registered, reviewed, investigated and actioned. No recent HCP complaints are on file but at least one compliant about a consumer’s budget deficit is evident in care documentation. Although the General Manager said a repository for HCP complaints needs to be strengthened, feedback and complaints are discussed at staff huddles and serious complaints are reported to the governing body.

Non-Compliant Evidence

In respect to Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 7(3)(e), the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did not meet and/or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. The Decision Maker is confident if the corrective action is followed through in its entirety the service should return to compliance upon its next assessment.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the governing body promotes a culture of safe, quality care and services and is accountable for its delivery. While care is inclusive and the commitment to the provision is responsive, person-centred quality care is not always demonstrated. Oversight by the governing body and the organisation did not evidence a culture that consistently provides safe and quality care for consumers. Please refer to Standard 2 (3)(a), Standard 2 (3)(b), Standard 2 (3)(d), Standard 2 (3)(e), Standard 3 (3)(a), Standard 3 (3)(b), Standard 3 (3)(d), Standard 7 (3)(d) for further details.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the service has effective governance systems in relation to financial governance, workforce governance and regulatory compliance.

* Financial Governance

Service records show while few consumers have unspent funds, HCP consumers are in financial deficit. A sampled consumer/ representative interviewed described how services were being withdrawn until deficits are made up, they were paying fees for case management when case management services were ineffective or not provided and described the negative impact on affected consumers. Deficits and altered care arrangements have not always been discussed with consumers. Please refer to Standard 3(3)(a) and Standard 3(3)(b) for further information.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate that management systems and practices which enable the service to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers. The organisation does support consumers to live their best life and were not able to evidence effective systems to manage and prevent incidents. In relation to managing high impact or high prevalence risks associated with the care of consumers, management identified the risk of falls as relevant to the service but no clinical data is reported on falls. In relation to identifying and responding to abuse and neglect of consumers, the case manager/registered nurse and two of four care workers interviewed said they had training in elder abuse and neglect through their qualifications and training in other workplaces. The service has not offered elder abuse training to staff including CHSP staff and volunteers. In relation to incidents managed and prevented, an ineffective incident management system currently operates.

The service does not demonstrate a staff training program and regular reinforcement about incident procedures and staff roles and responsibilities. There is no incident escalation procedure to guide staff. The service did not demonstrate governance and accountability arrangements to provide oversight of the incident system and management was not aware of a serious injury to a consumer that occurred in connection with CHSP care and services.

The service does not have an effective risk management system, including adequate policies and processes.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate a clinical governance framework that includes antimicrobial stewardship, restraint minimisation and open disclosure. The General Manager acknowledged there is no clinical framework including policies related to antimicrobial stewardship, restraint minimisation and open disclosure in relation to complaints and incidents. Five of five relevant staff interviewed did not know the term open disclosure and one relevant staff could not describe antimicrobial stewardship.

Relevant staff interviewed said no clinical indicators are reported to management and management said clinical data is not reported. Management said aged care operational matters including staffing, financial matters, consumer numbers, quality updates and future plans are reported to the Board but clinical matters are not reported.

Overturned Recommendations

In respect to Requirement 8(3)(a) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the service’s corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers and representatives are actively encouraged to participate in the development, delivery and evaluation of care and services in consultation with the HCP service. In the CHSP service, ongoing consumer input is sought to the satisfaction of consumers through surveys and feedback after every fortnightly group. However, no surveys or forums occur for HCP consumers and the service could not demonstrate any feedback or input from HCP consumers on file. While consumers and representatives interviewed from CHSP services were satisfied their views were sought, HCP consumers and representatives did not share any views in relation to service development, delivery and evaluation. Organisational management said there were currently no consultative or other mechanisms to engage HCP consumers in the development, delivery or evaluation of services.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* Evidence analysed by the Assessment Team for Requirement 6(3)(a) showed the service was able to demonstrate that consumers are actively encouraged and supported to provide feedback and make complaints.
* Evidence analysed by the Assessment Team for Requirement 6(3)(e) showed the service was able to demonstrate that feedback and complaints are reviewed used to improve the quality of care and services.
* Contact Report Form to be completed by our Community Care Workers and Volunteers at every consultation with a consumer.
* Contact line dedicated to being a single point of contact for consumers. The Call Log Form has been implemented and is designed to capture all calls received by the service. The Call Log Form will be reviewed by management for the purposes of clinical analysis and for reporting to the Board.
* Ongoing home visits to be conducted by the Case Manager and Case Adviser.
* Implementation of sample fortnightly survey by the compliance adviser.

The Decision Maker deems Requirement 8(3)(a) to be compliant.

In respect to Requirement 8(3)(c)(iv) and Requirement 8(3)(c)(v) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

* Workforce Governance

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that workforce oversight by management is effective and there are deficiencies in multiple areas of the Aged Care Quality Standards, including workforce training. Management said they have relied on the knowledge of experienced staff, staff within the HCP team do not share their knowledge and experience, and there are communication issues within the HCP team.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below.

* Evidence analysed by the Assessment Team for Requirement 7(3)(a) showed the service was able to demonstrate that the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe, quality care and services.
* Evidence analysed by the Assessment Team for Requirement 7(3)(b) showed the service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Evidence analysed by the Assessment Team for Requirement 7(3)(c) showed the service was able to demonstrate that processes to ensure staff and volunteers have the qualifications and knowledge to effectively perform their roles.
* The service hired a Human Resources Officer and appointed an external Human Resources team to review and implement policies that would improve management’s workforce oversight.
* A CHSP Coordinator was hired in November 2022 which we have seen has resulted in an increase in consumer participation in the CHSP program.

The Decision Maker deems Requirement 8(3)(c)(iv) to be compliant.

* Regulatory compliance

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that management did not show a system to enable compliance with regulatory obligations and instead said the team, including HCP case managers and CHSP coordinators, are responsible. Management said for example, that case managers should be at a level at which they can source and action regulatory changes themselves. However, management said they have peak body memberships and subscribe to government regulatory bulletins, alerts and updates.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below.

* The service is a member of The Aged & Community Care Providers Association (ACCPA) and subscribe to Departmental and Commission bulletins and newsletters.
* The service has rolled out the comprehensive Leading Age Services Australia (LASA)/ACCPA policy suite across all 8 of the Aged Care Quality Standards with all policies accessible to staff electronically.
* Staff’s awareness of and understanding of policies will be reinforced through a new ALIS training program, ensuring the staff are aware of regulatory changes.
* The service responded with all required statutory declarations and police checks for staff.

The Decision Maker deems Requirement 8(3)(c)(v) to be 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)