**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Gilgandra Shire Council Services |
| Commission ID: | 200438 |
| Address: | 15 Warren Road, GILGANDRA, New South Wales, 2827 |
| Activity type: | Quality Audit |
| Activity date: | 30 January 2024 to 1 February 2024 |
| Performance report date: | 28 March 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1779 Gilgandra Council  
Service: 17481 Cooee Lodge Retirement Village Management Committee  
Service: 17590 Jack Towney Aboriginal Hostel – CACPs

Short Term Restorative Care (**STRC**) included.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7878 Gilgandra Shire Council  
Service: 24694 Gilgandra Shire Council - Community and Home Support

**This performance report**

This performance report for Gilgandra Shire Council Services (**the service**) has been prepared by A. Kasyan, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the assessment team’s report received 26 February 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Ensure complaints and feedback are trended, analysed and used to improve care and services.
* Ensure effective systems are implemented to monitor staff training and
* Ensure staff performance is effectively and regularly monitored to identify deficits in staff practice.
* Ensure the service effectively implements and applies the organisation’s management systems in relation to workforce governance, regulatory compliance and information management. Ensure ongoing monitoring of governance systems identifies and actions any deficits or areas for improvement.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Standard 1 is compliant as all requirements in Standard 1 have been found compliant.

Consumers said staff know them as individuals and they are treated with dignity and respect. They described staff as kind, caring and respectful, and confirmed the service recognises and values their identity, culture and diversity. Consumers and representatives confirmed they are given options and choice regarding when and how services are delivered. They said staff support them to take risks to enable them to live the best life they can and this enables them to continue living at home in line with their wishes.

Consumers and representatives reported receiving accurate and timely information through a client handbook, occupancy agreements, local paper and communication with staff and management. They expressed confidence in the workforce maintaining their privacy and confidentiality of their personal information.

Staff are knowledgeable in relation to consumers’ history and culture which is gathered as part of assessment processes and documented in care plans. They described in many ways how they provide care in a culturally safe way taking into consideration consumers’ social, work and family history.

Documentation showed, and staff described how they support consumers to have a choice in when and how services are delivered, who is involved in their care and these decisions are recorded. The service currently specialises with providing domestic assistance, lawnmowing, transportation and a meal delivery service. Consumers can also choose participation in social groups which support them to make connections with others in the community.

Staff said they support consumers to take risks to enable them to live the best life they can and described how they do it taking in consideration any risks so that consumers undertake activities they enjoy safely. Management described how they facilitate conversations with consumers who engage in activities which involve an element of risk to ensure they make informed choices.

There are processes to communicate with consumers so that information is timely, clear and easy to understand. Information in relation to social groups and transport services is provided to consumers verbally and advertised in the local paper. Consumers are invited to attend regular meetings and financial statements are printed monthly and sent to consumers by post.

Staff interviewed confirmed they are trained in policies and procedures to ensure consumer privacy is respected and personal information is kept confidential. Staff described how they maintain confidentiality of consumer information and confirmed private information in consumers’ files is limited to authorised personnel. Consumer files were observed in locked cabinets in areas only accessible to relevant staff.

# Standard 2

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

Findings

Standard 2 is compliant as all requirements in Standard 2 have been found compliant.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services, and they are informed of outcomes of assessment and planning. Consumers advised staff discuss advance care needs, goals and preferences with them, they have access to a care plan and staff ensure they understand information recorded in the care plan.

The service has processes to ensure relevant assessments, including home safety assessment, non-response plan completed and an emergency plan are completed in a timely manner to ensure safe delivery of care. The service involves a general practitioner and community palliative care team into assessment and planning of end-of-life care and has established links with community clinical staff if a consumer require clinical support which is not provided at the service.

Staff have access to the care plans which are located in the office and the home service’s coordination centre. All reviewed consumer care files contained a current information and a review was undertaken within the last 6 months. The files contained information on who the consumer wants involved in their care and consent records. Care plans are reassessed every twelve months or when consumer care needs, goals and preferences change. Reviews are also conducted as required, for example, following incidents or when risks are identified.

Staff confirmed they have access to consumer care plans and assessments, and they have received education on identifying risk which they report to the manager immediately. Staff described how they partner with the consumer and others that the consumer wishes to involve in assessment and care planning through regular meetings and informal conversations.

# Standard 4

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

Findings

Standard 4 is compliant as all requirements in Standard 4 have been found compliant.

Consumers described in many ways how the service and supports enable them to safely stay at home, participate in their community and enjoy meals in line with their preferences. They provided examples of how receiving domestic assistance and daily meal delivery makes them feel safe and supported knowing that volunteers visit them each day and if something should happen to them, the service would contact their representative for assistance or send the emergency services to check in on them. Other examples included having a reliable and safe transportation service which enabled them to maintain connections, do shopping and attend specialist appointments.

Staff know what is important to consumers and described how they adapt services according to consumers’ needs and preferences and the care is provided in line with the consumer assessed needs enabling them to meet their goals. Staff provided examples of how consumers are supported to participate in the local community’s social group, and this includes transporting for shopping twice per month. They described how the service supports consumers’ emotional, spiritual, and psychological well-being through maintaining a good relationship and sending referrals to external service providers for specialist mental health support if required.

The service has processes to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation and with others where responsibility is shared. Staff said they receive information in relation to the changing condition, needs or preferences of each consumer directly from the care coordinator either verbally or by consulting with consumer files. Documentation confirmed the service communicates with other providers involved in consumer care, such as the providers of brokered services.

Documentation showed referrals are made to other organisations, such as the local health clinic and providers of other care and services and this information is documentation in the consumer’s care file to indicate that the intervention had been provided. Referrals are facilitated to volunteers who reside in the local community when to provide social and emotional support.

The commercial kitchen at the local hospital prepares the meals for the meals on wheels delivery service. Consumers advised they enjoyed the food, and staff described how they meet consumers’ preferences in relation to food. Documentation showed consumers’ preferences, needs and risks associated with diet and nutrition are considered and communicated effectively to the meals service provider.

Consumers confirmed they have equipment they need, and staff maintain the equipment in a clean and working condition. Staff confirmed they have access to sufficient equipment to ensure consumers can participate in the lifestyle program and maintain their independence. Vehicles used for consumer transportation are safe, fit for purpose, clean and are well maintained. One of the buses has disabled access available using a specially designated wheelchair compatible tail lift and management advised all drivers are trained to use the lift in a safe and appropriate manner.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

As requirement (3)(d) has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team found requirement (3)(d) not met because complaints and feedback are trended, analysed and used to improve care and services. Some consumer feedback has not been documented on the feedback register. Ten per cent of consumers surveyed in January 2024 expressed dissatisfaction with lawnmowing services and this information was not documented, analysed and used to improve the quality of lawnmowing services.

The feedback register contained a small number, 5 items, from 2018 to 2024 and did not include information previously raised by consumers in relation to lawnmowing services. Management advised this has not been effectively monitored due to ongoing absence of the key personnel.

In response to the assessment team’s findings, the provider acknowledged some deficiencies and outlined plans for improvement. The lawn mowing contactor has been changed and the service has not received negative feedback since then. The provider expressed its commitment to document all complaints and feedback in the feedback register to enable effective analysis and identify of areas for improvements.

I acknowledge the provider’s response and its commitment to maintain accurate record keeping of all feedback and provided plan for continuous improvement. However, while recognising the service’s efforts to address the issue, the improvement activities require monitoring and time to establish efficacy.

By not capturing all feedback in the feedback register in line with the organisation’s policies and procedures, the provider is unable to ensure that all feedback is systematically reviewed and considered for quality improvement initiatives. Additionally, the provider has not ensured responsibility for feedback documentation and management was delegated to other qualified personnel within the service during staff absence.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

I find requirements (3)(a), (3)(b) and (3)(c) are compliant.

The service regularly seeks input and feedback from consumers, representatives and others and uses the input and feedback to inform continuous improvements for individual consumers.

Consumers and representatives feel comfortable in giving feedback to the service, both positive and negative, and described multiple ways in which the feedback could be provided. Consumers reported their complaints were addressed promptly and effectively.

The service promotes a range of mechanisms to encourage consumers, representatives and others to provide feedback and make complaints which includes surveys and feedback forms. Complaints processes are outlined in the consumer agreements and on the council website. Whilst documentation evidenced minimal feedback from family members and consumers, staff said and consumers confirmed where complaints were made to the service, these were generally dealt with promptly and effectively.

Staff described how consumers and representatives are made aware of how to access advocacy services, language services, or other methods for raising and resolving complaints, including through consumer agreements and displayed at the service.

Staff and management were aware of the term open disclosure and the importance of resolving issues and apologising to consumers when things go wrong. Management provided examples of how they use a transparent approach when things go wrong.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

As requirements (3)(d) and (3)(e) have been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team recommended requirements (3)(c), (3)(d) and (3)(e) not met.

**Requirement (3) (c)**

The service utilises competency assessments booklets to assess staff competency in a range of areas, including infection control, handwashing, work health and safety and clinical care. Documentation showed not all staff completed the competency booklets.

In response to the assessment team’s findings, the provider advised 100% staff have completed mandatory education requirements for 2024 and education on key topics including restrictive practice, complaints, open disclosure, dignity of risk and SIRS. The provider expressed its commitment to ensure all staff competency booklets to be completed by the end of March 2024.

I acknowledge the provider’s response and evidence provided including staff completion of mandatory training. Whilst staff competency booklets are yet to be completed, I find evidence in the assessment team’s report shows staff have necessary knowledge and competencies to effectively perform their roles and provide services and supports for HCP and CHSP consumers which are limited to providing domestic assistance, lawnmowing, transportation and a meal delivery service.

The assessment team’s report shows competency booklets include a range of assessment tools for clinical staff with a strong focus on delivery of clinical care, such as oxygen therapy, respiratory devices, hearing care, colostomy and catheter care. The service does not provide personal or clinical care, nor do they broker these services or contract them out, therefore, staff are not required to possess qualifications and demonstrate competencies to effectively perform personal and/or clinical care.

Furthermore, evidence across Standards 1, 2, 4 and 6 shows staff are competent in assessment and planning, supporting consumer dignity and choice, providing safe and effective services and supports for daily living and managing feedback and complaints. Consumers feedback indicated satisfaction with the competence and professionalism of the workforce.

For the reasons summarised above, I find requirement (3)(c) compliant.

**Requirement (3)(d)**

The assessment team found the workforce is not adequately trained, equipped and supported to deliver the outcomes required by the Quality Standards and recommended this requirement not met.

Completion of mandatory staff training has not been effectively monitored for the previous 12 months and documentation showed staff had not completed all mandatory training.

Local onboarding processes include 6 and 12 week checks for new staff. Documentation sampled for 2 staff who commenced within the past 12 months indicated this had not been completed at both 6 and 12 weeks in line with organisational requirements due to vacancies in two positions.

In response to the assessment team’s findings, the provider acknowledged deficiencies identified in the assessment team’s report and outlined plans for improvement. Staff education has been reviewed and outstanding education requirements have been forwarded to staff to complete. Staff have been given support to complete outstanding mandatory training.

The management position has been backfilled by an experienced nurse. Staff education matrix has been developed to track compliance and ensure all staff members complete all required education.

All staff will attend monthly staff meetings and education which commenced on 15 February 2024. A new learning tool has been purchased and covers key areas to support staff learning using easy to follow learning boards that allows open discussion and supports learning.

I acknowledge the provider’s response and its commitment to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these standards. However, while recognising the service’s efforts to address the issue, some improvement activities are yet to be implemented and others require monitoring and time to establish efficacy.

Whilst the service established training program, staff participation records were not monitored for over 12 months. The service has systems and processes, including an onboarding process with checks at 6 and 12 weeks for new staff, however this process was not followed for 2 new staff members. Whilst the provider advised they will ensure these staff members have these checks completed in the future, it’s expected in this requirement that workforce induction prepares members of the workforce for their role and they are supported, skilled and ready to perform their roles. The provider has not ensured this support was provided to all members of its workforce.

For the reasons summarised above, I find requirement (3)(d) non-compliant.

**Requirement (3)(e)**

The assessment team found although consumers expressed satisfaction with the performance of staff, and staff had completed annual appraisals, regular assessment, monitoring and review of staff performance was not consistently undertaken. Staff said their performance was not monitored outside of formal processes which included annual appraisals and competency assessments.

In response to the assessment team’s report and findings, the provider advised all staff competency booklets will be completed by the end of March 2024. Staff assessment, monitoring and review of the performance and will be supported by a manager in line with the Gilgandra Shire Council policy.

I acknowledge the provider’s response and its commitment to rectify deficiencies identified in the assessment team’s report. Whilst annual performance appraisals can be part of the process of regular assessment, monitoring and review of the performance of each member of the workforce, all members of the workforce are expected to have an appropriate person regularly evaluate how they are performing in their role, and identify, plan for and support any training, and development they need.

Regular assessment and monitoring involve ongoing evaluation, feedback throughout the year and staff interviewed reported this has not been happening.

For the reasons summarised above, I find requirement (3) (e) non-compliant.

I find requirements (3)(a) and (3)(b) are compliant.

The service has established a workforce planning process that considers the needs of consumers, staffing levels and required skills. Overall, consumers and representatives said they are satisfied with staffing levels. They said services meet consumers’ needs and are delivered in line with their schedule and roster changes are notified in advance. Staff said they have enough time to provide quality care to consumers and management described rostering processes to backfill vacancies.

Consumers and representatives said staff were kind and caring, and consumers felt cared for and respected. Management described how the organisation promotes a culture of respect and diversity through communicating organisational values to staff via a corporate induction and policies and procedures. Documentation showed kind, caring and respectful care is embedded in organisational documents, including job descriptions, policies and procedures.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

As requirement (3)(c) has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team recommended requirements (3)(a), (3)(b), (3)(c) and (3)(d) not met.

**Requirement (3)(a)**

The assessment team found whilst the organisation has processes to promote a consumer-centred aged care service, however, consumers meetings have not occurred for 12 months.

Staff and management described examples of how feedback provided by consumers had been used to improve care and services, however, this was not documented.

In response to the assessment team’s report and findings, the provider responded by stating consumers have the opportunity to attend public council forums. All consumers are contacted weekly and more often, and whilst this is not always recorded, the provider is planning to ensure these conversations are recorded.

Whilst I acknowledge the assessment team’s findings that consumers meetings have not occurred for 12 months and there was lack of documented evidence to demonstrate that feedback provided by consumers had been used to improve care and services, I have placed weight on the evidence across all Quality Standards in the assessment team’s report relevant to my finding in this requirement.

The assessment team’s report shows the service has established effective communication channels with the consumers receiving HCP and CHSP services. This was demonstrated through regular updates, discussions about care plans and opportunities to provide feedback.

Consumers are involved in the development of their care plans. Their needs, preferences and goals of care are discussed during care planning process and documented in the care plan. Consumers are empowered to make decisions about their own care and are offered flexibility in service delivery.

The service implemented feedback mechanisms for consumers including through surveys, feedback forms and direct discussions with staff and management, and consumers reported their satisfaction with actions based on their input.

Finally, the service ensures care and services are delivered in a culturally competent manner where consumers’ diverse background, values and beliefs are considered when developing care.

Based on the evidence summarises above, I find the provider demonstrates engaging consumers in the development, delivery and evaluation of care and services. Therefore, I find requirement (3)(a) compliant.

**Requirement (3)(b)**

The assessment team found the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services because systems and processes to enable this are not effective. Whilst the governing body meets quarterly and receives reports in relation to the organisation’s aged care services, these have not been effective to identify and address not updated policies and procedures to meet regulatory requirements in relation to Serious Incidents Response Scheme (SIRS), restrictive practices and incident management.

In response to the assessment team’s report and findings, the provider states one of the governing personnel has a strong knowledge of the services provided and issues to ensure the organisation is meeting its responsibilities to deliver safe, quality care and services. Policies and procedures are being reviewed to ensure their suitability.

I acknowledge the provider’s commitment to review and update policies and procedures in relation to Serious Incidents Response Scheme (SIRS), restrictive practices and incident management. However, this deficiency relates to the organisation’s governance systems regarding information management and regulatory compliance which I considered in coming to my finding in relation to requirement (3)(c).

In coming to my finding in relation to this requirement I have considered information and evidence in the assessment team’s report which demonstrates how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and that is accountable for their delivery.

The assessment team found the governing body has an overarching Community Strategic Plan.

The members of the governing body have requisite skills, experience, and knowledge to provide oversight across the organisation’s services. The members have received training in relation to the Aged Care Standards as part of the Governing for Reform initiative. A business coach facilitated workshops to the governing body in relation to the Quality Standards and the members of the governing body undertake self-education in relevant topics, such as star ratings. Information on safety and quality is disseminated to and from the executive leadership team through various mechanisms, including meetings.

There are accountability mechanisms within the organisation’s governance structure, such as regular reporting mechanisms where Gilgandra Lifestyle Advisory Board is provided updates in relation to safety and quality of care provided to consumers.

Based on the evidence and reasons summarised above I find requirement (3)(b) compliant.

**Requirement (3)(c)**

The assessment team found effective organisation wide governance systems in relation to continuous improvement and financial governance. However, systems in relation to information management, workforce governance, regulatory compliance and feedback and complaints were found to be not effective.

Information management and regulatory compliance:

The service does not have effective information management systems and processes to ensure the workforce have access to information to help them in their roles.

Although there are overarching policies and procedures that were updated in June 2023, some policies and procedures were not comprehensive to effectively guide staff practice. The Personal Care and Clinical Policy does not include up-to-date definitions of restrictive practice, requirement to use it as last resort and consent requirements.

The Incident management and SIRS procedures do not contain information in relation to whom incidents must be reported to internally within the organisation; how the service provider will provide support and assistance to those affected by an incident to ensure their health, safety, and well-being; how those affected by an incident (or their representatives) will be involved in managing and resolving the incident; when and how the provider will require an investigation into an incident; what remedial action is required and who is responsible for notifying the Commission about reportable incidents.

Recruitment processes do not include documented processes to enable checks of banning orders for potential employees.

Workforce governance, including assigning clear responsibilities and accountabilities:

There is no brokerage agreement with the lawnmowing service provider. Police and insurance checks are done by council, and the service do not have access to these records.

Effective workforce governance in relation to monitoring of mandatory training, application of induction processes and completion of competency assessments was not demonstrated due to deficiencies identified in standard 7.

Feedback and complaints

While the service reported few complaints are received and most are received verbally, not all feedback received was included on the feedback register.

The provider responded by acknowledging some deficiencies and outlined plans for continuous improvement. However, disagreed with some statements in the assessment team’s report.

The provider advised they are in the process of reviewing their policies and procedures. However, disagreed staff do not have access to information, such as policies and procedures to help them in their roles because links to policies are included in the procedure’s manual.

The provider states contract agreements with brokered service provider are in place.

Whilst the provider states they have provided education to care staff on restrictive practice, they argue there is not a requirement for the service to monitor restrictive practice because the service provides care and services to consumers living independently in their own home.

I have considered information and evidence presented in the assessment team’s report and the provider’s response and I find the provider does not have effective organisation wide governance systems in relation to information management systems, regulatory compliance and workforce governance.

Policies and procedures, including in relation to SIRS and restrictive practices are not up-to-date and not in line with the legislative requirements. Whilst the provider states they are not required to monitor restrictive practice because the service provides care and services to consumers living independently in their own home, this demonstrates lack of understanding of the provider’s responsibilities.

I accept the nature of the services provided to consumers does not involve clinical care and services are limited to domestic assistance, lawnmowing, transportation and a meal delivery service. However, restrictive practices are not exclusive to residential care settings, they can occur in home care environments, including when providing services such as transportation and domestic assistance.

In relation to workforce governance, I find lack of monitoring of staff training participation records, including mandatory, and lack of regular review of the performance of each member of the workforce outside of annual performance appraisals are systemic in nature and reflect deficiencies in the organisation’s governance systems.

I disagree with the assessment team’s finding that organisation wide governance systems around feedback and complaints are not effective as the assessment team findings in Standard 6 demonstrate the provider has effective systems and processes underpinned by policies and procedures. Consumers are satisfied they are encouraged and supported to provide feedback and make complaints and appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff described how consumers are made aware of and have access to advocates and other methods for raising and resolving complaints and how they practice an open disclosure.

For the reasons detailed above, I find requirement (3)(c) non-compliant.

**Requirement (3)(d)**

The assessment team found the organisation has a Risk Management Framework and Risk appetite document, and there are systems and practices to manage risk, which incorporate inter-agency collaboration and high-risk clinical meetings to understand risk across the aged care portfolio within the organisation. However, policies and procedures on incident management and SIRS were not comprehensive and some staff has not undertaken training on elder abuse.

In response to the findings in the assessment team’s report, the provider’s response included evidence of staff completion of all mandatory training, including in relation to SIRS and elder abuse. Policies and procedures are in the process of being reviewed.

Whilst policies and procedures require review, evidence and information in the assessment team’s report shows risk management systems are in place and operate effectively.

Multi-Disciplinary Meetings contain an ‘at risk list’ of consumers and documentation shows meeting occur regularly and high prevalence/high impact risks are discussed. Work health and safety checklists are completed for new consumers and an incident, hazard and injury register records incidents and hazards.

Staff described how they use a range of processes to alert them to potential elder abuse which includes rotation of volunteers, observations and feedback mechanism.

The organisation has a ‘Consumer Dignity and Choice policy’ which guides staff practice in relation to supporting consumers to live the best life they can and risks. Staff have received education on identifying risk. The service assesses, and plans for the consumer’s care and services, including consideration of risk.

All consumers have a home safety assessment and non-response plan completed and have an emergency plan in the event of any natural disaster, and this information is recorded in the care plan. The service records the contact details of representatives and other family members in the case of an emergency. Risks in relation to meals and transportation are identified and managed.

Based on the evidence and reasons summarised above, I find requirement (3)(d) compliant.

I find Requirement (3)(e) is compliant.

The organisation has an overarching Clinical Governance procedure which outlines systems to monitor, record and report on clinical risk. The service does not provide clinical care and consumers who require clinical care are directed to their general practitioner or assisted to contact alternative service providers.

The organisation has an infection prevention and control (IPC) lead and undertakes regular audits to identify any opportunities for improvement. Staff described appropriate infection control practices, infection control is part of mandatory training, and an antimicrobial stewardship (AMS) committee is responsible for the implementation of the AMS program.

Open disclosure is embedded in the organisation governance procedure. Staff and management described how it is practiced. Management reported processes are in place to monitor legislative updates, however, policies and procedures in relation to minimising restrictive practices were not up to date and in line with legislative and program requirements.

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)