**Performance**

**Report**

**1800 951 822**

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| Name of service: | Gippsland & East Gippsland Aboriginal Co-operative Community Aged Care Service |
| Service address: | 37-53 Dalmahoy Street BAIRNSDALE VIC 3875 |
| Commission ID: | 300153 |
| Home Service Provider: | Gippsland & East Gippsland Aboriginal Co-operative Ltd |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 11 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 Gippsland & East Gippsland Aboriginal Co-operative Community Aged Care Service (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Gippsland & East Gippsland Aboriginal Co-operative Community Aged Care Service, 18802, 37-53 Dalmahoy Street, BAIRNSDALE VIC 3875

**CHSP:**

* Community and Home Support, 25741, 37-53 Dalmahoy Street, BAIRNSDALE VIC 3875

# 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 5 May 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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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| Requirements | | HCP | CHSP |
| 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 |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management | 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

Through evidence collected by the Assessment Team, the service demonstrated:

* consumers are treated with dignity and respect through their interactions with the workforce, supported through organisational framework and workforce conduct
* services provided meet the cultural need of consumers and through culturally safe care and service provision
* each consumer is supported to exercise choice and independence, including to make decisions about care and services, who should be involved, communicate their decisions and make connections with others and maintain relationships of choice.
* each consumer is supported to take risks to enable them to live the best life they can through services tailored to consumers based on their needs and abilities
* 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
* each consumer’s privacy is respected and personal information kept confidential through staff practices, underpinned through organisational policies.

Overall, consumers interviewed by the Assessment Team, provided positive feedback in relation to their interactions with the workforce, access to easily understood information and satisfaction with the services which help to them to live independently and continue to maintain relationships with those important to them. Through interviews, staff and management demonstrated how they use appropriate, respectful language in accordance with each consumer’s cultural needs, practices to respect consumer privacy and processes followed to support consumer choice and decision making. Care files for sampled consumers contained information on what is important to them including who they involve in their choice and decision making. Training records showed staff complete cultural safety training, developed by the organisation.

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

Findings

The Decision Maker acknowledges the service has demonstrated an engaged, and proactive, approach to address deficiencies and implement sustainable improvements. The service response provided evidence of planned, and completed, corrective actions which demonstrate a measured approach to manage the identified deficiencies. The Decision Maker finds the service is compliant in relation to the consideration of risks to health and wellbeing, addressing of end of life panning, sharing the outcomes assessment and planning with consumers. However, additional time is required to determine whether streamlined systems and revised processes result in the regularly, and responsive, review of care and services for each consumer.

At the time of the Quality Audit, through evidence collected by the Assessment Team, the service demonstrated:

* assessment and planning occurs through an ongoing partnership with consumers, their representatives, and other organisations and individuals involved in the care and service provision of consumers.

Consumers reported receiving regular communication from the service through phone calls or in-home visits, with recent discussions relating to their services. Staff confirmed that consumers and their representatives receive regular contact (calls/in-home visits) to discuss services. Management advised that consumers are contacted at a minimum of monthly, via telephone, in-home visits or discussions during the social support group, although this is not always documented.

Evidence collected by the Assessment Team found the service did not demonstrate assessment and planning:

* Includes consideration of risks to health and well-being in the assessment and planning of care and services
* addresses advance care planning and end of life planning through discussions if consumers wish
* provides the outcomes of assessment and planning documents, such as a care plan, to consumers
* reviews the care and services for consumers, regularly, or as required

Feedback from sampled consumers to the Assessment Team included, they need additional supports than they are receiving, such as, nursing and/or medication support, counselling, personal care and supports for daily living including meal support. Consumers advised they have not had end of life or advanced care planning discussions with the service and five reported they have not received a copy of their care plan. The Assessment Team received feedback from sampled consumers that the service has not reviewed their care and services when their needs, goals or circumstances changed.

The Assessment Team found care documentation for sampled consumers did not consistently record nursing, pain management, diabetes and cognition assessments. A review of consumer files showed consumer services had not been reviewed in over 12 months. The Assessment Team reviewed internal audit results which identified areas for improvement, including, ensuring assessment and care planning documentation is readily available for consumers.

Feedback from staff included: information relating to consumer care and support needs is often provided by consumers, assessment and care planning and documentation does not contain adequate information related to the consumer goals and needs and, staff do not regularly review or have access to the care documentation.

Management attributed deficits in assessment and planning to workforce shortages and advised the Assessment Team of planned actions, such as, incorporating an advance care planning pamphlet into the service’s welcome pack. Management confirmed current processes do not include a prompt to services, however, support workers communicate changes to care needs. Management advised a new client management system is planned for implementation in September 2023. The service explained the new system will incorporate prompts to review services.

In response to the Assessment Team report, the service advised of completed, and planned, corrective actions, including:

* Evidenced corrective actions for sampled consumers to demonstrate how risks are considered to inform effective care and service delivery, including, additional services, referrals, allied health assessment and purchased equipment informed through recommendations.
* All consumers have been scheduled for a comprehensive assessment and management plan with a general practitioner, where specific needs or supports are identified, consumers are referred to relevant allied health practitioners
* Weekly meetings scheduled with a chronic health nurse and allied health clinicians, according to consumer needs
* Changes to program management to offer increased clinical assessments and support to consumers and ensure consumer needs, and risks, identified are managed through the referral processes.
* Evidence of the application of a resource developed to address advanced care planning and end of life discussions in a culturally respective way
* Evidence of care/service plan, signed by consumers and relevant staff, inclusive of a calendar tailored to each consumer’s planned monthly services. The document is also used by staff to identify service plans, upcoming appointments or other important dates.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Through evidence collected by the Assessment Team, the service demonstrated personal and clinical care is:

* delivered in a safe and effective way, tailored to each consumer’s needs and optimises their wellbeing.
* Manages high impact and high prevalent risks of each consumer through effective communication protocols and relations with the local health network
* recognising and responding to deterioration or decline in respect to consumer function, capacity or condition, in a timely manner
* effectively sharing information relating to consumers’ conditions, needs and preferences through verbal and email communications
* consumers receive timely and appropriate referrals to individuals or other organisations/providers of care, based on consumer needs.
* minimising infection related risks through the implementation of infection control practices and ensuring the appropriate management of antibiotic use through effective processes to escalate the assessment and management of wounds or infections

Overall, consumers reported satisfaction with the staff attending to their personal care and clinical care, describing the ways staff are competent in providing the care. Consumers described effective and timely services have been organised by the service (through referrals), such as, including physiotherapy and occupational therapy. Additionally, consumers reported staff adhere to infection control practices, such as wearing face masks.

Through interviews, staff demonstrated how they deliver personal care, tailored to the needs of consumers and actions they take to recognise the deteriorations or changes in the condition or health of consumers, including, immediate escalation of observed changes to management. In response to specific risk criteria relating to consumer health, staff advised they contact the medical centre, support consumers to access the service, and keep management informed of interventions. Staff reported the service communicates information relating to consumer conditions and needs verbally, and through emails. Staff described infection control practices, including, cleaning protocols for the service environment (including vehicles), and daily rapid antigen tests for consumer facing staff.

To support safe and effective care delivery, management advised they have engaged a registered nurse, specialising in chronic conditions, through the local medical centre. Additionally, the service has engaged a registered nurse, specialising in diabetes management, to provide consumers weekly services, including clinical care. Management described how referrals to clinical staff oversee assessments, such as cognitive assessments, inform care delivery and support consumers to transition to residential care, if required. Management advised timely action is taken in response to changes in consumer condition or health through the shared care model, where staff are instructed to contact relevant clinical staff through the medical centre, with relevant information communicated over the phone. For referrals to allied health services and other local health networks, management reported the service maintains close ties with the district nursing team which supports timely referrals. Management demonstrated an effective COVID-19 outbreak plan has been implemented, with consideration to specific programs offered by the service. For example, all staff have completed online infection control training; the service maintains regular communication with the associated medical clinic; the service has assessed direct care staff and the meals delivery service in relation to infection control practices; provided personal protective equipment to the workforce. Additionally, the service has implemented COVID-19 leave options to disincentivise attending work when unwell; and has health checklists at the entry of the building and for staff attending consumer homes. The Assessment Team observed that the service has sign in checklists at the service entry and the completion of this is enforced by staff in the service. Review of the checklist/sign in book demonstrates that they are used consistently. The Assessment Team also observed placement of antibacterial hand sanitiser available throughout the service. Appropriate management of antibiotics occurs through the management of wounds or infections through assessment and referrals district nursing or the associated medical centre.

Care documentation, although not current, evidenced consumer involvement to ensure care delivery is tailored to needs and preferences of consumers. Care documentation for sampled consumers showed response to changes in conditions occurred through commencement of additional care services and engagement with the medical centre and/or external care providers (including nursing, allied health, medical services, additional in-home care services). While most referrals (including nursing) are not consistently recorded in care documentation, the Assessment Team found evidence in consumer files showing timely and appropriate referrals to individuals, other organisations and providers of care, including, allied health, medical services and subcontracted personal care services. While the Assessment Team observed information is predominately shared verbally, staff described how they share information and communicate with the medical centre to inform and coordinate care delivery.

# Standard 4

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

Findings

Through evidence collected by the Assessment Team, the service demonstrated that services and supports for daily living are:

* ensuring consumers receive safe and effective services for daily living that optimise health, well-being and independence
* promote the emotional, psychological and spiritual wellbeing of each consumer
* assist consumers to participate in their community, including social engagement with others and activities of interest to consumers
* communicate information effectively with individuals and organisations involved in the provision of consumer care, both within the organisation, and with timely referrals to external providers
* supporting consumers through timely and appropriate referrals according to the lifestyle support needs of consumers
* providing meals and equipment that are suitable for consumers.

Consumers reported the service assists them to remain living independently, and without the services they would be unable to remain in their own homes. Consumers described how the social support groups, and interactions with the workforce, support their social engagement with to others and reported having the option to attend the service on days without schedule activities to interact with others or work on their own arts and crafts. All consumers told the Assessment Team of the ways the service engages them to participate in their local community through day trip outings to nearby towns, afternoon teas and scheduled activities within the service centre. Positive feedback from consumers was reported in relation to the quality and quantity of meals received. For lifestyle support referrals, consumers reported receiving referrals when needed, such as property maintenance or in-home equipment.

Interviews with staff demonstrated how regular communication through phone calls and home visits occur to engage consumers socially and to support their understanding of scheduled activities, being mindful of varying levels of literacy. Staff described how their strong rapports is used to recognise any changes in mood, and engage additional support services with the consumer’s consent, where needed. Staff demonstrated how consumers lead the decision making around activities schedule and transport services support consumers to attend social groups. Staff advised changes to dietary requirements are entered into the client management system and they seek consumer feedback on how they enjoyed their meals. Additionally, the service prepares extra servings, offering second servings to consumers, and provide take home containers for consumers. For consumers receiving delivered meals, consumer feedback is sought and, as a result, the service has changed meals providers and have since received positive feedback from consumers relating to the meals. Where equipment is provided, staff confirmed that regular cleaning occurs for the equipment provided, and two members noted that equipment is always available to consumers when required.

Management demonstrated an extensive referral network supports the service to meet the lifestyle support needs for consumers. When required, the service connects consumers with other services, including local Indigenous support workers and transport services.

Documentation reviewed identified that occupational therapy assessments occur for consumers as required, and equipment identified and recommended is purchased in a timely manner by the service, evidenced through staff interviews and consumer invoices.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Through evidence collected by the Assessment Team, the service demonstrated the organisation’s service environment:

* is welcoming and optimises each consumer’s sense of belonging, with appropriate lighting and design to encourage interaction with furniture placement and accessible facilities
* is clean, safe and enables consumers to move freely throughout the area, including indoors and outdoors
* has furniture, fittings and equipment which is safe, maintained and clean for the use of consumers, including regular maintenance and cleaning protocols followed by staff.

Consumers interviewed stated that they found the service to be clean and welcoming. For example, consumers reported attending the service centre, even when activities are not scheduled. Consumers described various activities which suitably occur within the environment including painting, bingo, pampering and making artwork. In terms of comfort and furniture suitability, consumers described how they use the recliners and couches as they are comfortable.

Staff interviewed confirmed that consumers provide feedback that they enjoy attending the social support groups offered at the venue. Staff described how they know consumers are comfortable within the service environment because they observe consumers taking naps on the couches and recliners. All the staff interviewed noted that there are no restrictions on consumers access to inside or outside the service. Staff and management interviewed outlined the reporting process for repairs and maintenance, demonstrating clear knowledge of the contacts and reporting methods for maintenance and repairs. Through interviews, staff demonstrated their adherence to an informal schedule of cleaning the service. For example, a staff member reported they hold dual positions with the service, one as a social support group assistant and the other as a cleaner, noting they regularly attend to the door handles and other areas of high transmission. Management stated that a cleaning crew attend to cleaning the service each evening.

Maintenance records demonstrated that both regular ongoing maintenance and ad hoc repairs are reported and attended to in a consistently timely and effective manner.

The Assessment Team observed a well-lit, welcoming service environment with a large lounge area with recliners and a fireplace, a dining area with suitable seating and accessible bathrooms. The service has clear access, emergency plan signage and emergency exit.

# 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

At the time of the Quality Audit, through evidence collected by the Assessment Team, the service demonstrated feedback and complaints systems and processes:

* encourage, and support, consumers, their family, friends, carers and others to provide feedback and make complaints
* make consumers aware of, and have access, to advocates, and other methods for raising and resolving complaints
* ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong
* are used to improve the quality of care and services through the review, and consideration, of feedback received from consumers

Consumer feedback to the Assessment Team included: consumers reported they feel supported to make complaints and provide feedback to the service and described feeling comfortable to raise concerns via the telephone or directly to staff. Consumers told the Assessment Team they feel safe to discuss requests for advocacy services with the service and consumers reported they were satisfied with the timeliness, communication and appropriateness, of actions taken by the service.

Through interviews, staff described how they actively seek feedback from consumers when consumers attend the service or contact the service via telephone. Staff said they have not been required to help a consumer access advocates or lodge an external complaint. Staff discussed their knowledge of consumers who experience difficulties reading and writing, and the methods they use to support these consumers in the ways they need, within, and external to, the service.

Management advised the Assessment Team that feedback received is monitored and allocated to relevant managers in the organisation for follow up and resolution, while verbal feedback is the preferred method of consumers, improvements to the feedback system, and staff training, will improve how all feedback is recorded. Management provided examples of improvements from consumer feedback such as providing a female doctor for a consumer who did not wish to be treated by a male doctor.

Documentation reviewed showed the organisation has a complaints and feedback management procedure. Feedback forms are available in paper based and electronic forms through links on the organisation’s website to an electronic feedback form and referenced within the consumer handbook. Information packs contain brochures for consumers, including information to assist them with feedback and complaints via an external agency.

The organisation’s policies and processes documents showed a documented continuous improvement framework, including continuous improvement links in the complaints and feedback management procedure.

The Assessment Team reviewed evidence of actions taken by the service in response to feedback, documentation showed the feedback was acknowledged and responded to within 24 hours and an apology and explanation was provided and included an update that the telephones were working again.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of the Quality Audit, through evidence collected by the Assessment Team, the service demonstrated human resources:

* ensures the workforce is planned to enable the delivery and management of safe and quality services to consumers.
* promotes kind, care and respectful workforce interactions with each consumer, in relation to their identity, culture and diversity
* engages a competent and skilled workforce, recruited and trained, the delivery of quality services to consumers
* ensures regular assessment, monitoring and review of the performance of the workforce.

Through interviews, consumer feedback described ways their services are delivered as planned and changes to schedules are communicated to consumers in a timely manner. Consumers reported they receive continuity of services by regular staff or contractors and provided positive feedback in relation to their interactions with staff. Consumers reported staff delivering services, including personal care, social support groups and domestic assistance, know what they are doing and have the right information to support them in the way they need. All consumers advised they have opportunities provide feedback to the service on the performance of staff.

Through interviews staff reported the following: staff advised they have enough time to perform their role, they complete mandatory training delivered by the service and reported experience working in aged care, holding aged care qualifications and ongoing support through the service. This was evidenced through training records and documentation reviews, undertaken by the Assessment Team.

Management reported all service staff including the manager and team leader are able to backfill support worker shifts if required such as planned activity group staff absence is backfilled within the team. Communication protocols enable the service to arrange replacement shifts which occur in partnership with consumers. Management described the organisational recruitment and onboarding processes, including mandatory training relevant to the role and ongoing support. Additionally, the service supports the workforce to obtain relevant qualifications. Organisational systems and processes monitor workforce police checks and competency completed by staff, evidenced through documentation reviewed by the Assessment Team. Management advised staff performance reviews commence each July, where completion of mandatory training is reviewed and further training needs are identified. Management advised that contractors’ performance is monitored through feedback from consumers and their representatives, progress notes and reports provided by contractors to the service.

The Assessment Team observed staff and management discussed consumers in a kind and respectful way. Documentation showed staff competency is assessed as part of the recruitment process including processes to ensure current police check prior to commencing with the organisation and tracking of renewal dates. The Assessment Team also reviewed evidence of recruitment processes including induction, mandatory training and information to support new staff in their role such as job description, policies and processes. The plan for continuous improvement identified improvements relating to staff supervision, induction for new staff and guidelines for monitoring and review of staff performance.

# 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. | 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. | 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. | 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

Through evidence collected by the Assessment Team, the service demonstrated:

* Consumers are engaged in the evaluation, development and delivery of care and services
* The organisation’s governing body is accountable for the delivery of safe, inclusive and quality care and services
* Governance systems are effective in relation to continuous improvement, financial governance, workforce governance, regulatory compliance

The service did not demonstrate:

* Effective organisational systems for information management, particularly in relation to how consumer care documentation is recorded and maintained.

The Decision Maker notes the service has planned improvement measures to address information management deficiencies. However, further time is required to determine whether the planned improvements are effective.

Overall, consumers representatives confirmed they have input into the care and services provided, where the service seeks their feedback relating to services received through direct communication and involvement in annual meetings. Evidence of consumer involvement in the annual general meeting, and strategic planning sessions, was sighted by the Assessment Team and demonstrated through interviews with management.

Staff described planning sessions engage consumers to design the activities schedule and provide feedback on previous activities. To promote a culture of safe, inclusive care and service delivery, mandatory cultural safety training is delivered to staff as part of induction processes.

The organisation engages consumers to participate in projects that tell their story and connect them with each other. For example, the Assessment Team reviewed the life story book, developed in partnership with consumers, to identify significant life events and increase the understanding of each consumer’s identity and diversity.

Management reported the governing body of the organisation provides guidance including strategic planning such as the transformation project and alignment with the organisations vision and purpose. The organisation’s strategic plan 2022 -2027 includes a key focus on culture and identifies goals of embedding and celebrating Aboriginal culture, supporting community resilience and advocating for the Aboriginal community.

**Information management:**

The Assessment Team reported inconsistencies in how information is captured and shared, particularly in relation to consumer care documentation. In response to the report, the service advised of the following corrective actions:

Implementation of a client management system, in addition to scheduled training for staff to use the new systems, to improve record keeping processes.

**Continuous improvement:**

The Assessment Team found continuous improvement opportunities are identified through consumer feedback and internal audit activities. Examples of continuous improvement activities include revised induction and orientation programs, improvements to performance appraisal processes and the implementation of a new quality management system. The new system streamlines information inputs, including, contract management, incidents, feedback, complaints and improvements activities.

**Financial governance:**

The board receives regular reports relating to the financial health of the organisation. Management advised and provided supporting documentation showing that consumers are provided with budgets and itemised monthly statements. Unspent funds are monitored, and discussions are held with consumers to review the provided care and services and ensure consumers’ needs are met.

**Workforce governance:**

The organisation demonstrated effective workforce governance to ensure staff receive the ongoing support, training, professional development and feedback they need to ensure staff are competent in order to meet the needs of aged care consumers and deliver the outcomes of the Quality Standards.

**Regulatory compliance:**

The organisation ensures it remains informed of regulatory changes and compliance requirements through membership with peak bodies and communications from state and federal government bodies. Staff receive communication relating to regulatory changes through service area managers waterhole meetings and staff meetings.

**Feedback and complaints:**

The organisation has a documented feedback and complaints framework that encourages and supports consumers to provide feedback and make complaints. The framework includes policies and procedures, electronic and paper feedback forms, and a feedback, complaints and compliments register which enables the service to record, monitor and action consumer feedback and is generally overseen by the quality manager.

* In relation to managing high-impact high-prevalence risks

Consumers provided feedback in relation to how staff support them with their mobility safety, wound care requirements and meal support to prevent weight loss. Despite inconsistences in consumer care documentation, staff described the current risks to consumers and the strategies used to manage the risks. In response to the Assessment Team report, the service provided further supporting evidence in how the service identifies, and manages, high impact/high prevalent risks associated with the care of each consumer through clinical oversight, and referrals, weekly reviews of high risk consumers. Additionally, the service has engaged external consultants to improve risk registers through streamlined systems and escalation pathways.

* In relation to identifying and responding to abuse and neglect of consumers

The organisations mandatory training delivers relevant training to staff, including family violence training. The continuous plan for improvement shows further elder abuse training for staff is planned for 2023. Management showed the incident management system incorporates a register for serious incidents and updated incident management policy.

* In relation to supporting consumers to live the best life they can

The organisation encourages the engagement of Elders within the service and the wider organisation to connect with their community, participate in activities of interest to them and access medical, dental and counselling services. Staff described ways they support consumers to live their best life, including creating a space, where they can connect with others and their culture. Feedback from consumers described how the service supports them to live the best life they can by connecting them with their community who understands what it means to be Aboriginal.

* In relation to managing and preventing incidents

The organisation’s incident management system demonstrated incidents are captured, investigated and reviewed to improve services and prevent recurrence. Management discussed the new quality management system that incorporates the incident management system and the education provided to staff to understand what an incident is and staff roles responsible to investigate. Management also identified the opportunity to integrate incident management education within the training delivered to support workers.

* In relation to clinical governance framework

The Decision Maker reviewed information collected by the Assessment Team, in addition to evidence provided by the service and finds the service is compliant in relation to clinical governance framework. For example, interviews with staff, management and supporting documentation demonstrated how the clinical governance framework monitors, reviews and informs the safe and effective delivery of personal and clinical care, in accordance with the Quality Standards. In response to the Assessment Team report, the service described additional actions to strengthen clinical governance framework, including, weekly reviews with consumers in relation to chronic health issues, overseen through relevant clinicians. The service advised all staff have open disclosure training. A clinical governance committee reviews relevant risks, including trends to inform improvements relating to clinical care, and information is provided to the board for strategic planning.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)