**Performance**

**Report**

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| Name: | Goondiwindi Regional Council Home Maintenance Service |
| Commission ID: | 700426 |
| Address: | 111 Callandoon Street, GOONDIWINDI, Queensland, 4390 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7916 Goondiwindi Regional Council  
Service: 24249 Goondiwindi Regional Council - Community and Home Support

**This performance report**

This performance report for Goondiwindi Regional Council Home Maintenance Service (**the service**) has been prepared by M Franco, 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 5th April 2024.

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Evidence analysed by the Assessment team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives felt the service staff treated them with dignity and respect through the delivery of care and services. Staff demonstrated a good understanding of the consumers' preferred names, personal circumstances, and yard maintenance preferences, which was observed during the audit. Management said all internal staff have completed the cultural safety training module and explained how they are currently working on creating a training program that focuses on dignity, respect, identity, culture, and diversity. This program will be tailored specifically to the consumers residing in the Goondiwindi region, and subcontractors will also be included in the roll-out.

Evidence analysed by the Assessment team showed the service demonstrated each consumer is receiving services that are culturally safe. Staff and subcontractors said consumers and their representatives lived in and around Goondiwindi township for most of their lives, reflecting a rural way of life. Interviews conducted with the staff and subcontractors demonstrate that they are well-informed about each consumer's unique circumstances and backgrounds. Staff said providing culturally safe care and services entails respecting and conversing with the consumer to understand their cultural values and priorities. Management said they have received positive feedback regarding the clarity of their yard maintenance service policies and consumer expectations. Consumers are made aware of what is included and excluded in the service and are given an overview document to refer to, as reviewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to make decisions in relation to the care and services they receive. Consumers and their representatives state they feel supported in exercising their choice and independence when receiving services. During the initial sign-up process, consumers can elect who they would like to be involved in deciding their lawn maintenance services. Representatives said they are recognised as having as much control over the planning and delivery of yard maintenance services as the consumer wishes.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. The service has documented each consumer's service delivery preferences and specific cultural needs. Subcontractors must report any identified risks to the office, including hazards, incidents, or any abnormal behaviour or health deterioration exhibited by consumers. Staff has emphasised the importance of discussing potential risks with consumers and allowing them the freedom to continue taking those risks if they choose.

Evidence analysed by the Assessment Team showed the service demonstrated information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumer and representative feedback demonstrate that they are provided with written information in a clear and understandable manner that helps them make informed decisions. This information includes a handbook given at the time of entry, a signed agreement, a personalised calendar highlighting the scheduled services in yellow, monthly newsletters, and community booklets.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. The service ensures that consumers are well-informed about collecting, using, and disclosing their personal information. This is achieved by providing clear and comprehensive details in the consumer information booklet, which outlines how their data is collected and used throughout the service. To ensure the confidentiality of consumer information, the service has implemented strict measures. Physical records are kept in folders stored in locked cupboards, while passwords and other security measures protect electronic files.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 1.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives gave positive feedback on the assessment and service planning processes. Consumers said they are satisfied the service provided meets their current needs, goals, and preferences. Management discussed how the assessment process informs the delivery of safe and effective services.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses the consumers current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Consumer and representative feedback demonstrate the yard maintenance service is attentive to consumers' preferences and requirements. They said they have control and flexibility of the service they receive within the guidelines of what can and cannot be achieved. Interviews with staff and subcontractors demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Consumers and representatives said that they felt actively involved in the intake, assessment, and planning process. Consumers said that they could have their family or friends present during the process if they desired. The Assessment Team reviewed consumer files which demonstrated they were completed in partnership with the consumer. The files reviewed included information about the consumer's goals, needs, preferences, and any other notes that would help with safe care and service delivery. Agreements were signed and dated to ensure clarity.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Through the review of care documentation by the Assessment Team and interviews with consumers and staff, the service demonstrated effective communication with consumers and outcomes of assessment and planning. Consumers say they have been supported to understand their services plan and who will provide the yard maintenance service.

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are reviewed regular for effectiveness, and when circumstances change. The service did not demonstrate processes to formally review consumer's needs and services annually as required by the Commonwealth Home Support Programme (CHSP) guidelines. Whilst the service has informal processes such as an annual phone survey, management confirmed these processes do not review changes in consumers health, mobility, and other needs, instead focuses on service needs. Management advised there are no formal processes for reviewing consumers health related needs and risks and hence no annual reviews have occurred in the last 12 months. Feedback was provided to management about this process and management have recognised the need to establish formal processes.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has now reviewed their processes an implemented a annual review process of consumers’ needs and services, they have updated their annual survey to include ongoing needs to capture consumers health needs.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 2.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | 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. | 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. | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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. | Not Applicable |

Findings

This standard has been deemed Not Applicable as the service does not provide personal and/or clinical care.

# Standard 4

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer gets safe and effective services that meet their needs, goals, and preferences. The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers and representatives reported the services and supports consumers receive help them to maintain their quality of life and independence.

Evidence analysed by the Assessment Team showed the service demonstrated that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives said they are grateful to the subcontractors who take the time to converse with them. These social interactions are highly valued as they allow consumers to engage with others throughout the day. Both consumers and representatives find these conversations uplifting and consider them an essential part of their day. Subcontractors know the positive impact they can have on a consumer's day and strive to have a five-minute chat every time.

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. The service offers a range of programs, including monthly group social support events that CHSP consumers can attend at a cost. These events are held once a month and allow individuals to connect with others in their community, promoting a sense of belonging and camaraderie. Additionally, the service provides medical transport services to assist with getting to and from important medical appointments. This ensures that CHSP consumers have access to the care they need, regardless of their transportation situation.

Evidence analysed by the Assessment Team showed the service demonstrated it is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. As the service is a neighbourhood centre a lot of different support options are available for consumers including emergency relief, social groups and outings, computer classes and transport to medical appointments.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 4.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

This standard is deemed Not Applicable as the service does not provide a physical service environment where care and services are delivered.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers/representatives stated they are aware of how to provide feedback or make a complaint and felt supported to do so. They advised they would generally provide feedback by speaking with their subcontracted staff directly, or by calling management or staff at the service. Management and staff described ways they support consumers/representatives to provide feedback, including through participation in annual surveys conducted either via telephone or physical form.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers/representatives demonstrated their awareness of external avenues of complaints, however most advised they prefer to directly communicate with the service. The service provides information to consumers/representatives on internal and external complaints mechanisms and advocacy services.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Most consumers/representatives sampled said they had not needed to make a complaint but felt confident to do so if the need arose. Consumers/representatives who had raised concerns with the service, confirmed that management had contacted them and said they have been satisfied with the response and actions resulting from their feedback.

Evidence analysed by the Assessment Team showed the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. A review of the complaints data demonstrates how the service monitors, reports, and uses feedback to improve their services. The complaints/concerns register confirms actions taken by the service to resolve each complaint along with outcomes being recorded.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 6.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers/representatives are satisfied the workforce is sufficient to ensure they receive their services in accordance with their individual needs and preferences. Consumers reported subcontracted staff generally arrived when expected and if they are going to be late, they are notified. Management described the service’s method of maximising CHSP funding by providing services to as many consumers as possible in the area on a monthly basis whilst ensuring enough subcontracted staff are available to complete the work.

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers/representatives provided positive feedback in relation to their interactions with the workforce. They said service staff and subcontractors are kind, caring, respectful and helpful. Management and staff spoke about consumers in a kind and caring way when speaking with the Assessment Team. The Assessment Team observed staff interactions on the telephone to be courteous and respectful.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers/representatives expressed confidence in management, staff, and subcontracted staff. They felt the subcontractors knew what they were doing and said the consumer’s yard maintenance is delivered in accordance with their individual needs and preferences. Management advised internal staff are provided with a position description to guide their practice, as evidenced in staff files.

Evidence analysed by the Assessment Team showed the service did not demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Management demonstrated effective recruitment strategies, training, and support for their internal staff, as described by staff sampled, including induction processes, on the job training, ongoing training opportunities and regular meetings. However, the service was not able to demonstrate this was also the process for sub-contracted staff. Management advised subcontracted staff are provided with a CHSP overview document, as reviewed by the Assessment Team, which specifies types of services to be provided, payment and complaints processes. However, subcontracted staff are not provided with ongoing training opportunities such as the updated Quality Standards, identification of elder abuse, and incident management processes, as confirmed by sampled subcontracted staff. The Assessment Team noted the service has effective processes, policies, and procedures to support internal staff, however these have not been extended to subcontracted staff.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has now implemented a CHSP contractors handbook that also captures Serious incidents. Various information and documentation have been provided to sub-contractors to ensure they are adhering to this requirement.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Evidence analysed by the Assessment Team showed the service did not demonstrate regular assessment, monitoring, and review of the performance of each member of the workforce. Whilst the service monitors performance and capabilities of their internal workforce to ensure service standards are met, management did not demonstrate this same process with their subcontracted staff. All internal management and staff members sampled stated performance reviews are conducted annually with direct supervisors, as confirmed in staff files. Management and staff discussed that ongoing training and support needs are discussed both during these performance reviews and on an ‘as needed’ basis. Management described informal communication lines with subcontracted staff and provided examples of performance related discussions that have occurred as required. However, management acknowledged that the service does not have any formal processes to monitor and review subcontractor performance and advised therefore that subcontractors have not been subjected to this process, as confirmed by subcontracted staff.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service will now conduct sub-contractor performance appraisals every year in May/June, to be implemented – accessed online following consumer surveys. These performance appraisals are conducted online but can be offered in a paper format if required.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 7.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers/representatives are offered the opportunity to be engaged in service development and evaluation of their services. Consumers/representatives confirmed they also proactively contact the service to provide feedback or request changes. Management advised the service conducts annual surveys to all consumers alternating each year between a paper survey and a telephone survey.

Evidence analysed by the Assessment Team showed the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management were able to demonstrate monthly reporting processes to governing bodies, however lack of risk related information was absent from reporting processes. The Assessment team deemed this to limit the governing body’s oversight of risk. Management report to both a governing body for their own internal process and the Goondiwindi Regional Council who is the contract holder and funding recipient for the CHSP. Management demonstrated rigid reporting processes with both the governing body and the Regional Council. However, the Assessment Team note through discussion with management and review of the monthly reports that whilst major complaints would be included in the reports for the service’s governing body, complaints and incidents are not reported through to the Regional Council member on a monthly basis. Management confirmed this omission in reporting, noting that incidents are not currently being identified and documented. The Assessment Team provided feedback to management and the member of the Regional Council relating to ensuring the governing body/ Regional Council has appropriate information to ensure effective oversight of services. Management described informal opportunities currently in practice to share this information and also provided ideas and examples of how to amend current reporting practices to ensure this information is shared in future reports.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective organisation wide governance systems in relation to regulatory compliance and workforce governance. The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, and feedback and complaints.

In relation to regulatory compliance the management did not demonstrate they meet their responsibilities and accountability in relation to regulatory compliance. Management did not evidence systems and processes to ensure accurate information is received in relation to regulatory compliance such as not receiving information from the Commission or other health and aged care organisations that distribute legislative changes. All management, staff, and subcontracted staff sampled could not describe or define the Serious Incident Response Scheme (SIRS) nor their reporting requirements in relation to this scheme.

In relation to workforce governance management and internal staff are provided with a job description and can generally describe their roles and responsibilities. Internal staff described ongoing training opportunities and support. However, the service did not demonstrate that subcontracted staff receive ongoing support and training to meet the requirements of these Standards, nor that performance reviews are completed for subcontracted staff.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective risk management systems and practices. The service did not demonstrate effective risk management systems in relation to education relating to the identification and response to abuse and neglect, and implementation of an effective incident management system. Management demonstrated understanding of their high-risk consumers, for example those that are socially isolated, and ensured they understood if the consumer is receiving services from other aged care or community providers or if they have local support systems in place. Whilst internal staff receive information and education on abuse and neglect as per staff sampled and review of their training files, the Assessment Team identified that subcontracted staff are not given this same education which increases the risk that staff may not be reporting this information to the service. All consumers sampled provided discussion of how this service enhances their life and/or removes worry and concerns. All consumers/representatives described gratitude for the service and the communication provided by both internal staff and subcontracted staff. Ongoing support and training for subcontracted staff, and incidents, were discussed with management who acknowledged the deficits in these processes. Management further discussed education tools and presented options to the Assessment Team of how to enhance knowledge for subcontracted staff and how to incorporate an existing incident management system into this part of the program.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 8.

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)