**Performance**

**Report**

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| Name: | Gunnedah Shire Council |
| Commission ID: | 200170 |
| Address: | 80 Marquis Street, GUNNEDAH, New South Wales, 2380 |
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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

Home Care Packages (**HCP**) included:  
Provider: 1418 Gunnedah Shire Council  
Service: 17518 Gunnedah Shire Council CACP Service  
Service: 17519 Gunnedah Shire Council CCP Service  
Service: 17520 Gunnedah Shire Council EACH Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7425 Gunnedah Council  
Service: 24518 Gunnedah Council - Care Relationships and Carer Support  
Service: 24519 Gunnedah Council - Community and Home Support

**This performance report**

This performance report for Gunnedah Shire Council (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 3 July 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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.

**Requirement 1(3)(a)** – Ensure that each consumer is treated with dignity and respect, and their identity, culture and diversity is valued.

**Requirement 2(3)(a)** – Ensure effective consumer assessment and planning to inform delivery of safe and effective supports to consumers.

**Requirement 2(3)(b)** – Ensure that consumer assessment and planning consistently and appropriately identifies and addresses the needs, goals, and preferences of individual consumers.

**Requirement 2(3)(c)** – Ensure that assessment, planning and review of supports and services is based on ongoing partnership with the consumer and others the consumer wishes to be involved.

**Requirement 2(3)(d)** – Ensure that outcomes of assessment and planning are communicated to consumers and representatives in their care plan.

**Requirement 3(3)(a)** – Ensure that each consumer gets safe and effective personal and clinical care, including that for wound management, falls management and IDC management.

**Requirement 3(3)(b)** – Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.

**Requirement 3(3)(c)** – Ensure effective consumer engagement in relation to end of life care, including palliative care. Ensure that each consumer nearing their end of life receives appropriate comfort care and that their dignity is preserved, administration of clinical assessments, pain assessments and effective medication management.

**Requirement 3(3)(d)** – Ensure that consumer deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

**Requirement 3(3)(e)** - Ensure that current or accurate information about individual consumer’s condition, needs and preferences is documented and communicated within the service and with brokered services.

**Requirement 4(3)(d)** – Ensure consumer care documentation is routinely completed, contemporaneously updated and reflective of each consumer’s current needs and preferences, including risks.

**Requirement 8(3)(b)** – Ensure the organisation’s governing body remains accountable for the delivery of a culture of safe, inclusive and quality care and services.

**Requirement 8(3)(c)** – Ensure effective organisation wide governance systems, specifically relating to information management.

**Requirement 8(3)(d)** – Ensure effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with consumer care.

**Requirement 8(3)(e)** – Ensure the organisational clinical governance framework supports staff to understand actual roles and associated responsibilities, including that of brokered staff. Ensure the framework includes relevant policies or procedures relating to wound care, falls management and pressure care management.

# 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. | Not Compliant | Not 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

The service was unable to demonstrate that each consumer is routinely treated with dignity and respect, with their identity, culture and diversity is valued. Some consumers and representatives advised they are not treated with dignity and respect and do not feel valued by the service or of importance. Consumer care planning documentation evidenced use of respectful language, however, the Quality Audit Team observed some communication with staff to be disrespectful when speaking about some consumers. In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan (CIP) along with evidence of a recent partner meeting to demonstrate actions taken to remediate non-compliance. I acknowledge that the service has implemented appropriate changes in the way consumer calls are managed and that the service is working proactively with partner services to ensure all consumer needs are addressed. The actions taken to ensure compliance against the Aged Care Quality Standards will require time to embed and to evaluate, and as such, at this time I provide greater weight to the Audit Team’s information in relation to consumer dignity and choice. Therefore, I find the service non-compliant in Requirement 1(3)(a).

The service demonstrated that care and services are culturally safe for consumers, and consumers and representatives advised of their satisfaction that care and services meet their cultural preferences. Consumers’ cultural backgrounds and cultural needs and preferences are identified through the assessment process and recorded on the consumer’s care plan. Staff have easy access to this information via the service’s electronic care management system (ECMS), and brokered staff are sent copies of consumer care plans.

Consumers and representatives advised of their satisfaction that they are supported by the service to make decisions about care and services they receive and they are supported to exercise choice. Management and staff demonstrated that the service supports consumers to make their own choices and decisions. The service’s assessment and care planning process supports individual consumer choice and decision making, and the service administers relevant policies and procedures to guide staff on effective assessment and planning.

Consumers and representatives advised of their satisfaction that the service supports them to engage in activities that involve risk to support and enable them to live the best life they can. Staff and management demonstrated appropriate measure and actions they take to support consumers to engage risk, and the Quality Audit Team observed that the service’s assessment processes are designed to identify, assess, and minimise consumer risk.

The Quality Audit Team reported that some consumers and representatives were not satisfied that the service communicates information effectively or in a timely manner. This was particularly in relation to repeated consumer experience in contacting the service however not being able to speak with their support facilitator. In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan along with evidence of a recent partner meeting to demonstrate actions taken to remediate these concerns. Management advised the Quality Audit Team that they have taken immediate action to ensure all consumers are well supported and have developed an action plan to address the lack of communication with consumers in the Boggabilla Aboriginal community. This includes development of a communication plan to address concerns raised with the Quality Audit Team, including open disclosure and documentation in the feedback and Continuous Improvement Plan. The support facilitator will ensure that all consumer contact is documented, including home visits and contact attempts in consumer progress notes. Support facilitator mobile phones will be diverted to the Gunnedah head office when the support facilitator is away from the office, and the service has met with Aboriginal brokered service providers to discuss the specific consumer concerns raised from the Quality Audit and to manage consumer expectations and communication. I am satisfied that the actions taken to ensure compliance against the Aged Care Quality Standards are appropriate and effective, and as such, at this time I provide greater weight to the Provider’s response in relation to consumer dignity and choice. Therefore, my decision differs from the Quality Audit Team recommendations, and I find the service compliant in Requirement 1(3)(e).

Consumers and representatives advised they are satisfied their privacy is respected and that the service maintains confidentiality of their personal information. The service administers appropriate processes to ensure consumers’ personal information remains confidential, and internal staff and management appropriately demonstrated knowledge on how they ensure consumer privacy is respected and personal information is kept confidential. Upon entry to the service consumers and representatives are provided with a consumer agreement that describes how the service will protect their personal information and a copy of the Aged Care Quality and Safety Commission (ACQSC) Charter of Aged Care Rights is provided which consumers sign. In addition, internal staff undertake relevant training in consumer privacy and confidentiality.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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

The service was unable to demonstrate effective consumer assessment and planning to inform delivery of safe and effective supports to consumers. Consumers and representatives advised that they have undertaken assessment and are involved in planning, however a review of consumer documentation revealed assessment and planning does not consistently or adequately identify or consider risks, and where risks are identified, risk management strategies are not routinely established. The service administers a policy and procedures on assessment and planning and on consumer risk. Internal staff demonstrated an awareness and training on these documents, however, the service was unable to demonstrate any assessment, planning or consumer risk training to support brokered staff.

The service was unable to demonstrate that consumer assessment and planning consistently and appropriately identifies and addresses the needs, goals, and preferences of individual consumers. End of life (EOL) planning and advanced care planning (ACP) is not routinely discussed or undertaken for relevant consumers, and consumer needs, preferences and goals are not consistently and clearly documented in each consumer’s care plan.

The service demonstrated that assessment, planning and review of supports and services is based on ongoing partnership with the consumer and others the consumer wishes to be involved. Consumers and representatives advised that they are involved in assessment, planning and reviews, and staff and management demonstrated effective knowledge on applying an assessment planning partnership approach. Brokered services, however, do not routinely provide progress notes or reports to the service to inform ongoing assessment, planning and reviews. For the brokered services including allied health, clinical care, personal care, and daily living supports, regular progress notes and reports are not provided to the service to inform assessment, planning and reviews. The Quality Audit Team also noted there was a lack of communication and information sharing between medical officers (MO) to inform assessment, planning and reviews, particularly for HCP consumers with more complex medical needs.

The service demonstrated that outcomes of assessment and planning are communicated to consumers and representatives in their care plan. Most consumers and representatives advised that they have a copy of their care plan and for internal staff, consumer care plans are available on the service’s ECMS. Management highlighted that consumer care plans are sent to brokered services, however, the Quality Audit Team reported that these plans are not consistently accurate or updated to reflect the outcomes of further consumer assessments. Brokered services are provided with a consumer’s initial care plan, and the service was unable to demonstrate that brokered staff are supplied up to date consumer care plans. The Quality Audit Team reported that some care plans sighted in the service’s ECMS have not been updated to include the outcomes of further consumer assessment outcomes.

The service demonstrated that consumer services and supports are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals, or preferences of consumers. Consumers and representatives advised that they are satisfied their services and supports are reviewed for effectiveness and when their circumstances change or when incidents occur. The service’s policy and procedures on assessment and planning appropriately covers the requirements for care plan reviews.

In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan (CIP) along with evidence of a recent partner meeting to demonstrate actions taken to remediate non-compliance. I acknowledge that the service is implementing improvements changes including reviewing their framework for brokered services to improve communication and documentation between the service and brokered services in relation to consumer notes, feedback, assessments, needs and preferences. The service has also undertaken immediate review of consumer care plans for those consumers mentioned in the Quality Audit Report. The actions work towards compliance against the Aged Care Quality Standards, however, will require time to embed and evaluate, and as such, at this time I provide greater weight to the Audit Team’s information in relation to ongoing assessment and planning with consumers. Therefore, I find the service non-compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), and 2(3)(d). I find the service compliant in Requirement 2(3)(e).

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

Findings

Neither personal nor clinical care is provided under the CHSP therefore Standard 3 is not applicable for consumers in receipt of CHSP funding.

The service was unable to demonstrate safe and effective personal and clinical care provided to HCP consumers due to the lack of management of risks including high-impact or high-prevalence risks. As a result of lack of risk management, personal and clinical care delivered by the service is not considered best practice or optimising consumer health and wellbeing even if it is tailored to individual consumer needs. Consumers and representatives advised of their satisfaction with the personal and clinical care they receive from the service and brokered staff and the service’s registered nursing staff demonstrated appropriate knowledge of the clinical care needed by consumers. However, the Quality Audit Team reported that this care was not consistently best practice. Consumer documentation that detailed the personal and clinical care delivered to consumers was deficient and did not align with best practice. The service also demonstrated a lack of procedural information for internal staff on clinical care such as wound management, falls management and IDC management.

The service was unable to demonstrate effective management of high-impact or high-prevalence risks for consumers. The Quality Audit Team reported that some consumer risks are not effectively identified or being managed effectively by the service. A lack of documentation in consumer care plans also means brokered staff are not provided with up to date and relevant consumer information. The service administers relevant procedures for identifying, managing, and reviewing high-impact and high prevalence risks and this includes undertaking clinical assessments by a registered nurse. However, the service demonstrated a lack of identification of falls as a risk in consumer care plans, a lack of use of a validated falls risk assessment tool (FRAT), and when a fall is identified as a risk, the service does not routinely or consistently record and implement strategies to manage the falls risk for consumers.

The service was unable to demonstrate effective consumer engagement in relation to end of life care, including appropriate and timely support and referral to external providers of palliative care. The Quality Audit Team observed some consumers being provided with palliative care, however this was not consistent with all consumers requiring this support. The service was unable to demonstrate that each consumer nearing their end of life receives appropriate comfort care and that their dignity is preserved, administration of clinical assessments, pain assessments and effective medication management.

The service was unable to demonstrate that consumer deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Not all consumers were confident that a change in their condition would be responded to or had been responded to adequately and the Quality Audit Team reported that staff had not demonstrated responding adequately to a deterioration or change in each consumer’s condition on every occasion.

The service demonstrated that information about individual consumer’s condition, needs and preferences is documented and communicated within the service and with brokered services however information is not always accurate or current. Not all consumers and representatives were satisfied that their support and care needs are being met by the service. Staff demonstrated appropriate knowledge related to the support and care needs being provided to consumers, however, consumer care planning documentation was not always current or accurate.

In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan (CIP) along with evidence of a recent partner meeting to demonstrate actions taken to remediate non-compliance. I acknowledge that the service is implementing improvement changes including reviewing their framework for brokered services to improve communication and documentation between the service and brokered services in relation to consumer notes, feedback, assessments, needs and preferences. These actions to ensure compliance against the Aged Care Quality Standards will require time to embed and evaluate, and as such, at this time I provide greater weight to the Audit Team’s information in relation to services and supports for daily living. Therefore, I find the service non-compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d) and 3(3)(e).

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers receive appropriate and timely referrals to brokered services for allied health, personal care, or clinical care services. Consumers and representatives advised of their satisfaction that the service facilitates referral for additional services and supports that are timely and appropriate for their needs. As such, I find the service compliant in Requirement 3(3)(f).

The service demonstrated that infection-related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infection. The service does not prescribe antibiotics. Consumers and representatives provided positive feedback in relation to the measures that internal and brokered staff take to prevent infection. Staff demonstrated appropriate hand washing technique aligned with best practice and use of gloves and disposing of dressing material in a designated bin when administering wound care. As such, I find the service compliant in Requirement 3(3)(g).

# 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. | Not Compliant | Not 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives advised they are satisfied with the services and supports for daily living they receive and advised that the service values their preferences and focuses on optimising their wellbeing and quality of life. Staff and management demonstrated effective measures they implement to ensure the service meets individual consumer needs, goals and preferences. Consumer care plans are written in a way that is consumer focused and which include individual consumer interests, needs and preferences, including personal goals. Consumers and representatives provided positive feedback regarding staff supporting them to do the things they want to do through in-home or community based social support services.

The Quality Audit Team reported that not all consumers were satisfied with the supports provided by the service. The consumer assessment process does not consistently highlight consumer goals and preferences in relation to emotional and spiritual well-being and consumers chosen services are not routinely documented in their care plans. Staff and management could not consistently demonstrate how consumers’ emotional, spiritual, and psychological wellbeing is best supported at the service. In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan which demonstrated actions taken to remediate these concerns. The Provider is engaging with consumers mentioned in the Report with a view to address concerns raised during the audit, including open disclosure processes and to discuss the next steps to resolve the immediate issues and re-establish good working relationships. The service is undertaking a training program for support workers and team leaders and working with relevant staff to support them to review and update consumer files, risk assessments and care plans. I am satisfied that the actions taken to ensure compliance against the Aged Care Quality Standards are appropriate and effective, and as such, at this time I provide greater weight to the Provider’s response in relation to services and supports for daily living. Therefore, my decision differs from the Quality Audit Team recommendation, and I find the service compliant in Requirement 4(3)(b).

Consumers and representatives advised of their satisfaction that the service supports them to participate in the community, to engage and maintain social and personal relationships and to do activities of interest to them. Internal staff demonstrated an appropriate understanding of individual consumers’ daily living preferences and provide support in accordance. Staff and management effectively demonstrated how they consistently support consumers in activities of daily living to optimise relationships and to do things of interest to them. Consumer care plans guide delivery of services and supports that align with consumer preferences.

Consumers and representatives advised that staff are aware of their needs and preferences due to receiving consistent staff when receiving their care and services. Consumers, however, are not confident that information provided to brokered staff is being relayed appropriately. Consumer care planning documentation is not regularly completed when consumer needs and preferences change in a timely manner. Staff and management were unable to demonstrate that consistent information related to consumer conditions, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Management confirmed with the Quality Audit Team that consumer care documentation and processes for maintaining up to date consumer care documentation, likes and dislikes, dietary and personal needs and preferences, and physical condition was not completed regularly or as consumer needs changed. Support facilitators highlighted that they receive updates via email or phone ad hoc from brokered service providers about consumer needs and preferences and changes in their condition, however, the Quality Audit Team’s review of consumer care documentation did not evidence this. Consumer care documentation reviewed was incomplete, not contemporaneously updated and not reflective of consumer current needs and preferences including risks. In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan (CIP) along with evidence of a recent partner meeting to demonstrate actions taken to remediate non-compliance. I acknowledge that the service is implementing improvement changes including reviewing their framework for brokered services to improve communication and documentation between the service and brokered services in relation to consumer notes, feedback, assessments, needs and preferences. These actions to ensure compliance against the Aged Care Quality Standards will require time to embed and evaluate, and as such, at this time I provide greater weight to the Audit Team’s information in relation to services and supports for daily living. Therefore, I find the service non-compliant in Requirement 4(3)(d).

Consumers and representatives advised of their satisfaction that their preferences are supported by the service. Management and staff demonstrated timely referrals to other care and brokered service providers including transport services to attend appointments in another town and locally. The service demonstrated appropriate referrals to other organisations and providers of services to support consumer daily living preferences including for exercise classes, yoga classes, Elders' meetings, lunches in the community, transporting consumers to other regional towns for appointments, shopping, and family visits.

Consumers and representatives advised that the equipment provided by the service is safe, suitable, clean and well maintained. Management and staff demonstrated appropriate processes the service administers to ensure consumers are provided with safe, clean, and well-maintained equipment, including effective cleaning and maintenance programs. The Quality Audit Team review of documentation in the ECMS evidenced provision of suitable equipment for consumers and that maintenance of the equipment is up to date. Management demonstrated that consumers are routinely assessed by an allied health professional to ensure equipment provided is fit for purpose.

# 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

Consumers advised of their satisfaction with the service environment and enjoy attending the services offered by Gunnedah Shire Council. Management and staff demonstrated that consumers are supported to attend social activities and to undertake activities of their choice. The Audit Team observed the service environment at the Gunnedah service centre which is nearing completion of refurbishment of their consumer activity areas and a kitchen.

Consumers and representatives advised of their satisfaction that the service environment is regularly cleaned and maintenance is managed effectively. Management demonstrated appropriate processes to ensure the environment is clean, well maintained and monitored for hazards, and staff demonstrated focus on the cleanliness, safety, and comfort of the service environments. Consumers advised that the centres are clean and well maintained and they have access to outdoor areas if they wish. Consumers advised they also enjoy participating in regular community outings that are varied and suitable for them, including Elders' meetings, arts, crafts, and games activities.

Consumers and representatives advised that they feel safe using equipment provided by the service. Management and staff demonstrated an effective cleaning and maintenance program for furniture, fittings, and equipment, including vehicles used to transport consumers attending social and medical activities. Furniture, fittings, and equipment at the service, including the outdoor area equipment, were observed to be clean and well maintained. The Audit Team observed furniture and fittings were well maintained and clean. Chairs and tables were of a suitable height for consumer use for activities and meals, cleaning wipes and disinfectants were available for staff to use, as were hand sanitisers, evacuation plans and fire extinguishers. Consumers advised that they felt safe whilst at the service centres.

# 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

Consumers advised they are aware of the feedback and complaints processes and highlighted that they feel supported to make complaints if necessary. Staff demonstrated that they regularly seek feedback from consumers. The service demonstrated that staff encourage consumers and representatives to provide feedback and make complaints, and management routinely promote a culture of complaint and feedback review to ensure continuous improvement of care and service delivery.

Consumers advised they have access to additional options to provide feedback or complaints. Staff demonstrated how they support consumers with additional needs to provide information about advocacy and language services and other methods of raising complaints. The service offers a range of advocacy and language services to support consumers to make complaints and provide feedback and these support options are well advertised and promoted to consumer’s, including upon commencement at the service.

Consumers advised of their satisfaction with the way the service manages their complaints and highlighted that staff apply open disclosure principles as required. Internal staff demonstrated an appropriate knowledge of the open disclosure process and confirmed they would use this when dealing with a consumer complaint. Brokered staff highlighted that they routinely escalate complaints to the service in a timely manner. Management demonstrated that a complaints and feedback register is used to record relevant information and effectively supports management, tracking and analysis of complaint data.

Consumers advised that their complaints and feedback lead to improvements in quality care and services. Management demonstrated that complaints and feedback data is reviewed regularly and used to inform change and continuous improvement and is included in the organisation’s continuous improvement plan (CIP) as required. Management demonstrated that routine review of feedback and complaints are a standing agenda item at management meetings, and the Audit Team reported that the service has effective policies and procedures to ensure that feedback and complaints are reviewed and used to improve services for consumers.

# 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

Consumers advised that staff numbers are adequate and highlighted that staff are regularly on time to deliver safe and quality care and services. Both internal and brokered staff advised they have sufficient time to complete their work. Management demonstrated effective systems to alleviate unfilled shifts and demonstrated effective workforce planning for internal staff. The service’s feedback and complaints register did not identify any trends related to lack of timely service delivery.

Consumers advised that staff are routinely kind, caring and respectful, and staff spoke in a kind, caring and respectful manner about consumers. This was also reflected in consumer care planning documentation. The service administers relevant policies and procedures detailing requirements that staff must treat consumers in a kind and caring manner, with dignity and have their identity, culture and diversity respected. The Assessment Team reported that staff and management demonstrated kind and caring interactions with a focus on treating consumers with respect.

Consumers advised that staff are competent and have the knowledge to effectively perform their roles. Staff demonstrated that they have the qualifications and knowledge to understand their roles and to perform them effectively. The Assessment Team reviewed evidence provided by the people and culture team that staff have qualifications relevant to their roles. In addition, on-going role specific training and support is delivered to internal staff to ensure all staff are able to effectively perform their roles. The service demonstrated appropriate internal staff monitoring systems to ensure staff maintain the qualifications and knowledge to fulfil their roles. The Assessment Team reported that the provider service agreements with the brokered services ensure that brokered staff are competent and have the knowledge and qualifications to effectively perform their roles, however, the service was unable to demonstrate systems to confirm brokered services adhere to the requirements of the provider service agreements. The management team advised updates to the service’s audit processes are occurring to monitor brokered service adherence. The Assessment Team confirmed this with the external audit company working to ensure that brokered service staff are competent and have the knowledge and experience to effectively support consumers and perform their roles.

Consumers advised that staff routinely deliver the care they want and need, and advised that staff have the training and support required to do so. Staff advised that they were recruited due to their qualifications and experiences and that the service delivers relevant training to ensure they have the knowledge to perform their roles. Staff advised they feel supported and equipped to undertake their roles and to deliver the outcomes required by these standards. The service demonstrated that staff are recruited using agreed role descriptions and requirements. The service demonstrated ongoing role specific training and systems to ensure training requirements are up to date and current. The service ensures that licencing and registration requirements are up to date for staff and for volunteering roles.

Consumers commented positively on the performance of internal and brokered staff in relation to their delivery of care and services. The service demonstrated that internal staff undertake regular performance reviews and management provided evidence of the same. This performance appraisal process is monitored by the Council. The service was unable to demonstrate however, regular performance review for brokered staff. In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan which demonstrated actions taken to remediate these concerns. The Provider has engaged with a consultant to review and deliver brokered provider audits. This will provide more detailed reports including evidencing brokered workers supervision and training records, and communication between the service and the brokered staff. I am satisfied that the actions taken to ensure compliance against the Aged Care Quality Standards are appropriate and effective, and as such, at this time I provide greater weight to the Provider’s response in relation to assessment, monitoring and review of staff performance. Therefore, my decision differs from the Quality Audit Team recommendation, and I find the service compliant in Requirement 7(3)(e).

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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 Compliant | Not applicable |

Findings

Consumers advised that the service seeks their input to drive improvements and staff demonstrated that feedback on service delivery is sought during each consumer contact. The service demonstrated effective systems to ensure consumers are engaged in the development, delivery and evaluation of care and services. Feedback surveys are undertaken annually, and consumer feedback groups are established. Consumers and representatives highlighted they are involved in reviewing the services and supports they receive with a focus on opportunities for continuous improvements. The Aboriginal consumer focus group recently raised concerns with the organisation regarding the limited number of culturally specific activities and trips offered and this feedback resulted in an increase in culturally specific trips and activities and consumers expressed their satisfaction. As such, I find the service compliant in Requirement 8(3)(a).

The governing body for the service is the Council’s Chief Executive Officer (CEO) and the CEO of the service who report to the Council members. The Quality Audit Team reported that the information provided to the governing body assists them to promote a culture of safe, inclusive and quality care and services and to maintain accountability for service delivery. The organisation was unable to demonstrate, however, that the information provided to the Council appropriately includes information about the status of brokered services or relevant consumer clinical data. As a result, the Quality Audit Team reported that relevant information related to delivery of safe, inclusive and quality care and services is not routinely shared and appropriately considered by the organisation.

The organisation demonstrated effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation was unable to demonstrate however, effective organisation wide governance systems specifically relating to information management. Consumer information is available on the organisation's ECMS however this information is not consistently up to date or supplied to brokered service providers. The organisation does not receive regular reports or progress notes from brokered services to ensure consumer information is current.

The organisation demonstrated relevant consumer risk management systems relating to identification and response to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. However, high-impact or high-prevalence risks associated with consumer care is not consistently managed. This specifically relates to a lack of identification of falls as a risk in consumer care plans, a lack of use of a validated falls risk assessment tool (FRAT), and when a fall is identified as a risk, strategies to manage the falls risk are lacking.

The organisation’s clinical governance framework appropriately highlights roles, responsibilities and systems to ensure delivery of safe and quality clinical care in general terms. However, the organisation was unable to demonstrate that the framework appropriately specifies and supports staff to understand actual roles and associated responsibilities, including that of brokered staff. The organisation is not effectively reviewing and/or monitoring clinical data to ensure best practice clinical care is delivered to all consumers. The organisation administers relevant policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure, however these are not referred to in the organisational framework, and the organisation was unable to demonstrate relevant policies or procedures relating to wound care, falls management or pressure care management.

In their response to the Quality Audit Report, the Provider supplied their Continuous Improvement Plan (CIP) to demonstrate actions taken to remediate non-compliance. I acknowledge that the service is implementing organisational improvement changes to ensure compliance against the Aged Care Quality Standards. These actions will require time to embed and evaluate, and as such, at this time, I provide greater weight to the Quality Audit Team’s information in relation to organisational governance. Therefore, I find the service non-compliant in Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)