**Performance**

**Report**

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| Name: | Hope Vale Community Care |
| Commission ID: | 700456 |
| Address: | 1 Muni Street, HOPE VALE, Queensland, 4895 |
| Activity type: | Quality Audit |
| Activity date: | 31 July 2024 to 1 August 2024 |
| Performance report date: | 6 September 2024 |

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

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7641 Hope Vale Aboriginal Shire Council  
Service: 24367 Hope Vale Aboriginal Shire Council - Care Relationships and Carer Support  
Service: 24366 Hope Vale Aboriginal Shire Council - Community and Home Support

**This performance report**

This performance report for Hope Vale Community Care has been prepared by P. Sherin, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 1(3)(d): ensure consumers who choose to take risks are supported by implementing appropriate dignity of risk processes and staff training.
* Requirement 2(3)(a): undertake effective assessment and planning including the consideration of risks to consumers’ health and wellbeing.
* Requirement 2(3)(b): ensure assessment and planning identifies consumers’ current needs, goals, and preferences.
* Requirement 2(3)(c): involve consumers and other individuals, organisations, and providers in assessment and planning.
* Requirement 2(3)(d): document and communicate the outcomes of assessment and planning to the consumer.
* Requirement 2(3)(e): undertake a regular review and update of care plans, including when circumstances change, or an incident occurs.
* Requirement 4(3)(a): provide regular services and supports for daily living that meet each consumer’s needs, goals, and preferences.
* Requirement 4(3)(b): ensure regular services and supports that promote each consumer’s emotional, spiritual, and psychological wellbeing.
* Requirement 6(3)(d) Feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a): recruit and retain sufficient staff to ensure regular service delivery.
* Requirement 8(3)(b): implement effective governance systems, reporting processes, and training to ensure oversight and accountability of service delivery.
* Requirement 8(3)(c): implement effective governance systems and processes in relation to information management, continuous improvement, financial and workforce governance, and regulatory compliance.
* Requirement 8(3)(d): develop and implement effective risk management systems, processes, and staff training in relation to high impact and high prevalence risks, supporting consumers to live their best life, and managing and preventing incidents.

# Other relevant matters:

# The quality audit report included an assessment of Requirement 8(3)(e). As the service is not providing personal and clinical care to consumers, this Requirement is not applicable and has therefore not been included in this performance report.

# 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. | Non-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

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating staff have a shared understanding of dignity of risk and consumers are supported to take risks of their choosing.

Requirement 1(3)(d)

The quality audit report identified consumers are not supported to take risks to enable them to live the best life they can. Management and staff did not demonstrate a shared understanding of dignity of risk and how to support consumers who wish to engage in activities that may involve a risk to their health and wellbeing. Staff said they would not allow consumers to take risks and would attempt to prevent consumers from engaging in practices that were contrary to medical advice received for the consumer. Concerns were raised by the representative of one consumer regarding the service not supporting the consumer’s wish to eat desserts due to their diagnosis and health professional recommendations. The service’s dignity of choice policy does not capture information on strategies to implement and processes to follow to guide staff practice in this regard.

The Provider has responded acknowledging the deficits and committing to implementing improvement actions including updating the service’s dignity of choice policy; provision of staff training; and discussion with consumers via an upcoming meeting. Improvement actions are scheduled for completion between September and October 2024.

Improvement actions are yet to be implemented, will require time to be embedded within the service’s processes, and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said the service treats them with dignity and respect. To celebrate the diversity of its consumers, the service coordinates and participates in a variety of activities throughout the calendar year. Information on consumers’ individual background and identities is documented and incorporated under care planning and delivery. Observations of staff interactions with consumers at the service’s centre demonstrated consumers are treated in a caring and dignified manner.

Consumers said staff consider and support their cultural needs and preferences when providing services. Care planning documents contain information about consumers’ cultural needs. Staff are provided access to training in providing culturally safe care and demonstrated a shared understanding of delivering culturally safe care and services in an Aboriginal community.

Consumers and representatives said consumers are supported to exercise choice and make decisions about their care, including when others should be involved. Staff provided examples of how they promote choice and independence for consumers. Choice and decision making are discussed as part of consumer intake processes. Care documentation identifies information on relationships of importance to the consumer and contact information for representatives and key family members.

Consumers and representatives said information is received in a manner they can understand, enabling consumers to make informed choices. Consumers confirmed they receive copies of the menu and information regarding local events. Staff described strategies to help communicate with consumers who may experience communication barriers. A range of documentation was observed displayed for consumers in an accessible manner at the service’s centre.

Consumers and representatives expressed satisfaction with how staff maintain their privacy and confidentiality of information. Staff described various ways used to respect consumer privacy and maintain confidentiality. Consumer information is stored in hard copy files in a secure area. Consumer agreements and handbooks include information on how the service manages consumer privacy and information sharing.

# 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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| 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. | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| 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 |

Findings

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating effective assessment and planning occurs, including the consideration of risks to consumers’ health and wellbeing.
* The service is not demonstrating assessment and planning identifies consumers’ current, needs, goals and preferences, including advance care planning and end-of-life planning.
* The service is not ensuring the involvement of consumers and other individuals, organisations, and providers in assessment and planning.
* The service is not effectively documenting and communicating the outcomes of assessment and planning to the consumer.
* Regular review and updates of care plans is not occurring.

Requirement 2(3)(a)

The quality audit report brought forward information identifying the service did not demonstrate effective assessment and planning processes, including the identification of risks to consumers, to inform service delivery. This includes:

* A review of 44 of 44 consumers’ care plans identified the information was generic and consisted of 2 goals per consumer and the services they are to receive.
* Review of care documentation identified consumers’ risks are not recorded and do not include strategies to guide staff in service delivery. For example, for one consumer care plans did not identify information on regular dialysis treatments, fainting episodes from low blood pressure, falls risk, and loss of teeth leading to inability to eat hard and fibrous food.
* The service’s assessment and planning policy was updated in April 2024 to incorporate falls risk assessment, nutrition assessment, and cognitive risk assessment at intake. These assessments have not been completed for existing consumers.

At the time of the quality audit, management advised the introduction of a new intake form which includes assessments and additional information, and implementation of an electronic care management system is expected to remediate the issues identified. The Provider’s response includes planned improvement actions such as updating the service’s assessment and planning policy; training of staff; and review and update of all care plans to include assessment information and risk strategies. Planned improvements are scheduled for completion by end of October 2024.

Requirement 2(3)(b)

The quality audit report identified assessment and planning does not identify consumers’ current needs and preferences, or information regarding advance care and end-of-life planning. This includes:

* Consumers and representatives said the service has not engaged in discussions with them regarding planning for the consumer’s changed needs.
* Staff said other than at intake, there are no processes to identify and address consumers’ current needs. Discussions related to end of life or advance care planning do not occur.
* Care planning documentation does not include current information relating to consumers’ needs nor any details relating to advance care or end-of-life planning. For example, for one consumer experiencing changed behaviours there was no information to guide staff regarding their diagnosis of dementia and strategies to manage changed behaviours of physical and verbal aggression. For a second consumer who requires assistance with meals, this information was not documented in their care plan or meal delivery sheet. For 2 consumers assessed to receive social support, there was no information identifying when and how this service is to be provided.
* Management was unable to demonstrate consumers are receiving the services they need to address their current needs, as this information is not documented in care plans and there are no systems to monitor which services each consumer is receiving.

The Provider has submitted a continuous improvement plan in response to the above deficits. Review of this plan identifies planned improvement actions are not adequate and/or relevant to fully remediate the deficits under this Requirement.

Requirement 2(3)(c)

The quality audit report identified the service did not demonstrate consumers and other individuals, organisations, and providers of care and services are effectively involved in assessment and planning. Some consumers did not recall being involved in planning and review of their services. Review of care planning documentation did not evidence the involvement of consumers and other individuals, organisations, and providers. Management said they do not include other organisations when planning and reviewing the provision of services to consumers.

The Provider’s continuous improvement plan identifies care plans are to be updated following completion of a new intake form and consultation with consumers including referrals. This action is to be completed by the end of October 2024.

Requirement 2(3)(d)

The quality audit report identified the service did not demonstrate the outcome of assessment and planning and availability of care plans is communicated to consumers. All consumers and representatives sampled said they had not received a care plan and were not aware of its availability. Staff and management were not aware of the requirement to communicate assessment and planning or to ensure care plans are readily available for consumers.

The Provider’s response includes planned improvement actions such as setting up care plan folders accessible to staff; updating the service’s care planning processes to include the requirement for staff to meet with consumers to explain and sign off on care plans; and communication to consumers regarding this process. Planned improvement actions are due for completion by October 2024.

Requirement 2(3)(e)

The quality audit report identified regular review of services is not occurring, including when a consumer’s circumstances change, or an incident occurs. Whilst all care plans were reviewed by an external consulting firm in July 2024, the quality audit report identified care plans lacked detail to demonstrate services are effective and meeting consumers’ current needs. Prior to this, no review of care plans had occurred. Whilst the service’s assessment and planning policy outlines the requirement for regular reviews, there are no processes to prompt a review of a consumer’s care plan following an incident or change in circumstances. Care plans had not been updated for sampled consumers identified as having a decline in mobility, experiencing a fall, changed behaviours, or return from hospital.

The Provider’s response includes information on planned improvement actions to address these deficits including provision of staff training; review and update of all care plans; and conducting a follow-up audit in 6 months to ensure the process is being adhered to.

Having considered the quality audit report and the Provider’s response in relation to all of the above Requirements, I find deficits remain. As outlined above, in some areas planned improvement actions do not demonstrate the Provider has a clear understanding of the issues identified and do not adequately address remediation of the deficits. In forming my decision, I have also considered that completion of improvement actions to review and update assessments and care plans is dependent on appropriate resourcing. It is unclear whether the Aged care manager role identified as the person responsible for majority of these improvement actions is a current or future role in the Provider’s proposed aged care model; and whether the role has the capacity to implement these improvements within the timeframes listed. Furthermore, improvement actions have yet to be implemented, will require time to be fully actioned and embedded within the service’s processes, and to demonstrate their effectiveness and sustainability.

I, therefore, find all Requirements under Standard 2 are non-compliant.

# 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating regular delivery of services and supports for daily living that meet each consumer’s needs, goals, and preferences.
* The service is not ensuring regular services and supports that promote each consumer’s emotional, spiritual, and psychological well-being.

Requirement 4(3)(a)

The quality audit report identified the service did not demonstrate consumers are receiving regular services and supports for daily living that meet their current needs, goals, and preferences. This includes:

* Management advised lack of staff has impacted the service’s capacity to deliver services. Dedicated men’s activities are not occurring as the service no longer has a male staff member. Only meal and transport services are currently being provided using 2 existing staff.
* Some consumers and representatives expressed concerns regarding lack of service provision. For example, the representative of one consumer said the consumer is not receiving domestic assistance, yard maintenance, and individual social support which is causing isolation as the consumer is frequently home alone. Two consumers expressed concerns about missing out on social activities and weekly shopping trips which they used to attend. One consumer and one representative expressed concern regarding yard services not being provided as the local provider contracted for this service is no longer available.
* Review of consumer meeting minutes from 25 July 2024 identify consumers raising complaints relating to the lack of services.

The Provider’s response acknowledges the deficits and their impact on consumers, and attributes this to challenges with recruitment and retention of staff as a remote indigenous service. The Provider has committed to improvement actions to remediate these deficits including rostering a driver to take consumers on weekly shopping trips; implementing an activities calendar for greater consumer engagement; and engaging an indigenous activities officer to provide cultural activities. Planned improvement actions are scheduled for completion by the end of September 2024.

Having considered the quality audit report and the Provider’s response, I find deficits remain. Improvement actions are dependent on adequate resourcing and are yet to be implemented and tested to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 4(3)(b)

The quality audit report identified the service is not consistently assisting consumers to receive support and services to promote their emotional, psychological and spiritual well-being. Staff shortages since early in the year have impacted the service’s capacity to consistently deliver individual and group social support activities. Some consumers said they missed the social engagement provided through attending group social activities. The representatives of 2 consumers expressed concerns regarding the lack of social engagement impacting the consumer’s mental health and emotional wellbeing. Care documentation did not include strategies on supporting consumers’ emotional, spiritual, and psychological needs to guide staff practice.

The Provider’s response acknowledges the deficits and includes information on planned improvement measures such as exploring options to contract services to sole traders within the community by the end of September 2024 and developing a memorandum of understanding with the local health service to link into wellbeing services by December 2024.

Having considered the quality audit report and the Provider’s response, I find deficits remain. Improvement actions are dependent on securing adequate resourcing and contracting arrangements. Improvement actions are yet to be implemented and will require time to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said consumers can participate in community and external social activities. Staff demonstrated knowledge of relationships of importance and interests of individual consumers who undertake external activities; this was consistent with information received from consumers and representatives. Consumers said staff who provide their services and supports understand what is important to them. Review of the service’s social group support forms identified consumer engagement in service and community activities, bus outings, shopping visits, and other events and activities.

Whilst some consumers and representatives were not satisfied with the information held by the service relating to the consumer’s condition, needs and preferences, this information has been considered under Standard 2. Staff confirmed information on consumers’ lifestyle needs is collected on entry. Review of documentation evidenced, and staff confirmed adequate information to support safe and effective delivery of transport and meal delivery services provided to consumers.

Consumers gave positive feedback regarding the services and supports provided by those they have been referred to. The service implements processes to facilitate timely and appropriate referral of consumers to external providers of care and services. A wellbeing clinic is located next to the service’s centre and referrals are generally a phone call on behalf of the consumer with their approval or walk over with the consumer to make an appointment.

Consumers and representatives provided positive feedback about the meals they receive, stating meals are of adequate quality and quantity. Consumers said they receive a copy of the menu, and the service has asked them about their meal preferences. Staff demonstrated knowledge of consumers’ food allergies and preferences consistent with information documented on meal delivery sheets. The service conducts food audits twice a year capturing consumer feedback and improvements are implemented.

Consumers and representatives said consumers have access to equipment at the service’s centre that is fit for purpose and kept clean and well-maintained. The service has access to 2 minibuses for consumer transportation. A wide range of lifestyle activity equipment was observed available at the service’s centre for consumer use.

# 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. | 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service demonstrated the service environment is welcoming and easy to understand, and optimises consumers’ sense of belonging, interaction, and function. The environment was observed to be easy to navigate with directional signage in place and equipped with a pool table and various activity equipment. Consumers provided positive feedback on the service environment and said they enjoy visiting the service’s centre to attend activities.

The service environment was observed to be safe, clean, well maintained, and comfortable and consumers were able to move freely indoors and outdoors. Staff described the cleaning processes they follow to ensure the environment is kept clean. Two outdoor seating areas provide sufficient space for consumers to mobilise using walking aids and wheelchairs. Fire safety equipment is available with regular safety checks occurring.

Furniture, fittings, and equipment at the service’s centre were observed to be clean and suitable for consumer use. Staff said there is sufficient furniture and equipment to meet consumer needs. The service’s vehicles used to transport consumers are cleaned weekly and wiped down daily with sanitiser for infection control. Records are maintained in relation to documentation such as vehicle registrations, vehicle maintenance schedules, and audit checklists for first aid kits.

# 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. | Non-compliant |

Findings

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating effective systems and processes to ensure feedback and complaints are consistently reviewed and used to improve the quality of services.

Requirement 6(3)(d)

The quality audit report brought forward information identifying feedback and complaints are not consistently recorded or utilised to improve the quality of services. The service’s plan for continuous improvement does not include information on improvements made in response to feedback and complaints from consumers and representatives. Whilst recent consumer meeting minutes identify feedback and complaints received, no planned actions are documented, and this information is not captured under the service’s continuous improvement plan. Management was unable to advise of the service’s processes to document, track, analyse, and trend feedback and complaints.

The Provider’s response includes information on planned improvement actions such as provision of staff training on recording of complaints in October 2024 and commencing monthly complaints trending and reporting.

Having considered the quality audit report and the Provider’s response, I find deficits remain. Improvement actions are yet to be actioned and embedded within the service’s processes and will require time to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said they are supported to give feedback or make a complaint and feel comfortable doing so. Management described various ways consumers and representatives are supported to provide feedback or raise a complaint including by speaking directly with staff, during consumer meetings, or via surveys and food audits conducted twice yearly. Feedback and complaints forms were observed available at the service’s centre with a suggestion and complaints box for consumers and representatives to provide anonymous feedback.

The service demonstrated consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Management demonstrated where required consumers can be supported with language and other specialist services. Staff were able to provide specific examples of assisting consumers in communicating their needs and concerns with the use of a pictorial communication handbook. Information on advocacy and external complaints mechanisms is available for consumers in the consumer handbook and pamphlets available at the service centre.

Consumers and representatives expressed confidence management would address complaints and attempt to resolve their concerns. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. The service’s feedback and complaints procedure guides staff regarding complaints handling processes and the use of open disclosure. Staff demonstrated an understanding of the principles of open disclosure and the service’s complaint handling process when feedback or a complaint is received from consumers/representatives.

# 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. | Non-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

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating sufficient staff to enable the delivery and management of regular services to meet consumers’ needs.

Requirement 7(3)(a)

The quality audit report brought forward information identifying the service has insufficient staff to deliver services to consumers. This includes:

* Only 2 staff members (the administration officer and service manager) are currently available to provide services for 44 consumers. Whilst consumers are assessed to require meal delivery, domestic assistance, transport, and individual/group social support services; only transport and meal delivery services are currently occurring due to lack of staff. Yard maintenance was contracted to a local provider who is no longer available to deliver this service. One staff member has recently resigned. A minimum of 5 full-time staff are required to ensure services are delivered consistently to meet each consumer’s needs.
* Whilst staff from the organisation’s residential aged care service are used on occasion to assist with service provision, service delivery may not occur in a timely manner and is impacted due to planned and unplanned leave.
* Some consumers and representatives expressed concerns regarding lack of services and activities impacting consumers’ emotional well-being. Whilst consumers have expressed their concerns to staff, timeframes for when services are expected to resume have not been communicated to them.
* Management advised the organisation has identified lack of staff as an issue prior to the quality audit and recruitment is ongoing. Various plans are underway to address staffing shortages such as through the merging of residential aged care and CHSP services to better utilise staff within the next 6-12 months; engaging younger local community members who would meet the requirements for police checks; and exploring option to contract social support services to ensure the provision of culturally appropriate social activities.

The Provider’s response acknowledges the deficits and attributes this to ongoing challenges with recruitment and retention of staff as a remote indigenous service. The Provider has advised the organisation has met in August 2024 to endorse an integrated model of aged care to provide a more flexible workforce. I note no supporting documentation or additional information has been provided to clarify what the proposed model entails. Planned improvement actions include implementation of the integrated model; developing a workforce plan; and exploring options to contract sole providers for service delivery. Improvement actions are scheduled for completion between October 2024 to February 2025.

Having considered the quality audit report and the Provider’s response, I find deficits remain. Consumers are currently not receiving regular services and lack of social engagement is having a detrimental impact on their wellbeing. Whilst long-term improvement measures are planned, the Provider has not demonstrated how provision of services to consumers will be ensured in the interim.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said workforce interactions with consumers are kind, caring and respectful and staff support consumers’ identity and culture. Staff demonstrated knowledge of consumers’ background and family connections and described how they show kindness and respect. Policies are available to guide staff practice in ensuring consumers are treated with dignity and respect.

Consumers and representatives reported satisfaction with the competency of the workforce. Whilst staff said they have a clear understanding of their role; due to staffing shortages they are undertaking activities outside of the scope of their role. This information has been considered under workforce governance in Requirement 8(3)(c) below. Management described the process for maintaining records for qualifications and police checks, and explained how appropriate measures are implemented in instances where a police check is awaited. Service agreements with contractors outline the requirement for all staff to have current police checks.

Staff described the recruitment process which includes orientation and mandatory training. Training records evidenced, and staff confirmed they have received training in the past 12 months on various topics such as manual handling, first aid, elder abuse, and infection control. Management described planned improvements for staff training through access to an electronic training system with additional training modules and increased visibility of compliance for management.

Management described the processes for monitoring staff performance and completing annual appraisals. Management described how consumers are encouraged to provide feedback relating to staff performance and can bring any issues to the organisation’s director, if more appropriate. Staff described the appraisal process and said they have participated in performance appraisals. Review of staff and management appraisal records confirmed these have been completed.

# 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. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

Findings

Having considered the quality audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The organisation’s governing body is not demonstrating effective oversight and accountability of service delivery.
* The service’s governance systems in relation to information management, continuous improvement, financial and workforce governance, and regulatory compliance are ineffective.
* The service is not demonstrating effective risk management systems and practices in relation to high impact and high prevalence risks, supporting consumers to live their best life, and managing and preventing incidents.

Requirement 8(3)(b)

The quality audit report identified the organisation’s governing body did not demonstrate effective oversight and accountability for service delivery or how a culture of safe and quality services is promoted. Regular monthly meetings with the service manager are not occurring. Monthly reporting to the governing body does not include information on complaints, incidents, and undelivered services. This lack of information in reporting has limited effective oversight and accountability of service delivery. Staff did not demonstrate an understanding of their compliance responsibilities. As outlined under Requirement 8(3)(c) below, effective systems and processes are not in place to ensure financial and workforce governance and regulatory compliance. Appropriate measures have not been implemented to manage and mitigate the current impact of staff shortages on service delivery to consumers.

The Provider has acknowledged the deficits and advised of actions commenced prior to the quality audit to engage consultants for assistance in resolving strategic and operational challenges and long-term planning for the service. Additional planned improvement actions include development of a strategic plan; conducting meetings with consumers to seek input; and training for the governing body members regarding monthly reporting and compliance responsibilities.

I acknowledge the Provider’s efforts and commitment towards strengthening compliance and implementing improvements. However, these plans are in their initial stages as confirmed by the Provider and will require significant time to fully operationalise and demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 8(3)(c)

The quality audit report identified the service did not demonstrate effective systems relating to information management, continuous improvement, financial governance, workforce governance, and regulatory compliance. This includes:

* Information management: care documentation identified ineffective assessment and planning. Information on consumers’ current needs, risks and associated strategies are not identified and documented to guide staff practice. Regular care plan reviews are not occurring. Care documentation is paper based with limited progress notes that are repeatedly illegible. Various paper-based systems are used for monitoring service provision and staff allocation which are not maintained or current.
* Continuous improvement: feedback from consumers and representatives is not consistently documented and addressed under the service’s continuous improvement plan. Implemented improvement actions are not evaluated for effectiveness.
* Financial Governance: monthly financial reporting to the governing body does not occur and there are no systems and processes to ensure oversight of expenditure in line with consumers’ assessed needs. There is no documentation to evidence how consumers are determined to qualify not to be charged consumer contribution payments due to financial hardship. The service’s ‘managing consumer funds’ policy states pricing schedules are to be provided to consumers; consumers are to be charged in line with the schedule unless otherwise agreed; and recording and ongoing monitoring of consumer funds is to occur. No current processes are implemented in line with these requirements.
* Workforce Governance: as outlined under Requirement 7(3)(a), the service did not demonstrate effective systems to ensure sufficient staff are available to provide regular services in accordance with consumers’ needs. Staff and management advised they have been required to complete tasks and take responsibility for services outside the scope of their role due to lack of staffing. A clear assignment of roles and responsibilities is currently not occurring.
* Regulatory compliance:the service did not demonstrate systems in place to ensure appropriate reporting to the Department of Health relating to CHSP services provided. A review of documents evidenced the service was reporting audits completed as services provided to consumers. The service did not demonstrate compliance with CHSP requirements which stipulate each provider is responsible for setting client contribution fees and how they are determined. Management did not demonstrate an understanding of regulatory compliance responsibilities and reporting obligations.

Whilst the quality audit report identified gaps in the service’s documenting of feedback and complaints to ensure complaints trending and associated improvements, this has been considered in the context of continuous improvement as outlined above.

The Provider’s response includes information on various planned improvement actions to address the above deficits. This includes but is not limited to, implementing an electronic care management system; developing a roster capturing consumers’ current care needs; updating the client contribution policy and fee schedule and ensuring communication to consumers regarding any changes; and implementing an integrated model of aged care and workforce plan. Planned completion dates range from August 2024 to February 2025. Review of the continuous improvement plan submitted by the Provider further identifies planned actions lack sufficient detail; the issues identified are not fully addressed via appropriate actions under relevant requirements; and review dates have not been included to evaluate the effectiveness of implemented actions.

Improvement actions are yet to be implemented and will require significant time to fully operationalise and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 8(3)(d)

The quality audit report identified staff and management understand their obligations in relation to serious incident reporting and identifying and responding to abuse and neglect. However, the service does not have appropriate risk management systems and processes to ensure high impact and high prevalence risks to consumers and incidents are appropriately identified, documented, and strategies implemented to manage and mitigate risks. The service’s incident register has no entries despite consumer interviews and documentation review identifying incidents of changed behaviours and falls for sampled consumers. As outlined under Requirement 1(3)(d), management and staff did not demonstrate a shared understanding of dignity of risk and how to support consumers who wish to engage in activities that may involve a risk to their health and wellbeing.

The Provider has acknowledged the above deficits and submitted a continuous improvement plan in response. Having reviewed this plan, I am not satisfied it adequately addresses the deficits with appropriate planned actions under the relevant Requirement and in sufficient detail.

I, therefore, find this Requirement is non-compliant.

I find Requirement 8(3)(a) compliant as:

Consumers and representatives said they are engaged in the evaluation of services in various ways and can provide feedback which is considered by management. Management described how the service engages with consumers and representatives through meetings and audits to seek feedback and suggestions, including a recent meeting to discuss the strategic plan for the organisation. Review of documentation such as meeting minutes and food audits confirmed this.

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)