**Performance**

**Report**

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| Name: | Illaroo Co-operative Aboriginal Corporation |
| Commission ID: | 200095 |
| Address: | 55 Judith Drive, NORTH NOWRA, New South Wales, 2541 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 16 Illaroo Co-operative Aboriginal Corporation  
Service: 17727 Shoalhaven Aboriginal Aged & Disability Care Services

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7961 Illaroo Cooperative Aboriginal Corporation  
Service: 24463 Illaroo Cooperative Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report has been prepared by Gill Jones, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 September 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives consistently reported that consumers are treated with dignity and respect. All staff interviewed demonstrated knowledge about consumers’ backgrounds and spoke about each consumer using respectful language. Management advised the organisation’s philosophy reflects the values of respect and inclusion. Overall, care and service plans have information that is consistent with the consumer’s identity and culture. Policies and procedures and other organisational documentation support staff in treating consumers dignity and respect, and recognising culture.

Consumers and representatives sampled said staff understand their preferences which makes them feel valued and culturally safe. Staff interviewed understood each consumer’s unique identity and adjusted services to reflect each consumer’s preferences and cultural needs. Policies and procedures are in place to support cultural safety and staff training includes training in cultural safety.

Consumers described how the service assists them to maintain relationships of choice. Staff were able to describe the methods they use to encourage, promote, and educate consumers and their representatives to make their own decision for day-to-day choices in relation to their care. The care manager said they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. A review of care plans demonstrates information is included to indicate consumers’ relationships, any support persons or representatives and their contact details.

Consumers and representatives said they do not have particular risks they wished to be supported with by the service but advised they wish to remain living at home independently and felt the service helps them to do this. They were confident the service would support them if they did identify anything they needed assistance with. The care manager advised if any risks are identified they engage in problem solving solutions to minimise risk and help consumers live the life they choose to live. Care workers would be informed of how to support the consumer’s independence. There are processes and procedures in place to ensure that consumers can take risks, minimise risks and take responsibility for their own decisions.

Consumers and representatives indicated they are kept informed about what is happening and have information available to them in a format that is easy to understand. Consumers indicated service agreements and monthly invoice statements were easy to understand and the management team were responsive to any queries they had. Management advised the service has a range of mechanisms in place to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice. The client information pack and activity calendar were sighted by the Assessment Team.

Consumers interviewed reported their privacy is respected and observations confirmed staff respect consumers’ privacy. Staff were able to describe the methods they use to ensure consumer information is kept secure. Staff did not talk about consumers in areas where they could be heard, computerised information is kept secure, and computers were not left open displaying consumer information.

I find six of the six requirements in Standard 1 compliant for both HCP and CHSP.

# Standard 2

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

Findings

Consumers and representatives provided positive feedback in relation to assessment and care planning processes. They confirmed they received an in-home assessment that included discussion of their needs, goals and preferences prior to commencement of services and a home environmental safety assessment was also conducted. Consumers described their individual services and noted how the service assesses their individual risks. Care workers are provided with information on consumer needs, including any individual or environmental risks. Care workers interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They confirmed they have regular staff meetings and ad hoc discussions with the care manager about individual consumers when needed. Assessment tools utilised by the service to develop safe and effective services for consumers includes identified areas of risk such as behavioural, skin integrity and mobility concerns. All consumer files evidenced initial assessments, addressing any individual risks and where particular risks were identified, contained documentation around those risks.

Consumers interviewed stated they received the care and services they needed. They expressed confidence in the service and staff supporting them if their needs were to change in the future. Some recalled being asked about advanced care directives (ACD) and end of life care planning. Staff articulated they have access to care plans on mobile apps and they are also updated via staff meetings and by reading progress notes on the electronic care management system. Care plans included assessed needs and general goals and demonstrated communication around advanced care planning had occurred. Policies and procedures around advance care planning and end of life planning are in place.

Consumers and representatives interviewed confirmed they were involved in the assessment, planning and review of their care and services. Management indicated they would ask consumers if they wanted to involve other people as partners in care when completing assessments and reviews of their care and support. They also obtained consumers’ consent prior to communicating with external service providers. The Assessment Team sighted consumers’ notes in the electronic care management system which demonstrated external service providers were involved in the care of the consumer.

Most consumers and representatives interviewed recalled being provided a copy of their care plan. They said the care plan is in a format that they can understand. Care workers said they have access to the outcome of the assessment to deliver safe and effective care and services. Management explained the process for documenting the outcome of the assessment and planning process in a care plan or progress note.

During the Quality Audit the service could not demonstrate that 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. Most consumers interviewed reported assessments and reassessment of care and services were conducted regularly. Management explained there are policies and procedures for care assessment and planning which require care plans to be reviewed at least every 6 months, however they acknowledged most care plans were not updated due to workforce challenges. The service had previously identified this issue and their continuous improvement plan contained the goal of reviewing all overdue care plans within three months.

Despite care plans not being updated most consumers interviewed reported assessments and reassessment of care and services were conducted regularly. Management stated systems are in place to regularly adjust the care required by consumers through a system of welfare checks. Furthermore, evidence was cited that both the progress notes and the schedule are updated as required when a consumer’s needs change. Discussions with management confirmed care is reviewed after incident/changes regularly. All consumer files contained regular progress notes from the care manager, RN and care workers. RN and care managers’ notes were very detailed and reflected a number of discussions with care workers regarding consumers.

In response to the Assessment Team’s report the approved provider stated they were aware of the requirement to review all care plans at least annually and agreed that approximately 50% of both HCP and CHSP consumers had not had their care plans updated within the last 12 months. In their response the approved provider stated that they have a goal to address thus within the next four months.

I have considered the information provided by the Assessment Team and the approved provider. I am content that there is no impact for consumers from not having their care plan updated as other mechanisms ensure consumers care is regularly reviewed and progress notes are updated accordingly. Consumers and representatives interviewed confirmed they were involved in the assessment, planning and review of their care and services and are satisfied the care and services received are being delivered according to their needs, goals and preferences. Care workers said they have access to the outcome of any assessments undertaken and access to care plans on mobile apps. Care staff said they are also updated via staff meetings and by reading progress notes on the electronic care management system. The organisation maintains a high-impact or high-prevalence risks register and consumers and representatives provided positive feedback with regards to the identification and management of associated risk. Staff were able to describe consumer risk and strategies to manage risk. Due to the service’s commitment to continuous improvement I have confidence in the approved provider to ensure consumer care plans are updated within the next four months.

I find five of the five requirements in Standard 2 compliant for both HCP and CHSP.

# Standard 3

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

Findings

Consumers and representatives receiving personal care services indicated they are satisfied with personal care and services they receive. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care. Care workers were able to describe the communication processes the service provides to them to support them to deliver personal care that is best practice and meets the needs of each consumer. A nursing assessment is conducted for consumers where appropriate. Consumer’s clinical care is mainly managed by medical centres and third-party organisations but occasionally provided by a registered nurse employed by the service. The case manager reads progress notes to ensure effectiveness of these clinical services and will make referrals to the doctor if needed. The service engages with a range of peak bodies and other organisations to provide best practice care.

Consumers and representatives interviewed said their care is safe and right for them. They said the RN and care manager explain risks to their well-being and they suggest the steps to follow to reduce risk. Care workers interviewed indicated the service is good at following up on any incidents or hazards they report. They have processes in place to manage the risks of a consumer not responding to a scheduled visit. Care workers interviewed were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ progress notes and team chat. The service has a risk management system in place to monitor, assess and manage risks relating to the care of consumers. The incident management system informs consumer risk profiles and relevant information is communicated to care workers via notes or staff meetings. Incident data is reviewed by the care manager and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs.

Consumers and representatives interviewed said that advanced care planning and end-of-life care were discussed during assessments and that appropriate advance care directives are in place. Care workers demonstrated an awareness of how services may change for consumers nearing the end of life. Management advised they currently have no consumers on an end-of-life pathway but are able to provide care to consumers whose care needs increase due to such circumstances. Services will be provided according to the consumer's and their representatives' wishes, as well as any cultural preferences. Policies are in place in relation to advanced care and end of life planning.

Consumers and representatives stated that care workers were well-acquainted with the consumers and were confident in their ability to identify and report any changes in overall health and wellbeing to their manager. Referrals are made as needed to allied health professionals, such as occupational therapists for equipment and home modifications, and physiotherapists for increasing mobility needs. Care workers confirmed they inform the care manager regularly about the consumer’s overall health and wellbeing and note any changes in the team chat. They said care managers follow up quickly when things are reported. Discussions with management confirmed care is reviewed after incident/changes regularly. Progress notes submitted by care workers are reviewed frequently by the care manager and communications and/or reviews are organised as needed. This information was consistent with what care workers advised and what was sighted in consumers’ electronic files. The service’s Risk Management policy includes identification and management of consumer risks such as illnesses, when they fall and other incidents, which may indicate a deterioration in condition of the consumer.

Consumers and representatives confirmed their needs and preferences are effectively communicated as they did not usually have to repeat the same information to new care workers.

They also confirmed care workers usually know if anything has changed regarding their care. Care workers confirmed they are given enough information on a consumer to provide suitable care. They said they can access their care plan through their phone app and also information is available on the schedule allocation or verbally by their care manager. This includes information on consumer’s individual needs and preferences. They said they don’t have any issues contacting the service to discuss their queries or concerns about the consumers. Although some consumers’ care plan did not contain detailed current information, the care manager notes were frequent, detailed, and reflected discussions with care workers, consumers and representatives, in-home RN and allied health services.

Most consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed. They said this usually happens in a prompt manner. The care manager said they assist consumers with referrals to My Aged Care when this was needed due to a change in care needs. The service has service arrangements in place with allied health professionals to provide services. The care manager liaises closely with allied health professionals as required and monitors the outcomes for consumers. Review of sampled consumer files showed referrals to allied health services for equipment and home modification services. Referrals were also noted to be to physiotherapists, and vital call. Referrals were timely. Where referrals were made, most consumers’ file evidenced uploading of the allied health reports.

Consumers interviewed confirmed care workers protect them from infections by wearing masks and washing/sanitising their hands during services. All consumers and representatives felt staff practices kept them safe. Care workers advised they had received training on COVID-19 and other infections and the use of PPE and other universal precautions. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health and check the health of consumers when attending consumer homes to provide care.

I find seven of the seven requirements in Standard 3 compliant for both HCP and CHSP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | 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 were overwhelmingly positive and felt they are supported to independently live at home with the services provided. Care workers were able to provide examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing and quality of life. Management described how services provided to consumers are tailored to the unique needs and preferences of each consumer to optimise their independence, wellbeing and quality of life. Care planning documentation was noted to be written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes document any changes with regards to individual needs and preferences and supports for daily living.

Consumers and representatives indicated that their emotional and spiritual needs are met. They consistently expressed satisfaction with the caring and supportive attitude of staff. The service has systems to refer consumers for psychological and other supports if needed. Consumer files demonstrate the assessment of emotional, spiritual, or psychological needs. Identified needs are reviewed on an ongoing basis. Progress notes sighted on consumer files document any changes in needs relating to emotional, spiritual, or psychological wellbeing, with care plans updated as required.

Overall consumers and representatives were satisfied the services and supports provided for daily living assisted consumers to continue to do things that provide meaning to them by doing things they enjoy and with people that are important to them. Staff could describe how they provided these supports and services. Care workers were able to give descriptions of relationships important to consumers, such as family and friends, and social activities they enjoy, such as attending coffee shop, and which shops they like to go shopping. The care manager gathers information on consumers’ life stories and social needs on entry to the service and this was noted in care planning documentation sighted, which staff can access. Regular meetings are held with care workers where they have an opportunity to discuss individual consumers as needed.

Consumers and representatives indicated staff are knowledgeable about their needs and preferences and keep them informed of any changes to their care and services. The service demonstrated that appropriate referrals are made to other organisations and providers of care where required. Management and staff described how they use the staff meeting to ensure the whole team are kept up to date with consumer needs and any changes that occur.

Appropriate referrals are made to individuals, other organisations and providers of care and services. Consumers reported and documentation confirmed that referrals were made to a variety of services, such as equipment providers and community services. Consumers and representatives said the care manager would ask for their permission before making any referrals and involve their family or representatives as needed. These services assist consumers to remain independent in the community. Policies and procedures are in place to guide staff in consistent referral processes within the service.

Most consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Care workers said they have access to equipment and supplies to support the activities. Equipment and resources used for on-site social support were observed by the Assessment Team to be safe, suitable, clean and well-maintained. Care plans reviewed included details of equipment to be used by the consumer.

I find six of the six requirements in Standard 4 compliant for both HCP and CHSP. Requirement 4(3)(f) was not applicable for both HCP and CHSP.

# 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Compliant |

Findings

Consumers said that they enjoy attending the cultural centre where they undertake activities as the environment is welcoming. The Assessment Team observed the cultural centre building where the on-site social support activities are provided. The centre has a large table in the middle of the room with multiple chairs for consumers to sit on. There is indigenous art work on display including consumers’ drawings and a large, framed photograph of consumers and some of the service’s staff.

Consumers and representatives interviewed said that the cultural centre and its surrounds are safe and clean and that they can freely move around the premises. The service’s continuous improvement register shows an entry relating to the refurbishment of an ‘uneven path’ leading up to the cultural centre. The CEO explained that it has been identified that there is a slight increase in the gradient of a path leading to the building which may pose a risk to some consumers who use walkers or are otherwise falls risks; however, this risk has never eventuated. The CEO confirmed that there have been no adverse consumer incidents with this path and that currently there is a timeline for October 2024 for the path to be refurbished. The Assessment Team observed this ‘uneven path’ which was consistent with how the CEO described it. The Assessment Team observed that the cultural centre and its surrounds was clean, with the lawn neatly trimmed.

Consumers and representatives said that furniture at the cultural centre is safe and that seating is comfortable. The Assessment Team observed the table and chairs to be clean, functional, and the chairs to be padded and comfortable for an aged consumer.

I find three of the three requirements in Standard 5 compliant for CHSP. This standard was not applicable for HCP.

# 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

The service demonstrated that consumers, their families, friends, carers and others are encouraged and supported to provide feedback and complaints. Consumers and representatives said that they believe that the service would provide them with support if they needed to provide any feedback or make a complaint, however, they have not felt the need to do so. A consumer who previously made a complaint said that the service supported her through the complaints process. Consumers and representatives said that they generally recalled being provided with information about how to make a complaint from the service shortly after being inducted. Care workers were able to explain how they would support a consumer to provide a complaint or feedback.

The service demonstrated that consumers are made aware of and have access to advocates and other methods for raising and resolving complaints. Consumers and representatives said they could generally recall the service providing information about third party advocates and the right to make complaints to the Commission. Care workers interviewed told the Assessment Team that they were generally aware of consumers’ rights to advocacy services and to make a complaint with the Commission and said that they would provide them with support if they wished to do so. Consumers are provided with information on their rights, how to access advocacy services and translation services.

A consumer who had complained advised she was satisfied with the service’s complaints management process and was satisfied with the outcome of her complaints. Care workers demonstrated an understanding of the importance of reporting all feedback and complaints made by consumers and representatives and the importance of engaging in an open disclosure process. The complaints register contained information about complaints and what action the service took to resolve the complaint. The Assessment Team was made aware of a complaint that had not been entered onto the service’s complaints register, however, this complaint had been actioned and the complainant was satisfied with the outcome. In their response to the Assessment Team’s report the approved provider stated this issue has now been rectified.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers interviewed told the Assessment Team that the service’s new senior management and care management team have made a vast improvement to the quality of services and are responsive to any feedback. The CEO provided two examples of how the service used feedback and complaints to improve the quality of care and services.

I find four of the four requirements in Standard 6 compliant for both HCP and CHSP.

# 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 and representatives provided positive feedback in relation to the service’s staff attending on time for shifts. However, consumers provided mixed feedback about shift cancellations and staff not attending rostered shifts. Consumers advised when ‘no shows’ occur they consequently do not receive their scheduled care and services. This was described as happening ‘about 3 times’ or ‘once or twice’. In the last month the Assessment Team found there were 9 vacant shifts. Of these 9 shifts, one service to a consumer was cancelled and the remaining 8 consumers were offered a replacement care worker. Management informed they review the roster every day and stated that when there are shift cancellations the service always offers an alternative care worker however some consumers want a particular care worker and when that happens the service will cancel the shift if that care worker is away. The care manager said that scheduling can sometimes get difficult when care workers are away for ‘sorry business’ (funerals). The service’s board and strategic documents identified ongoing recruitment as a goal to continue to provide culturally safe and high-quality care and services and to that end the service has recently recruited a male staff member to provide culturally safe services to consumers who prefer male workers. Care workers stated they believed they had enough time to do all the work needed to be done on their shifts and were satisfied with the rostering system.

In their response to the Assessment Team’s report the approved provider stated that they have examined the issue of shift cancellations and have taken action to recruit additional staff. They also now have better visibility of shift cancellations by scheduling services in their electronic management system and by ensuring greater management oversight. These initiatives have resulted in minimal shift cancellations over the last six months.

Consumers and representatives said that care workers are respectful and kind when providing care and services. Care workers were able to explain the importance of treating all consumers in a kind and caring manner, including respecting the consumer’s identity and culture. Progress notes written by care workers were written in a respectful manner.

Consumers and representatives said they believed that care workers and other sub-contracted staff, such as lawnmowers and allied health practitioners, were competent and provided high quality services. Care workers said that the service ensures their competency and knowledge for the role through the induction process, and by encouraging them to complete online training each month.

Care workers described the service’s induction process including online training and undertaking buddy shifts. Care workers described the service’s provision of training as comprehensive and said that they are required to do online training on different topics each month. Care workers said that they feel well supported by management and evidence sighted demonstrated all have attended the necessary training. A training plan identifies mandatory and optional training for staff. The service’s continuous improvement plan and board minutes show that senior management has identified that training in medication management and in dementia and mental health is necessary for its workforce.

Care workers said that they have regular assessments of their performance, including 6 monthly performance reviews. The service was not able to provide an example of a completed staff performance review due to transitioning HR systems, however, care workers verified that they participate in regular performance reviews. The complaints register shows that there was a complaint in relation to the quality of domestic services provided by one worker. The care worker was told about the complaint and a discussion took place about how they could improve. In their response to the Assessment Team’s report the approved provider stated that processes are in place to obtain feedback on the performance of staff from consumers and staff have regular check ins with their manager. In addition, a new performance appraisal tool has been established which will be rolled out to all staff by November 2024.

I find five of the five requirements in Standard 7 compliant for both HCP and CHSP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Not Applicable |

Findings

All consumers and representatives interviewed said that the service is open to their feedback and listens and make changes to how services are delivered. Consumers spoke positively about the improvement in management and communication within the organisation over the past 6 months. While the organisation has not yet issued a feedback survey to assess consumer satisfaction with care and services, one is planned. The service has not yet established a consumer advisory body (CAB) as required by the Strengthening Provider Governance reforms. A board member explained that the organisation considered establishing a CAB but was of the understanding that, as an Aboriginal Community Controlled Organisation, the organisation was exempt from establishing a CAB. This is not the case. Board members and management present during the Quality Audit accepted the requirement to establish a CAB applies and undertook to send written invitations to consumers and representatives. While the service has not established a CAB the organisation is constantly engaged with Aboriginal consumers and is feeding this engagement back to the Board to improve the quality of care and services. Evidence cited by the Assessment Team and feedback from consumers verified this.

In their response to the Assessment Team’s report the approved provider provided additional information in relation to their misunderstanding about establishing a CAB. The approved provider stated that the Board has subsequently approved the establishment of a CAB and letters are being provided to invite consumers to participate. The approved provider also submitted information about the Board and their connectedness with the Aboriginal community they serve and provided further information to demonstrate the way consumers are influencing service provision. Having considered the Approved Providers response and the information obtained by the Assessment Team I am satisfied that the approved provider will establishing a CAB but in the meantime I am satisfied that the organisation actively engages with consumers in the development, delivery and evaluation of care and services which is the intent of this requirement.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service’s governing body comprises an 8 person board with a wide array of qualifications and experience. The board has two sub-committees: (i) an Audit and Risk Subcommittee; and (ii) Care Governance Subcommittee. Both subcommittees meet and report to the board monthly. The Care Governance Subcommittee satisfies the requirements under the Strengthening Provider Governance reforms as established to discuss the quality of aged care services. Minutes from the Care Governance Subcommittee shows that this Committee reports to the Board issues relating to the safety, inclusiveness and quality of care and services provided. Board members told the Assessment Team that they respond to clinical data and reports from the Care Governance Subcommittee by approving and supporting actions in response. Evidence of this was cited by the Assessment Team.

The organisation demonstrated that it has effective organisation wide governance systems related to the following: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance; (v) regulatory compliance; and (vi) feedback and complaints. The service has policies to support information provision to relevant stakeholders and information is available to staff and management to perform their roles. Policies and procedures support continuous improvement and the organisation maintains a register which lists numerous entries for the improvement of care and services. Evidence was cited that the service is making quality improvements which included improving and increasing culturally relevant consumer centred care through a diverse workforce and establishing partnerships with other Indigenous organisations to meet the needs of consumers. Effective financial governance arrangements are in place as demonstrated by the organisation’s management of HCP funds. The organisation has a range of policies and procedures in relation to workforce as well as a training plan which outlines mandatory and optional training for staff. The organisation maintains regulatory compliance through policies and procedure which support compliance with the Serious Incidents Response Scheme (SIRS). Feedback and complaints is managed through policies and procedures and a register which details complaints received and what the service has done to address the complaint.

The organisation demonstrated that it has effective risk management systems and practices including in relation to: (i) managing high impact or high prevalence risks; and (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can; and (iv) managing and preventing incidents, including the use of an incident management system. There is a policy on Risk Management which outlines the service’s commitment to implementing practices and tools for identifying, assessing, controlling, monitoring and reporting on risk. Effective risk management relating to the management of high impact or high prevalence risks for consumers was evident through the maintenance of a consumer risk register. Evidence was cited that risks to consumers are discussed weekly in clinical governance meetings. The organisation has a policy and procedure for identifying and managing abuse and neglect and staff have had relevant training to respond appropriately if abuse is suspected. Effective risk management systems, policies and procedures are in place to support consumers live the best life they can. Lastly, incident management systems are effective as evidenced by how staff respond to incidents when they occur.

The organisation has recently commenced providing clinical care to HCP consumers only. The organisation has a clinical governance framework, including in relation to: (i) antimicrobial stewardship; (ii) minimising the use of restraint; and (iii) open disclosure. The organisation has documented policies and procedures in relation to clinical governance. The governing body is ultimately responsible for clinical governance as explicitly stated in the relevant policy document. The governing body is supported by the Care Governance Subcommittee which reports on clinical indicators to the Board. The governing board, as well as its subcommittees, promoting a culture of safe, quality care and continuous improvement through the systems in place to improve care outcomes for consumers.

I find five of the five requirements in Standard 8 compliant for HCP. I find four of the four requirements in Standard 8 compliant for CHSP. Requirement 8(3)(e) was not applicable for CHSP.

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