Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service or service group: | Performance report date: |
| Illaroo Co-operative Aboriginal Corporation | 2 August 2022 |
| Commission ID: | Activity type: |
| 200095 | Quality audit |
| Home Service Provider: | Activity date: |
| Illaroo Co-operative Aboriginal Corporation | 5 July 2022 to 8 July 2022 |

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

**This performance report**

This performance report for Illaroo Co-operative Aboriginal Corporation (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

**Home Care:**

* Shoalhaven Aboriginal Aged & Disability Care Services, 17727, 55 Judith Drive, NORTH NOWRA NSW 2541

**CHSP:**

* Social Support - Individual, 4-7X9ROVQ, 55 Judith Drive, NORTH NOWRA NSW 2541
* Social Support - Group, 4-86C4B6M, 55 Judith Drive, NORTH NOWRA NSW 2541
* Allied Health and Therapy Services, 4-86CHK26, 55 Judith Drive, NORTH NOWRA NSW 2541
* Domestic Assistance, 4-7X9ROYH, 55 Judith Drive, NORTH NOWRA NSW 2541
* Goods Equipment and Assistive Technology, 4-86C2LNY, 55 Judith Drive, NORTH NOWRA NSW 2541
* Home Maintenance, 4-86C2LBW, 55 Judith Drive, NORTH NOWRA NSW 2541
* Home Modifications, 4-86CKT9J, 55 Judith Drive, NORTH NOWRA NSW 2541
* Meals, 4-86CHJQI, 55 Judith Drive, NORTH NOWRA NSW 2541
* Personal Care, 4-86CPRWN, 55 Judith Drive, NORTH NOWRA NSW 2541

# 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.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Non-compliant |
| 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. | Non-compliant | Non-compliant |
| 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| 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 | Non-compliant |

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

## Findings

Overall, consumers are treated with dignity and respect, can maintain their identify and are supported to take risks.

The Assessment Team found that consumers and representatives interviewed:

expressed satisfaction with the dignity and respect shown by staff and described how staff valued consumers culture, values and diversity.

said they are satisfied with their choice and preference for how care and services are delivered and managed and reported that the service enables consumers to maintain contact with close and extended family members.

said that the service had visited individual consumers to discuss their care and services, and they were able to communicate their decisions and the services and supports they require.

expressed in various ways their satisfaction that consumers are supported by staff to take risks and live the best life they can.

advised they receive up to date information and confirmed the service had been in contact with them directly about care and services provided.

advised that the service and staff respect consumers privacy and provided examples where staff knock or seek permission to undertake services.

Staff interviewed demonstrated their understanding of maintaining dignity and privacy and respecting cultural diversity. Management and staff said they are undertaking face to face visits to build trust and enable consumers to communicate their decisions including who they want involved in their care.

Dignity of risk is discussed with consumers using culturally appropriate Aged Care Quality Standards storyboards. If the consumer chooses, the service ensures risks are explained and a dignity of risk form completed.

Management interviewed advised of recent changes to monthly statements which has created confusion for consumers. All monthly statements are currently hand delivered in order to be explained, and the consumer visit is being used as a conduit to build further trust.

The Quality Standard is assessed as Compliant as six of six specific requirements have been assessed as Compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 |
| 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 |
| 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 |
| 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 | Non-compliant |
| 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

Overall consumers interviewed felt they are treated with dignity and respect, can maintain their identity and are supported to take risks. Interviews with consumers and representatives indicated consumers are receiving safe, effective care and services. The delivering services demonstrated knowledge of risks to consumers.

The Assessment Team found that consumers and representative interviewed during the site audit confirmed that staff and management of the service:

demonstrated that assessment and planning, including consideration of risk to the consumer’s health and well-being is conducted.

evidenced consumers are receiving effective care and services to meet the consumers’ current needs, goals and preferences.

have developed a ‘discussion starter brochure’ for advance care planning which is tailored to both indigenous and non-indigenous consumers.

demonstrated assessment and planning is based on partnership with the consumers and those they wished to be involved, including other organisations and health care professionals.

demonstrated regular review of consumer’s care and services for effectiveness.

While at the time of the quality audit, the service did not consistently demonstrate outcomes of assessment and planning were documented in care plans that were readily available to the consumer where care and services are provided, the Assessment Team noted that care workers interviewed described how they support consumers.

The Assessment Team reviewed 10% of consumer care documentation on the service’s electronic management system and found the following:

consumer’s current planning and assessment documentation is not consistently recorded and therefore care workers are not able to access information on their mobile device at the point of service delivery.

consumer needs, goals and preferences were not recorded.

health conditions and guidance for staff providing care were not recorded.

For example, a care plan for a consumer identified as a high falls risk did not include strategies to mitigate the risk of falling for guidance to care workers. The outcome of a recent assessment was not documented wholly into Ms Beckett’s electronic file, such as her current health condition and risk factor scoring. The care plan did include recent occupational therapy referral, summary and recommendations.

The Quality Standard is assessed as Non -compliant as one of five specific requirements have been assessed as Non-compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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 |
| 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 |
| 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. | Non-compliant | Non-compliant |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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

The Assessment Team interviewed consumers and representatives and the feedback from consumers and representatives demonstrated the following:

Consumers considered that they receive personal care that is safe, right for them and in line with best practice guidelines.

Consumers receive services tailored to their individual needs and preferences, and they have access to allied health professionals when they need it.

Consumers and representatives interviewed were not sure if end of life had been discussed however, consumers confirmed the care they receive when they are unwell or experiencing a deterioration in their health is responded to in a timely manner.

The service demonstrated timely and appropriate referrals are made to other individuals or organisations providing services. Management interviewed advised if the service could not provide suitable support to meet consumer’s personal care needs, consumers are supported to access brokered support services through another provider such as allied health professionals.

The service described high impact risks to its consumers as influenza, Covid-19, falls and nutrition and diabetes and demonstrated strategies in place to mitigate these risks.

The service demonstrated development of policies and processes is underway to engage and manage consumers nearing the end of their life which includes plans to establish a working relationship with the palliative care team at the local hospital. The Assessment Team sighted the draft “End of Life, Consumer Supported Decision Making” policy.

All staff interviewed demonstrated an understanding of how to recognise, report and respond to changes in the health and well-being of a consumer. Care workers described how they enter progress notes on their mobile device following each shift and this is where they would note any changes to the consumer’s health. They described protocols depending on the severity, for example, calling the office or an ambulance if necessary.

The service did not consistently demonstrate information about consumers’ care is documented and communicated within the organisation and with others where responsibility of care is shared. At the time of the Quality Audit consumers’ care documentation for the previous month consistently recorded progress notes from care workers however, there was no information and strategies to guide best practice in relation to risks. For example,

Most consumers and representatives said they were satisfied that the regular staff who attend to the consumer know their personal care needs but not all. One representative interviewed said they wrote up a ‘who am I’ chart to guide staff.

Care documentation reviewed did not list strategies to mitigate identified risks to the consumer’s health and wellbeing.

As noted previously in this report, management advised the Assessment Team the service has a plan to improve record keeping with recruitment of a data entry officer to update care documentation notes onto the electronic management system.

The Quality Standard is assessed as Non -compliant as one of seven specific requirements have been assessed as Non-compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers who were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of requirements. The Assessment Team also examined relevant documents.

The service demonstrated that consumers get the services and supports for daily living that are important for health and well-being and enable them to do the things they want to do as:

Consumers and representatives interviewed reported they are satisfied with the service. For example:

Consumers said the service is flexible and accommodating to their’ needs and preferences.

The representative of the two consumers receiving meals said the consumers enjoy the meals and there is enough variety to meet their needs and preferences.

Care workers spoke in a respectful way about consumers and demonstrated a knowledge of aboriginal and non-aboriginal consumers likes and dislikes.

The community care manager and social support officer demonstrated an in-depth knowledge of consumer’s emotional wellbeing. For example,

A representative described how they received a phone call from a care worker who was concerned a consumer was ‘a bit down’.

The Community Care Manager described how she is conducting face to face visits to all consumers to review assessment and care planning and this is informing if current social supports are meeting consumer current needs, goals and preferences. The Community Care Manager gave examples of how they are tailoring support to the individual consumer in line with their cultural preferences. For example,

Planning is underway to re-establish various social support groups to enable both men’s and women’s business.

The service acknowledged the lack of documentation about consumers’ needs and preferences and this is discussed further in Standard 2 and standard 3. While dietary requirements are not listed for two consumers receiving food and meal preparation services, the representative of the consumers receiving meals said the consumer dietary requirements are being met. For example, they have asked for minced, soft meals and they consistently receive minced, soft meals.

Equipment for the service is provided in the form of transport and social support and is provided in a safe, suitable, clean and well-maintained manner.

The Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as compliant.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| 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 | Not applicable |
| 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 | Not applicable |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

## Findings

Standard five is assessed as not applicable as services are not being provided in the organisations service environment, as at the time of the quality assessment.**Standard 6**

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| 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 |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

## Findings

The Assessment Team interviewed consumers and representatives, staff and management where feedback demonstrated the following:

The service provides consumers and representatives an environment where they know how to provide feedback, or make a complaint, and consumers and representatives stated they would feel comfortable and safe to do so.

Staff interviewed described how they support consumers to provide feedback.

The service demonstrated the ways for consumers or representatives to provide feedback and make complaints.

The service demonstrate consumers are provided with culturally appropriate information to advocates, Aboriginal Legal Aid service, and the Aged Care Quality and Safety Commission.

The service demonstrated the process when issues are identified by consumers are resolved immediately and could provide examples of when staff raised concerns for a consumer. Evidence was sighted by the Assessment Team in the Incident Register.

Management and staff interviewed demonstrated an understanding of the Open Disclosure process and provided examples of when this had been applied.

The service acknowledged that some consumers do not fully understand their home care packages and how they operate. This issue is remanent from how the service was run in the past. This is being rectified by the service visiting all consumers as part of an education drive to explain how home care works, introduce new staff, explain the monthly home care statement, and build trust with consumers and community.

The Quality Standard is assessed as Compliant as all four specific requirements have been assessed as compliant.

**Standard 7**

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| 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 |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

## Findings

The Assessment Team interviewed consumers and representatives, staff and management where feedback demonstrated:

* Consumer’s expressed satisfaction with the number of staff to deliver care and quality services, and staff had enough time to complete the services.
* The service demonstrated systems and processes to ensure there are enough staff to deliver safe, quality care and services.
* The service provided evidence all staff undertake an induction, orientation and buddy roster, and staff sampled confirmed this. Professional development is currently in progress for staff, and the service is currently identifying skills and needs to enable education and training to be developed.
* The service has a suite of online mandatory training for all staff that must be completed prior to commencement of duties. On commencement at the service, all staff have six months to complete the next suite of mandatory training topics.
* The serviced demonstrated annual performance reviews for all staff.
* The service evidenced all roles have a current position description and duty statement.

Management said that when there are staff shortages due to COVID-19 or Influenza, the service:

* Identifies essential services as a priority
* Engages external contractors for services such as domestic assistance and transportation in consultation with the consumer,
* Is currently liaising with local educational facilities such as Technical and Further Education and University for students to undertake shifts or gain experience.

Where external service providers have been used, the service reviews consumer satisfaction by maintaining contact with consumers. Contracted staff used by the service must provide current insurances, workers compensation, registrations, COVID-19 and Influenza vaccination status, and current criminal check. These are monitored for currency and contractors are alerted prior to expiry to provide updated documents.

Aboriginal consumers said they usually have Aboriginal support workers, however some consumers said they have non-Aboriginal support workers who provide services. Consumers said that at all times, they are treated in a kind and caring manner and their culture is always respected.

The service described the various ways feedback on staff performance is received and demonstrated when issues are identified, or an incompetency identified, retraining or guidance is provided by management. The service evidenced all incidents are recorded in a centralised register, monitored for trends, and presented to the Board.

The Quality Standard is assessed as Compliant as all five specific requirements have been assessed as compliant.**Standard 8**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| 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 |
| 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | Non-compliant |
| 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 | Non-compliant |
| 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable | Not applicable |

## Findings

The Assessment Team interviewed consumers and representatives, staff and management where feedback demonstrated:

The service involves consumers and representatives in the development and evaluation of changes to the service and the care and services they receive.

The service is led by an Aboriginal Board that focuses on promoting a culture of safe, inclusive and quality care.

The service demonstrated active work underway to identify gaps in compliance and is implementing effective risk and incident management systems and practices purchased from an external provider.

The service provides ongoing support and training to ensure that governance systems are understood by staff at all levels.

The service ensures governance and financial information is accountable and transparent through the employment of a financial officer and utilising an external financial auditing service.

The service evidenced a suite of draft policies. These have been purchased from an external agency and are currently being modified to ensure suitability for the service.

The service is not:

Fully documenting minutes of staff meetings or Board meetings.

Able to currently capture all consumer information or fully identify trends on the new centralised management system.

**Information Management**

The service has recently implemented a centralised management system to capture consumer notes from staff and undertake rostering. Ongoing training on how to use the system has been scheduled for staff, and documentation techniques have been presented.

The Board identified a gap in holding weekly staff meetings, and these have now been scheduled. A standing agenda includes roster changes, PPE, infection control, staff attendance, and reminders to enter notes into the central management system.

The Assessment Team noted that there are limited staff meeting minutes taken. The service has identified this, and will commence documenting meetings.

The Assessment Team noted while the Board has a standing agenda, minutes taken are often brief. The service has recognised that minutes from the meeting do not meet current compliance, and the Board has agreed to the recording of meetings so comprehensive minutes can be documented. This is due to commence next Board meeting.

**Continuous improvement**

The Assessment Team noted the Board is presented with and discussed all compliance issues and is informed of continuous improvements. This forms a standing agenda at all Board meetings.

Critical incidents are recorded on hardcopy forms and filed. These are investigated to identify underlying procedural issues or gaps in staff knowledge. This information is reported to the CEO and to the board to identify potential changes to policies, procedures and if additional training is required.

**Financial governance**

The service demonstrated they have effective financial management and reporting systems in place to manage finances and resources needed to deliver safe and quality care to consumers, including:

• A financial officer is employed to undertake financial management;

• Financial reports are tabled at each Board meeting;

• Members of the board discuss the financial report and future projections; and

• The service uses an external financial auditor to undertake an annual assessment.

The service has recently launched a new monthly statement for HCP consumers which incorporates unspent funds and usage. Consumers are currently being visited to discuss the format and address any concerns.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The Assessment Team sighted the service’s organisation chart, code of conduct, and job descriptions and statements.

Staff are provided with a copy of staff handbook on commencement which provides information including role expectations, and staff are required to sign and return confirmation they have read and understood the contents. Staff are also required to sign and return WHS documentation and confidentiality agreement.

**Regulatory compliance**

Regulatory compliance is managed by the CEO who informs the Board of changes. Information is received through:

• Membership of Aged and Community Services Australia (ACSA).

• Local CEO network meetings

• Hospital board meetings and close liaisons with local Aboriginal health.

The Board Chair is actively involved with isolated Aboriginal health programs and participated and represented the service at a conference in Darwin.

**Feedback and complaints**

Consumers and representatives provide feedback via phone or informing staff of their concerns or feedback. The service has a register of complaints and feedback which is updated.

The Board agenda has a standing complaints and feedback item, and these are discussed by the Board to ensure compliance is being maintained or improvements are required.

Management provided examples of how the service manages and responds to reports of abuse. Staff are trained to monitor, and report concerns to management. Notes from consumers received or entered by staff through the mobile ‘app’, are entered into a centralised management system and stored in the consumer’s electronic file.

The Assessment Team noted that the service has begun staff and management training on the new system including data entry on mobile ‘apps’, at the time of the assessment, the Assessment Team noted that it is not fully operational and functionality such as retrieving reports to identify trends, was yet to be utilised. The Team acknowledge that this will be resolved through ongoing training.

Clinical care is not provided by the service therefore, a clinical governance framework was not assessed.

The Quality Standard is assessed as Non -compliant as two of five specific requirements have been assessed as Non-compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)