**Performance**

**Report**

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| Name: | Julalikari Council Aboriginal Corporation |
| Commission ID: | 600264 |
| Address: | Corporate Office, 13 Maloney Street, TENNANT CREEK, Northern Territory, 0872 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 842 Julalikari Council Aboriginal Corporation  
Service: 17928 Julalikari Council Aboriginal Corporation

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7776 Julalikari Council Aboriginal Corporation  
Service: 23671 Julalikari Council Aboriginal Corporation - Care Relationships and Carer Support  
Service: 23670 Julalikari Council Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report for Julalikari Council Aboriginal Corporation (**the service**) has been prepared by M Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 9 April 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Standard 1, Requirement 1(3)(e) for home care packages

Provide clear home care budgets and timely invoices to home care consumers.

Standard 2, Requirement 2(3)(a)

Undertake effective risk based assessment and care planning using validated assessment tools.

Standard 2, Requirement 2(3)(b)

Amend the approach to assessment and care planning so that care plans are not generic and inform staff delivering care and services of the consumer’s specific preferences on how they want care and services delivered.

Standard 2, Requirement 2(3)(d)

Ensure consumers are offered a copy of their documented care plan once completed, advise them they can request a copy at any time.

Provide the care plan to support workers at the point of care and ensure it is sufficiently detailed and effective at informing best practice care.

Standard 2, Requirement 2(3)(e)

Ensure staff understand their duty of care to inform management of issues which impact the health and well being of consumers as these issues relate to the care and services being delivered. Ensure regular care plan reviews occur, including when a consumer’s circumstances change, in line with program guidelines.

Standard 3, Requirement 3(3)(e)

Ensure systems and processes support a culture of documenting relevant information about consumers’ in their health records, including progress notes and care plans.

Standard 4, Requirement 4(3)(d)

Ensure information flows within the organisation, with local clinics and local hospitals support end to end care for consumers. Preference documenting information over verbal handovers, particularly across organisations.

Standard 5, Requirement 5(3)(c)

Schedule regular environmental audits by a suitably qualified staff member.

Undertake remedial works to reduce the risk of a consumer fall in the bathroom.

Standard 7, Requirement 7(3)(d)

Ensure staff receive training in line with the role description.

Standard 7, Requirement 7(3)(e)

Establish a schedule for performance reviews and ensure staff are supported to participate in reviews and understand the review framework.

Standard 8, Requirement 8(3)(b)

Establish systems to support the governing body to monitor the quality of care and services delivered to consumers.

Enable the governing body to demonstrate what information it seeks from the service to support good governance.

Standard 8, Requirement 8(3)(c)

Establish effective organisation wide governance systems with a focus on information management, financial governance and workforce governance.

Standard 8 Requirement 8(3)(d)

Establish effective risk management systems to identify and reduce or remove risks for consumers.

Establish an effective incident management system and use this system to improve care and services across the organisation.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement 1(3)(d)

The Assessment Team reported that consumers are not supported to take risks to enable them to live the best life they can. Information in the Assessment Team’s report relevant to my finding is summarised below.

The service was not able to demonstrate how they had actively supported consumers to understand risks and possible consequences and enable them to make informed decisions about taking a risk including to refuse ongoing care and services. Staff were not able to demonstrate that risk mitigation strategies are consistently implemented.

The service was not able to demonstrate that its systems and processes are effective to guide staff about supporting consumers to take risks.

Management were unable to provide examples of where dignity of risk had been discussed with consumers.

Management provided the service’s risk management policy, however staff were unable to demonstrate how these policies and framework are used during assessment and review of consumers’ care, nor how staff are trained in the practice of supporting safe risk taking for consumers.

I have considered the intent of the Requirement which identifies that consumers should be supported to understand the potential risks and benefits of the decisions they make, and use problem solving as part of developing solutions wherever possible. I note that the Assessment Team, while interviewing seven consumers, has not provided evidence about consumers’ views on risk taking or whether they feel the service is supportive or unsupportive of the way they choose to balance risk and their quality of life.

I acknowledge the Assessment Team’s evidence in regards to documentation, training and policy. I have considered these aspects of the Assessment Team’s report in my findings in Standard 8.

Based on the evidence available to me, relevant to this Requirement, I find the service compliant with Requirement 1(3)(d).

Requirement 1(3)(e)

The Assessment Team reported that the way information is provided to consumers is not clear or easy to understand and does not enable consumers to exercise choice.

The Home Care Package Service

Information in the Assessment Team’s report relevant to my finding is summarised below.

Consumers on a home care package described how communication is not timely or clear when they have queries or concerns about their budgets and/or statements.

The Assessment Team viewed a monthly statement for a home care package consumer and did not find it clear or easy to understand.

The distribution of statements for home care consumers has lapsed and statements had not been distributed in the three months prior to this audit.

Management advised they were unaware of what information needed to be displayed in the monthly statements, the requirement of delivering these to consumers, and their obligation to consumers regarding the provision of information to them.

The approved provider’s response outlines that consumers monthly HCP statements are to be readjusted to provide clear information and provided to the consumer each month with a copy placed in their file

I acknowledge the approved provider’s planned actions, however, given the lapse in the distribution of statements and feedback that the service is not responsive to budget concerns raised by consumers I am not satisfied that information provision is sufficient at this time.

I find the provider, in relation to the service, non‑compliant with Requirement 1(3)(e) for its home care package service.

Commonwealth Home Support Services

The Assessment Team reported that the way information is provided to consumers is not clear or easy to understand and does not enable consumers to exercise choice.

Information in the Assessment Team’s report relevant to my finding is summarised below.

The Assessment Team viewed the Consumer Welcome Pack and handbook, which contained comprehensive information regarding the services they offer. Service documents cited by the Assessment Team promote the service as providing individual and respectful services for all types of consumers, including people living with dementia and consumers who identify as Aboriginal and Torres Strait Islander.

I also note relevant to this Requirement evidence in the Assessment Team’s the report that consumers are satisfied with information provided and feel supported to make decisions and have input into the types of services they receive.

I do not have concerns about budgets or statements for Commonwealth Home Support Services as these services are grant funded and individual budgets are not applicable.

Based on the evidence summarised above, I am satisfied that the service complies with Requirement 1(3)(e) for its Commonwealth Home Support program.

Requirements 1(3)(a); 1(3)(b); 1(3)(c) and 1(3)(f).

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Consumers described staff as kind, caring and respectful.

Management and staff spoke about consumers in a respectful manner, and described how they provide a personalised service by understanding each consumer’s circumstances.

The service has policies in dignity, diversity and cultural safety.

Consumers sampled all stated that their care is culturally safe and that staff know their needs and preferences.

Management reported that they were aware of the importance of culturally safe care within an Aboriginal Service, stating they had participated in training and had received mentoring to support their understanding.

The Assessment Team observed consumer intake assessments captured information around consumers' culture, history, religion, and language. Management advised that where a consumer has a specific cultural or religious need, they incorporated this into their service. This was evidenced in care plans viewed by the Assessment Team.

The service demonstrated how each consumer is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions.

Consumers said that the service involves them in making decisions about the care and services they receive. Staff described how they support consumers to exercise choice and make decisions about their care and services. Documentation reflected consumers’ choices about who should be involved when decisions are made about the services they receive.

Consumers sampled were confident that their privacy is respected.

The Assessment Team noted where information is shared with other health providers consumer consent is obtained.

Management advised that care planning systems are password protected and staff can only access information specific to the consumers they support.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 1(3)(a); 1(3)(b); 1(3)(c) and 1(3)(f).

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Not Compliant |

Findings

The Assessment Team reported that the service does not provide direct clinical care. The service has a close working relationship with the local medical clinic and the local hospital. The service provides support for personal care.

Requirement 2(3)(a)

The Assessment Team reported that assessment and planning, including consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management stated that the service uses information from my aged care assessments and general practitioner consultations to inform the planning and delivery of services.

The Assessment Team reviewed ten care plans.

A review of care planning documentation for one home care package consumer identified various medical conditions including diabetes. The care plan did not contain sufficiently detailed information in relation to the consumer’s diabetes management plan in the event that staff had to support the consumer to manage a hypo or hyperglycaemic episode. The consumer’s other medical conditions equally lacked information on how staff might support the consumer.

The service does not routinely use validated assessment tools to undertake its own assessment and care planning for home care consumers.

A review of assessment and care planning documents for CHSP consumers identified risks including poor mobility and pain which had not been addressed.

The approved provider’s response outlines that risk assessments will be undertaken for all consumers and care planning documentation will be readjusted to provide more detail about assessed needs and risks to consumers.

I acknowledge the approved provider’s planned actions, however, I am satisfied that the service is not undertaking the level of assessment expected by these Standards. The service has relied on information from secondary sources which may be inaccurate or outdated and can lead to the consumer receiving care and services that do not identify or mitigate current risks to their health and wellbeing.

I am satisfied of the service’s failure to undertake effective risk based assessment and care planning.

Based on the evidence summarised above, I find the provider, in relation to the service, non‑compliant with Requirement 2(3)(a).

Requirement 2(3)(b)

The Assessment Team reported that assessment and planning does not identify and address the consumer’s preferences, including advance care planning and end of life planning if the consumer wishes. Information in the Assessment Team’s report relevant to my finding is summarised below.

Staff and management described to the Assessment Team that an assessment is undertaken in person at the consumer’s home or at the service, and includes an option to have family or a representative present.

Care planning documentation generally captured consumers’ goals, however, did not consistently provide staff guidance regarding preferences about how the consumer would like their care and services delivered.

A review of care planning information for a consumer with cognitive decline included services for transport, social support, shopping, and domestic assistance. A generic term ‘staff to assist’ was all that was noted. The consumer also has a meals service and it was noted that there was no information in the care plan regarding any dietary requirements or preferences for their meals.

Staff expressed a concern regarding falls when showering consumers at the service. A review of a home care package consumer’s care planning information in regard to how they want their shower to occur at the service, did not include their preferences or guide staff on the level of assistance required.

Although staff know the consumers well, consumers also give verbal instruction to support workers, when required.

End of life planning information was not sighted. Management said consumers usually have end of life planning discussions with the GP, further it is culturally inappropriate to discuss death and end of life planning due to cultural beliefs.

The approved provider’s response outlines that assessments will be undertaken for all consumers and care planning documentation will be readjusted to provide more detail about the assessed needs of consumers.

I acknowledge the approved provider’s planned actions, however, I am satisfied that the service is not undertaking the level of assessment expected by these Standards. The service is not capturing consumer preferences on entry to the service. The outcome of assessments are generic and in my view there is a reliance on the care worker to develop their own individual understanding of the consumer’s preferences.

I am satisfied the service is not undertaking assessment and care planning in a way that informs staff delivering care and services of the consumer’s preferences about their care and services.

Based on the evidence summarised above, I find the provider, in relation to the service, non‑compliant with Requirement 2(3)(b).

Requirement 2(3)(c)

The Assessment Team reported that the organisation did not demonstrate that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve, including any third parties. Information in the Assessment Team’s report relevant to my finding is summarised below.

Most consumers interviewed confirmed they are involved in the ongoing assessment and planning of care and services and the service provided examples of communication between other service providers for both CHSP and HCP consumers including letters and email correspondence between the manager, GP, specialists and wound care consultants.

The Assessment Team’s report includes evidence under this Requirement that is misplaced. I have considered the other evidence in Requirement 2(3)(e) and Requirement (3)(3)(f) and do not intend to consider it under this Requirement.

Based on the relevant evidence summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(c).

Requirement 2(3)(d)

The Assessment Team reported that the outcomes of assessment and planning are not effectively communicated to the consumer nor documented in a care and services plan that is readily available to the consumer, and where care and services are provided. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management advised the Assessment Team that although a care plan is generated for consumers, this is only accessible by the Manager. This information is then used by the Manager to generate a brief service plan which is then discussed with staff.

While I am satisfied that consumers understand what care and services the will receive, the service has not demonstrated it has communicated to consumers that they can have copy of documented care plan once completed or whenever they would like a copy. Further, while staff have access to a service plan, I am not convinced this is a sufficiently detailed document to support staff. Staff should not need to be previously familiar with a consumer in order to deliver care in line with the consumer’s needs goals and preferences and mitigate any risks. This information should be provided to staff by the organisation.

Based on the evidence summarised above, I find the provider, in relation to the service, non‑compliant with Requirement 2(3)(d).

Requirement 2(3)(e)

The Assessment Team reported that care and services are not reviewed regularly for their effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management advised that all HCP and CHSP consumers’ care and services are reviewed at least annually.

The Assessment Team reviewed ten consumer files. Of the ten files eight were overdue for review, with the last review occurring in 2022.

When reviews are completed, these were not always effectively identifying risks to consumers, including following incidents, hospital discharges, or when circumstances changed.

Support workers stated that they often don’t pass on issues that consumers have.

The approved provider’s response outlines that ‘tool box’ talks will be held with support staff regarding consumer reviews of their care plans and the reason why reviews are undertaken.

I acknowledge the approved provider’s planned actions, however, I have placed weight on the evidence from staff that they do not pass on issues which are occurring for consumers, as these issues may warrant a reassessment of the consumer’s care and services to ensure they remain effective. Issues that occur as they relate to the service should be made clear to management in order for management to consider if a reassessment of care and services should occur.

Based on the evidence summarised above, I find the provider, in relation to the service, non‑compliant with Requirement 2(3)(e).

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Not Compliant | Not 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

Requirement 3(3)(b)

The Assessment Team reported that effective management of high-impact or high-prevalence risks associated with the care of each consumer is not occurring. Information in the Assessment Team’s report relevant to my finding is summarised below.

The service does not have an effective process to assess, action and mitigate risks associated with the care of each consumer, to ensure safe and effective delivery of personal and clinical care, as demonstrated through care documentation reviewed by the Assessment Team.

Documentation review noted risk assessments were inconsistently occurring.

Documentation review noted while new equipment has been supplied as needed, risk assessments did not occur prior to the supply of equipment for a CHSP consumer.

Documentation review noted for a CHSP consumer, review following hospitalisation did not occur.

Management advised that if they have concerns regarding cognitive function or other identified high risks for a consumer, they generally refer back to the consumer’s GP for assessment, or refer to the aboriginal medical clinic.

I also note evidence in the Assessment Team’s report under other Requirements including that staff know the consumers very well and that consumers had no complaints or concerns about the care they were receiving.

I have considered the Assessment Team’s evidence regarding deficits in documentation in my compliance findings in Standard 2.

In this Requirement I have considered whether the evidence from the Assessment Team demonstrates that the way care is being delivered day to day is placing consumers at risk. I have also considered whether, when an incident has occurred and the service holds a duty of care, if this risk or incident was poorly managed.

I am satisfied that the Assessment Team’s evidence does not demonstrate that the service has mismanaged a risk associated with the consumer. The evidence presented does not include direct consumer feedback or support worker feedback on how risks have been managed, it does not evidence a poor outcome for consumers as a result of the deficits in documentation or that harm might have been prevented if the service had managed consumers’ personal care in other ways.

Based on the evidence available to me, relevant to this Requirement, I am satisfied that the Assessment Team’s report does not demonstrate a systemic failure of compliance. I find the provider, in relation to the service, compliant with Requirement 3(3)(b).

Requirement 3(3)(d)

The Assessment Team reported that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised but not responded to in a timely manner. Information in the Assessment Team’s report relevant to my finding is summarised below.

While the service was able to demonstrate that in some cases a deterioration or change of consumers mental health, cognitive function, or physical function for both HCP and CHSP consumers was recognised, it was not able to demonstrate that this had consistently been responded to in a timely manner.

The service did not demonstrate it consistently records changes to consumers’ health status.

A HCP consumer was accompanied by staff to hospital for a check-up, however, there was no follow up documentation on this event.

A CHSP consumer was in hospital on two occasions in 2023 with no further documentation on file about these events.

Support workers said if they noticed a change they would discuss it with the consumer and their manager.

Management acknowledged that while communication occurs to ensure that changes for consumers are recognised and responded to in a timely manner, progress notes are not always written.

I have considered the Assessment Team’s evidence regarding deficits in documentation in my compliance findings in Standard 2.

In this Requirement I have considered whether the Assessment Team’s report has evidence to support its statement that the service’s response was not timely and find that it does not. The evidence relies on undated events in file reviews to support the team’s recommendation which I find insufficient.

I note evidence within the Assessment Team’s report at Requirement 8(3)(c) that, while not documented well, follow up care did occur for the HCP consumer accompanied by staff to hospital.

Three of the four CHSP consumers whose files were reviewed were also interviewed about their experience of care and did not raise any concerns about an untimely response by the service when changes health had occurred. Evidence from support workers about concerns in delays in meeting consumer needs, when needs had changed, is not included in the Assessment Team’s report.

Based on the evidence available to me and relevant to this Requirement, I am satisfied that the Assessment Team’s report does not demonstrate a systemic failure of compliance. I find the provider, in relation to the service, compliant with Requirement 3(3)(d).

Requirement 3(3)(e)

The Assessment Team reported that information about the consumer’s condition, needs and preferences is not documented or communicated within the organisation, and with others where responsibility for care is shared. Information in the Assessment Team’s report relevant to my finding is summarised below.

Care plans do not provide sufficient documented instructions to guide staff practice.

Updates to care plans and the recording of progress notes are inconsistently undertaken by staff, resulting in information gaps.

Management advised that they have weekly staff meetings with support staff to discuss consumer care, however, there are no minutes taken or documentation to support this information sharing.

Management advised that they attend a weekly meeting with the local clinic, hospital and community social workers to discuss consumer care, however, there are no minutes taken or documentation to support this information sharing.

Based on the evidence relevant to this Requirement, I am satisfied that the service does not have a culture of documenting relevant information about consumers in their records. I find the provider, in relation to the service, non-compliant with Requirement 3(3)(e).

Requirement 3(3)(f)

The Assessment Team reported that timely and appropriate referrals to individuals, other organisations and providers of other care and services are occurring but there are delays in consumer’s receiving services from the referral organisation. Information in the Assessment Team’s report relevant to my finding is summarised below.

Consumers and/or representatives provided examples of referrals that have occurred to other organisations and providers such as clinical care or allied health services.

The Assessment Team found shortcomings in how management follow up referrals once they are made. The Assessment Team and management discussed that the Northern Territory has long wait times for access to services.

Based on the evidence relevant to this Requirement, I am satisfied that the Assessment Team’s report does not demonstrate a systemic failure of compliance. I find the provider, in relation to the service, compliant with Requirement 3(3)(f) as I am satisfied that referrals do occur and that they are timely. I encourage the service to continue to advocate on behalf of consumers with referral organisations in regard to waitlist priorities and fulfilment of referral requests.

Requirement 3(3)(a); 3(3)(c) and 3(3)(g)

All clinical care is provided by the local aboriginal medical clinic or the hospital.

The service was able to demonstrate that they ensure each consumer gets safe and effective personal care that is best practice, tailored to their needs, and optimises their health and well-being. The service demonstrated consumers who are assessed as requiring personal care receive care which meets their needs and optimises their health and well-being.

Support workers and management generally demonstrated an understanding of consumer’s needs and preferences and knew consumers well.

Consumers receiving personal care were complimentary regarding the quality of the care they receive.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity preserved.

Management discussed palliative care and advised that the local hospital provides palliative care in the community. There are currently no consumers on end of life care. Management advised that the service relies on external providers for palliative care.

The service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers advised that staff keep them safe with the use of masks when required and undertake health checks. Staff and management described the service’s processes for minimising the risk of infection including policies, procedures and education.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 3(3)(a); 3(3)(c) and 3(3)(g).

# Standard 4

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

Findings

Requirement 4(3)(a)

The Assessment Team reported that consumers are not receiving safe and effective services. Information in the Assessment Team’s report relevant to my finding is summarised below.

Whilst consumers sampled stated they were happy with the services and care they received, lack of documentation on consumer files evidenced that safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences may be missed.

A consumer has a faulty walking frame.

Deficits in consumer documentation are evident.

I have considered the Assessment Team’s evidence regarding deficits in documentation in my compliance findings in Standard 2.

Based on the evidence relevant to this Requirement, I am satisfied that the Assessment Team’s report does not demonstrate a systemic failure of compliance. I have placed weight on the feedback from consumers about the delivery of services which is positive.

I find the provider, in relation to the service, compliant with Requirement 4(3)(a).

Requirement 4(3)(b)

The Assessment Team reported that the service could not demonstrate that it has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Information in the Assessment Team’s report relevant to my finding is summarised below.

Although staff demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual and psychological well-being, it is not always documented or followed up.

Support staff advised that if they observe a consumer feeling low, they usually deal with it by talking with the consumer.

Support staff were not aware of policies or procedures in place for reporting when a consumer is feeling low.

Management could not describe the procedures in place for staff to follow if they observe a consumer who is feeling low and advised that there is also no policy on documenting notes into the care plans for consumers.

The service was unable to show documentation or systems in place that could monitor or address consumers’ feelings and well-being.

I have considered the Assessment Team’s evidence regarding deficits in documentation in my compliance findings in Standard 2.

Based on the evidence relevant to this Requirement, I am satisfied that the Assessment Team’s report does not demonstrate a systemic failure of compliance. I have placed weight on feedback throughout the Assessment Team’s report that consumers are satisfied with their care and services and note feedback that staff are always kind and generous with their time and support.

I find the provider, in relation to the service, compliant with Requirement 4(3)(b).

Requirement 4(3)(d)

The Assessment Team reported that information about the consumer’s condition, needs and preferences is not communicated within the organisation, and with others where responsibility for care is shared. Information in the Assessment Team’s report relevant to my finding is summarised below. I have also considered the Assessment Team’s evidence in Standard 3(3)(e) which I find relevant in this Requirement.

Support workers stated that they don’t always pass on issues that consumers have.

Care plans do not provide sufficient instructions to guide staff practice.

Support workers receive verbal updates but do not receive the consumer’s care plan.

Updates to care plans and the recording of progress notes are inconsistently undertaken by staff resulting in information gaps.

Management advised that they have weekly staff meetings with support staff to discuss consumer care, however, there are no minutes taken or documentation to support this information sharing.

Based on the evidence relevant to this Requirement, I am satisfied that the service does not have a culture of communicating relevant information about the consumer to those who need this information. I am satisfied the way the service currently communicates information, which is for the most part verbally, does not support all relevant parties to have the relevant information about the consumer. Information systems do not currently support end to end care for consumers.

I find the provider, in relation to the service, non-compliant with Requirement 4(3)(d).

Requirement 4(3)(e)

The Assessment Team reported that timely and appropriate referrals to individuals, other organisations and providers of other care and services do not occur. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management described my aged care referral processes and the current wait times for consumers to get a home care package. Whilst acknowledging that a number of their consumers would benefit from having a higher package and access to more services, in the view of the Assessment Team, they were not making an attempt to fast track their own re-assessments and my aged care referral process.

Consumers are generally transported to the local aboriginal health service or GP if they require a referral for other services.

Management was not fully aware of how referrals for services and supports for daily living apply in the context of the CHSP program.

I have also considered evidence in Requirement 3(3)(f) that consumers and/or representatives provided examples of referrals that have occurred to other organisations and providers such as allied health services.

Based on the evidence summarised above, I am satisfied that the service is aware that consumers on the CHSP program can be referred back to my aged care for reassessment. I am also satisfied that the relationships the organisation has with the consumer’s GP and the local hospital, which includes weekly meetings, facilitates timely referrals. I have placed weight on consumer feedback that referrals have occurred. I encourage the service provider to ensure it understands the framework of both the HCP and CHSP programs as part of its review of my non-compliance findings in Standard 8. I encourage the service to continue to advocate on behalf of consumers with referral organisations in regard to waitlist priorities and fulfilment of referral requests.

I find the provider, in relation to the service, compliant with Requirement 4(3)(e).

Requirements 4(3)(c); 4(3)(f) and 4(3)(g)

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers confirmed that social support and transport services enable them to participate in their community and maintain relationships. Coordinators described how they encourage and support consumers to access and participate in their community.

The service was able to demonstrate that where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement expressed satisfaction with the meals provided. Consumers receiving meal delivery services stated they were satisfied with the quality of the meals provided.

The service demonstrated that where equipment is provided, it is safe, suitable, clean and well maintained. Consumers reported equipment provided is suitable, safe and well maintained. Management and staff described the processes related to the assessment, procurement and maintenance of equipment.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 4(3)(c); 4(3)(f) and 4(3)(g).

# Standard 5

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

Findings

Requirements 5(3)(c)

The Assessment Team reported that furniture, fittings and equipment are not safe or well maintained and not suitable for all consumers. Information in the Assessment Team’s report relevant to my finding is summarised below.

Consumers interviewed in relation to this requirement stated that they find the equipment and furniture at the service centre comfortable and suitable for their needs.

The Assessment Team observed most fittings, furniture and equipment to be safe, clean and operating functionally with the exception of the female showers which did not have fittings such as shower rails, hand rails or non-slip flooring. Support workers expressed concerns regarding falls risks for consumers when showering.

The Assessment Team noted not all electrical items, including fire extinguishers had current tag or testing labels.

Management described processes to ensure tools and equipment are clean and well maintained, but the Assessment Team was not provided any documentation to evidence this.

The approved provider’s response outlines that the service’s work health and safety officer will review the building and take action to ensure the safety of the environment. Further, renovation works in the female bathrooms will occur and include the installation of shower rails, hand rails or non-slip mats.

I acknowledge the approved provider’s response to the Assessment Team’s report, however at this time, I am not satisfied that the service has systems in place to identify deficits in furniture, fittings and equipment where they impact the safety of consumers. In my view, it will take some time to undertake the remedial building works outlined and the service will need to monitor, through its work health and safety process, that staff are alert to any risk the service environment presents to consumers, such as the risk of a fall.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirements 5(3)(c).

Requirements 5(3)(a) and 5(3)(b)

The service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the day respite centre. Staff and management described how they ensure consumers feel welcome and observations confirmed the social environment was easy to navigate, welcoming and functional.

The service demonstrated the environment are safe, clean, and well-maintained and enabled consumers to move easily in the centre. Staff described how they maintain the cleanliness of the day respite centre.

The Assessment Team observed the service environments were clean, well maintained, and comfortable for consumers, however, noted that the service’s bus was not clean and staff do not use a cleaning checklist or schedule to maintain its cleanliness. I encourage the service to put a cleaning checklist in in place and to incorporate vehicles into its environmental monitoring systems as outlined in the approved provider’s response to Standard 5.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 5(3)(a) and 5(3)(b).

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirement 6(3)(d)

The Assessment Team reported that feedback and complaints are not reviewed and not used to improve the quality of care and services. Information in the Assessment Team’s report relevant to my finding is summarised below.

Consumers interviewed in relation to this requirement stated that they are satisfied with the handling of feedback and complaints, however the Assessment Team was only able to see improvement of services through limited consumer interviews and complaint outcomes relating to improvement of food services.

The Assessment Team was not supplied with any meeting minutes at support worker, management or executive level to provide evidence that feedback and complaints are discussed to understand trends and take appropriate action to ensure that outcomes for consumers are improved.

The service presented a quality improvement plan, with entries from January 2024 including two complaints. This document had not been updated or utilised to capture any further work to be implemented to review the service’s systems or processes to improve the quality of care and services for consumers.

I have considered the governance of complaints in relation to continuous improvement, including executive review, and the continuous improvement plan in my findings of Standard 8(3)(c)(ii).

The provider’s response commits to documenting how feedback and complaints are used to improve the quality of care and services to consumers more consistently.

In this Requirement I have considered whether any individual consumer complaints led to any improvements for consumers more broadly. As outlined by the Assessment Team, improvements have occurred in food services. I have considered evidence in Requirement 6(3)(a) which I find relevant, it outlines an improvement which stemmed from an individual complaint that food in the weekend take home boxes was repetitive, the feedback resulted in changes to the mix of items in the boxes.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 6(3)(d).

Requirements 6(3)(a), 6(3)(b) and 6(3)(c)

The service demonstrated consumers and their care partners are encouraged and supported to provide feedback and make complaints. All consumers interviewed advised, in various ways, how they felt encouraged and supported to provide feedback and staff would be responsive if any issues are identified. Consumers said they would discuss any concerns with the support worker or their coordinator.

The client handbook, which is written in plain English and has pictorial prompts, provides detailed information regarding processes for internal and external reporting of feedback and complaints. Staff and management advised they provide an opportunity for consumers and representatives to provide feedback about their services at each contact point. Staff said because they have close and frequent visits to consumers, they have formed a trusting relationship in which consumers feel safe to share concerns with them. Consumers discussed giving feedback, discussions with management and improvements to weekend take home food boxes which occurred as a result their feedback.

The Assessment Team noted in the consumer welcome pack, there was information about external complaints and advocacy services. Staff advised they are aware of translating and interpreting services and external complaints avenues, and would support consumers and representatives to raise concerns with the relevant complaint body.

Consumers said that staff are generally receptive to feedback and will do what they can to make positive changes for consumers and let them know the outcome. Management were able to clearly articulate their understanding of open disclosure.

An annual feedback survey is undertaken, most recently in July 2023, the feedback was positive overall about the service and how it delivers care and services.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirements 6(3)(a), 6(3)(b) and 6(3)(c)

# 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

Requirement 7(3)(a)

The Assessment Team found the service was not able to demonstrate 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. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management reported that while there were staff absences at times, they had no unfilled shifts in the past month.

Management described backfilling arrangements, including stepping into the role of the support worker when absences occur and putting their management tasks aside to ensure continuity of care and services for consumers.

A consumer described late transport services and at times minimal staff support at the day respite service for the number of consumers.

The service has recently hired a female support worker with a driving licence to meet the preferences of their female consumers, transporting them to and from the respite service each day and to facilitate women only culturally activities.

I have also considered feedback from consumers throughout the report that they get the support they need including evidence from a consumer of daily supports with showers at the day respite centre. There is no evidence that consumers feel their services are cut short or they are rushed during service delivery.

The approved provider’s response outlines a workforce assessment of the service will be undertaken.

I note that management are open about recruitment challenges in their region and have recently been successful in recruiting an additional female support worker who fills an unmet resourcing need identified by management.

Workforce planning is not ideal when management need to step into support roles, however, I have placed weight on recent recruitment activities informed by deficits in the mix of the workforce and the approved provider’s commitment to undertake its own workforce assessment within the next four weeks, which I find a reasonable timeframe.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(a).

Requirement 7(3)(b)

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the care and services provided. Consumers interviewed advised staff are kind, caring, supportive and respectful of their respective cultures.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(b).

Requirement 7(3)(c)

The Assessment Team found the service was not able to demonstrate the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Information in the Assessment Team’s report relevant to my finding is summarised below.

A consumer stated that she feels as though the staff are trained well and knows what they are doing.

Five support staff interviewed in relation to this standard reported not having certification in aged care and were not currently planning to gain this certification. Management reported that it was challenging to find suitable training providers offering this certification and it is also challenging for staff to undertake training of this level due to a number of factors including literacy.

Management advised and documentation viewed showed how the organisation maintains a register to monitor currency of driver licences, national police checks and other mandatory training requirements, however a portion of these were out of date or were not updated.

The service provided a number of job descriptions for staff, that outline the key responsibilities, qualities, and essential selection criteria for each role.

The approved provider’s response outlines the employee qualification register is in the process of being updated

I have placed weight on evidence throughout the Assessment Team’s report that consumers interviewed have not found any fault with the effectiveness of how staff undertake their roles.

I accept management’s position that staff’s ability to obtain formal qualifications is a challenge and I do not find that the absence of a certificate in aged care necessarily demonstrates staff do not have the knowledge to do their roles.

I have considered the evidence of deficits in recruitment process such as undertaking police clearance checks in my findings in Requirement 7(3)(d).

I am satisfied that evidence throughout the Assessment Team’s report demonstrates that staff have the relevant knowledge and have demonstrated building positive relationships with consumers and a consumer centred care approach.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(c).

Requirement 7(3)(d)

The Assessment Team found the service was not able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Information in the Assessment Team’s report relevant to my finding is summarised below.

Sampled consumers did not express any specific concerns in relation to this requirement. Staff interviewed described how they felt supported by the service to undertake their roles.

Management could not demonstrate their systems and processes ensure that staff complete the requisite training and how staff are supported with policies and procedures to guide staff practice.

The service provided the Assessment Team with a spreadsheet of training items relevant to each role within the service, however, the spreadsheet did not include evidence of when the training had been delivered or which staff had completed the training or any plans for training in the coming months.

Management said they will review the current mandatory training list, discuss training with staff, and monitor the completion rates, moving forward.

While staff receive ‘buddy based’ training on commencing their role, formal training was not always evident where required, for example kitchen staff reported they had not been trained in safe food handling and chemical handling. Support staff said they had not received formal training in core elements of the role such as manual handling or first aid.

Management were not aware of the aged care learning information system hosted on the Commission’s website and advised they will review the modules and allocate as relevant to staff roles.

I have also considered evidence in Requirement 7(3)(c) which I find relevant here. The register of information collected at recruitment including the currency of driving licenses and national police clearance checks was either not completed or the licence or police clearance check validity date had passed.

The approved provider’s response outlines that they are in the progress of booking and planning training. First aid training, which runs every four months has been sourced and booked for all support workers to attend. Other requisite training such as mandatory reporting, work health and safety and infection control are in the process of being booked for delivery.

I acknowledge the commitment that the approved provider has made to address the deficits in training and draw their attention to the deficits in recruitment practices.

I am satisfied based on the evidence outlined above that there has been a systemic failure by the service in its oversight of recruitment and training processes. The service has not demonstrated that it has a planned approach to training, it has not set aside the time or provided the training tools to staff to support them fully in their role.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirement 7(3)(d).

Requirement 7(3)(e)

The Assessment Team found the service is not undertaking regular assessment, monitoring and review of the performance of each member of the workforce. Information in the Assessment Team’s report relevant to my finding is summarised below.

Management described their process for regular assessment and monitoring of workforce performance and said there are no staff under performance management at this time.

The service does not have a procedure of similar document on how to manage underperforming staff and does not have a human resource contact to support them in developing a performance improvement plan or similar.

The service did not provide the Assessment Team with human resource files and it was unclear to the Assessment Team who is responsible for the maintenance of human resource records.

I have also considered evidence in the Assessment Team’s report in Requirement 7(3)(a) where management acknowledge that staff attendance has often been a concern. Absenteeism may be connected to disengagement or performance issues and in my view the service currently lacks a framework to guide management discussions in this area. Staff performance discussions are also an opportunity for staff to discuss their training and support needs or areas for development.

All staff interviewed in relation to this standard reported having no formal performance reviews, including staff who had been employed by the service for a number of years.

The approved provider’s response to the Assessment Team’s report outlines that relevant staff will be trained in undertaking staff performance appraisals, commencing in April 2024. I acknowledge this commitment from the approved provider.

I am satisfied based on the evidence outlined above that there has been a systemic failure by the service in its oversight of staff performance. I am not persuaded that informal or formal monitoring of staff performance is occurring.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirement 7(3)(e).

# Standard 8

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

Findings

Requirement 8(3)(a)

The organisation was able to demonstrate consumers and/or representatives are engaged in the development, delivery, and evaluation of services. Consumers described how they have input about the services they receive. Management and staff described how consumer feedback received through formal and informal channels is used to influence the delivery of services.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Requirement 8(3)(a).

Requirement 8(3)(b)

The Assessment Team found the organisation’s governing body is not promoting a culture of safe, inclusive and quality care and services and is not demonstrating accountability for its delivery. Information in the Assessment Team’s report relevant to my finding is summarised below.

The Assessment Team’s report outlines a lack of formal oversight of aged care services by the governing body.

The service is currently under administration the current chief operating officer has been in the role for approximately 3 months.

The governing body does not request or receive reports on key performance indicators or similar to help inform them of the quality of care and services.

When requested, the Assessment Team was not provided with any documentation by the service to demonstrate how the executive support the members of the governing body to have oversight and accountability for the quality of care and services. The executive does provide reports on operational matters to members of the governing body, such as service outputs.

The approved provider’s response outlines that minutes of the monthly meetings with the chief operating officer will be made and kept on file. Various reports including the strategic plan and the annual general report, as well as an organisation chart will be circulated for information to support workers and staff.

I acknowledge the planned actions of the approved provider, however, find these inadequate in substance and detail to demonstrate that the governing body will be able to monitor the quality of care and services delivered to consumers.

I am satisfied that the governing body is not engaged to the extent expected by these Standards in the delivery of care and services.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(b).

Requirement 8(3)(c)

The Assessment Team reported that service does not have effective organisation wide governance systems. Information in the Assessment Team’s report relevant to my finding is summarised below.

Information systems are not supporting coordinated care as a significant proportion of information is provided verbally both internally and externally and as a result is open to miscommunication. This includes clinical and personal information essential for continuity of care.

The service is currently under administration, a reason for this includes poor financial governance systems. The service does not have procedures in place to monitor the utilisation of budgets for home care consumers.

The workforce does not fully understand its responsibilities, specifically in relation to the maintenance of health records as evidenced in the failure to comply with four Requirements of Standard 2. Management did not demonstrate an effective human resource system is in place Standard 7.

I am satisfied the service uses feedback and complaints to inform its continuous improvement plan. I am satisfied the service seeks feedback from consumers on what should improve and that consumers feel engaged in these processes. I note that the service has committed to improving how continuous improvements are recorded.

While the assessment team found deficits in regulatory compliance in relation to serious incident reporting, the incident described by the Assessment Team did not occur during the provision of care or services being delivered by the approved provider and therefore falls outside the regulatory reporting requirement.

The approved provider response outlines the continuous improvement plan will be readjusted to show how it is being used to track planned improvements being undertaken by the service.

HCP consumers’ funds will be reviewed on a regular basis to ensure the over or under utilisation of the funds are being managed effectively by the service to ensure the consumers are receiving the care and services they require against their assessed needs.

Systems and processes are being put into place to support the service to meet regulatory requirements and the service is being supported by an external service provider in this regard.

I acknowledge the actions of the approved provider, however, overall I am not satisfied that the service has complied with all sub-requirements of this Requirement.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(c) as it has failed to comply with sub-requirements (i), (iii) and (iv).

Requirement 8(3)(d)

The Assessment Team reported that service does not have effective risk management systems and practices. Information in the Assessment Team’s report relevant to my finding is summarised below.

The Assessment Team were not supplied with any minute meetings at management or executive level to evidence any reporting or management of high-impact risks associated with consumer care.

The service does not have a register or similar to identify consumers at risk of poor outcomes to their health or wellbeing.

While individual incidents of alleged abuse or neglect are managed, the governing body has no line of sight to these incidents occurring and their frequency or management.

The service was unable to demonstrate it has an effective incident management system, to ensure a systemic approach is taken to minimise the risk of incidents occurring. While the service demonstrated they record and respond to individual incidents, they were unable to demonstrate how they consistently undertake investigations and analysis to ensure corrective actions implemented are effective for the consumers impacted. Lessons learnt do not trigger reviews to mitigate risks for other consumers in similar circumstances or at similar risk.

While the service has a choice and dignity of risk policy, relevant staff could not describe how this translates into day to day practice with consumers in supporting informed decisions about risk and how consumers can make choice which support them to live the best life they can.

The approved provider’s response outlines that a risk assessment register will be implemented for all consumers at risk and this will be reported as required at management meetings. A risk assessment will be conducted on all consumers to mitigate the risks for consumers at point of care. Dignity of risk information to be given to consumers and dignity of risk training will be provided to support staff and management. The current incident register will be readjusted to allow for trending and reporting of incidents and organisational oversight.

I acknowledge the planned actions of the approved provider, however, I am not persuaded that the governing body will be able to put in place effective risk management systems without further oversight by the Commission.

Based on the evidence summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(d) as it has failed to comply with all sub-requirements.

Requirement 8(3)(e)

The Assessment Team did not assess Requirement 8(3)(e) as they reported the service does not currently deliver clinical care. Clinical care is coordinated and delivered by the consumer’s general practitioner and the local hospital.

The funding of home care packages requires the service to be in a position to deliver clinical care. This is because the clinical needs of consumers are unknown on entering the program and the consumer may require clinical support such as medication administration and other items which would not necessarily require the consumer to visit a health service and would ordinarily be managed by the consumer, with support in their home, as part of their home care package.

A clinical governance framework is required to be in place at the service and will be assessed at a future assessment of performance.

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)