**Performance**

**Report**

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| Name: | Kal'ang Community Care |
| Commission ID: | 700173 |
| Address: | 133 Denmans Camp Road, Kawungan, Queensland, 4655 |
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| Performance report date: | 15 December 2023 |

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: 340 Kal'ang Respite Care Centre Aboriginal Corporation  
Service: 18232 Kal'ang Community Care

**This performance report**

This performance report for Kal'ang Community Care (**the service**) has been prepared by B Bassett, 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 25 November 2023.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Implement processes to ensure consumers are educated and empowered to make informed decisions regarding activities carrying potential risk they wish to undertake.
* Institute an effective complaints and feedback process to ensure complaints are actioned and resolved using open disclosure processes and feedback is used to inform continuous improvement process within the service.
* Ensure consumers are engaged in the development, delivery and evaluation of care and services.
* Address identified issues in relation to information management, continuous improvement and feedback and complaints that are impacting upon the service’s governance systems.
* Develop effective clinical oversight and monitoring of the service’s clinical governance system.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f)

Consumers said staff treated them with dignity and respect and supported their cultural diversity. They said staff knew the cultural backgrounds of consumers and delivered care and services in a way that made consumers feel safe. Staff spoke respectfully about consumers and could describe how they ensured consumers’ dignity was respected and culturally safe care was delivered. The organisation has a code of conduct which establishes the appropriate behaviour and conduct of staff when interacting with consumers.

Consumers’ care plans included individual cultural needs, including staff gender preferences. Staff demonstrated a thorough knowledge of consumers’ cultural care needs and how they were ensured when providing care. Consumers said their diversity was valued.

Consumers said they felt supported to make their own decisions and in maintaining their independence. Consumers said they are supported to maintain relationships with friends, other consumers and members of the community through weekly community days at the service. Management advised they ascertain consumers’ care and service choices upon commencement with the service, in consultation with their representatives, and review their choices during care plan reviews.

Consumers and representatives said consumers received information in a way they could understand and in a format that was appropriate to their needs. This included information about monthly statements, the pricing structure and available services. Consumers were provided an introduction pack on entering the service.

Consumers said staff were respectful of their privacy and they felt that their information was kept confidential. Staff said they seek permission from consumers before entering a consumer’s residence or attending to any personal cares or services. Consumers were consulted and consent was sought for how their personal information was collected and used.

Following consideration of this information I have decided these Requirements are Compliant.

Requirement 1(3)(d)

The Quality Audit report indicated management and staff did not have a shared understanding of how to support consumers to take risks to live the life they wanted, and there were no embedded processes to assist staff in this regard. The service was unable to provide evidence demonstrating how their consumers are, or could be, encouraged and supported to take risks, and were unaware of any examples where consumers are supported to take risks where they choose. The service did not have policies regarding supporting the choice and risk taking of consumers.

At the time of the Quality Audit, the service established an item in their Plan for Continuous Improvement (PCI) to acknowledge consumers’ choice of risk by engaging with and understanding consumers’ choices that may present a risk. The item was allocated to the Board, manager, team leader and staff, for completion by 30 November 2023.

In their response to the Quality Audit report, the provider said they have taken actions to address the identified deficiencies, including;

* Implementing a Risk Indemnity Form to prompt discussions with consumers regarding the assessment of risks and how to manage these with supports. The provider has also sent the form to their brokered contractors with instructions to ensure that consumer risks have been evaluated and consumers are able to make their own informed decision of what risks they choose to take.
* The service now requests Occupational Therapists to assist with recommendations for clients to maintain their quality of life through extra supports (e.g., emergency button, equipment that assists with mobility) and explain the risks identified to consumers and advise management.
* The service has signed an agreement with an external service provider to have services commencing in January 2024 to assist consumers with risk management.
* Developed a policy to support the choice and risk taking of consumers.
* Discussed supporting consumer risk at team meetings and including it into the training matrix for brokered contractors as well.

While acknowledging the actions taken by the provider, I am of the view these actions will take some time to be embedded in regular practice and to be evaluated. Therefore, I have decided Requirement 1(3)(d) is Not Compliant.

# Standard 2

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

Findings

Consumers they received care and services that met their needs, goals and preferences. Care planning documents demonstrating consumers care needs and preferences are sufficiently detailed to enable care staff to deliver cares that is in line with the consumers requests. Risk assessment tools are used to identify health and well-being risks to consumers, including falls, pain, medication and wound management.

Consumers and representatives said they discussed consumers’ needs, goals and preferences with the service, as well as their advanced care and end of life planning. Consumers who declined to discuss end of life planning were respected. Care staff said consumer care plans are available in the consumers home and they are detailed enough to provide cares that meet the consumers’ needs and preferences.

Consumers and representatives said they are involved in the assessment and planning of care plans, and they are able to discuss changes in care as needed. Management described the assessment process and use of verified assessment tools. Care planning documents evidenced allied health professionals as well as the consumer’s Medical Officer (MO) are involved with the development or care planning documents when required.

Consumers and representatives said they are informed of any changes to their care plans with consumers saying they have access to their support plans or can request it if needed. Care plans for all consumers including those brokered to other services interstate are available through the services electronic care management system (ECMS) where it is updated and available to those staff who need it to provide care.

Staff said care planning documentation provided detailed information about consumers, including in relation to risks, that guided them in the delivery of care and services to consumers. Staff said assessments were conducted when the consumer commenced with the service and were then conducted at regular intervals.

Following consideration of the information above, I have decided Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers and representatives said the clinical and personal care consumers received was safe, effective and optimised their health and well-being. Care documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service does not delivery clinical care, however, management and staff advised they work with consumers MO’s and family to ensure the consumer receives the necessary clinical care.

Risk assessments are undertaken for all consumers during their initial assessment and as needed as the consumers’ needs change. Risk assessment tools are used to identify health and well-being risks to consumers, including falls, pain, medication and wound management. Policies and procedures are available to all staff on high impact or high prevalence risks associated with the care of consumers.

Management said they will work with local MO’s, hospitals and hospices to ensure consumers receive the care and services needed to maximise their comfort and their dignity is preserved. Consumers and representatives said consumers have advanced care plans in place or have declined to discuss this subject, but know they are able to discuss their end-of-life cares when they are ready to. The service has worked with elders in the community to ensure support was culturally appropriate.

Consumers and representatives said the care staff are proactive in recognising changes and reporting these changes back to the team leader, who will contact them when needed. Care documentation and progress notes evidenced staff recording changes in the condition of consumers. Care staff said they are seeing the same consumers regularly so they would be able to notice differences and they have received training in how to recognise deterioration or changes in their consumers. Staff provided examples of consumers who had experienced a change in condition and how this had informed care and service delivery.

Consumers said staff know how they prefer to receive their personal care and when new staff come, they do not need to explain these preferences again. Care plans and other information is available in the consumer’s home and on the ECMS. The service uses external providers for allied health assessment and delivery, and they provide reports with recommendations which is then added to care plans.

Consumers said referral processes were timely and appropriate. Care planning documentation demonstrated that information was communicated to organisations where the responsibility for care was shared. Consumers and representatives reported staff provided consistent care and services.

Management described how they maintained appropriate infection control. Staff had received training in infection control practices including hand hygiene and the correct use of personal protective equipment. The service had policies and procedures relevant to this standard to guide staff. I have considered information in Standard 8 in relation to Antimicrobial Stewardship where the Assessment Team provided information that the service had no current policies guiding staff in antimicrobial stewardship or the minimising the use of restrictive practices, however I am of the view that there has been no impact to consumers in relation to antimicrobial stewardship and the provider has now committed to actions to address any potential risk in this regard, through increasing clinical oversight.

Following consideration of the information above, I have decided Standard 3 is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports provided helped them to maintain their quality of life and promoted their independence. Staff understood what was important to consumers and described the ways they helped the consumer to maintain their independence.

Consumers and representatives said staff are able to support them through services to promote emotional, spiritual and psychological well-being. Management said they encourage all their consumers to access services that will help them with their overall well-being. Consumers and representatives felt the service promoted the consumers’ emotional well-being with one consumer saying if she was feeling low, staff would notice and spend more time with her.

Care planning documentation was individualised, provided details about the consumers’ backgrounds and interests, and outlined the care and services that were to be provided. Care plans outlined various activities and social supports to promote consumer well-being and quality of life including for example, through interactions with staff as well as through activities through the service and in their day respite centre. The service has programs for their local consumers including women’s group, elders’ groups that meet with local youths and other activities that keeps consumers connected to community. Staff provided examples of how they support consumers to do things of interest to them and participate in their community.

Staff said information about the consumer’s care and services is available in the consumer’s home on the care plan. Care planning documents have sufficient information to guide staff in delivering care and services in line with the consumer’s preferences. Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care.

Consumers have a choice of receiving assistance for the preparation of meals in their homes or receive meals through a brokered contractor. Consumers said meals provided were varied and of suitable quality and quantity.

Transportation services are offered using the service’s vehicles. Consumers said vehicles were clean and well-maintained. The service has processes to ensure the vehicles are regularly maintained. Vehicle were observed by the Assessment Team as clean and appeared well maintained.

Following consideration of the information above, I have decided Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment includes facilities used for day respite activities and personal care. The centre was observed to be welcoming and filled with local artworks. The service was easy to access for people with various levels of ability and mobility. The centre had multiple spaces where consumers could participate in group activities and areas where those consumers preferring quiet spaces could sit. Management and staff were able to explain how they listen to their consumers and undertake activities requested by them.

The Assessment Team observed consumers moving freely around the service both indoors and outdoors. The day respite centre was easy to access with parking for consumers and visitors and transport drop off at the front entrance. Processes are in place to ensure the environment is clean and well maintained, with identified issues promptly addressed and reported to minimise risks to consumers, staff and visitors.

Furniture, fittings and equipment in the day respite centre and facilities for personal care were suitable for consumers to use. Staff described the cleaning processes in place and said there is sufficient furniture and equipment to meet the needs of consumers. Management and the maintenance officer described the maintenance program for furniture, fittings and equipment. Staff are required to complete a vehicle log that includes a daily checklist.

Following consideration of the information above, I have decided Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

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

Consumers and their representatives said they felt supported to make complaints and provide feedback. Consumers said they felt comfortable raising concerns and provided examples of having provided feedback to staff and management. Complaints forms were available to provide feedback to the service and staff had knowledge of how to escalate a complaint.

Consumers and their representatives said they were aware of external complaints and advocacy services including the Older Person’s Advocacy Network (OPAN), however preferred to manage complaints directly with the service. Consumers were made aware of the complaints process, the Commission and external advocacy networks, including Aged and Disability Advocacy Australia (ADA AustraIia).

Following consideration of the above, I have decided that Requirements 6(3)(a) and 6(3)(b) are Compliant.

Requirements 6(3)(c) and 6(3)(d)

The Quality Audit report provided information that the service did not take timely action in response to complaints or ensure the provision of an open disclosure process. The representative for a consumer named in the report said they had made multiple complaints in recent months regarding delays in provision of equipment recommended for the consumer. The representative said the matter remained unresolved.

The service’s feedback and complaints register did not record any complaints by the representative. While the service has an established complaints process, only four complaints had been recorded in the last year and none of the service’s brokered contractors reported receiving any direct feedback or complaints from consumers or representatives. This indicated consumer feedback was not being recorded or actioned.

The provider’s response advised of actions taken by the provider to address the identified deficiencies. These included;

* With regards to the complaint of the named consumer, the service obtained a briefing from the brokered contractor involved and has now arranged payment for the equipment required by the consumer. To prevent further instances of this type of complaint the service now requires brokered contractors to provide all such requests directly to the service to ensure they are dealt with in a timely manner.
* A complaints tracker and process have been sent to all brokered contractors to ensure all complaints are recorded and tracked. Brokered contractors are to advise the service of all complaints within 48 hours to ensure complaints are followed up and resolved in a timely manner. Brokered contractors were reminded a condition of their agreements is to maintain records.
* Brokered contractors were given until 22 December 2023 to record and send through information so that the service has records of consumers complaints and feedback.
* The service will commence weekly checks with consumers of brokered services to ensure those services are being provided as agreed and their care needs are met.
* The service provided evidence of the actions outlined above.

While I acknowledge and commend that actions taken by the service to address the identified deficiencies, it is clear the service was not aware of complaints made concerned brokered services provided and cannot evidence an understanding or use of open disclosure to address complaints. I have therefore decided Requirement 6(3)(c) is Not Compliant.

The Quality Audit report provided information that the service did not use feedback and complaints to continuously improve care and services. The service was unable to provide examples of feedback obtained by consumers being used to improve care and services. The service’s PCI did not feature any improvement actions identified or established as a result of consumer or representative feedback.

Management advised consumer feedback raising concerns about appropriate cultural protocols had led to training for staff on culturally safe care. While staff confirmed this had occurred, the service could provide any record of the consumer feedback or any evidence regarding the evaluation of the training for its effectiveness.

The provider’s response included that they have taken actions to address the identified deficiencies including;

* Sending an updated training matrix and attendance template to all brokered contractors to complete by the 22 December 2023.
* The service’s PCI will reflect and record the issue of culturally safe training needs and will be monitored by the service monthly.
* The service will call all consumers receiving brokered services by 22 December 2023 to ensure workers are providing culturally safe services.
* Management have completed Three Diversity Training Workshops with an external advocacy provider and the Board of Directors and staff will commence diversity training and all brokered contractors will be instructed to complete the diversity training as well.

The Quality Audit report indicated the service was unable to evidence an effective system to manage consumer feedback and complaints that is also used to identify and drive areas for continuous improvement within the service. While the provider’s response is laudable with respect to improving culturally safe care provided by the service, it does not address the systemic intent underlying this Requirement and Standard 6 generally, being how services need to seek and welcome feedback and complaints as an opportunity to learn about ways in which they can improve outcomes for consumers. I have therefore decided that Requirement 6(3)(d) is Not Compliant.

# Standard 7

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

Findings

Requirement 7(3)(a), 7(3)(b) and 7(3)(e)

Consumers and representatives said staff arrived on time and were not rushed in providing services. While the service does not directly co-ordinate most staff providing care and services, management consulted with consumers with changes to service times. Staff felt there was adequate staff to provide care and services in accordance with consumers’ needs and preferences.

Consumers and representatives said staff were kind, caring and are respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those important to the consumer. Staff interactions were monitored by management. Staff described how they would report any staff who were not treating consumers in a kind and respectful manner.

Staff directly employed by the service reported regular performance appraisal processes. Management was able to provide evidence of staff appraisals and formal performance management processes for issues identified with staff.

While provider agreements with brokered contractors include provisions outline the expected performance of staff, there are no procedures in place to ensure their performance is monitored or managed. However, management demonstrated where negative feedback is received from consumers regarding the performance and/or conduct of staff of brokered contractors, those staff were removed from providing services to the relevant consumer at the request of the service.

Following consideration of the above information, I have decided Requirements 7(3)(a), 7(3)(b) and 7(3)(e) are Compliant.

Requirement 7(3)(c)

The Assessment Team provided information that the service did not have a process to ensure staff were suitably qualified and competent. While the provider was able to demonstrate that staff directly employed had required qualifications, and had completed necessary mandatory training and suitability checks, it was not able to confirm this was the case for some staff of brokered contractors engaged by the provider.

Management advised, and review of the provider’s agreements with brokered contractors confirmed, brokered service contractors are required to provide staff qualification and competency information to the service on an ongoing basis. The provider acknowledged compliance with these requirements had not been enforced. However, management advised they would be taking action to ensure brokered contractors ensure their workers meet these minimum requirements and evidence of staff qualifications and competencies are provided in a timely manner.

The service established an action in their PCI to address the identified deficiencies. This included conducting internal audits of brokered contractors to ensure they understand their obligations under the Standards and requirements set out in the service provider agreements. The estimated completion date for conducting this activity with all brokered service contractors is by 31 January 2024.

The provider’s response included actions to address the identified deficiencies, including;

* Sending an updated training matrix and attendance template to all brokered contractors to complete by 22 December 2023 to ensure all appropriate and relevant training needs are met.
* Sending a performance review template to all brokered contractors to complete by 22 December 2023 to ensure brokered staff are competent and to monitor brokered staff behaviour.
* Informing all brokered contractors, they are to provide all brokered staff training records and qualifications to the service by 22 December 2023 so it can be confirmed all brokered staff have the qualifications and knowledge to perform their duties.

In coming to a decision regarding this Requirement, I note the Quality Audit report identified the provider was able to demonstrate staff directly employed by the service had the necessary qualifications and checks completed and documented, and that the deficiency related only to oversight of the staff of brokered contractors. Nor did the Quality Audit report identify any staff providing services to consumers who were not appropriately qualified of lacking in knowledge. I am also confident that the actions taken by the provider since the Quality Audit are adequate to ensure all staff, including the staff of brokered contractors have the appropriate qualifications and knowledge to effectively perform their roles. I have therefore decided not to accept the recommendation of the Quality Audit report.

After consideration of all the information above, I have decided Requirement 7(3)(c) is Compliant.

Requirement 7(3)(d)

The Assessment Team provided information that the service did not have an established framework governing the provision of, or monitoring of training, of staff. Whilst the service was able to demonstrate training had been provided to staff directly employed by the service, the provider was unable to demonstrate this training had been undertaken by staff of brokered contractors. There were no systems in place to allocate or monitor the completion of training for staff employed by brokered contractors.

Staff of brokered contractors gave inconsistent reports regarding training they had received. The provider was unable to supply evidence of processes to check what training had been undertaken by staff employed by brokered contractors. Four of the seven brokered service contractors were able to provide records of training by the conclusion of the Quality Audit.

The provider’s response included actions to address the identified deficiencies, including;

* All brokered contractor’s employees will be added to the online training systems by 22 December 2023 to ensure consistent training across all brokered contractors.
* All brokered contractor’s employees will be assisted to complete the Serious Incident Response Scheme (SIRS) Training by 20 January 2024.
* The provider has developed guidelines to assist brokered contractors to rectify any training deficiencies identified with the staff of brokered contractors and ensure compliance with this Requirement. Copies of the guidelines were provided with the response.

In coming to a decision regarding this Requirement, I note, as per Requirement 7(3)(c), that the deficiency identified applied only to staff of brokered contractors engaged by the provider and that some of the contractors were also able to provide records of training. Additionally, I am confident that the actions already taken by the provider, and other being implemented, will be sufficient to ensure the workforce is recruited, trained, equipped and support to deliver the outcomes required by the Quality Standards. I have therefore decided not to accept the recommendation of the Quality Audit report.

After consideration of all the information above, I have decided Requirement 7(3)(d) is Compliant.

# Standard 8

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

Findings

Requirement 8(3)(a)

The Quality Audit report provided information that the organisation did not ensure consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. The organisation was unable to demonstrate a process for active engagement of consumers in the development, delivery, and evaluation of care and services, and management decisions that affect consumers are made without consumer consultation or involvement. For example, consumers reported they do not recall being asked for feedback or how they can contribute to and engage with the service in the development of how care and services are delivered.

The provider’s response advised of actions the service will undertake to address the deficiencies identified. These include;

* The Board will commence a strategic planning process for the next three years which will focus on areas such as direction and strategic priorities, financial and operational targets, quality and safety targets, setting the culture of the organisation and considering the cultural influences of being an Aboriginal and Torres Strait Islander (ATSI) organisation.
* Review and implementation of the Boards ethical behaviour including consideration of the organisation’s mission, resources and client quality and safety outcomes.
* Review and introduction of additional reporting to the Board including on Quality and safety of care indicators, managing complaints and incidents, proactive feedback mechanisms including surveys and consume satisfaction calls, implementation of an internal auditing framework and enhancing monitoring of brokerage partner clients, processes, practices and staffing.
* The Board will undertake an independent review of the service quality and safety framework.
* The Board is implementing a Quality and Care Advisory Body.

I acknowledge and commend the depth of the provider response with respect to issues of governance, and with particular regards to Requirement 8(3)(a), the implementation of proactive feedback mechanisms to allow for consumer engagement in the evaluation of care and services. I am of the view that it will take time for these measures to be implemented, evaluated and embedded in regular practice. At present there are not opportunities for consumers to actively engage in the development, delivery and evaluation of care services, therefore I have decided that Requirement 8(3)(a) is Not Compliant.

Requirement 8(3)(b)

The organisation’s governance framework had a leadership structure with the governing body (the Board) holding overall accountability for quality and safety in the organisation. Management provides monthly reports to the Board including updates on operations, finances and risk. The Board used this information to monitor the service’s compliance with the Quality Standards, enhance performance, mitigate risks, and take accountability for care and service delivery.

Following consideration of the above information, I have decided Requirement 8(3)(b) is Compliant.

Requirement 8(3)(c)

The Quality Audit report indicated that while the service was able to demonstrate effective governance systems relating to financial governance and regulatory compliance, deficiencies were identified in relation to information management, continuous improvement, workforce governance and feedback and complaints.

With respect to information management, the report identified information gaps between the service and its brokered contractors regarding the qualifications, training and performance management of brokered staff and reporting of complaints and feedback.

While the service has an established PCI process, it was identified consumer feedback is not sought, recorded or used to contribute to continuous improvement processes.

The Quality Audit report indicated the service was unable to demonstrate effective governance of its workforce, including staff employed by brokered services. The service did not have effective processes for monitoring or oversight of staff qualifications or completed training.

Review of the service’s feedback and complaints register identified complaints and feedback involving brokered contractors had not been recorded as per the service’s processes.

The provider response indicated they are taking actions to address the identified deficiencies, including;

* Improving continuous improvement processes to include reviewing consumer feedback and information, further train and develop staff and increase internal audits.
* Developing and implementing a workforce plan which includes professional development of employees, as well as best practice process in relation to selection, retention and development.
* Review of feedback and complaints processes which includes making amendments to policies, procedures or practices as required, staff training and reviews to make sure that the changes have been fully implemented and resolve the initial complaint or feedback.

I also note the actions being taken by the provider in relation to workforce governance and information management as outlined their responses to Requirements in Standards 6 and 7 and I am confident actions taken in relation to those governance issues will address the identified deficiencies. I am of the view that the actions being implemented by the provider in relation to information management, continuous improvement and feedback and complaints will require time to be evaluated and embedded in usual practice. I therefore have decided that Requirement 8(3)(c) is Not Compliant.

Requirement 8(3)(d)

The Quality Audit report indicated staff of the service had completed training on incident management and SIRS, however, no evidence could be provided demonstrating staff of brokered contractors had completed this training.

The service did not have any policies or procedures for the monitoring and management of high-impact and high-prevalence risk. The service did not have established monitoring mechanisms, such as reporting review or data in place to ensure the service’s oversight of high-impact and high-prevalence risks associated with consumers’ care.

The service had no incidents logged for 2023 and advised none of the brokered contractors had reported any incidents either.

In response to the Quality Audit report, the provider noted the report found the service had effective risk management systems and practices including, but not limited to;

* Managing high-impact or high-prevalence risks associated with the care of consumers.
* Identifying and responding to abuse and neglect of consumers
* Supporting consumers to live the best life they can.
* Managing and preventing incidents, including the use of an incident management system

The provider also advised they will undertake a review of the risk management system including its policies and procedures to ensure it has appropriate strategies in place to manage, mitigate and monitor risk in association with care outcomes, abuse and neglect.

In coming to a decision in relation to this Requirement, I accept the provider’s argument that the Quality Audit report found the service does have effective risk management systems. I also note the Assessment Team did not identify any incidents which should have been reported to SIRS. The absence of recorded incidents does not, in and of itself, indicate a failure of the risk management system.

I accept that staff of the service had received training on incident management and SIRS and demonstrated knowledge of how to recognise and report abuse. The provider response outlines actions they have taken in relation to requiring brokered contractor’s staff to complete this training by 20 January 2024.

Following consideration of the above information, I have decided not to accept the recommendation of the Assessment Team. The evidence before me indicates the service does have an effective risk management system and the service is taking steps to strengthen it through review of the system, increased monitoring and requiring training to be undertaken by the staff of their brokered contractors. I therefore have decided that Requirement 8(3)(d) is Compliant.

Requirement 8(3)(e)

The Quality Audit report indicated that while the service has a documented clinical governance framework, it does not have clinical staff or management to provide effective oversight and monitoring of the clinical care needs of consumers, or the provision of clinical care and services.

The service’s clinical governance policy describes medical advisory and clinical care committees; however, these committees have not been established. The policy also describes clinical risk management and escalation pathways to be undertaken by case co-ordinators in consultation with clinical staff, however the service does not have any clinical staff employed.

The service has no current policies guiding staff in antimicrobial stewardship or the minimising the use of restrictive practices.

At the time of the Quality Audit the service established an action item in their PCI to implement a clinical governance committee to oversee brokered service providers and monitor clinical needs of consumers to ensure a standard provision of clinical care.

In responding to the Quality Audit report, the provider advised the Board is in the process of appointing a clinician to the organisation’s board. The clinician will drive the clinical governance of the organisation with the care team including:

* Clinical Leadership and Culture
* Implementation of a clinical governance framework that enhances consumer partnerships including decision making, quality of care outcomes and encouraging consumer feedback.
* Implementation of monitoring of clinical risk, including the identification, collection and review of data that provides meaningful information.
* Policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Board is also considering implementing a clinical governance committee that will be responsible for clinical oversight and quality and safety. Clinical and associated risk will also form part of the terms of reference for this committee.

While acknowledging the proposed actions by the provider to identify the deficiencies reported in relation to this Requirement, they have yet to be implemented and currently there is insufficient clinical oversight and monitoring of the clinical governance framework. I therefore find Requirement 8(3)(e) to be Not 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-1)