**Performance**

**Report**

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| Name: | Kalano Association - Kalano Aged Care |
| Commission ID: | 600313 |
| Address: | McKeddie Road, KATHERINE, Northern Territory, 851 |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7943 Kalano Community Association Inc  
Service: 23813 Kalano Community Association Inc - Community and Home Support

**This performance report**

This performance report for Kalano Association - Kalano Aged Care (**the service**) has been prepared by M Glenn, 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 consumers, staff and management; and
* the provider’s response to the assessment team’s report received 7 March 2024. The provider’s response consisted of a plan for continuous improvement outlining the issues identified by the assessment team, planned actions, planned completion dates and outcomes.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 Applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not 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 requirements (3)(c), (3)(e) and (3)(f)**

* Enure processes are implemented to support consumers, or others consumers choose to be involved, to exercise choice and make decisions about the care and services consumers receive.
* Ensure consumers are provided information which is current and in a format which is easy to understand and that is communicated in a way which enables them to exercise choice and make decisions about the care and services they receive.
* Provide consumers with information describing how their personal information is collected, used and stored and ensure consumers’ consent to use/share information is obtained.

**Standard 2 requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)**

* Ensure assessments are undertaken initially and on an ongoing basis, including those which consider risks, with information gathered used to developed care plans which are tailored and reflective of consumers’ current care and service needs.
* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure consumers’ goals, needs and preferences, including those related to advance care planning where consumers wish to disclose, are identified and appropriate management strategies developed.
* Ensure assessment and planning processes are based on ongoing partnership with consumers, and others the consumer wishes involved.
* Ensure outcomes of assessment and planning are effectively communicated with consumers and representatives and care plans are discussed with and made available to them.
* Ensure consumer care plans are reviewed for effectiveness and/or updated regularly and in response to incidents and changes in consumers’ circumstances. Ensure care plans are reflective of consumers’ current and assessed needs, preferences and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 4 requirements (3)(a), (3)(d), (3)(e) and (3)(f)**

* Ensure staff have the skills and knowledge to implement safe and effective services and supports for daily living which meet consumers’ goals, needs and preferences and optimises their independence, health and quality of life.
* Ensure information relating to consumers’ services and supports is documented and effectively communicated to others, including to consumers and/or representatives.
* Review processes relating to how information is communicated and shared between other organisations and service providers consumers receive services from to enable care and services to be better planned for and coordinated.
* Ensure information relating to consumers’ food preferences is captured and communicated, including likes, dislikes and allergies, to ensure meals provided are appropriate, and involve consumers in menu planning processes. Implement processes to monitor the quality and quantity of food provided and consumers satisfaction with meals.
* Ensure policies, procedures and guidelines in relation to services and supports for daily living and referral processes are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to services and supports for daily living and referral processes.

**Standard 6 requirements (3)(b), (3)(c) and (3)(d)**

* Ensure consumers are provided with information relating to internal processes and alternative avenues for raising and resolving complaints, including external complaints and advocacy services.
* Ensure feedback and complaints are documented, including actions taken and follow-up with the complainant to ensure satisfaction is achieved.
* Review processes to ensure all feedback and complaints are captured to enable emerging trends and improvement opportunities to be identified.

**Standard 7 requirements (3)(a), (3)(c), (3)(d) and (3)(e)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure staff competency, skills and knowledge are assessed, monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff are provided appropriate training to address the deficiencies identified in the seven Quality Standards assessed and completion of training is documented and monitored.
* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken and accurate records maintained. Where poor staff performance is identified, ensure performance management processes are implemented promptly.

**Standard 8 requirements (3)(a), (3)(b), (3)(c) and (3)(d)**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services and that feedback gathered through various avenues is considered.
* To ensure the governing body is aware of and accountable for the delivery of care and services in the CHSP, review communication and reporting processes from the service to the governing body and vice versa.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks, responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

# Standard 1

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

Findings

The Quality Standard is assessed as non-compliant as three of the six requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(c), (3)(e) and (3)(f) not met.

**Requirement (3)(c)**

The assessment team found each consumer was not supported to exercise choice and make decisions about their services, including when others should be involved, communicate their decisions, or make connections with others. Four consumers’ care files did not include individual choices relating to when care and services are delivered, who is involved in care and how the service supports them in maintaining relationships. Consumers said the service did not involve them, and others if they choose, in making decisions about the services they receive. Management and staff could not describe how they support consumers and their representatives to exercise choice and make decisions about the services consumers receive.

Outcomes to be achieved from the actions initiated documented on the provider’s plan for continuous improvement (PCI) include, but are not limited to, development of assessments and care plans in collaboration with consumers and/or guardians, and development of menu plans in conjunction with consumer preferences.

I acknowledge the provider’s response. However, I find consumers are not supported to exercise choice or make decisions about their own care and services. I have placed weight on feedback provided by consumers indicating the service does not involve them, or others they choose, in making decisions about the services they receive, including in relation to meals and menu planning. Management and staff could not describe how they support consumers to exercise choice or make decisions about the services they receive. As such, I find consumers have not been effectively supported to have control over the planning and delivery of their services or provided options to choose from relating to the services they receive.

For the reasons detailed above, I find requirement (3)(c) in Standard 1 Consumer dignity and choice non-compliant.

**Requirement (3)(e)**

The assessment team found information provided to consumers is not clear for them to understand or translated into languages reflective of the consumer cohort to enable them to exercise choice. Care plans are not developed to allow consumers to understand what care and services they are to receive, and information relating to consumers’ rights, advocacy services and complaints information is not provided to consumers. Service agreements are not included in all consumer files, and where they are, consumers are not receiving the services outlined on the agreement. Management acknowledged assessments and care plans are not being completed and consumers are not provided with relevant information to ensure they understand the services, their rights, and the service’s responsibilities. Consumers confirm staff tell them what they need to know but could not remember being provided any information when they started receiving services.

Actions on the provider’s PCI to address the issues identified include updating assessment and care plan forms; and updating consumer files and completing reviews on assessment and care plans.

I acknowledge the provider’s response. However, I find the service has not ensured information provided to consumers is current and accurate or communicated in a way that enables them to make informed choices. Consumers are not provided with any information relating to their rights, complaints avenues, or the service’s responsibilities. Care plans are not completed, and are, therefore, not provided to consumers. Service agreements are either not available for all consumers, or the information included in agreements is outdated and not aligned with services the consumers are currently receiving. As such, I find the service has not ensured consumers are supported or enabled to make informed choices or ensured consumers get the most out of their care and services.

For the reasons detailed above, I find requirement (3)(e) in Standard 1 Consumer dignity and choice non-compliant.

**Requirement (3)(f)**

The assessment team found consumers’ privacy is not consistently respected or personal information kept confidential. On commencement of services, consumers are to be provided with an information consent form to ensure the service meets the requirements of the privacy act and consumers are aware of the collection and privacy of their information. Consent forms for two consumers were blank and for two other consumers, the forms were dated 2014 and had not been reviewed. All four care files did not include a privacy form which outlines the service’s responsibilities to maintain confidentiality with consumers’ personal information. Consumers have not been provided the latest Charter of Aged Care Rights introduced in July 2019 which informs them of their rights to have their personal information protected. Management was not aware of the new Charter.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating the service agreement to include the Charter of Aged Care Rights.

I acknowledge the provider’s response. However, I find consumers’ right to privacy, specifically in how their personal information is collected, used and communicated has not been respected. Consent forms informing consumers about collection and privacy of their information have either not been completed or were completed 10 years ago, with no evidence this information has been reviewed or revisited with the consumer. Additionally, consumers have not been provided with or completed privacy forms which outline the service’s responsibilities to maintain confidentiality with their personal information. As such, I find the service cannot be assured that consumer information is maintained and shared in a way that protects privacy and confidentiality, and is in line with consumers’ preferences.

For the reasons detailed above, I find requirement (3)(f) in Standard 1 Consumer dignity and choice non-compliant.

**In relation to requirements (3)(c), (3)(e) and (3)(f)**, I acknowledge the provider has submitted a PCI outlining actions required to address the deficits identified. I also acknowledge improvements and planned actions identified by the service in relation to requirement (3)(e) prior to the quality audit. However, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

**In relation to requirements (3)(a), (3)(b) and (3)(d)**, consumers confirm staff are kind and caring and from the community so are known to them and their families. Consumers described being supported and treated with dignity and respect by staff and how the service recognises and respects their culture, values, and diversity. Staff described trust built between them and consumers and how consumers feel they are able to talk to staff in relation to any issues or concerns. Staff described being strong advocates for the Elders, assisting them in any way they can.

Consumers said staff understand their needs, preferences and individuality and deliver services with this in mind. Aboriginal people are recruited from within the community as they know consumers and how to provide culturally appropriate care. Staff have an understanding of cultural importance and of what is happening within the community and in consumers' homes, respecting their privacy when required, for example, during sorry business.

Consumers confirm they are supported to engage in risky activities of their choosing to enable them to live the best life they can, however, do not recall discussing this with staff. Staff and management described how they support consumers to make choices and decisions about their services, including activities that may place them at risk. However, care files do not demonstrate dignity of risk is discussed with consumers on commencement of services or ongoing. I would encourage the service to consider how discussions relating to consumers’ wishes and preferences relating to the risks they choose to take are undertaken, documented and strategies to mitigate risks reviewed.

For the reasons detailed above, I find requirements (3)(a), (3)(b) and (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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 |
| 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. | Not 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 |
| 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 |

Findings

The Quality Standard is assessed as non-compliant as all five requirements assessed have been found non-compliant. The assessment team recommended all five requirements in Standard 2 not met.

**Requirement (3)(a)**

The assessment team found assessment and planning, including consideration of risks did not inform delivery of safe and effective services. Assessment of consumer risks is not undertaken at intake or at review. Care files sampled do not include care plans to guide staff and consumer risks have not been identified or assessed, and strategies to manage risks have not been considered or documented. Staff interviewed know consumers well, however, cannot describe how they consider and/or assess individualised risks to consumers’ health and well-being or use this information to inform the delivery of services. Management said information from the My Aged Care (MAC) assessment is not used when a consumer commences services and assessment and planning tools, including to identify risks are not used to inform the planning of services.

One consumer’s care file did not include an assessment or service agreement outlining care and services required and a home occupational health, safety checklist (checklist) was not completed to identify risks to consumers or staff. Assessments were not completed when the consumer recommenced service in July 2023, with assessments not undertaken until January 2024. Another consumer’s assessments and service agreement were completed in October 2014 and do not reflect the services currently being delivered. A checklist completed in October 2014 has not been reviewed. A care plan identifies a consumer as a falls risk, however, does not include any additional information, including management strategies. A service assessment form dated November 2014 identifies a consumer as a diabetic, however, does not include associated risks, and a service agreement November 2014 does not reflect current services being delivered.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, reviewing and updating documents to support risk mitigation, including assessments and care plans; and implementing processes to monitor assessment and planning.

I acknowledge the provider’s response. However, I find assessment and planning processes do not effectively inform the delivery of safe and effective care and services, including consideration of risk. In coming to my finding, I have placed weight on feedback from management who stated assessment and planning tools, including to identify risks are not used to inform the planning of services, and information available, including MAC assessments, is not used to guide assessment and planning. One consumer’s assessment, service agreement and home safety checklist had not been updated for over 10 years and did not reflect the services the consumer receives. While risks, such as falls, had been identified, strategies to manage these risks had not been developed. As such, I find lack of assessment and planning processes does not ensure consumers are supported to get the best possible care and services or that their safety, health and well-being are not compromised.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(b)**

The assessment team found assessment and planning does not identify and address consumers’ current needs, goals, and preferences, including advance care planning. A list of current services being provided to consumers only includes meals and cleaning (domestic assistance). The services listed were not reflected in consumer files. One consumer’s service agreement dated October 2014 did not reflect care and services being provided or include goals of care. Staff interviewed described one consumer who has issues with swallowing food and requires soft easy to chew foods; this was not captured in documentation and kitchen staff were not aware. One consumer’s service assessment form was last completed in November 2014 and the services listed are not reflective of the current services the consumer is receiving. Staff said they ask consumers on a daily basis what assistance they need and assist them. The services described by staff are not included in consumers’ assessments, including social support, medication assistance and/or prompting or unaccompanied shopping and paying bills. Management and staff advised advance care planning is not discussed as part of the intake process and documentation sampled did not include information about advance care planning or evidence that this is discussed.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating assessment and planning documents to capture accurate information; adding advance care planning to the assessment form; and reviewing and updating all current consumer assessments and care plans.

I acknowledge the provider’s response. However, this requirement expects that services do everything they reasonably can to plan care and services that centre on consumers’ goals, needs and preferences. I find the service’s current practices have not ensured this has occurred. This has been impacted by the service not undertaking assessment or developing care plans to identify consumers’ current needs, goals and preferences and to consider strategies to meet consumers’ current circumstances. As such, individualised and tailored care plans are not available to guide staff in the provision of care and services which are in line with each consumer’s needs and preferences and planned around what is important to them. I have also considered there is no evidence of discussions with consumers either on entry or ongoing relating to advance care planning, in line with consumers’ preferences, as is required, in this requirement.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(c)**

The assessment team found assessment and planning is not based on ongoing partnership with the consumer and those who they wish to be involved. Care files did not evidence collaboration with allied health professionals. Progress notes are not maintained, with a ‘tick and flick’ sheet completed to record when services are provided, and there is no evidence of consultation with consumers regarding care and services. Staff could not describe how consumers and others are involved in assessment, planning and development of care plans and said they provide any service the consumer needs, including services they have not been assessed to receive. Staff could not describe how initial and ongoing assessments are undertaken with the consumer, including the option to have a family or a representative present if consent was given.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, developing an interim progress note template which includes a section for external referrals.

I acknowledge the provider’s response. However, I find assessment and planning processes are not based on ongoing partnership with the consumer, representatives or others. In coming to my finding, I have considered evidence demonstrating initial and ongoing assessment processes are not occurring and care plans are not developed. Care files, including progress notes, do not evidence consultation with consumers, representatives or others in the assessment and planning of consumers’ care and staff could not describe how these processes occur. As such, I find current practices have not ensured consumers are supported and encouraged to make decisions about the care and services they receive and the way they are delivered.

For the reasons detailed above, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(d)**

The assessment team found outcomes of assessment and planning are not effectively documented and communicated. Outcomes of assessments were not documented in the care plans of four consumers. Three staff said they support consumers by asking them what they need, want to do, or where they want to go. Consumers said they have not seen a care plan and management said consumers do not have assessments, care plans or service plans.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, reviewing and updating assessment and care plan documentation; and providing care plans to consumers.

I acknowledge the provider’s response. However, as assessments are not conducted or care plans developed, the outcomes of assessments and planning can and are not being communicated to the consumer and care plans are not readily available to the consumer. In coming to my finding, I have considered feedback from consumers stating they have not seen a care plan and from management who said consumers do not have assessments, care plans or service plans. As such, I find consumers and/or representatives are not involved in discussions relating to consumers’ care and service needs nor are they supported to have an understanding and ownership of the care plan.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(e)**

The assessment team found care and services are not reviewed regularly for effectiveness, including when circumstances change or following incidents. Management said consumers are not regularly reviewed and could not demonstrate the processes used to schedule and monitor for upcoming review dates. Only one of four care files had a current assessment/service agreement. For the other three consumers, two service agreements were dated as last reviewed in 2014 and 2019 respectively, and while another service agreement was completed, the date the assessments were conducted was not noted. Assessments/service agreements sampled did not reflect consumers’ current needs, goals or services being delivered. Staff said one consumer’s swallowing had decreased and they require a soft diet. While staff said they have informed kitchen staff, these changes have not been documented and kitchen staff are unaware of the diet changed.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating care plans and assessments according to consumer needs from weekly progress notes and minimum six-monthly.

I acknowledge the provider’s response. However, I find the service has not ensured care and services are regularly reviewed for effectiveness, including in response to incidents and changes in consumers’ care and service needs. In coming to my finding, I have placed weight on feedback from management who stated consumers are not regularly reviewed. While one consumer is noted to have a change in their condition affecting their ability to swallow, dietary changes have not been documented or kitchen staff, responsible for meal preparation, have not been informed. As such, I find the service’s current practices do not ensure that care and services are being delivered in line with consumers’ current needs and preferences or that risks to consumers are minimised.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all five requirements**, I acknowledge the provider has submitted a PCI outlining actions required to address the deficits identified. I also acknowledge improvements identified by the service in relation to requirements (3)(c) and (3)(e) prior to the quality audit. However, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Not 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. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as four of the six requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(d), (3)(e) and (3)(f) not met.

**Requirement (3)(a)**

The assessment team found consumers’ goals and preferences, life history and things of interest are not included in care plans. While care files include minimal information relating to consumers’ needs, goals and preferences, some goals are identified for services which consumers do not receive. One consumer’s goal was for more activities, although the service does not provide this service. There was no evidence demonstrating what if any actions had been taken to assist the consumer to access these services from another source.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating assessments and care plans to ensure needs, goals and preferences are recorded.

I acknowledge the provider’s response. However, I find the service has not ensured each consumer is provided safe and effective services and supports for daily living to meet their needs, goals and preferences and optimise independence, health and well-being. In coming to my finding, I have placed weight on evidence presented in requirements (3)(a) and (3)(b) of Standard 2 demonstrating assessments are not undertaken initially or ongoing and care plans are not developed to identify consumers’ goals, needs and preferences. Care files sampled did not include consumers’ goals and preferences, life history or things of interest to them. As such, I find the service’s current practices do not ensure consumers are provided with tailored services and supports to improve their quality of life and to maintain a sense of well-being.

For the reasons detailed above, I find requirement (3)(a) in Standard 4 Services and supports for daily living non-compliant.

**Requirement (3)(d)**

The assessment team found consumers are provided care and services from numerous organisations, the local clinic, and specialists within Katherine. However, communication among the organisations is not occurring when there are changes to consumers’ needs, goals or preferences. Some consumers are receiving home care packages through another organisation or other services within the organisation, however, management confirmed this information is not communicated between the services.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, recording communication or referrals required on daily/weekly progress notes; and developing client emergency plans to support referrals.

I acknowledge the provider’s response. However, I find information to guide staff in the delivery of safe and effective care and supports for daily living is not sufficiently communicated or accessible. I have considered while some consumers receive services from other providers or organisations, management confirmed information is not shared. As such, I find staff are not consistently provided with or have access to information to enable them to plan and coordinate consumers’ care and services.

For the reasons detailed above, I find requirement (3)(d) in Standard 4 Services and supports for daily living non-compliant.

**Requirement (3)(e)**

The assessment team found the service provides some services to consumers within the community and has access to additional services through other organisations which they can refer consumers to if extra services are required. However, how consumers are referred to these services was not demonstrated. Staff were not aware of referral processes and consumers could not remember if a referral had been made on their behalf. Staff said they will often call around and advocate for consumers to try and get them care and services they need, however, this is not documented, and staff said they just do this for the consumers because they ask for help.

Actions on the provider’s PCI to address the issues identified are the same as those identified for requirement (3)(d) of this Standard.

I acknowledge the provider’s response. However, I have considered while the service has access to additional services which consumers can be referred to, how referrals would be initiated was not demonstrated. Staff are not aware of referral processes and consumers cannot recall referrals being made on their behalf. As such, I have considered the service is not effectively identifying and acting on opportunities to connect consumers to services and supports within their community.

For the reasons detailed above, I find requirement (3)(e) in Standard 4 Services and supports for daily living non-compliant.

**Requirement (3)(f)**

The assessment team found consumers are not consulted regarding the meals they are provided. Consumers said they are just given whatever is cooked, are not provided a choice, sometimes meals are small, and they are not involved in menu planning processes. Kitchen staff said they just cook all the same meals and no one requires anything different. Staff said meals are of poor quantity at times. Food allergies, dislikes and likes are not discussed, recorded, or reassessed to ensure consumers are provided with food they like.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating assessments and care plans to include dietary requirements, preferences, allergies and medical conditions; implementing a communications board in the kitchen; and reviewing menu planning processes;

I acknowledge the provider’s response. However, I find consumer preferences have not been considered when providing meals and the service has not ensured meals provided are of suitable quality and quantity. Information relating to consumers’ likes, dislikes and food allergies has not been captured to ensure meals provided meet consumers’ needs and preferences. Consumers’ are not provided with choice or a variety of meals, with kitchen staff preparing the same meal for all consumers, and feedback from consumers demonstrates they are not engaged in menu planning processes.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living non-compliant.

**In relation to (3)(a), (3)(d), (3)(e) and (3)(f)**, I acknowledge the provider has submitted a PCI outlining actions required to address the deficits identified. I also acknowledge improvements identified by the service in relation to requirements (3)(a) and (3)(d) prior to the quality audit. However, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

**In relation to requirements (3)(b) and (3)(c)**, services and supports were found to promote each consumer’s emotional, spiritual, and psychological well-being. Two of four care files included some information on consumers’ individual life history, including their family structure and religious, spiritual, and cultural aspects. Staff described how they had supported consumers when they were unwell or upset and demonstrated familiarity with consumers’ emotional, spiritual, and psychological needs and preferences. Consumers said staff are supportive of their emotional well-being and confirm staff regularly check on them, provide good communication, and they can always have a yarn to someone.

Consumers live independently or with family in the community, have social and personal relationships and do the things they enjoy and find meaningful. Consumers said they can do what they want in the community or sometimes staff will take them where they want to go.

For the reasons detailed above, I find requirements (3)(b) and (3)(c) in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not 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

The Quality Standard is assessed as non-compliant as three of the four requirements assessed have been found non-compliant. The assessment team recommended all four requirements in Standard 6 not met.

**Requirement (3)(a)**

The assessment team found consumers are not encouraged and supported to provide feedback and make complaints. An audit calendar shows when audits are to occur with headings for meal quality satisfaction to occur three times per year, client file and case notes six times per year and client satisfaction once a year. Management said a client satisfaction survey was undertaken in 2023 but could not recall the month. The remaining headings had not been undertaken as per the schedule. Staff said they undertook their first survey, which was related to funding, with consumers approximately one week ago, however, these were not found in consumer files. Five care files included a food satisfaction survey which was not dated.

I have come to a different finding to the assessment team’s recommendation of not met and find requirement (3)(a) compliant. While audits have not been undertaken in line with the schedule and surveys are not in care files and/or dated, this does not show that consumers are not encouraged and supported to provide feedback or make complaints. In coming to my finding, I have placed weight on information included in the assessment team’s report indicating consumers interviewed said should they need to give feedback or make a complaint, they feel comfortable to do so verbally either with staff or senior individuals within their community. Staff feel comfortable to raise feedback with management, and said consumers will let them know if they have any issues, feedback or concerns and if they can fix or address the issues they will do so. They said should a consumer tell them something which needs further follow up or actions, they tell their supervisor or manager. Management are confident consumers know how to give feedback and complaints, including verbally, or going straight to the chief executive officer, and will let staff or management know when they are not happy.

For the reasons detailed above, I find requirement (3)(a) in Standard 6 Feedback and complaints compliant.

**Requirement (3)(b)**

Consumers are aware of how to raise issues, including through staff and the broader Kalano community. Staff are aware of language services and advocacy, and management described various services available within the community which support language interpreting, connection to Elders and other Kalano family and social support programs. However, the assessment team found consumers are not provided with information relating to advocates, language services or other methods for raising complaints. Management acknowledged the current CHSP information processes are lacking and described actions which will be taken, including development of a CHSP client handbook and updating the service agreement which will outline methods of raising feedback and complaints both internally and externally. The organisation’s website is currently under construction and will include information on complaints processes.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating the service agreement and care plans to include complaints processes; and supporting consumers to attend community engagement meetings.

I acknowledge the provider’s response. However, in coming to my finding, I have considered the intent of this requirement which expects consumers to be made aware of and supported to access services which can assist them to make complaints. I find this has not occurred as there is no evidence to demonstrate consumers have been provided with information, either verbally or in writing, of internal or external complaints avenues, language or advocacy services.

For the reasons detailed above, I find requirement (3)(b) in Standard 6 Feedback and complaints non-compliant.

**Requirement (3)(c)**

The assessment team found complaints are not consistently captured or actions taken in response to complaints documented. The complaints and feedback register included only four entries over a 12 month period; one complaint from March 2023 in relation to food which did not evidence actions taken or if the complaint was open or closed, and three compliments from January 2024. Complaints or feedback received are not consistently documented on the register, with management stating some complaints are actioned quickly. Feedback forms sampled were not dated and included minimal details of the issue, or the staff member who completed it. Staff said they action consumer concerns straight way and if further action is needed will refer this to management. One example provided relating to a consumer who required more assistance than what was available through CHSP was not recorded on the register. Another example which occurred in September 2023 where the consumer did not receive regular services was also not included on the register, however, management said the issues had been sorted.

Actions on the provider’s PCI to address the issues identified include holding talks with staff on how to capture and record feedback and complaints.

I acknowledge the provider’s response. However, I find a best practice system for managing and responding to complaints was not demonstrated. I have considered appropriate follow up and action of complaints is not consistently undertaken. Only one complaint has been documented on the complaints and feedback register over a 12 month period and did not evidence actions taken or if the complaint was open or closed. While staff provided examples of consumer complaints, the complaints or actions taken are not included on the register. As such, I find the service cannot be assured that appropriate and timely action is taken in response to feedback and complaints, or complaints are monitored to identify improvement opportunities to the care and services provided.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints non-compliant.

**Requirement (3)(d)**

The assessment team found appropriate systems and processes to review feedback and complaints to improve the quality of care and services was not demonstrated. Not all feedback and complaints are consistently recorded and the complaints and feedback register included only four entries between March 2023 to January 2024. Management described instances of when they had received consumer feedback or a complaint, however, no feedback form was completed, nor verbal feedback captured, with feedback and complaints yet to be entered onto the register. Three staff said when needed they will tell their supervisor or manager, however, feedback forms are not completed and when file notes are made there is minimal information recorded. Trending of data is undertaken over a two-month period and is submitted bi-monthly to the executive management and provided to the directors and the Board. Information for the period of October to November 2023 relates to the organisation as a whole and does not specifically highlight or show consideration for CHSP data. There is no information to demonstrate sufficient review, analysis and trending of feedback and complaints is occurring to improve the quality of care and services.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, adding complaints and feedback as an agenda item for managers’ meetings and reporting to executives and Council; providing monthly reports to the executive, including feedback and complaints; and reviewing and improving analysis of feedback and complaints.

I acknowledge the provider’s response. However, I find feedback and complaints are not reviewed and used to improve the quality of care and services. In coming to my finding, I have considered while a complaints and feedback register is maintained, complaints are not consistently captured and documented on the register to enable effective monitoring and analysis of the data to identify trends and enable improvements to the quality of care and services to be identified and implemented. As such, I find the service has not actively used avenues available to them to enable improvements to the quality of care and services to be identified.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to requirements (3)(b), (3)(c) and (3)(d)**, I acknowledge the provider has submitted a PCI outlining actions required to address the deficits identified. I also acknowledge improvements identified by the service in relation to requirements (3)(b) and (3)(c) prior to the quality audit. However, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as four of the five requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 7 not met.

**Requirement (3)(a)**

The assessment team found the number and mix of staff is not sufficiently planned and monitored to enable delivery and management of safe and quality care and services. The workforce has recently transitioned to a different location and reporting line and whilst staff attendance over the past two weeks has shown improvement with only one to two days a week affected, management acknowledge there are services which are not being consistently facilitated due to staffing numbers and mix. Prior to this, attendance averaged two staff down for two to three days per week impacting provision of duties and of remaining staff to undertake all aspects of service delivery. Management state there are challenges which impact on consistent staffing numbers each day, with staff not being able to attend work. Three staff said work can vary, it depends on the day, what is needed or asked of them, adding they keep working until the consumer is satisfied and make sure they are happy before they leave.

Actions on the provider’s PCI to address the issues identified, which are noted as completed in January 2024, include transitioning staff under new management and relocating the office to the aged care facility.

I acknowledge the provider’s response. However, I find the workforce is not sufficient to enable the delivery and management of safe and quality care and services. In coming to my finding, I have placed weight on feedback provided by management indicating while there has been an improvement in staff attendance over the past two weeks, there are consumer services which are not being consistently facilitated due to staffing numbers and mix of staff. I acknowledge that in response to recent changes, there has been an improvement in staff attendance, however, I would encourage the service to continue to monitor and review staffing levels to identify impacts to consumers resulting from staffing shortfalls.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

**Requirement (3)(c)**

The assessment team found the workforce is not competent and do not have the knowledge to effectively perform their roles. Care files show poor record keeping practices and staff commentary describes undertaking tasks for consumers which are outside of their scope. Management are unaware that staff are undertaking these various tasks, including some which do not fall within the CHSP scope guidelines, nor the extent of incomplete and often generic documentation. Management acknowledged staff are not keeping adequate records and are not competent in all areas of their roles, and are in the process of arranging guidance and support for staff in relation to care assessments and documentation requirements to build staff compliance.

Actions on the provider’s PCI to address the issues identified include performing a skills assessment gap analysis; and introducing monthly one-to-one supervision of the electronic system to support staff needs.

I acknowledge the provider’s response. However, I find the workforce is not sufficiently competent or have the knowledge to effectively perform their roles. In coming to my finding, I have considered evidence in the assessment team’s report demonstrating a lack of understanding related to a range of processes, including assessment, planning and review, and provision of services and supports to consumers for daily living. I have also considered evidence demonstrating staff have been providing services to consumers which the service is not funded for which has the potential to place consumers at risk. As such, I find the workforce does not have the skills or knowledge they need to deliver safe and quality care and services.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources non-compliant.

**Requirement (3)(d)**

The assessment team found the workforce is not trained, equipped and supported to deliver the outcomes required by these Standards. The training register is not complete and includes numerous blank fields, and performance review data highlights management awareness of poor competency, coaching needs, and further training and development areas from approximately July 2023. Staff are to complete mandatory training on a scheduled basis through an electronic system which can generate alerts and facilitate reports. However, the training register does not record completion for all staff. The newly appointed manager is introducing a review of the CHSP space with a thorough skills assessment to review gaps, will review performance review data for module creation specific to aged care and roll out training to the staff. These actions are yet to commence.

Actions on the provider’s PCI to address the issues identified include adding the training register to managers’ meetings to monitor currency.

I acknowledge the provider’s response. However, I find the service did not adequately demonstrate processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards. Training records, including for the mandatory training program are not maintained to monitor staff completion. Evidence highlighted in requirement (3)(e) of this Standard also indicates through performance reviews, staff requested additional training and coaching which has not been addressed. I have also considered non-compliance identified with 23 requirements across the six Quality Standards assessed demonstrates staff are not trained, equipped and supported to deliver quality consumer care and not all issues highlighted by the assessment team have been identified by the service’s own monitoring processes which has not supported the service to recognise and action further staff training and development opportunities.

For the reasons detailed above, I find requirement (3)(d) in Standard 7 Human resources non-compliant.

**Requirement (3)(e)**

The assessment team found effective and regular assessment, monitoring, and review of each staff member’s performance was not demonstrated. Staff confirmed they participated in a performance review with their previous manager approximately six months prior to the quality audit. The performance reviews outline multiple and systemic issues pertaining to performance. There is minimal information documented regarding how performance deficits will be supported and addressed. Management said staff previously worked autonomously with minimal supervision which was highlighted though an analysis undertaken in 2022. Management said the move of the team to the aged care site will facilitate improved oversight, and they are assured staff are performing and are capable in their roles through day-to-day monitoring. However, management were not aware of issues identified by the assessment team, including those relating to documentation, recording of information, progress notes and staff working outside of their scope.

The provider’s PCI states annual performance reviews were conducted in line with policy. Additional actions to address the issues identified include implementing one-to-one supervision to provide and record evidence of support to improve.

I acknowledge the provider’s response. However, I find ongoing monitoring of the performance of each member of the workforce was not demonstrated. In coming to my finding, I have considered the intent of the requirement which expects the performance of all members of the workforce is to be regularly evaluated to identify, plan and support any training and development needs. While staff have recently completed performance review processes, these reviews identified multiple and systemic issues relating to performance and requests from staff for additional coaching and training. There is no evidence to demonstrate how these deficits are being addressed. I acknowledge improved oversight is expected through the move of the CHSP team to the aged care site, however, issues with staff supervision have been known since 2022. I have also considered ongoing monitoring, review and evaluation of staff performance through day to day monitoring has not been effective as deficits in staff practice highlighted across all six of the Quality Standards assessed have not been sufficiently identified.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources non-compliant.

**In relation to requirements (3)(a), (3)(c), (3)(d) and (3)(e)**, I acknowledge the provider has submitted PCI outlining actions required to address the deficits identified. I also acknowledge improvements identified by the service in relation to aspects of requirements (3)(a) and (3)(c) prior to the quality audit. However, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

**In relation to requirement (3)(b)**, consumers said staff are friendly and kind, they feel treated with dignity and respect by staff, and staff encompass their culture and values. Staff were knowledgeable of consumers in their care and all identified as Aboriginal and stated they support the people within the community. Staff voiced a love of what they do and were passionate about supporting “our people” and the community.

For the reasons detailed above, I find requirement (3)(b) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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. | 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 |
| 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 |

Findings

The Quality Standard is assessed as non-compliant as all four requirements assessed have been found non-compliant. The assessment team recommended all four requirements assessed in Standard 8 not met.

**Requirement (3)(a)**

The assessment team found the organisation did not demonstrate specific and effective engagement processes for consumers to have input into the development, delivery and evaluation of care and services. While the Board engages with the broader community as a collective, there are currently no dedicated processes to directly engage with CHSP consumers. Draft minutes for a community engagement meeting dated January 2024 denote topics which encompass the broader Kalano community for discussion. In relation to CHSP, the minutes include one topic relating to encouraging uptake of numbers and to sign up for meals on wheels. The minutes do not demonstrate engagement with CHSP consumers to shape their care and services. Management said an engagement survey has been created but has not been rolled out.

Actions on the provider’s PCI to address the issues identified include updating community engagement report templates to proactively invite consumers or representatives to provide feedback; and completing annual satisfaction surveys.

I acknowledge the provider’s response. However, I find the organisation’s processes do not ensure consumers are effectively engaged in development, delivery and evaluation of care and services and are supported in that engagement. While there are various avenues to engage consumers, these avenues are not consistently effective or result in improvements to the overall quality of care and services consumers receive. Complaints are not consistently captured or documented to enable improvements to the quality of care and services to be identified and implemented. Evidence highlighted in requirement (3)(a) of Standard 6 shows audits and surveys, avenues which would provide consumers opportunities to provide feedback on the care and services delivered, have not been undertaken in line with the audit schedule. There are currently no dedicated processes for the Board to directly engage with CHSP consumers. As such, I find this has not ensured consumers’ experience and quality of care and services has been considered in the development, delivery and evaluation of care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(b)**

The organisation’s governing body showed passion and commitment for culturally appropriate programs and services for the Kalano community. However, the assessment team found the organisation did not sufficiently demonstrate an understanding of the promotion of culturally safe, inclusive, and quality care and services or accountability for their delivery in relation to the Quality Standards. The organisation receives notifications regarding changes in legislation through various avenues, with the information distributed through to the respective directors and managers within the organisation. However, legislative requirements to support the safety of consumers, including Serious Incident Response Scheme (SIRS) mandates and the Charter of Aged Care Rights has not been updated or implemented. Directors meeting minutes for January 2024, include reporting on work health and safety, audits, and incidents. The data is presented in a grouped format and does not identify which areas or programs the data aligns. The report does not include specific CHSP data, except for a reference to a new and/or draft policy.

Actions on the provider’s PCI to address the issues identified include reviewing the compliance report to executive and Council/Board; and providing additional training to the Council/Board management and staff on SIRS reporting, the Quality Standards and governance.

I acknowledge the provider’s response. However, I find the organisation did not effectively demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. In coming to my finding, I have considered reporting processes from service management to the governing body are not sufficient to ensure the governing body is aware of and accountable for the delivery of care and services. Directors meeting minutes include limited information relating to the CHSP, therefore, not ensuring the governing body has sufficient oversight of the service’s performance to enable improvements to the quality of care and services to be identified. Systemic issues have been found in relation to assessment, planning and review, provision of services and supports for daily living, feedback and complaints and human resource management processes. As such, I find such practices do not ensure the governing body is aware of whether it is meeting what consumers, the workforce and others expect for safe, inclusive and quality care and services from the organisation.

I have also considered the findings of non-compliance in relation to 23 requirements across the six Quality Standards assessed indicates the governing body may not sufficiently understand their responsibilities as they relate to monitoring and improving the performance of the organisation against the Quality Standards.

For the reasons detailed above, I find requirement (3)(b) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(c)**

The assessment team found effective organisation wide governance systems were not demonstrated. Policies lacked information relating to the CHSP, with some either new or in draft and yet to be fully implemented, including those relating to SIRS and food safety. Consumer care files include no or minimal information, no dates, no signatures, repetitive and generic commentary, and forms which do not reflect current legislation and/or supports for the delivery of care and services.

Only 25 of the 55 items on the quality improvement register are linked to CHSP. Dates range from February 2022 to January 2024, and two items from 2022 and two from 2023 are noted as ongoing. Information on the register is minimal and does not show where, or how, progress is tracked through to finalisation. Fourteen of the items were recorded in January 2024. Complaints and feedback data is not routinely collected and documented to contribute to identification of improvement opportunities.

The overarching organisational structure consists of two main entities which manage 17 programs. The organisation receives funding as a bulk package for the cohort and this is not individually assigned to consumers. The current grant agreement records delivery and management of services, including personal care, domestic assistance, transport, and meals. Currently no personal care and minimal domestic assistance is provided, with the majority of services provided being meals and two consumers receiving cleaning services.

The organisation does not provide appropriate monitoring of staff to gauge staff competency and ensure performance. Staff undertake tasks which are either unfunded or out of scope, and management are unaware staff are completing these tasks. Staff appraisals were reinstated in 2023 and the CHSP team relocated to the aged care service under a new line manager in January 2024. Management had no knowledge of staffs’ day-to-day undertakings in relation to care and services and planned actions have yet to be implemented.

Service agreements contain outdated regulatory or legislative information. Privacy statements are not consistently completed to inform consent and required obligations for all parties, nor consistently signed. SIRS information linked through various policies is inconsistent and does not reflect specific requirements in relation to CHSP. CHSP guidelines are not adhered to with staff working outside of scope.

Complaint data is not consistently captured, analysed, and trended to identify and track systemic issues. January 2024 directors meeting minutes records data under various headings, including complaints and feedback which states “nil received” for the period October to December 2023.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, reviewing the SIRS policy; improving data entry into the continuous quality improvement register; transitioning CHSP under new management; updating service agreements; and improving complaints and feedback records.

I acknowledge the provider’s response. I find the organisation demonstrated effective financial governance systems and processes to manage the finances and resources. However, I find the service and organisation have not demonstrated effective organisational governance systems, specifically in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Information to guide staff in provision of care and services is not available or up to date. Policies and procedures lack information relating to the CHSP, and consumer care plans have not been developed, or contain no or minimal information. Consumers are not provided information, such as feedback and complaints, privacy, care plans and service agreements, to enable them to make informed decisions about their care and services.

While a continuous quality improvement register is maintained, information on the register is minimal and does not show where, or how, progress is tracked through to finalisation. Complaints and feedback data is not consistently documented to enable emerging trends to be identified and improvement opportunities to be identified. I have also considered reporting from the service to the governing body is not sufficient to enable the governing body to identify at both a service and organisational level where quality and safety is at risk or to enable improvement opportunities to be effectively identified.

The findings of non-compliance in four of the five requirements in Standard 7 Human resources indicates the organisation’s workforce governance systems are not effective. The organisation’s processes have not ensured the workforce is sufficient, competent, or supported to deliver safe and quality care and services to consumers. Deficits highlighted across the six Quality Standards assessed indicates the organisation’s processes to monitor and review the performance of each member of the workforce have not been effective.

Changes to legislation are not being effectively identified or legislative requirements implemented. Not all consumers have a service agreement, and where agreements are available, these are outdated and not reflective of the services consumers are receiving. Consumers have not been provided with the new Charter of Aged Care Rights which came into effect in July 2019, and management was not aware of the changes to the Charter. SIRS requirements have not been fully embedded, with policy documents not reflective of the scheme’s requirements. I have also considered the findings of non-compliance in relation to 23 requirements across the six Quality Standards assessed indicates the organisation are not complying with their regulatory obligations.

Findings of non-compliance in three of the four requirements in Standard 6 indicates deficiencies with the governance processes associated with feedback and complaints. The organisation’s processes have not ensured appropriate actions are taken in response to feedback or that feedback is consistently captured, reviewed and used at both a service and organisational level to improve the quality of care and services.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(d)**

The assessment team found effective risk management systems and practices relating to high impact or high prevalence risks, identifying and responding to abuse and neglect and managing incidents were not demonstrated. The assessment team did, however, find the service demonstrated some understanding of supporting consumers to live the best life they can.

A policy document outlines procedures for screening, assessing, care planning, monitoring, and reviewing risks, such as falls, mobility impairment, poor nutrition and hydration, swallowing, pain, and skin integrity, however, the policy has not been implemented with CHSP staff. Care files show risks are not identified or assessed and strategies to manage risks are not considered or documented. Clinical governance committee meetings have commenced, and while minutes for December 2023 include discussion on incidents, it is not clear if this relates to CHSP consumers. Action items record the need for staff education on incident management. There is no evidence of staff training in relation to identifying and responding to abuse and neglect or SIRS, and there are poor systems and protocols to outline reporting and documentation requirements. Staff said if there are any issues or concerns regarding consumers, they tell the supervisor or manager. Adequate and embedded systems are not in place to support staff in the management of assessment of risk to enable consumers to live the best life they can, especially in relation to ensuring the service has implemented adequate care plans, appropriate escalation pathways and referral processes to mitigate risk. While an aged care incident register is maintained, only 12 entries are recorded from October to December 2023. Where an incident is recorded, it is not clear if it relates to CHSP or the aged care service; minimal information is captured and there is no evidence of how the organisation undertakes analysis and trending to mitigate risks. Training records did not show staff have completed training in relation to managing and preventing incidents.

Actions on the provider’s PCI to address the issues identified include, but are not limited to, updating assessment and care plans to include high prevalence risks; and enrolling with a training program to provide staff relevant training in governance, SIRS, Quality Standards, nutrition and food.

I acknowledge the provider’s response. However, I find effective risk management systems and practices in relation to all aspects of this requirement were not demonstrated. Assessment of risks is not undertaken and care plans are not developed to inform staff of consumer risks and strategies to manage or mitigate risks. While a policy relating to management of high impact or high prevalence risks is available, this has not been implemented with CHSP staff. As such, the service is not ensuring preventable harm to consumers is identified and managed.

Policies, protocols and systems relating to SIRS reporting requirements are not reflective of the CHSP. While I acknowledge there is no evidence of staff training in relation to identifying and responding to abuse and neglect or SIRS, the actions staff described, such as informing management, are reasonable and within the scope of their practice. However, from the evidence presented in the assessment team’s report, I am unable to determine staff awareness incidents which constitute abuse and neglect. While incidents are recorded on a register, entries do not delineate between those sustained by CHSP or aged care consumers, and there is no evidence of analysis or trending of the data captured. I find this has not ensured trends and opportunities for improvement are identified or risks to consumers’ health and well-being are minimised and/or eliminated.

Effective processes are not in place to ensure consumers are supported to live the best life they can. Assessment processes to identify risks are not undertaken, nor strategies to mitigate risks developed and documented. As highlighted in Standard 1 requirement (3)(d), consumers do not recall discussions being undertaken relating to risks associated with activities they choose to partake in, and such discussions have not been documented in care files. As such, I consider such practices have not ensured the possibility of risks and the impact to consumers is reduced.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**In relation to all four requirements**, I acknowledge the provider has submitted a PCI outlining actions required to address the deficits identified. I also acknowledge improvements identified by the service in relation to elements of requirement (3)(d) prior to the quality audit, specifically incident reporting, however, this has yet to be actioned. As such, I consider time will be required to embed improved processes and practices, and to establish efficacy, staff competency and improved consumer outcomes as they relate to these requirements.

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)