**Performance**

**Report**

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| Name: | Karadi Aged Care |
| Commission ID: | 300315 |
| Address: | 4 Rothesay Circle, GOODWOOD, Tasmania, 7010 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2416 Karadi Aboriginal Corporation  
Service: 17170 Karadi Aged Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7721 Women's Karadi Aboriginal Corporation  
Service: 23860 Women's Karadi Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report for Karadi Aged Care (**the service**) has been prepared by K Jarvie, 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
* Aged Care Quality and Safety Commission 2018, Guidance and Resources for Providers to support the Aged Care Quality Standards.
* the provider did not give a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **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.

* Requirement 3(3)(b) – Ensuring high impact high prevalence risks effecting consumers are appropriately assessed and documented to guide staff in strategies to mitigate these risks.
* Requirement 6(3)(d) – Ensure feedback and complaints from consumers and their representatives, and staff are appropriately documented and escalated to ensure improvement to care and service delivery, including analysing and trending data for the purpose of informing the organisations board.

# Standard 1

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

Findings

Consumers said staff treated them with kindness and showed care and respect in their interactions with them. Documentation reviewed demonstrated information being captured was inclusive and showed the service valued the consumers identify, including their culture. Examples obtained from consumers provided accounts of staff building trust and taking the time to engage consumers and place value on tasks and preferences that were important to them. The service demonstrated consumers are treated with dignity and respect and care delivery individualised.

Cultural safety was understood by staff and consumers delivered services to them with their cultural needs in mind. Staff described how they actively listen to consumers without judgment and allowed them to make their own choices and decisions based on their cultural identify. Management said at the time of the Quality Audit, all staff have Aboriginal heritage which assists them to understand the individual cultures and that any non-Aboriginal staff receive cultural training to ensure inclusive and respectful services and care.

Consumers and their representatives said that they are involved in decision making and are encouraged to exercise choice. The service was also noted by them to recognise and support their social connections, with examples provided noting the staff’s flexibility in ensuring those who consumers wish to be involved are and that consumers felt as if the service solved all their problems. Management was able to describe and produce documentary evidence care plans are completed in partnership and involve others throughout the care delivery process.

Consumers stated the service allowed them to maintain choice and independence and participate in activities that may place them at risk but work with them to mitigate the risk posed to them if they so choose. A consumer representative provided an example of the service identifying risks and in consultation with the consumer implementing mitigation measures which allowed the consumer to continue and increase activities that improved their social and emotional wellbeing. Management described the documentation process but acknowledged that there are some issues with the consistency of this information being recorded. The service was noted by management to lack a formalised process associated with dignity of risk but had independently identified this as part of continuous improvement which was in the process of being implemented. Notwithstanding this, the Assessment Team witnessed risk assessments are occurring and inform care and service delivery.

Staff demonstrated having respect for consumer personal and confidential information. Consumers and their representatives’ felt staff were respectful of their privacy, with one consumer providing the example that they felt they could tell staff anything, and that it would remain confidential, and that boundaries were well respected. Management described and the Assessment Team witnessed an electronic management system protected by password only access and role specific limitations to the type of information available.

Based on the information summarised above, I find the provider, in relation to both HCP and CHSP services, compliant with all requirements within Standard 1 – Consumer dignity and choice.

# Standard 2

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

Findings

Consumers said services they receive are safe and effective and that they were confident the services were adequate and appropriate. Some care plans were noted to have differences between the consumer account of care delivery and what was recorded in care plans. Both staff and consumers noted that care is frequently tailored to consumers individual requirements and requests. All consumers had relevant care plans, and the differences noted between consumer accounts and what was recorded showed only minor discrepancies. Staff said that the primary source of guidance they seek is the consumer mainly through conversation so that they understand what consumers want, which helps them to feel better about themselves.

Consumers interviewed identified their goals and were confident that their needs were being met, and this included advanced care planning. Management described how the service assisted consumers to achieve their goals whilst remaining in budget. Consumers provided examples of how the service helped them to achieve their goals, and staff described flexibility to ensure they achieve this. Consumers said that the service discussed and, in some cases, assisted them with putting in place advance care directives through their General Practitioner. One consumer noting specifically that the service had organised a workshop on this topic which they attended which then assisted them in putting arrangements in place. The Assessment Team evidenced file documentation which confirmed the consumers arrangements.

Management described processes in place which supported consumers choosing other people to be involved in their care if they wish to be, and this situation was confirmed by consumers. Management said this extended to other service providers and organisations who deliver care to consumers. Examples included family of consumers acting as advocates in their care delivery, and in completing paperwork where appropriate and with consent. Consumers described how they influence service delivery, and management described processes which plan this well in advance. Management said that they encourage consumers to contact external services, with staff assisting when they are in attendance, if required.

Management described a process whereby any changes to the consumers care plan occurs verbally, face to face in the consumers’ home. Situations where this may occur being noted as hospital admission or discharge. All consumers interviewed said that they had access to their care plans in their home. Most staff interviewed said that they had access to the care plan at the point of delivery.

Consumers were confident they could request changes to their care plans via management, and staff described instances where care plans were updated following a change to consumer need. Management acknowledged that they were not always achieving the requirement to review care plans annually, or in some instances where the service was proactive in timely reviewing and implementing changes to care and services being delivered to a consumer, the care plan was not always updated to evidence these changes. On balance, I consider that the service does review care and service regularly and when the needs goals and preferences of the consumers change, though there are some deficiencies in documentation review and update, which management acknowledged. I have placed weight on the consumer confident and evidence sighted by the Assessment Team which shows the service is actioning reviews and altering services as appropriate but that there are a proportion of consumers which have not been reviewed in an appropriate timeframe. Whilst I find the service overall compliant, I would encourage that efforts continue to be made to review and update documentation to reflect and support the actions being undertaken by staff.

Based on the information summarised above, I find the provider, in relation to both HCP and CHSP services, compliant with all requirements within Standard 2 – Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Requirement 3(3)(b)

The Assessment Team provided the following information relevant to my finding:

* Management described consumers with identified high-impact, high-prevalence risks and processes the service would undertake for the management of these risks.
* The processes described were not documented or defined to inform care delivery by staff.
* Care documentation was sighted by the Assessment Team to lack detail in risk identification and mitigation strategies captured within care plans for the purpose of guiding staff.
* Management provided an example of a where misuse of medicines was addressed in consultation with clinical professionals.
* The Assessment Team sighted new risk management framework, which was yet to be implemented by the service, noting that it was extensive in its level of detail.

I note my finding is not in line with a recommendation by the Assessment Team of the service being recommended ‘not met’ with this requirement, though I note that the provider did not give response to the Assessment Teams report.

I have considered the intent of this requirement as identified in;

* *“Organisations are expected to manage risks related to the care of each consumer in line with the consumer’s care and services plan.”*
* *“To meet this requirement, organisations need to do all they can to manage risks related to the personal and clinical care of each consumer.”*

In considering my finding, I have placed weight upon the Assessment Teams identification of a lack of assessment of risk detailed within care plans, the lack of a defined processes to guide staff in the management of high impact high prevalence risk and although I acknowledge steps described by management to address risk, there is an overall absence of systemic monitoring and reporting and management of risk.

I find the provider, in relation to both services CHSP and CHP, non-compliant with requirement 3(3)(b).

Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g).

Consumers said that staff are consistent and that this assisted continuity of care being delivered. Staff described how they individualised the care being delivered to the consumers particular circumstances, including providing a higher level of care to someone who was hospitalised for an extended period whilst also encouraging independence. Staff said that they escalate concerns about personal and clinical care delivery to management, who in turn identified referral to General Practitioners or other specialists when the consumer needs went beyond the scope or capability of the service such as wound management. Staff were noted to receive training in specialist areas such as palliative care to ensure best practice service delivery. Management described a service agreement with the local GP service who provided timely consultations with consumers. Management said staff who deliver services were required to possess the minimum qualification of Certificate III in Aged Care.

Staff described the way they support consumers to maximise comfort and preserve the dignity of consumers reaching end of life. All staff are trained in palliative approach training, and a board member of the service was noted to be a palliative care training facilitator. Management said that external services are engaged to assist with palliative care, and that staff continue to visit consumers when they are palliating.

All consumers were confident that the service would recognise changes in their condition irrespective of whether that be physical, mental, or cognitive, with two thirds of consumers interviewing being able to recall a specific instance where this had occurred. Management said that when staff notified them of a change in a consumer’s condition, this was recorded on the consumer’s physical file.

Staff described verbal communication as being the predominant means of exchanging information about consumers within the service but acknowledged that any changes in consumer condition were recorded on physical files and provided to management at the end of shift. Management advised that consumer feedback, and observations completed on workers was provided oversight as to the effectiveness of this system.

Consumers said that they have access to a range of allied health services through the service, which management described as available via drop in or through referral. Consumers provided examples of accessing external diabetes educators at the service that had been arranged by staff. Consumers also provided an example of where the service had advocated on their behalf to an external provider when test results had not been received as expected, which meant that the matter was promptly resolved. Management also described how they would refer consumers to clinical services, and a review of consumer files by the Assessment Team confirmed this was occurring.

Consumers, staff and management described processes and measures in place for standard infection control including COVID-19 testing, standard mask wearing, hand hygiene practices and vaccination and isolation control measures. Management confirmed that staff receive COVID-19 infection control training and that the service has an outbreak management plan which was sighted by the Assessment Team. The service was noted not to prescribe or manage medications and had no antibiotic prescription education of information services available to consumers. Whilst I acknowledge the lack of involvement in medication prescription or assistance by the service, I encourage the service to provide education to consumers on the appropriate use of antibiotic mediation.

I find the provider, in relation to both CHSP and HCP services, compliant with Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g).

# Standard 4

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

Findings

Care plans identify needs and goals specific to consumers who described undertaking lifestyle activities at the services office location. Consumers said they have accessed a variety of activities and that these encourage their participation in the community and independence at home, which in turn improves their quality of life. The Assessment Team sighted evidence within consumer care plans of supports implemented and what tasks they wish to remain independent in.

The service provides access to psychological services at the office location for consumers. Consumers said they were confident that staff would recognise a deterioration in their mood and would engage them in conversation to understand the cause of their low mood.

Consumers spoke positively about the service day centre and how it assists them to develop and maintain their connection to community and others and whilst doing things of interest to them. Consumers described the social connections they have because of the social group, including the support they receive from discussing things that matter to them with other consumers, being able to undertake charity work from within the service environment. Consumers described how the service facilitated their access to the community through equipment and transport assistance. Management described promotion of activities which were meaningful and individualised to consumers, such as assisting one consumer to distribute produce that they had grown to others.

Consumers were confident that staff had enough information available to them to effectively undertake their roles, and staff described how they escalate and record information about consumers. The Assessment Team sighted evidence that information about consumers was being captured on file, though management emphasised that most information about consumers is exchanged verbally within the service. Management said that information is shared with service delivery staff to enable effective care, however services which are funded through alternate means but delivered by the service is not provided with the same access to information due to consumers accessing them independently.

Consumers provided examples of being referred to external service providers as they requested or required including but not limited to, building services, legal services, and advocacy services. Consumers described the service as being ‘very responsive to requests’ in this manner. Staff provided examples of when management had responded promptly to consumers needing to access other external service providers.

All consumers interviewed had positive things to say about the quality and quantity of the food provided at the day centre by the service. All consumers described being actively involved in the menu development, including recording of allergies and preferences. A consumer who receives meals delivered to their home described the meals as ‘lovely’. Cooking staff advised diabetes educators attend the service who also participates in meal planning sessions.

Consumers were able to provide verbal accounts of being supplied assistive technology as part of their package funds, how it addresses their needs and is appropriately maintained by the service. Staff described processes available to them to escalate concerns with the appropriateness and any maintenance concerns with equipment, and these procedures were mirrored by management. Equipment supplied is done so through appropriate referral, such as part of an occupational therapist assessment. Staff were able to identify instances whereby the appropriateness of a particular piece of equipment was questioned, and subsequently replaced overnight to something more suitable for the consumer.

# Standard 5

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

Findings

All consumers interviewed said that the service has a welcoming environment and office location. Staff greet consumers warmly and assist them in feeling safe at comfortable. Decor was noted by the Assessment Team to be relevant to the consumer group using the service in that it was locally sourced Aboriginal artwork. Staff were witnessed to engage consumers in a positive manner, including when their attendance was unannounced.

Consumers said and observations from the Assessment Team confirmed that the service and office environments are clean, tidy, and well maintained. Staff described how they resolve maintenance issues promptly and management said that commercial cleaners run regular schedules at both locations. Management confirmed that a service arrangement is in place with a trade qualified handyman to deal with maintenance issues as they arise. The Assessment Team sighted the day centre and noted that it was large and well lit, with wheelchair access throughout. A ‘Food Safety Inspection’ was visible with a date of 20 November 2023.

Consumers interviewed said that furniture, vehicles and equipment were suitable and accessible for their use, and staff described how they keep these clean for consumers. Service vehicles that transported consumers were all owned by the service, and the Assessment Team noted sighted appropriate inspection reports for these vehicles.

# Standard 6

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

Findings

Requirement 6 (3)(d)

The Assessment Team recommended this Requirement as ‘not met’ and identified the following summarised information relevant to my finding:

* Management was unable to supply any instances during the Quality Audit which evidenced escalation of a complaint or feedback which changed or improved service delivery. It was advised that feedback was given verbally and therefore not documented.
* There are policies and procedures in place to guide staff on the management of feedback and complaints; however, they are not utilised.
* There is no feedback or complaints register where this information is recorded, tracked, and analysed.
* Board governance meetings are not discussing feedback or complaints as there are no reports identifying and supplying details of these.

The service did not provide a response in relation to the Assessment Teams report.

In coming to my finding, I have considered the Assessment Teams report and *The Quality Standards Guidance Resource Sep 2022,* which is a publicly available guidance document for the providers aged care services, who are subject to the Quality Standards. I summarise some relevant points from the guidance materials below:

* “*Organisations are expected to have a best practice system…. to improve how they deliver care and services”.*
* *“The organisation should provider timely feedback to the governing body, it’s workforce and consumers….”*
* *“It’s expected that the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints”.*

I find that the service is not appropriately recording, regularly reviewing, or managing complaints to ensure best practice care and service delivery. I note that management at the service have identified that they predominantly rely upon verbal communication between consumers and internally within the organisation. I also note that other pieces of information are recorded on consumer files. As a result of staff and management not recording, analysing, or trending complaints, the governing board is uninformed of issues that may present and be of strategic value to the service in the context of opportunities to improve service delivery and outcomes for their consumers.

The encourage the service to implement a centralised feedback and complaints register, and to commence reporting to the governing body on this data so that they may assist and guide the service on strategic matters relevant to this.

I find the provider in relation to both CHSP and HCP services, non-compliant with Requirement 6(3)(d).

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

Consumers and their representatives said that they receive information about the feedback and complaints processes, with this being supplied in the services issued paperwork. Consumers said that they prefer to provide this information verbally, face to face or over the phone. Staff and management described how they encourage consumers and their representatives to supply this information, and these documented processes were confirmed by the Assessment Team. Documentation also confirmed that consumers and their representatives are given other complaints avenues such as Aged Care Quality and Safety Commission contact details.

Consumers said that they would contact the service directly due to feeling comfortable in raising complaints, feedback, and compliments; however, noted that the service provided them with information on advocacy groups and other language services that could assist them with raising and resolving complaints. Some consumers were aware of additional avenues such as feedback forms as part of the social support groups. Management described strategies to assist those with written language difficulties to make complaints if required. Documentation supplied as part of intake also provided contact details for Older Persons Advocacy Network (OPAN) and the Aged Rights Advocacy Service (ARAS). This information was noted to be readily accessible to consumers or their representatives attending the service environment.

Consumers and their representatives acknowledged the service will act on feedback and complaints provided, and whilst the service was noted to have local policies and procedures in place to support staff on these processes, they are not followed, and documentation of this information was not available. These guideline documents provide advice to staff to record these matters on a central register. Management were able to describe what they did for consumers who had expressed dissatisfaction with services provided, including in one instance sourcing another gardening service when the standard of work was not satisfactory, resolving the issue for the consumer to their satisfaction; however, this instance was not documented in any manner other than being able to evidence the communication between the service and the gardening contractor. Management acknowledged the service was not effective at documenting complaints in a central register. Consumers and their representatives were happy with the way the service handled any issues, and the Assessment Team found no serious negative impact to consumers as a result of the lack of following documenting procedures.

I find the provider, in relation to CHSP and HCP services compliant with Requirements 6(3)(a) 6(3)(b), 6(3)(c).

# Standard 7

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

Findings

Consumers and representatives said that they are satisfied with the number of staff and care and services they deliver to them. They further confirmed that care and services run to schedule, and when there are staff absences, the office calls to arrange another service or an alternate staff member. Staff said that they never feel rushed, and that management encourages them to take additional time if required. There were no unfilled shifts identified by management over the preceding month, and that staff were dynamic in their roles and office staff and management were able to deliver services to consumers if required.

All consumers interviewed provided positive feedback in relation to the way in which staff interacted with them, with consumers providing details such as staff “feel like family” and that they “couldn’t speak more highly of them”. Staff are recruited with being a ‘good fit’ in mind for the service and the consumers. Staff and management were observed interacting in a manner that showed a level of care and respect for the consumers engaging with the service.

Consumers all said that they were confident in staff ability and skills to deliver services and care to them and that they were competent in their roles. Staff described participating in shifts with other more experienced staff when they first commence, and that they undertake on the job training. Management described and provided supporting documentation confirmed appropriate job description forms for staff, whereby roles and responsibilities are clearly identified. Mandatory training documents provided by management evidenced that training specific to role requirements were maintained.

Consumers and representative interviewed said that staff are knowledgeable and that the care and services delivered to them make them feel safe. Staff confirmed participation in a mandatory service orientation program which was relevant to their role, and that mandatory training was recurrently scheduled throughout the year to meet staff requirements. Management confirmed that staff participate in partnered shifts when first commencing with the service and that training is aligned to specific roles but also individual consumer needs for service delivery. Management was able to describe how they stay abreast of reforms and changes to legislation, such as mandatory training in the Serious Incident Response Scheme (SIRS) which provided updated reporting requirements. Management acknowledged that they did not current have a staff training register but would seek to implement this to assist with monitoring.

Whilst staff said that they do not engage in a formal performance appraisal process, management did discuss their progress in regular informal meetings. Within these meetings, staff said that they discuss training needs, their own performance and felt supported by management who provided guidance daily. Management described a process akin to a formal performance management process, including 1 and 3 monthly probation reviews whereby meeting expectations associated with the job description and capabilities is discussed. The Assessment Team reviewed staff performance appraisal policy and procedures, but management acknowledged that this is not being strictly followed and documentation around the process was lacking. Management was noted to be completing this formalised process with clinical staff as part of other service provision, and therefore were noted to understand the process and requirements. Management made an undertaking to recommence this process with care and service delivery staff.

On balance, I have considered the overall performance and outcomes associated with staff, recruitment, and training and that consumers are very satisfied with staff and the services performance. I note that managements undertakings and encourage them to follow this identified improvement. I find the provided, in relation to both CHSP and HCP services, compliant with Requirements under Standard 7.

# Standard 8

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

Findings

Requirement 8(3)(c)

The Assessment Team recommended this Requirement ‘not met’ and provided the following summarised information relevant to my finding:

Information management:

* Consumer information is appropriately stored and secured, and governed by appropriate policy, procedures and protocols but noted that new systems were imminently being implemented and integrated at the time of the Quality Audit.
* Staff receive relevant training, and all current policy and procedural documentation is available to all staff. Further training would be delivered once new procedures had been implemented.
* Approximately 40% (2 out of 5) of sampled consumer care plans had not been reviewed within the last 12 months and were significantly older than this. It was noted however that alternate measures were in place to ensure care and service delivery was current and informed by consumer needs circumstances and preferences.

Continuous improvement:

* Continuous improvement planning was evidenced as being in place at the service, and the Assessment Team viewed the register, and it was noted by management that this had recently been implemented at the service and would be a standing board agenda item moving forward.
* It was identified that the Continuous Improvement Plan (CIP) was not informed by consumer/representative or staff feedback as this is not currently being captured.
* The Assessment Team sighted additional items identified during the Quality Audit which had been added to the CIP, including care plan updates, creation of a training register and associated auditing, creation of a feedback and complaints register, formation of consumer-based sub committees to inform care and service delivery.
* The Assessment Team noted that due to the CIP being newly implemented there was a lack of evidence the CIP was effective at improving service and care delivery.

Financial governance:

* The board has financial oversight of the organisation, with quarterly reviews occurring between management and an internal financial auditor. External audit is conducted by a third party annually as is required.
* Organisational financial responsibilities are governed by financial management framework which outlines fiscal responsibilities including procedures in ‘financial management and control’ and it is noted that these are part of the new suite of policy procedures which is soon to be implemented.
* The workforce was appropriately trained, supported to deliver care and service outcomes required by the Aged Care Quality Standards.
* The service has appropriate recruitment and job descriptions to enable staff to successful undertake their roles and manage their responsibilities in delivering safe care and services.

Regulatory Compliance:

* The service appropriately engages, and monitors information being provided by peak bodies to interpret and implement aged care regulatory reform.
* There have been no adverse findings by another regulatory body in the preceding 12 months.
* Consumers were provided notification of the Quality Audit and are informed of other regulatory changes including but not limited to Serious Incident Response Scheme (SIRS), Code of Conduct and the Social, Community, Home Care and Disability Services (SCHADS) award.

Feedback and complaints:

* Feedback and complaints are provided to the service verbally, and in all instances described by the service are actioned immediately and to the satisfaction of the consumer, but not recorded or documented.
* The service does not have effective feedback and complaints register to monitor, analyse and report on information that would assist it to improve quality care and services via this mechanism.
* Policy and procedures are available to staff that guide the handling of feedback and complaints including documenting these matters in an appropriate register, however this process is not being followed.
* As feedback and complaints are not being documented, they are not being reported upon or considered by the organisations board. The board is not providing strategic direction in response to analysed and trended feedback and complaints as a result.
* Management and a board member acknowledges the process issues with documenting and revieing feedback and complaints and would implement actions to rectify this as part of the CIP moving forward and noted that the new suite of policy and procedures would support this process.

The service did not provide a response in relation to the Assessment Teams report.

In coming to my finding, I have considered the summarised evidence above including actions identified that the service had commenced prior to and listed as CIP activities during the Quality Audit. I have considered *The Quality Standards Guidance Resource Sep 2022*, in particular noting the following summarised points:

* *“These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.”*
* “*The system used is relevant and proportionate to the range and complexity of care and services the organisation delivers, as well as its size and scale”.*
* *“The organisation must support and develop its workforce to deliver safe and quality care and services. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services”.*

I have considered the absence of documented feedback and complaints information provided by consumers and staff being reported to the board as this may prevent the organisation from improving the quality of services delivered and ultimately the consumer experience, though I note that the service is responding to feedback and complaints and consumers have not indicated that they are dissatisfied in this regard. The service has also included within the CIP that they will implement this moving forward and in conjunction with a new suite of policy and procedures. I also note that current policy and procedures exist where formal registers are detailed however these are not being followed, which the service has undertaken to remedy,

I have considered that informal processes are occurring within workforce governance; however, formal performance appraisal and documentation provides accountability to staff is not but there is no evidence before me to suggest that this has negatively impacted consumer experience or that staff have not been supported. I also acknowledge that the service has made a commitment to rectify and reinstate the formal arrangement.

I have also considered that whilst there is a lack of evidence that continuous improvement planning is effective, this has only recently been implemented but also that there is no information before me that there has not been improvement in the care and services delivered. Whilst I have placed weight on the lack of information reported to the board, I do consider that the board has effective oversight of the service and I do not find it proportionate to make a finding of non-compliance in this requirement.

I also note that I have considered a lack of feedback, and complaints register, and a deficit in documented information in Standards 3 and 6 and for this reason I do not consider them further here.

I find the provider in relation to both CHSP and HCP services, compliant with Requirement 8(3)(c).

Requirement 8(3)(a), 8(3)(b), 8(3)(d)

All consumers said that the service is well run and that they have opportunity to inform service delivery through verbal communication with management and staff. Management confirmed that consumers prefer informal verbal feedback pathways, and how they work to address issues immediately and providing an example of a consumer who was not satisfied with food serving sizes being too large. In response, and to prevent food wastage, management allowed consumers to take leftovers with them. A board member also noted that the service was currently reviewing the possibility of establishing a consumer advisory committee.

The services policies and procedures for service delivery oversight were noted by the Assessment Team to not have been updated since 2019, and these guidelines not being utilised due to the Chief Executive Officer position being currently unoccupied. As a result, there is currently a restructure in progress, noting the service has purchased a suite of new policy and procedures, is currently developing new practices and management reporting has been suspended. To overcome any issues, it was noted by the service that two board members are onsite for 3 days per week to provide management support and service delivery oversight. Whilst management reporting is suspended, the board identified having weekly informal discussions whilst developing new standard operating procedures. The board consists of 7 suitably qualified community members including experience in: Aged Care, Local Government, Aboriginal education, Clinical knowledge, Finance, Aboriginal Land and Heritage. Once the CEO position is filled, it is expected that normal management reporting will resume. With board members currently on site, they are informing the rest of members on any service updates. Documentation reviewed by the Assessment Team showed relevant agenda items being discussed at board meetings as recently as March 2024.

Management said and training documentation confirmed that staff had completed training in the Serious Incident Response Scheme (SIRS), but there was no record of any SIRS incidents having occurred. Management described how consumers are reviewed for risk and vulnerability at commencement and staff described mitigation strategies to manage risks for consumers and internally communicate relevant information on vulnerable consumers verbally and via care documentation; however, the Assessment Team noted that there were inconsistencies in documenting this information and the level of detail for all consumers. Whilst current risk management policies and procedures are currently in place, the risk management framework viewed by the Assessment Team which is soon to be implemented evidenced extensive procedural detail, and management acknowledged the service has improvements to make to meet best practice standards.

Abuse and neglect of consumers is captured in training delivered to staff which was viewed by the Assessment Team, including brochures available to consumers. Staff and management described processes which centre around consumers living their best life but conceded that documentation of these discussions and plans could be improved upon and made a commitment to rectifying these issues, and that this aligned with the new risk management framework which would soon be implemented. The service has work, health and safety policies in place, including processes associated with reporting incidents which occur; however, the service has not recorded any incidents and does not maintain a register to allow this information to be captured, analysed/trended and reported upon and reported to the board. The service has acknowledged the issues and committed to a standing agenda item to be discussed with the board. The Assessment Team noted the deficiencies associated with lacking documentation in some areas but was unable to evidence any negative impact to consumer experience because of these issues. Management identified actions which were already underway to rectify most shortfalls and where a plan was not already in place made a commitment to address any issues identified moving forward.

In coming to my finding, I have considered and placed weight on the positive consumer experience which the Assessment Team received firsthand and consistently throughout the consultation process. In addition to this I have noted and acknowledged management and the board members undertakings to rectify the other issues identified that were not already part of the continuous improvement process. I believe it would be disproportionate to make a finding of noncompliance on the information before me, and therefore I find the provider, in relation to both CHSP and HCP services, compliant for Requirements 8(3)(a), 8(3)(b) and 8(3)(d).

Requirement 8(3)(e)

While the service’s clinical governance framework was not assessed at this visit, I note the service delivers care to consumers who have a home care package, has clinical staff as part of other services delivery, and consumers receiving clinical care. As such, I encourage the service to develop a clinical governance framework if one is not already in place to ensure compliance with the Quality Standards.

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)