**Performance**

**Report**

**1800 951 822**

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| Name of service: | Kura Yerlo |
| Service address: | 12 McLaren Parade PORT ADELAIDE SA 5015 |
| Commission ID: | 600165 |
| Home Service Provider: | Kura Yerlo Council Inc |
| Activity type: | Quality Audit |
| Activity date: | 4 August 2023 to 9 August 2023 |
| Performance report date: | 19 October 2023 |

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

**This performance report**

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

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 24490, 12 McLaren Parade, PORT ADELAIDE SA 5015
* Community and Home Support, 24491, 12 McLaren Parade, PORT ADELAIDE SA 5015

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

**Standard 2**

* Ensure all consumers have a care plan.
* Review the assessment and care planning process to ensure it draws on available information, and articulates in the care plans any risk to a consumer’s well-being and strategies which mitigate the risk to the greatest extent possible.
* Ensure care plans are sufficiently detailed and can inform a staff member who does not personally know the consumer, to deliver safe and quality care, in line with the consumer’s wishes on how they wish their care and services to be delivered.
* Ensure care plans include the consumer’s needs, goals and preferences and strategies on how the service will help meet the consumer’s needs, goals and preferences. Ensure these aspects of care planning are personalised.
* Ensure all consumer’s are offered a copy of the care plan when it is initially agreed between the consumer and the service, and when significant changes to the care plan occur. Where a consumer’ declines a copy, make a record of this.
* Provide a copy of the relevant care planning information to staff delivering the care or service at the place where the care or service is occurring.

**Standard 6**

* Develop a best practice approach to complaints management. Support staff to record feedback and complaints to that management can review the information and identify if other consumers are similarly impacted by the issues raised.
* Review feedback and complaint data for trends report on these to the governing body as required.

**Standard 7**

* Provide training to staff with a focus on effective assessment and care planning.
* Ensure all staff understand their responsibilities under the Aged Care Quality Standards and supporting legislation.

**Standard 8**

* Establish an oversight / organisational governance system which ensures deficiencies in compliance with the Quality Standards are self-identified and addressed.
* Ensure the risk management system captures risks relating to consumers with a focus on vulnerable consumers.
* Establish an effective incident management and investigation system which supports a culture of reporting and supports the governing body to understand areas of risk and opportunities for improvement.

# 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. | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

The Assessment Team provided the following evidence that is relevant to my compliance decision for this Requirement.

The service supports consumers to live independently and maintain their quality of life through access to social support for groups, social support for individuals, meals and transport.

Consumers described staff as kind, caring and respectful. Management and staff spoke respectfully about consumers and demonstrated an understanding of each consumer’s personal circumstances and described how these influenced the delivery of their individual services.

The service’s information to prospective and existing consumers is focused on indigenous cultural identity, including fostering outreach and connection to land.

Consumers interviewed said staff understand their needs and preferences and deliver services with this in mind. Staff demonstrated an understanding of each consumer’s cultural background and described how they ensure services reflect each consumer’s specific needs and diversity.

Consumers said the service involves them, and others if they choose, in making decisions about the services they receive. Management and staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Management said that consumer choice is embedded into all their services; consumers have a choice of what activity to attend and the service endeavours to cater for all consumers’ needs, goals and preferences.

Consumers said the services they receive enables them to maintain their independence, safety and live their best life. Staff and management demonstrated how they support consumers to make choices where a degree of risk is involved and described consultation with consumers about strategies to manage risks to enable them to participate in activities to their level of comfort.

Management advised they are in the process of developing a formal dignity of risk framework to support staff and consumers.

Staff and management described how they provide information to consumers predominantly through verbal discussions, however, could not identify what information is provided in writing to support decisions and outcomes. The Assessment Team acknowledge the cultural significance of verbal communication as a preference when engaging consumers to provide information.

Consumers interviewed said that the service is respectful of their privacy and personal information.

The Assessment Team observed the electronic file management system is password protected, and access limited to appropriate staff.

Staff are provided information about privacy and confidentiality and were able to identify the relevant policies and guidelines.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is compliant with all Requirements.

# 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. | Non-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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I am not satisfied that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Requirement 2(3)(a) - the service does not comply with this Requirement

The Assessment Team reported the service does not undertake risk based assessments and provided the following evidence that is relevant to my compliance decision for this Requirement.

Key risks noted on My Aged Care Assessments have not been considered by the service and validated risk assessments have not been undertaken to understand the level of risk that exists or to develop and document strategies to mitigate any risk. While discussions with consumers are occurring, this information is not transferred to a care plan that all staff can use to mitigating any risk in a way that the consumer wants it to be managed.

Care plan reviews undertaken by the Assessment Team identified known risks that were not in a consumer’s care plan. These risks were directly relevant to the delivery of the service and/or should have reasonably been considered in how the service could be tailored to the consumer. Risks included; poor mobility; diabetes; shortness of breath and the use of inhalers to deliver medicine.

The assessment and care planning process is not being undertaken a way that results in a sufficiently detailed and tailored care plan.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-compliant with this Requirement. Assessment and care planning has not led to staff identifying risks for consumers and the care plan developed when the consumer enters the service is not detailed and does not support quality care delivery.

Requirement 2(3)(b) - the service does not comply with this Requirement

The Assessment Team reported the service does not identify the consumer’s needs, goals and/or preferences adequately when undertaking assessments and provided the following evidence that is relevant to my compliance decision for this Requirement.

Support plans viewed for consumers did not consistently include information on the consumer’s needs, goals or preferences. Coordinators and staff advised at the time of the Quality Audit they do not have systems in place to effectively identify needs goals and preferences for consumers and this information is in not documented within the support plan for the consumer. Management acknowledged feedback from the Assessment Team and advised they will review their processes to identify and document consumers current needs, goals and preferences.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-compliant with this Requirement. Including the needs, goals and preferences of consumers in their care plan supports all staff to have a more meaningful interaction with consumers and to monitor if the consumer’s needs, goals and preferences are being met.

Requirement 2(3)(d) - the service does not comply with this Requirement

The Assessment Team reported the service does not communicate the outcomes of assessment and planning to relevant parties and provided the following evidence that is relevant to my compliance decision for this Requirement.

The service was not always able to provide the consumer care plan when requested by the Assessment Team. It was evident for some consumers a plan did not exist and the care coordination staff developed some of the plans during the quality audit.

The Assessment Team interviewed coordinators and staff who provided an in-depth knowledge of each consumer within their program areas and were able to describe the consumer’s individual needs, goals and preferences. Staff said their knowledge of the consumer is not always documented within a support plan or shared with other staff providing support and services.

Management acknowledged processes for Standard 2 are not fully developed at this time.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-compliant with this Requirement. Management have acknowledged the deficits evidenced in the Assessment Team’s report. Consumers have a right to know what the service has committed to delivering for them and this is facilitated by providing the consumer with a copy of their care plan and/or having one readily available, and this has not occurred

Requirement 2(3)(e)

The Assessment Team reported the service does not regularly review the care and services consumers need or want and provided the following evidence that is relevant to my compliance decision for this Requirement.

Coordinators and staff described how they contact consumers weekly to see how they are, however, confirmed a review of care and services is not conducted during these conversations and the conversations are not consistently documented.

Coordinators and staff interviewed described how they would notify a family member or carer if they noticed a change in a consumer’s condition, however, confirmed this information is not consistently documented and it would not trigger a review.

Coordinators and staff were able to demonstrate a new electronic file management system that will enable them to set dates for upcoming reviews, however, at the time of the Quality Audit, the information for consumers was not completely uploaded into the system and previous to this the service did not have a review schedule.

Management acknowledged the identified gaps and advised they would review their processes for reviewing consumers when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team reviewed care plans for consumers with the service since 2021 and these had not had a review.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service complies with this Requirement. Management have previously acknowledged the deficits in documentation. In my view documentation is not the sole focus of this Requirement and it is evident to me through the weekly phone contact that is occurring with consumers that care and services are being regularly reviewed. While this is a less formal approach, the service has nine consumers and I am satisfied this approach is sufficient.

Requirement 2(3)(c)

The Assessment Team provided the following evidence that is relevant to my compliance decision for this Requirement.

Consumers confirmed they are involved in assessment and planning of the services they receive. Coordinators and staff described how they speak to consumers and their family members to organise outings and activities. The services “A Bit About Me” form includes information regarding the consumers General Practitioner, medical centre, specialists and other providers involved in care and services.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is compliant with this Requirement.

# Standard 3

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| Personal care and clinical care | | 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The service does not provide personal care and/or clinical care. This Quality Standard is not applicable.

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

Finding

I am satisfied that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Requirement 4(3)(e)

The Assessment Team reported referrals are not timely and/or appropriate and provided the following evidence that is relevant to my compliance decision for this Requirement.

Coordinators and management interviewed were not able to provide examples of situations where they referred a consumer back to My Aged Care for reassessment, to other services or to a health professional.

While management and staff discussed how they would be able to connect consumers with external services, the service could not provide evidence of doing so for any consumers.

Coordinators were not aware of how to refer consumers to other providers through the My Aged Care portal.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service complies with this Requirement. While documentation may be poor, I am satisfied that staff are alert to the changing needs of consumers through weekly discussions and have referred information to family members and carers. I am not satisfied the evidence demonstrates a systemic failure of the referral process. The service has nine consumers at present and I am satisfied, as management stated, they can connect consumers with external services if the need occurs. I have considered gaps in staff training in Standard 7.

Requirements 4(3)(a) 4(3)(b) 4(3)(c) 4(3)(d) 4(3)(f)

Consumers were positive about the services delivered and felt they are supported to be independent when attending the centre and the activities. Staff and management demonstrated services provided to consumers are tailored to their needs, goals and preferences, and optimise their independence, wellbeing and quality of life.

Consumers said they felt that staff know them well and described in various ways how the services provided enhance their emotional and psychological well-being. They are confident that the coordinators and staff would recognise if they were feeling low and would respond appropriately.

Consumers said they have day-to-day control over what activities they take part in and how the service will assist them in accessing the community. Coordinators and staff described how they engage the consumers in creating a 12-week planner of activities to ensure the consumers are doing activities they enjoy. The activity for the week following the Quality Audit was attending a large plant nursery and consumers described how this allows them to purchase some plants while also enjoying a lunch outing.

Consumers provided examples where their information has been shared and said they are satisfied that it is shared appropriately.

Staff and interviewed demonstrated a sound knowledge of consumers within their groups and explained any change in condition would be promptly identified and reported to management.

Management advised that information about a change of a consumer’s condition is identified during the weekly phone call and communicated to the staff prior to the consumer being picked up to attend an activity.

Consumers of the Elders Women’s group who were interviewed advised the food is great quality and explained the chef who prepares the meals knows their dietary requirements.

Consumers of the Elders Men’s group interviewed described how they are involved in the preparation of meals and how the service provides a large variety of different meals for them each week.

The service does not provide equipment to consumers, Requirement 4(3)(g) is not applicable.

# Standard 5

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| Organisation’s service environment | | 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 |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Consumers said they found the service environment to be safe and easy to navigate, and they felt this created a positive and welcoming environment. The venue is accessible for people with limited mobility and has clear signage throughout.

The Assessment Team observed the environment to be clean and comfortable and reflective of the culture of its Elders, with various culturally significant items on display.

Staff interviewed were familiar with how to submit a maintenance request and how to follow up any concerns and described processes to ensure the service environments are well maintained and to reduce the risk of transmission of any infection.

Management demonstrated vehicles are regularly serviced.

# 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. | 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I am satisfied, the service does not comply with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Requirement 6(3)(d) - the service does not comply with this Requirement

The Assessment Team reported feedback and complaints are not reviewed and do not lead to continuous improvements and provided the following evidence that is relevant to my compliance decision for this Requirement.

Management advised that the service reviews and analyses all feedback and complaints received by the service to identify service improvements.

Management described service improvements made on the basis on consumer feedback, including gravelling the floor of the Men's Shed and changing the menu at an Elder Women’s group, however, these improvements were not documented in the service's feedback and complaints register, nor in the service's continuous improvement register.

The service's Feedback and Complaints policy and procedure instructs staff to document all feedback and complaints from consumers in the service's Feedback and Complaints register, and instructs management to review feedback and complaints data to develop improvements to services, however, the service was not able to demonstrate this is happening.

The organisation’s policy is not effective in guiding staff in managing aged care complaints and is focused on the organisation’s National Disability Insurance Scheme clients.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service does not comply with this Requirement. I am satisfied that some improvements have been made to services or the service environment for consumers as a result of feedback, however, staff have described a culture of not recording feedback and complaints, which is a key component of any review process.

Requirement 6(3)(c)

The Assessment Team reported appropriate action is not taken in response to complaints provided the following evidence that is relevant to my compliance decision for this Requirement.

Consumers are satisfied with how the service resolves their issues.

Staff and management advised the service's system for management of feedback and complaints was recently implemented, and feedback prior to May 2023 is not captured in the system.

Staff members described the process of receiving feedback, suggestions or complaints where they resolve the issue as promptly as possible to the consumer's satisfaction. Staff advised that if the problem can be resolved immediately, they generally do not document the issue in the consumer's progress notes or in the service's feedback and complaints register.

Management advised all feedback and complaints are captured, investigated and follow up actions are initiated, however the Assessment Team identified not all consumer feedback they had received was documented.

I have considered the evidence summarised above and based on this evidence I have made a decision the service is compliant with this Requirement. The focus of this Requirement is the responsiveness of the organisation when things go wrong for the consumer. While the documentation system is newly implemented, I am satisfied consumers are satisfied that the service actively resolves their issues when things go wrong.

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

Consumers said, should they have issues with the services, they would ring the service or speak to their coordinator to discuss their concerns. Staff and management described how they support consumers to provide feedback and make complaints. The Assessment Team observed posters throughout the service environment promoting feedback and complaints through various channels.

Consumers advised that while they have not required the service of an advocate or interpreter, they were aware this was available. Staff and management described methods to link consumers with indigenous-specific advocates to resolve issues if required.

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

Findings

I am not satisfied that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Requirement 7(3)(d) - the service does not comply with this Requirement

The Assessment Team reported the workforce is not adequately trained and provided the following evidence that is relevant to my compliance decision for this Requirement.

Staff said they have not been provided training on risk assessment, assessment and planning, recognising and preventing elder abuse, or on the Aged Care Quality Standards.

Coordinators and staff said they had not received training in using the My Aged Care portal and were not aware of how to access the My Aged Care assessment of a consumer.

Management said staff working in the CHSP environment have conducted several modules of training through the Commission, however, the Assessment Team, noted, except for a few staff, this training is not recorded on the service's training monitoring system.

While the service was able to demonstrate some training is delivered to staff, the service could not demonstrate how this training is relevant to providing care and services to aged care consumers.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-compliant with this Requirement. Care coordination staff have not received training aligned with their role and responsibilities and the service’s self-monitoring system has not identified this failure has occurred.

Requirements 7(3)(a) 7(3)(b) 7(3)(c) 7(3)(e)

Consumers are happy with the support provided by staff and the availability of staff. Management discussed their processes to ensure they have sufficient staff to deliver the services, saying the service has a flexible workforce who can easily be moved between different groups to cover any staff shortages. There have been no activities cancelled due to the service being short of staff.

Consumers said the staff are kind and caring when providing services through the Tucker Truck, social groups and the transport service. The Assessment Team observed staff interactions with consumers at the service's social group, where staff welcomed consumers by name on arrival, and respectfully called Elders 'Aunty' or 'Uncle'.

Consumers said they feel the workforce is competent and they know what they are doing when they provide services. The services are delivered by staff in an engaging way and consumers find the services valuable.

Management described that 85% of staff are indigenous and are recruited for their cultural skills and knowledge when delivering services to consumers.

Members of the workforce have an annual performance appraisal scheduled and staff confirmed they take part.

# 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. | 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. | Non-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. | Non-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. | Non-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 applicable |

Findings

I am not satisfied, based on the Assessment Team’s report that the service complies with this Standard. The compliance decision I have made for each Requirement is recorded in the table above. A summary of the Assessment Team’s evidence is outlined below. The approved provider did not submit a response to the Assessment Team’s report.

Requirement 8(3)(b) - the service does not comply with this Requirement

The Assessment Team reported the governing body is not promoting a culture of safe and quality care and provided the following evidence that is relevant to my compliance decision for this Requirement.

Management advised they communicate regularly with the Board, and provide monthly reports at Board meetings. Management advised the reporting is brief around CHSP outcomes, and does not always include information around consumer risk.

One incident was report to the Board in June 2023, it is not clear if the incident was included as it fell in the reportable incident category, and it was not included on the service’s incident register.

In response to feedback from the Assessment Team, management advised the service's incident register, feedback and complaints register and continuous improvement register are new documents that are not yet fully effective, and the level of reporting and Board engagement would increase as these documents become effective.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-complaint with this Requirement. Information within the organisation which would generally inform members of the Board of whether safe and quality care is being delivered is not being provided to them to consider.

Requirement 8(3)(c) - the service does not comply with this Requirement

The Assessment Team reported governance systems are not effective and provided the following evidence that is relevant to my compliance decision for this Requirement.

Requirement 8(3)(c)(i) information management

The organisation does not have policies and procedures that reflect best practice in an aged care setting.

During the Quality Audit, information requested by the Assessment Team was not provided in a timely manner. For example, the Assessment Team requested the My Aged Care assessment, and support plans for seven consumers. Support plans were provided for four consumers with staff creating the other three support plans during the Quality Audit as they did not previously exist. The organisation’s internal systems had not identified that support plans were not in place for all consumers.

Requirement 8(3)(c)(ii) continuous improvement

The service did not have a continuous improvement register between November 2020 and May 2023. There are no continuous improvement activities relating to aged care on the current register.

Requirement 8(3)(c)(iii) financial governance

The organisation has an established financial management document which outlines Board and management responsibilities. The organisation works with an external accountant to manage finances, and financial reports are reviewed by the Board monthly.

Requirement 8(3)(c)(iv) workforce governance

The organisation does not effectively train or support staff to deliver services in line with the Aged Care Quality Standards. Management described that staff are trained in line with NDIS Standards, however, are not provided additional training to support staff delivering services to aged care consumers. The service does not effectively use staff performance appraisals to identify staff training requirements.

Requirement 8(3)(c)(v) regulatory compliance

At the time of the Quality Audit, management could not demonstrate that a police clearance certificate had been obtained for two of seven staff.

Requirement 8(3)(c)(vi) feedback and complaints

The organisation was not able to demonstrate the service effectively captures, reviews and analyses feedback and complaints to improve services for consumers.

The Assessment Team requested information regarding feedback and complaints from prior to May 2023, and management advised they were not able to locate any evidence that the service managed and monitored feedback and complaints prior to May 2023.

As feedback and complaints are not documented, the service was not able to analyse feedback and complaints data to identify and implement service improvements.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is non-compliant with this Requirement . It is my decision that the service has failed sub Requirements (i) (ii) (v) and (vi). Governance systems are not effective in supporting the governing body to ensure the delivery of safe and quality services.

While the Requirement is non-compliant I am satisfied that the service has effective financial governance and workforce governance. The evidence form the Assessment Team’s report is that the financial governance system is effective. The deficit identified by the Assessment Team in relation to training has been considered in my compliance finding in Standard 7(3)(d) and does not in of itself demonstrate a systemic failure of workforce governance. Other aspects of workforce governance including recruitment and rostering are in place and being used effectively.

Requirement 8(3)(d) - the service does not comply with this Requirement

The Assessment Team reported the governing body is not effectively managing risk and provided the following evidence that is relevant to my compliance decision for this Requirement.

Requirement 8(3)(i) managing high-impact or high prevalence risks

The service is not managing risks to consumers. The incident management framework is immature and policies and procedures do not direct staff in how to manage incidents for aged care consumers. The service has an incident register log, however no incidents or near misses for aged care consumers are recorded. The Assessment Team reviewed the continuous improvement plan and noted there were no continuous improvement activities generated from incidents or near misses. Management acknowledged the service's incident register lacked detail, and committed to providing education to staff to ensure all aspects of an incident, including follow up actions and service improvements, will be documented in future. Staff were unaware of the Serious Incident Reporting Scheme.

Requirement 8(3)(ii) identifying and responding to abuse and neglect of consumers

All staff have completed training in identifying and responding to abuse and neglect of consumers. While this training is designed for disability consumers, the principles are the same, and sampled staff demonstrated an understanding of how to identify and respond to suspected abuse or neglect.

Requirement 8(3)(iii) supporting consumers to live the best life they can

All staff demonstrated cultural knowledge and had an understanding of the unique challenges faced by indigenous consumers. Staff and management have regular discussions with consumers to ensure they are satisfied with their services, and that their services are meeting their needs. The service is flexible with activities conducted at social groups, and consumers have input.

I have considered the evidence summarised above and I am not satisfied that the governing body has adequate oversight of risks to aged care consumers as it does not have an effective incident management system. The service has failed sub requirement (i) and therefore has failed this Quality Standard. I note management’s commitment to providing education to staff to ensure all aspects of an incident, including follow up actions and service improvements, are documented in future. However, this does not persuade me that the governing body is currently managing consumer risk which is the intent of the Requirement.

I am satisfied that staff are meeting the intent of sub Requirements (ii) and (iii).

Requirement 8(3)(a)

The Assessment Team provided the following evidence that is relevant to my compliance decision for this Requirement.

Consumers said they can make suggestions to the service and the service actively seeks consumer input for activities in the social groups. Management described how they value the input of indigenous Elders, and provided examples of how their input has improved the services delivered. For example, Elders suggested gravelling the floor of the Men's Shed to ensure that services can still occur in wet weather, and management agreed, and installed the flooring.

The Assessment Team viewed forms the service used to survey consumers about the social groups they attend. The service reviews these forms to identify changes they can make to improve their services.

I have considered the evidence summarised above and based on this evidence I have made a decision that the service is complaint with this Requirement.

Requirement 8(3)(e)

The service does not provider personal and/or clinical care this Requirement does not apply to the service.

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