**Performance**

**Report**

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| Name of service: | LaoAus Care Incorporated |
| Service address: | 698 - 700 Whitehorse Road MITCHAM VIC 3132 |
| Commission ID: | 300627 |
| Home Service Provider: | Lao Elderly Association Inc. |
| Activity type: | Quality Audit |
| Activity date: | 14 July 2023 to 18 July 2023 |
| Performance report date: | 21 September 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 LaoAus Care Incorporated (**the service**) has been prepared by M Abjorensen, 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:**

* Community and Home Support, 26024, 698 - 700 Whitehorse Road, MITCHAM VIC 3132

# 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
* the provider’s response to the assessment team’s report received 14 August 2023

# 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 Requirement (3)(a)

* Establish assessment and planning procedures, proportionate to the services delivered, that inform service delivery through consideration to risks relating to each consumer’s health and wellbeing

Standard 6 Requirement (3)(b)

* Convey information on advocacy, language services and alternative methods for raising and resolving complaints to consumers, representatives, staff and volunteers.

Standard 7 Requirement (3)(d)

* Develop a processes to monitor and record workforce requirements including probity checks

Standard 8 Requirements (3)(c), (3)(d)

* Ensure information management systems enable the workforce to access relevant consumer information to support care and service delivery
* Establish a continuous improvement register
* Implement protocols to remain informed of legislative and regulatory requirements
* Establish a complaints and feedback system that records, and trends, consumer feedback for governance oversight
* Establish effective risk management framework to identify, and manage, consumers’ high impact and high prevalent risks
* Establish an incident management system that enables incidents to be identified, responded to, and notified to the Commission (as required)
* Establish policies and procedures accessible to the workforce to identify, and respond to, consumer risks, including elder abuse and incidents

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | 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

Requirement (3)(f)

The Assessment Team reported the service did not demonstrate that the privacy of consumers is respected, and their personal information is kept confidential. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives reported satisfaction with how the service respects consumer privacy and protects personal information
* Management advised they were unaware of where consumer information such as assessments, care plans is being stored or can be located, possibly located in the homes of former staff members.
* Volunteers advised the importance of keeping consumer information private and practices to protect consumer with confidential discussions in private areas

The provider accepted the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, but are not limited to, confirmation of attempts to obtain files from former staff members and plans to update consumer information in line with Quality Standard expectations by the end of 2023.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates consumer privacy is respected and information is kept confidential.

I have considered that consumers and representatives had confidence in the provider’s privacy practices and volunteers described current practice to protect consumer information.

I have considered the provider cannot change the past, where former staff members have not returned documentation and is taking actions to improve how information is handled.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(f) Standard 1, Consumer dignity and choice.

Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e)

Consumers and representatives expressed in various ways how consumers are respected and valued as individuals. Volunteers explained how they respectfully treat each consumer and help them as best they can. Observations at the planned activity group showed staff treating consumers with dignity and interacting with them in a respectful manner.

The service’s focus is ethno-specific for Laotian speaking consumers, services are delivered by volunteers and staff from the Laos community. Consumers and representatives advised the service understands what is important to them and volunteers described ways they meet consumers’ cultural needs and preferences. Consumers and volunteers were observed dancing and singing along to traditional songs.

All consumers and representatives interviewed were satisfied they are supported to make choices and decisions and said the service helps maintain relationships and connections with family and community. Volunteers gave examples of ways they support consumers with choice and independence such as encouraging them to voice their preferences about the activities they would like to do and ensuring their preferred meals are provided.

The social support program provides venues for elderly Laotian consumers to meet and undertake simple and ‘gentle’ activities such as dancing, singing and socialising. Consumers and representatives expressed satisfaction that the service supports consumers to live their best life. Volunteers described how they would support consumers with being as safe as possible while participating in social support activities.

Information is communicated verbally and enables consumers to exercise choice. Consumers and representatives advised that they have are provided with the right information for the social support group. Management and volunteers explained how verbal exchange of information about the social support program with consumers is effective for consumers and representatives to make informed decisions.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e), in Standard 1, Consumer dignity and choice.

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

Findings

Requirement (3)(a)

The Assessment Team were not satisfied that assessment and planning considers risks to consumer health and wellbeing to inform safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team could not access consumer care files due to missing documentation
* The organisation has assessment and care planning policies to inform processes, however, management advised assessment and planning does not currently occur for consumers

The provider accepted the Assessment Team’s findings. The provider’s response agreed to take actions to meet this Requirement by the end of 2023, however, details of planned actions were not provided.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate assessment and planning occurs to consider risks and inform safe and effective delivery of care and services.

I have considered the Requirement expects relevant risks to a consumer’s safety, health and well-being to be assessed and discussed with the consumer, and included in planning a consumer’s care. I find this has not occurred as assessment and planning does not to inform support needs through consideration of risks to consumer health and wellbeing.

I acknowledge the provider is comprised of a volunteer workforce that meets on a weekly basis, however, implementing a process to obtain information proportionate to the type of supports delivered will ensure consumers get the best possible services, without compromise to their safety, health and well-being.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(a) Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives described changed needs and circumstances without a documented review of services or support needs, although staff advised they communicate concerns with representatives or family
* The annual reregistration form captures consumers’ name and address and next of kin, however, consumer needs and circumstances are not recorded
* Volunteers advised that ‘safety comes first’ and would refer to the consumers’ family and to management with any concerns regarding a change in consumers’ conditions
* Management explained how services are adjusted when a consumer’s health has deteriorated through virtual interactions facilitated through social media

The provider accepted the Assessment Team’s findings. The provider’s response explained the organisation is ran by volunteers and management rely on communication from consumers and representatives to identify needs to inform actions taken.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate care and services are not reviewed regularly or in response to a change in circumstance or incident.

I have considered the Requirement expects relevant risks to a consumer’s safety, health and well-being to be assessed and discussed with the consumer, and included in planning a consumer’s care. I find this has occurred, to a proportionate level, of the social support group services delivered through adjusting of services for consumers with changed needs.

I have considered the provider has committed to implementing assessment and planning processes to address issues under (3)(a) in this Standard which will address the absence of documentation which impacts this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(e) Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(b), (3)(c), (3)(d)

Consumers and representatives feedback explained how services meet consumer needs, goals and preferences. While consumer documentation limited to the registration forms, staff demonstrated undocumented information is known by staff to deliver services in accordance with information shared by consumers regarding goals and preferences. For example, staff described consumer preferences for service delivery, supports provided to consumers with mobility decline and goals for group exercise classes and engagement with others.

Consumers and representatives described being involved in planning care and services through discussions with staff during services or via telephone calls. Consumers said the service calls to confirm attendance, support needs and input into planned. Staff advised information about consumers’ care needs is gained through consumer guidance and engagement and information sought from representatives. Examples include seeking advice from families on dietary requirements when planning menus for group activities.

The service demonstrated that while verbal information is sought through consumers and representatives to inform service delivery, relevant information is accessible to both consumers and staff to support safe delivery of services. Consumers and representatives described their satisfaction about the care and support they receive, including ongoing discussions with management and volunteers about care and services. Management, staff and volunteers demonstrated an understanding with individual consumers’ needs, such as, dietary requirements and discussed how information is shared at weekly meetings.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(b), (3)(c) and (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

# 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

Personal and clinical care is not delivered to consumers through the service, as such, assessment of Standard 3 is Not Applicable to this Quality Review.

# 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 |

Findings

Consumers and representatives described how the planned activities and social support programs support their wellbeing and quality of life. Volunteers indicated an awareness of the consumers’ needs, and described support strategies such as, support with shopping, social support group participation and activities to promote independence and companionship.

Consumers said in various ways they were satisfied with their access to the Buddhist monks and how they can undertake spiritual meetings through the social support program. Management and volunteers described ways the service promotes the consumer’s wellbeing such as conducting home visits and phone calls when consumers are not well. The service divides the service centre to create space for the consumers to attend prayer meetings.

All consumers and representatives shared how they are assisted to do the things they like to do, have social and personal relationships and described the community connections outside of the service environment. Volunteers organise weekly group activities with consumer input. Management provided an activity outline with a variety of activities, including, exercise, dancing flower workshop and sing along. Consumers and volunteers were observed participating in gentle seated exercises, dancing and interacting together.

Consumers said in different ways they receive the appropriate services for their needs and staff have the right information. Management, staff and volunteers demonstrated an understanding of consumer’s current situation and relevant information is verbally shared between staff and volunteers.

Volunteer described how they would support consumers with referrals. The provider’s response included examples of referrals consumers have received to other services, requested by consumers and their representatives.

Consumers and representatives provided positive feedback with the quality and quantity of meals provided, stated they have input into the foods they want to eat and expressed that the food meets their cultural needs. Consumer preferences and dietary requirements are communicated verbally to staff and volunteers. The service seeks consumer feedback regarding meals provided through food surveys.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4, Services and supports for daily living.

# 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

Consumers provided positive feedback regarding the service environment, including the function, layout and cleanliness. Observations showed directional signage to bathroom facilities located within accessible proximity to activity areas.

Staff and management described systems and processes to maintain a safe, clean and comfortable service environment including cleaning schedules and protocols. Observations showed consumers moving freely within the service centre with access to outdoor areas.

Volunteers described assisting with cleaning furniture and fittings, including daily sanitising of high touch areas, wipe down of tables and chairs after each of the social group activities, and cleaning kitchen equipment after meal service. Observations showed that the service’s furniture and fittings were safe, clean and suitable.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# 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. | Non-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. | Compliant |

Findings

Requirement (3)(b)

The Assessment Team were not satisfied that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team provided the following evidence relevant to my finding:

* Consumers, representatives and the workforce were not aware about advocacy and interpreting services.
* The service has a policy on advocacy and another on interpreting services, however this is not discussed with volunteers or the consumers and their representatives
* Management advised they the consumer information pack would be revised to include information on advocacy, interpreter services and alternative methods for resolving complaints

The provider accepted the Assessment Team’s findings. The provider’s response advised previously consumers have received information on advocacy and complaints resolution services. However, updated resources will be shared with consumers, representatives and staff as soon as practical.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate the service has made consumers aware of advocacy, language services and other methods for resolving complaints.

I acknowledge the plans to provide consumers with this information, however, the provider did not disclose timelines to complete these actions to inform my decision.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(b) Standard 6, Feedback and complaints.

Requirements (3)(a), (3)(c), (3)(d)

While the service does not document feedback, staff and management explained feedback is responded to immediately. The service holds monthly feedback meetings where input on activities, services and other topics is encouraged from consumers and representatives. Consumers and representatives reported they provide verbal feedback to staff and volunteers and were satisfied with the services they receive. Management advised they will implement a feedback register. Documentation showed the service seeks feedback from consumers through surveys on meals provided.

Feedback received in monthly consumer meetings or verbally is not recorded. Consumers and representatives were satisfied with the service response to feedback provided. A representative was satisfied with actions taken in response to concerns regarding the menu. Management and staff demonstrated timely action occurs in response to feedback, reflecting the principles of open disclosure.

The service demonstrated how feedback obtained through monthly meetings with consumers and ongoing discussions during service delivery informs service improvements. Evidence of feedback driven improvements was shown through revisions to the menu to reduce the sugary foods provided to consumers. Management advised of plans to implement registers to trend feedback and develop a continuous improvement register.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(a), (3)(c) and (3)(d) in Standard 6, Feedback and complaints.

# 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

Requirement (3)(d)

The Assessment Team found the service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* All volunteers are provided with a handbook that outlines their position description and requirements such as privacy and confidentiality, volunteers undertaking meal preparation have had food safety and food handling certification
* Volunteers advised they have not had any infection control and hand hygiene training
* Management advised that monitoring of police checks, statutory declarations, drivers licenses and first aid certification is not documented
* Two of seven volunteers do not have current police checks

The provider accepted the Assessment Team’s findings. The provider’s response advised orientation training had occurred in November 2022, where the organisation’s manual, amongst other documents, were provided to attendees.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by these standards.

The provider’s response did not address key issues where probity checks are not monitored or whether the two volunteers successfully obtained current police checks. While I acknowledge proportionate training and information is provided to the staff and volunteers, the provider did not demonstrate planned, or completed, corrective actions taken to improve processes which can protect against risk for consumers.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(d) Standard 7, Human resources.

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

All consumers and representatives reported the number of volunteers is sufficient to provide quality care and services at the social support program. Volunteers reflected similar sentiments of sufficient staffing numbers. The service has contingency plans for unplanned leave and outings which require additional volunteers via an established pool of volunteers available.

Consumers and volunteers are from the Laos community and share cultural values regarding respect shown to elderly members in the community. Consumers stated volunteers are respectful in how they deliver services. Observations showed respectful interactions between consumers and volunteers.

Staff and volunteers hold relevant certificates, knowledge and qualifications to perform their role, including certificates in aged care, first aid and food handling certifications. Consumers reported volunteers know how to support during services.

Regular monitoring the performance of each member of the workforce is undertaken through weekly staff meetings, including one on one meetings with volunteers and management. The volunteer coordinator meets with management to discuss supports required to assist volunteers delivering the program in relation to the needs of consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e), in Standard 7, Human resources.

# 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. | 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

Requirement (3)(b)

The Assessment Team found the provider did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team provided the following evidence relevant to my finding:

* The Committee of Management meet four times a year and one of the meetings is the annual general meeting with all the community present.
* Recent committee meetings minutes show the organisation identified police checks for staff and management needed to be renewed
* Management advised that they have not had any incidents or feedback and have no registers as all information is verbal and record keeping does not support oversight over the wellbeing, and quality of services, received by consumers

The provider’s response advises appropriate actions will be taken to address issues identified in the Assessment Team report,

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for that delivery.

I have considered information that the deficits in record keeping related to consumer care documentation, feedback and incident registers and remaining evidence did not demonstrate broader deficiencies, or impact, in relation to the culture of safe, inclusive and quality care delivery. Therefore, I have considered evidence relevant to information management and feedback systems under Requirement (3)(c) and incident management systems under (3)(d) in this Standard.

I have considered the information and evidence provided shows the governing body demonstrate oversight, and engagement, through evidenced discussions regarding workforce probity checks and quarterly meetings.

I have considered care and services delivered to consumers was, overall, found to be safe and inclusive and supported through processes, systems and communication protocols. While the Assessment Team identified deficits in record keeping and incident management systems, I do not consider this a proportionate finding to deem an ineffective governing body in relation to this Requirement. However, I encourage the service to improve record keeping in relation to governing body meetings, and associated actions.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 8 Organisational governance.

Requirement (3)(c)

While the Assessment Team found the service had effective organisation wide governance systems in relation to financial governance, they were not satisfied effective governance systems were in place in relation to information management, continuous improvement, workforce governance, regulatory compliance, feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Information management
  + Information management systems do not enable the workforce to access current and accurate consumer information to guide care and service delivery
  + Former staff have not returned organisational information
* Continuous improvement
  + A continuous improvement plan or process has not been established
* Workforce governance
* Volunteers receive verbal information to support consumers and have not been provided hand hygiene and infection control training
* Regulatory compliance
  + Management advised the service does not have links with peak bodies nor able to show how the organisation remains informed of regulatory changes and compliance requirements.
* Complaints and feedback
  + The service does not document complaints and feedback to enable governance over feedback trends and effectiveness of feedback systems

The provider’s response accepts the issues identified in the Assessment Team report with reference to a policy, not provided, that contains information to show how the organisation meets the Quality Standards.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate ineffective organisation wide governance systems in relation to workforce governance. This information does, however, demonstrate ineffective organisation wide governance systems for information management, continuous improvement, regulatory compliance and complaints and feedback.

In relation to workforce governance, information and evidence under Standard 7, shows the workforce has assigned roles and responsibilities. Further, I do not consider it proportionate to find ineffective workforce governance based on service level failure that is addressed under (3)(d) in Standard 7.

I have considered the intent of the Requirement against the remaining governance systems and found the organisation has not demonstrated the expectations. Information management systems and processes do not give appropriate members of the workforce access to information that helps them in their roles. The organisation does not maintain a continuous improvement plan to improve the quality of services. The organisation does not undertake the task to ensure compliance with relevant regulatory requirements and guidelines through peak bodies or other information channels. Feedback and complaints systems do not operate to enable oversight from a governance level.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(c) in Standard 8, Organisational governance.

Requirement (3)(d)

The Assessment Team found the organisation did not demonstrate effective risk management systems and practices. The Assessment Team provided the following evidence relevant to my finding:

* The service currently does not undertake assessment and care planning for consumers and risks to consumers is not identified and systems or processes to manage consumers with high impact high prevalent risks are not evident.
* The service does not have an incident management system to record and respond to consumer related incidents
* Management stated that the service does not have any processes to identify and manage risk and the development of risk management processes will be referred to the governing body

The provider accepted the Assessment Team report. The provider advised current procedures would likely cover the Requirements of this Standard, however, the governing body has a planned meeting to discuss actions and relevant timeframes.

In coming to my finding, I have considered information and evidence in the Assessment Team report and the provider’s response which does not demonstrate effective risk management and practices.

I have considered the intent of the Requirement expects organisations to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers and to effectively prevent and manage incidents via an incident management system that that enables incidents to be identified, responded to, and notified to the Commission (as required). I find this has not occurred in relation to a failure to identify (and manage) high impact and high prevalent risks through assessment and planning and failure to establish an incident management system.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with (3)(d) in Standard 8, Organisational governance.

Requirement (3)(a)

The organisation seeks consumer input into the evaluation, design and delivery of services through surveys and monthly meetings. Consumers stated they provide feedback on a monthly basis and discuss the activities they would like to do when they attend the program. Management stated, and documentation showed, the service conducted a survey on the food delivered to consumers who attend the social support program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(a) in Standard 8, Organisational governance.

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)