**Performance**

**Report**

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| Name: | Larrakia Nation Aged Care Service |
| Commission ID: | 600283 |
| Address: | 76 Dick Ward Drive, COCONUT GROVE, Northern Territory, 0810 |
| Activity type: | Assessment contact (performance assessment) – site |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2360 Larrakia Nation Aboriginal Corporation  
Service: 17933 Larrakia Nation Aged Care Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7743 Larrakia Nation Aboriginal Corporation  
Service: 23845 Larrakia Nation Aboriginal Corporation - Community and Home Support

**This performance report**

This performance report has been prepared by J Wilson, 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 services it operates, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 10 October 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

**Standard 8, requirement (3)(b)**

* Ensure reporting to the board includes clinical information, risks and trends in consumer care and service delivery, which are discussed through meeting minutes to inform decisions relating to care and service delivery.
* Ensure communication is provided from the board to staff and consumers in relation to the organisation and legislative and regulatory changes.
* Implement and maintain an organisation wide plan for continuous improvement with aged care specific improvements.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| 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 |

Findings

Requirements (3)(d) and (3)(e) were found to be non-compliant following a quality audit undertaken in September 2023 for both CHSP and HCP as consumers were not supported to undertake activities of risk, nor were they provided with current, accurate or timely information to enable them to exercise choice. The assessment team’s report provided evidence of actions taken by the service to rectify the non-compliance, including but not limited to:

* Staff training was undertaken in dignity of risk, with ongoing mandatory training modules implemented.
* Review of policies and procedures and consumer care regarding dignity of risk.
* Implementation of dignity of risk forms and supporting risk tools.
* Care coordinators undertake in person visits with consumers to discuss care plans and provide information on additional services.
* Implementation of consumer application to allow consumers access to the electronic care system and view services and care information.
* Implementation of monthly newsletter to distribute information to consumers and representatives regarding upcoming activities, health related notices and other information.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(d) and (3)(e) as met for both CHSP and HCP.

Consumers and representatives expressed satisfaction with the level and quality of communication by the service, describing various methods used by the service and staff to keep them informed of their services, funding, and changes or activities occurring within the service. Representatives confirmed the service supports consumers to undertake activities of risk, and confirmed they are involved in discussions regarding risks and the mitigation strategies implemented.

Staff described how they support clients to make choices and decisions about their services, including undertaking risk, and was confirmed by management and service documentation. Staff were familiar with consumers’ needs and described how they tailor their communication to facilitate effective communication throughout service delivery.

Service policies and procedures support staff practices in supporting consumers to undertake risks. Service documentation included client and family handbooks to communicate information to consumers and representatives, including service funding and fees, rights and responsibilities, internal and external complaints and services and supports available. Service environments include posters and pamphlets displaying information accessible to consumers and representatives.

Based on the assessment team’s report, I find requirements (3)(d) and (3)(e) in Standard 1 Consumer dignity and choice compliant for both CHSP and HCP.

# 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

Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) were found to be non-compliant following a quality audit undertaken in September 2023 as assessment and planning did not include the consideration of risks, nor were consumers’ current needs, goals and preferences documented, including advance care planning. Additionally, assessment and planning was not undertaken in partnership with the consumer or with others involved in the consumer’s care, with outcomes of assessment and planning documented and communicated, and were not reviewed on a regular basis or when changes are identified. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* The review and implementation of policies and procedures relating to assessment and planning, including risk assessments, advance care planning and end of life care, communication between consumers, representatives and external providers for care and services, and reporting changes in the care or condition of consumers.
* Undertaking staff education and training in identifying risk and supporting the needs of consumers.
* Undertaking a review of all consumers’ assessment and care documentation to ensure the current needs, goals and preferences of the consumer are clearly documented.
* Outcomes of assessment and planning are discussed with consumers in person, and they are provided with a copy of their care plan.
* Brokered nursing services undertake complex assessments for consumers as part of their review processes which are included in the consumer’s care plan.
* Implementation of weekly team meetings and management meetings.
* Updated the electronic system and implemented a clinical register to monitor care plan reviews.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) as met for both HCP and CHSP.

Consumers and representatives confirmed they are engaged in assessment and planning of their care and services, and how the service undertakes regular reviews. Consumers felt the service understood their needs, goals and preferences, including risks associated with their care, to deliver safe and effective care and services. Consumers confirmed staff visit them to discuss the outcomes of assessment and planning and they are provided with a copy of their care plan to keep in their home. Care documentation was consistent with the expressed needs, goals and preferences of consumers, including risks such as falls, and implemented mitigation strategies.

Coordinators and staff confirmed assessment and planning processes included risk assessments, and documenting the consumer’s needs, goals and preferences. Coordinators described how medical practitioners discuss end of life care and advance care directives due to cultural sensitivities. Processes are in place to facilitate staff to partner with, and communicate information to consumers, representatives, internal staff and external providers of care and services, which staff confirmed. Coordinators and management described care review schedules, including events which trigger a review outside of scheduled reviews, and care documentation reviewed was current and reflective of the consumer’s condition.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant for both CHSP and HCP.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Requirements (3)(b), (3)(d), (3)(e) and (3)(f) were found to be non-compliant following a quality audit undertaken in September 2023 as the high impact or high prevalence risks associated with the care of each consumer were not effectively managed, deterioration in a consumer’s condition had not been responded to appropriately or in a timely manner, referrals were not undertaken and information was not effectively communicated both internally and externally. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Implementation of risk assessments undertaken on intake and reviewed at regular intervals or when required.
* Development of a clinical care register to monitor and review consumers’ needs and allows oversight by coordinators and management.
* Provided training in falls prevention, recognising deterioration or change in a consumer’s condition, and professional note taking and documentation.
* Implementation of systems to ensure timely and appropriate referrals are undertaken consistently, including weekly team meetings.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(b), (3)(d), (3)(e) and (3)(f) as met for both CHSP and HCP.

Consumers confirmed they are provided care and services, which meets their needs and enables them to remain safely at home. Consumers felt staff know them well and have the information they need to provide care and services and are confident staff would be able to identify changes in their condition and respond in a timely manner. Consumers and representatives confirmed appropriate and timely referrals to external providers of care and services are provided when required.

Staff demonstrated familiarity of the high impact and high prevalence risks associated with the care of consumers, including mitigation strategies in place. Staff could describe processes in place to report and respond to changes in a consumer’s condition, which was evidenced through consumer care documentation. Staff confirmed they have access to information to deliver safe and quality care and services, with systems to communicate changes to care. Coordinators and management described referral processes for both internal and external referrals, and included allied health, clinical care and my aged care where appropriate, which was confirmed through care documentation.

Based on the assessment team’s report, I find requirements (3)(b), (3)(d), (3)(e) and (3)(f) in Standard 3 Personal care and clinical care compliant for both CHSP and HCP.

# 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)(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 |

Findings

Requirements (3)(a), (3)(b), (3)(d), and (3)(e) were found to be non-compliant following a quality audit undertaken in September 2023 as consumers did not receive services and supports for daily living which meets the consumer’s needs, goals and preferences, optimises their health, well-being and quality of life, and promotes their emotional, spiritual and psychological well-being. Additionally, the service did not undertake timely and appropriate referrals, nor was information regarding the consumers condition, needs and preferences communicated both internally and externally where care is shared. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Recruitment of additional support workers and engagement with local universities to enable students to undertake placements at the service.
* Review and development of policies and procedures in relation to services and supports for daily living.
* Consumer assessment forms were reviewed and updated to include spiritual and psychological well-being needs and goals.
* Implementation of a clinical care and services register to document and monitor consumer’s condition.
* Implementation of weekly staff meetings to assist with care planning and program delivery and monitoring of referrals.
* Enhancements to the information management system to ensure all staff have access to consumer care plans during service delivery.
* Enhanced communication methods implemented, such as emails, or communication books for social groups.
* Development of a database of social and well-being activities and associations within the local community to enable appropriate and timely referral to services.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(a), (3)(b), (3)(d), and (3)(e) as met for both CHSP and HCP.

Consumers confirmed they receive services and supports for daily living which are consistent with their needs, goals and preferences and provided by staff who know them well. Consumers described how services and supports assist them to remain as independent as possible and support their emotional, spiritual and psychological well-being. Consumers and representatives described being provided with appropriate and timely referrals to external services and supports and confirmed information about their needs and condition is communicated effectively.

Staff were familiar with the needs and preferences of consumers, and described how they support consumers to maintain their independence, optimise their health and well-being, and support their emotional, spiritual and psychological well-being. Management and staff described processes to refer consumers internally and externally, and confirmed communication processes to ensure relevant information about consumers are documented and communicated both internally and externally. Care documentation demonstrated information is documented and communicated within the electronic care system and staff confirmed information is current and accurate.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(d), and (3)(e) in Standard 4 Services and supports for daily living compliant for both CHSP and HCP.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 |

Findings

Requirement (3)(b) was found to be non-compliant following a quality audit undertaken in September 2023 as the service environment was not safe or well-maintained. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Development and implementation of a cleaning and maintenance register for the service environment, with monitoring and oversight processes in place.
* Development and implementation of a vehicle maintenance and cleaning register to be completed fortnightly.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirement (3)(b) as met for both CHSP and HCP.

Consumers confirmed they feel safe when attending the service environment and while being transported in service vehicles, and confirmed the environment and vehicles are clean and well-maintained. Staff described processes to ensure vehicles and the service environment is cleaned, with schedules in place. Management and staff described systems and processes for reactive and preventative maintenance for the service environment and fleet vehicles, and staff confirmed receiving training in emergency situations, such as fire safety.

The service environment was observed to be well-maintained, and accessible, with adequate lighting, heating and cooling. Fire safety and emergency provisions were observed to be in place, including emergency evacuation plans displayed.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 5 Organisation’s service environment compliant for both CHSP and HCP.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement (3)(d) was found to be non-compliant following a quality audit undertaken in September 2023 as feedback and complaints were not effectively used to improve the quality of care and services delivered. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Feedback and complaints register is supported electronically and completed in MS Teams.
* The electronic system has been improved to enable staff to enter data in relation to feedback and complaints.
* Feedback, complaints and service improvements are discussed and evaluated at all staff meetings, and weekly coordinator meetings.
* Trending of feedback and complaints data has been included in monthly reporting to the chief executive officer (CEO) which can be reviewed by the board.
* Staff training has been undertaken in feedback and complaints and has been included in onboarding and induction processes.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirement (3)(d) as met for both CHSP and HCP.

Staff confirmed feedback, complaints and continuous improvement is discussed at staff meetings, which was evident through meeting minutes. Monthly reports demonstrated feedback and complaints are trended with areas of improvement identified and actions to improve the quality of care and services implemented. Management described processes for reviewing feedback and complaints to identify trends and improvements to the quality of care and services, and improvements are tabled and discussed at various meetings.

While the service does not maintain a service level continuous improvement plan, improvements through feedback and complaints are currently being monitored through monthly reports and meeting minutes.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant for both CHSP and HCP.

# 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)(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

Requirements (3)(a), (3)(d) and (3)(e) were found to be non-compliant following a quality audit undertaken in September 2023 as the workforce was not sufficient to meet the needs of the consumers and deliver safe and quality care and services, staff were not sufficiently recruited, trained and equipped to undertake their roles and there was no assessment, monitoring or review of the workforce. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Review of service delivery, with rural consumers transitioned to an alternative provider.
* Implementation of reporting and tracking unfilled shifts in monthly board reporting.
* Additional support worker rostered each day within the office to backfill short notice absences.
* Completion of training and workforce needs assessment plan with the implementation of a suite of training modules via an independent training provider.
* Monitoring of staff compliance with training is undertaken by the aged care manager, team leader and human resources, with additional systems and processes to monitor performance appraisals.
* Implementation of a deputy CEO to oversee daily operations including oversight of the workforce.
* Review and improvement of onboarding and induction processes to include corporate and service level inductions.
* Staff appraisals have been completed with only one staff member outstanding currently on leave.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(a), (3)(d) and (3)(e) as met for both CHSP and HCP.

Consumers and representatives confirmed consumers receive the care and services they need when they need them, undertaken by staff who are sufficiently trained and qualified. Staff felt there is a sufficient workforce to enable the delivery of safe and quality care and services, and felt they have adequate time to undertake their roles, which was confirmed through observations of service delivery within the social group. Staff described undergoing a comprehensive induction and onboarding process, including mandatory training and buddy shifts, and felt supported in their roles. Management confirmed and described induction processes including training on the electronic care documentation system, incident reporting and code of conduct. Staff confirmed undergoing annual reviews with management of their performance, participating in formal and informal meetings. Staff felt supported and engaged in the performance review process and were comfortable in raising suggestions on where they can develop their skills and knowledge.

Management and rostering staff described processes to ensure the workforce is adequately recruited and trained to ensure the appropriate number, mix and skill of staff to deliver care and services. Systems and processes are in place to monitor the needs of the workforce and staff performance. Management described and documentation confirmed staff undertake a 6 month probationary period, with ongoing mid-year and end of year performance reviews, with additional processes in place to manage staff with poor performance.

The home care board reports demonstrate staff attrition, service targets and outputs, staff training and expressions of interest for additional training are all reported.

Based on the assessment team’s report, I find requirements (3)(a), (3)(d) and (3)(e) in Standard 7 Human resources compliant for both CHSP and HCP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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. | Compliant | Compliant |

Findings

This Standard has been found non-compliant, as Requirement (3)(b) has been found non-compliant for both HCP and CHSP.

Requirements (3)(b), (3)(c), (3)(d) and (3)(e) were found to be non-compliant following a quality audit undertaken in September 2023 as the board was not accountable for the delivery of safe and quality care and services. Additionally, the organisation did not have effective governance wide systems, risk management systems or a clinical governance framework in place. The assessment team’s report included evidence of improvements undertaken by the service to rectify the non-compliance, including but not limited to:

* Monthly reports to the CEO and deputy CEO include financial oversight in relation to home service programs and monitoring of consumer budgets, feedback and complaints, incidents, SIRS, regulatory compliance and the workforce.
* Implementation of the quality care advisory body which includes discussion on a range of topics to promote quality care and services.
* Board training presentation on home care governance and aged care reforms, with the development of the Larraika Aboriginal Corporation Aged Care Governance resource book.
* Improvements made to the organisations electronic systems, including the electronic care documentation system, with training provided to staff.
* Policies and procedures are accessible to staff through the electronic system and a review of policies and procedures was undertaken in relation to financial management, risk management and clinical governance.
* Development of a client risk register to monitor risks to consumers and follow up actions where required.
* Implementation of training modules, including SIRS, recognising deterioration, elder abuse, restrictive practices, open disclosure and infection control.
* Implementation of risk consults with consumers and/or representatives to support consumers within the community.
* The delivery of external clinical services is monitored via frequent consultation and engagement, and brokerage services are required to submit weekly progress note reporting.

Following the performance assessment undertaken in September 2024, the assessment team recommended requirements (3)(b) not met, and requirements (3)(c), (3)(d) and (3)(e) as met for both CHSP and HCP.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) as not met as they were not satisfied the actions taken by the service have been effective in ensuring the organisation’s governing body is promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. The assessment team’s report included the following evidence relevant to my finding:

* Management described how the organisation is still fostering improved Board awareness, accountabilities and understanding of approved provider aged care programs, however the organisation does not currently monitor brokered services to ensure the delivery of safe and effective care is delivered, nor is an overarching plan for continuous improvement (PCI) maintained.
* The board does not directly interact with consumers accessing home care services and does not regularly provide communication to the consumers and staff.
* The Aged Care Governance Resource Book cites core responsibilities of a Board member to include ensuring all staff and contractors are appropriately trained in the Aged Care Code of Conduct and have the skills to perform their duties. The document also stated the Board must drive a culture of continuous improvement and understand the Quality Standards.
* Management advised they have developed a PCI to be aligned with the strategic plan, however, it does not include improvements specifically aged care related.
* The contracted service agreement (CSA) outlines the key principles and shared responsibilities for brokered services, and states the approved provider is responsible for the provision of training, or training resources to the contracted service, regarding infection prevention, identifying deterioration, incident management, SIRS and Aged Care Code of Conduct.
  + Management confirmed the organisation does not currently provide training, or training resources to brokered service providers, nor are they ensuring brokered services are compliant with their responsibilities under the CSA.
  + Management acknowledged they may not be aware if quality care and services are being provided, or if they are in line with the Quality Standards.
* Information regarding care and service is compiled monthly and provided to the board for review. Whilst information is being reported to the board it does not include provision for any identified risks and trending, or relevant clinical data to highlight an increase in clinical needs or changes of the client cohort, which may highlight the need for additional services, staff, resources and expenditure.
* The assessment team acknowledged the provider did demonstrate some understanding of this requirement, particularly in relation to the implementation of the quality care advisory body.

The provider agreed with the assessment team’s recommendation, and the response included the actions they will undertake in response to the assessment team’s findings. A provided PCI outlined the following actions:

* The organisation will develop a specific strategic plan for their aged care programs.
* Undertake a review and update the aged care PCI to reflect improvements made to the service following the quality audit and assessment contact. The aged care PCI will be included in monthly reporting.
* Monthly board reports will include clinical indicators to identify risks and trends to consumer care, as well as brokerage arrangements and oversight.
* The board intends to meet with the quality care advisory body, as well as attend social functions to engage with consumers.
* The provider included board meeting minutes; however, meeting minutes did not include discussion regarding aged care reports and the associated trends or risks.

I acknowledge the providers response and acknowledgement of the deficits identified by the assessment team. I find the organisation’s governing body does not currently promote a culture of safe and delivery care and services and is accountable for the delivery of the services provided. In coming to my finding, I have considered the information in both the assessment team’s report and provider’s response which demonstrated information received by the board does not include clinical information or information on risks or trends to inform the boards decision making on care and service delivery, nor did board meeting minutes provided demonstrate the information which is provided is discussed with actions taken when trends are identified. Additionally, the organisation’s governing body did not currently have oversight of the care and services delivered, nor the skills and knowledge of staff delivering brokered services to ensure services provided are safe and of good quality. While the provider has initiated a PCI to address the deficits identified, the actions will take time to implement, embed into practice and review. Therefore, I find requirement (3)(b) in Standard 8 Organisational governance non-compliant for both CHSP and HCP as both services have the same processes in relation to organisational governance.

**In relation to requirements (3)(c), (3)(d) and (3)(e)**

The organisation demonstrated effective organisation wide governance systems, including information management systems which ensure staff have access to appropriate information relevant to their roles through the electronic documentation system. Processes are in place to monitor and report on financial information, including consumer budgets and expenditure, with independent audits undertaken to ensure compliance. The governing body has oversight of the workforce, and processes ensure the needs of the workforce are reviewed and staff skills, qualifications and training is monitored. The organisation is subscribed to various aged care peak bodies and discusses regulatory changes and reforms to implement. Feedback and complaints are captured and reviewed through an electronic system to ensure increased visibility by management and are used to inform the continuous improvement program. While the service does not maintain a current PCI, the service demonstrated improvements have been identified, actioned and evaluated by the service.

Effective risk management systems were demonstrated and included incident management processes which management described and documentation confirmed. The organisation has policies and procedures in place to guide and support staff practices and include roles and responsibilities for reporting and investigation of incidents, including suspected or actual elder abuse. Staff demonstrated knowledge and understanding of, and confirmed undertaking training in, abuse or neglect, supporting consumers to undertake risk and incident reporting. Management and staff described managing the high impact and high prevalence risks associated with care and service delivery, and the mitigation strategies in place. The organisation has a Choice and Dignity of Risk policy to provide a supportive framework for clients and/or relevant decision makers to discuss risk mitigation strategies and make informed risk decisions.

The organisation has an effective clinical governance framework in place, in collaboration with external service providers, to deliver quality care and services to consumers. The organisation has a clinical governance policy which outlines systems and processes in place to address clinical risks, including infection control and assessment and care planning. Management and staff could describe principles of open disclosure, minimising restraint and infection prevention strategies and confirmed undertaking training in these topics. Management provided examples of open disclosure, and documentation demonstrates monitoring of clinical care through weekly communication with external providers of care and care documentation.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance compliant for both CHSP and HCP.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)