**Performance**

**Report**

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| Name: | Mackay Community Visitors Association Inc |
| Commission ID: | 700345 |
| Address: | 306 Milton Street, MACKAY, Queensland, 4740 |
| Activity type: | Quality Audit |
| Activity date: | on 3 July 2024 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7937 Mackay Community Visitors Assoc Inc  
Service: 23724 Mackay Community Visitors Assoc Inc - Community and Home Support

**This performance report**

This performance report for Mackay Community Visitors Association Inc (**the service**) has been prepared by Bruce Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 19 July 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* The service must ensure care documentation for consumers, including notes, use respectful language.
* The service must ensure care planning documentation includes potential risks for the consumer and ways in which the service works to mitigate those risks while supporting the consumer.
* Assessment and planning documentation must inform the delivery of safe and effective care and services.
* Consumers must be given the opportunity to express their current needs, goals and preferences including in relation to advance care and end of life planning and this must be documented.
* The service must ensure 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.
* The service must be able to demonstrate care and services are reviewed regularly for effective or when circumstances change.
* The service must be able to demonstrate it has effective governance systems in relation to information management, particularly with regard to care documentation.
* The service must be able to demonstrate incidents, including near misses, are evaluated and used to inform continuous improvement of services and support consumers to live the best life they can.

# 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. | Not 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. | Not 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

Consumers and representatives said staff understand their needs and preferences and services are delivered in a way that makes them feel safe and respected. For example, one consumer referred to a situation when they became unwell while out with a social support worker, the staff member stayed with them, and reassured them until a family member arrived.

Whilst the staff interviewed were not familiar with the term ‘cultural safety’ they could give examples of how services are delivered to meet the needs and preferences of individuals.

Consumers and representatives said consumers are supported to make their own decisions about the care and services they receive. Consumers gave examples of how the service makes it easy for them to be involved in activities that are important to them. Those consumers said they are consulted by staff at the commencement of each service to confirm what support they required, and they contact the office if they want to make any changes.

Consumers and representatives said they receive information in a way they can understand and that enables them to make informed choices. Examples provided included statements and invoices, change of service time, and holiday closures. Each consumer is provided with a welcome pack upon commencement which includes a handbook, registration form and rights and responsibilities of both the consumer and service.

All consumers and representatives interviewed stated the service is prompt in responding and actioning any changes to care when requested. Staff described how consumer care information is disseminated, stating both verbal and text message communication is used between managers and themselves.

Staff described various ways they ensure a consumer’s privacy and confidentiality is upheld. For example, staff do not wear uniforms when accompanying consumers in public places, as consumer sentiment had revealed they do not wish to be identified by the support worker association. Consumers said their privacy is respected and confidentiality of their personal information maintained.

Following consideration of the above information, I have decided that Requirements 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f) are compliant.

With respect to Requirement 1(3)(a), the Assessment Team report indicated staff did not demonstrate knowledge of consumers’ cultural backgrounds and could not describe how they recognise, promote and value diversity. Staff were unable to demonstrate effective communication strategies with all consumers. For example, when asked how they would communicate with a consumer with language barriers, staff interviewed said they use hand signals or talk to the consumer’s next of kin for instruction.

Likes, dislikes and preferences of consumers were not captured in care planning documentation to guide staff and inform care and service delivery. Review of consumer documentation did not contain consumers’ individual background, history or culture. Where ad hoc information was provided to staff to assist in guiding care and services delivery, the language used was disrespectful and often irrelevant to the consumer’s care. For example, notes provided to a new staff member upon their first social support shift included comments regarding consumers and representatives were judgemental and disrespectful concerning family relationships and staff opinions. Management noted the document was not meant for anyone else to read.

However, consumers and representatives said consumers feel valued by staff and are treated with dignity and respect. Consumers reported their needs are met and staff interact with them in a respectful manner.

In the response to the Assessment Team report, the approved provider advised staff are provided information on communication strategies when supporting consumers who have communication limitations. The response advised staff have always learnt to communicate with consumers in an effective manner.

The response advised the comments made in the notes provided to the new staff member were informal and not meant for file notes. The approved provider advised the notes were only offered to the Assessment Team as evidence that staff receive information about consumers prior to commencement of the first shift, even in cases such as this, where a formal written support plan had not been initiated.

The response advised staff will receive training in supporting consumers who have communication difficulties, and the development of a detailed consumer support plan has been created. This plan will include cultural and personal preferences and will be provided to each consumer on the first day of support to complete. It will also be updated as necessary.

I note consumers and representatives interviewed said they feel valued by staff and are treated with respect and dignity. I also accept the Assessment Team report did not provide any examples where language barriers had resulted in issues with service delivery. However, some of the descriptions of consumers and representatives in the service’s ad hoc notes did not evidence respect toward them, even though the notes were informal. Additionally, the service could not demonstrate awareness or acknowledgment of consumers’ identity, culture or diversity nor could staff describe how they recognise, promote and value diversity. I acknowledge the strategies being developed by the service to create care documentation to support this requirement, but it will take time for this to be developed and become embedded in regular practice.

Therefore, following consideration of the information above, I have decided this requirement is not compliant.

With respect to Requirement 1(3)(d), the Assessment Team report indicated the service was unable to demonstrate how it supports consumers who choose to take risks. Care planning documentation did not include potential risks and ways in which the service works to mitigate those risks while supporting the consumer. For example, a consumer who requires a 4 wheeled walker to mobilise safely has been advised by the service they are not allowed to only use a walking stick and will not be permitted to access social support without a 4 wheeled walker.

The approved provider’s response to the Assessment Team report provided additional information explaining the context of the examples provided in the report. For instance, with the consumer with mobility issues, the service advised there had been discussions with the consumer where he agreed he would be safer using the 4 wheeled walker. The response also advised the newly developed support plans will document potential risks and how staff will support consumers who choose to take those risks. The response advised the service’s consumers are very proactive in protecting themselves from risk and when they, or staff, identify issues of risk these are documented on the risk register and discussed with committee members.

I acknowledge the actions identified by the service to address the deficiencies identified by the Assessment Team and the implementation of these should address the concerns. At present however, these actions have not been implemented and it will take time for them to become regular practice and be reviewed and evaluated by the service.

Therefore, I find this requirement to be not compliant.

As two requirements are not compliant, Standard 1 is not compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

Requirement 2(3)(a)

While consumers expressed satisfaction with the care they receive, review of care planning documentation indicated assessments had not been fully conducted for each consumer and without considering all relevant information. Key risks for each consumer were not consistently identified or assessed and strategies to manage those risks were not documented.

The Assessment Team report indicated the service does not have a consistent and effective approach to assessing and documenting each consumer’s needs, goals and preferences, including consideration of the risks to their health and wellbeing.

The service completes an initial registration form, however this document was not consistently completed or reviewed. Information captured on this form does not reflect the breadth of information relevant to the consumer’s needs to inform safe and effective services delivery. For example, for one named consumer, their care planning documentation contained a referral which stated the consumer ‘has feet pain and numbness, has a fear of falling and gets disorientated’. The care planning documentation noted the consumer uses a walking stick or a 4 wheeled walker for mobility, and under health information the care planning documentation stated ‘Pain - nerves in feet dying.' An incident report was filed in November 2023 after the consumer suffered a fall while on a social support visit. However, the service did not provide staff with guidance or instruction on strategies to assist the consumer to stay safe on social support outings. There was also no evidence a reassessment of the consumer’s care plan was undertaken after the fall.

The response from the approved provider gave additional information, noting that ongoing planning and assessment is carried out by staff following each shift. All new information is sent via text message or verbally and notes are transcribed once per week. Consumers who have had falls or been ill are followed up the following day (or as soon as possible) and information on the incident report updated.

The response also acknowledged re-assessment for consumers was behind schedule and compilation of the new support plans will assist in carrying out planning and assessment and will allow consumers to have a copy if any circumstances change.

I acknowledge the actions being undertaken by the service provider to address the identified deficiencies, however, at present the service is unable to demonstrate a consistent and effective approach to assessing and documenting each consumer’s needs, goals and preferences, including consideration of the risks to their health and wellbeing.

Therefore, I find this requirement to be not compliant.

Requirement 2(3)(b)

The Assessment Team report indicated care planning documentation does not include consumer preferences and minimal detail of what care and services are to be provided. Consumers and representatives said, and documentation supports, end of life wishes, and advance health directives or statements of choice are not discussed. Staff said they are not aware of details relating to consumers’ end of life wishes and could not articulate where they might be found in documentation or the consumers’ home.

All consumers interviewed said they had not discussed end of life planning with the service, nor had they been asked if they would like to discuss this. Twelve of 12 consumer care planning documentation reviewed did not have information about current needs and preferences, including end of life care planning.

Care staff said they did not know where to find end of life care planning information or advance care directives however will phone an ambulance if there was an emergency.

When asked about end of life planning, management stated the service and staff have a duty of care and would always resuscitate, regardless of the consumer’s wishes.

The response to the Assessment team report noted the issue of client choice in relation to end of life support was discussed at length at networking meetings several years ago. The advice to community groups from local general practitioners and paramedics had been to preserve life at all costs and this had always been in the mission statement of the organisation.

The response also noted all staff will be given training and information regarding end of life care to enable discussions with consumers. Consumers will also be provided information regarding end of life discussions. The approved provider identifies a potential issue that most of the service’s current consumers have limited contact with family and may be lacking in capacity to make these decisions with clarity.

As noted in the guidance material regarding the Quality Standards (available on the Commission’s website), the intent of this requirement is to ensure advance care planning and end of life planning occur in life with consumer preferences. When a consumer lacks capacity to make these decisions, an organization needs to manage this according to relevant law and best practice guidance.

The approved provider response indicates a positive intent to address the deficiencies identified in the Assessment Team report, however, until the planned actions have been implemented, the service is unable to demonstrate assessment and planning identifies consumers’ current needs, goals and preferences, including advance care and end of life planning.

Therefore, following consideration of the above information, I have decided this requirement is not compliant.

Requirement 2(3)(c)

Consumers and representatives said they are involved in the planning of the services consumers receive. They said consumers can make changes to their services by contacting the provider. Staff and management were able to provide examples to demonstrate how they work with the consumer and other organisations to plan care and services. Management reported that if consumers’ declining health or mobility is recognised, the service will assist consumers with referrals to relevant organisations for additional care and services, such as My Aged Care and Older Person’s Mental Health Service.

Following consideration of this information, I have decided this requirement is compliant.

Requirement 2(3)(d)

The Assessment Team report indicates consumers receive the services they have requested, but the service does not provide them with a copy of a care plan. Consumers and representatives said they discuss their requirements on commencement and changes are made at their request verbally or by contacting the service.

Staff and management said, apart from what is contained in the initial registration form, a care plan is not developed for consumers. Management confirmed they do not print a copy of the consumer’s care plan for placement in their home.

The Assessment Team report identifies potential impacts upon consumers. For example, assessment documentation for a named consumer records the consumer is vision impaired, however notes provided to a new staff member did not include this information or strategies that would assist the consumer to feel respected and safe during the delivery of services.

The approved provider’s response did not directly address the deficiencies identified for this requirement; however, the response notes the service is developing new in-depth support plans which will be provided to consumers and updated to reflect any changes in their service needs.

I acknowledge the service’s proposed actions to address the deficiencies identified but note it will take time for the new support plans to be created and evaluated. Therefore, considering the above information, I have decided this requirement is currently not compliant.

Requirement 2(3)(e)

The Assessment Team report indicated the service was unable to demonstrate care and services are reviewed at regular periods. The service was also unable to demonstrate there is a process of review and reassessment when circumstances change for consumers.

Consumers said they would contact the service if any changes needed to be made. While changes are initiated by consumers, the service does not undertake a formal review of services at least once every 12 months in line with the CHSP guidelines.

Staff said they are advised of changes verbally by the consumer or representative or via text message from management. These changes are not added to the care plan documentation.

Seven of 7 care files reviewed were overdue for annual review, one by 3 years. The Assessment Team report provided examples of consumers who have not had a review of care and services since registration.

The approved provider did not directly address the deficiencies identified in the Assessment Team report for this requirement. Evidence obtained for the report demonstrates the service is not currently able to demonstrate care and services are regularly reviewed for effectiveness. Therefore, I have decided this requirement is not compliant.

As four requirements are not compliant, Standard 2 is not compliant.

# 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 |

Findings

Consumers said they are provided safe and effective services to support their daily living in accordance with their needs, goals, and preferences to optimise their independence, health, wellbeing, and quality of life. For example, one consumer described how social support staff are flexible and will take them to shop for groceries, to the local tennis club, or other outings depending on what the consumer wants to do that day. Staff described the types of support provided to individual consumers to remain independent, and to meet their daily preferences.

Consumers said they felt connected with staff, and they are encouraged to participate in doing the things they like. For example, a consumer described gaining confidence in attending social activities due to support provided by staff at the service.

Management said the service’s ethos and strategic direction is based on enabling consumers to continue participating in the community and consumers said the service provides engagement, socialisation and connection to activities and personal relationships.

Consumers and representatives said information about consumers’ needs and preferences is shared within the service and with others involved in their care. Staff demonstrated good knowledge of consumers’ daily social needs and preferences. Information about consumers’ care and services is communicated to staff either verbally or via text message from management. The service demonstrated information about the consumer’s needs and preferences is communicated within the service and with others, where responsibility for services and supports for daily living is shared.

The service encourages consumers to seek additional services and supports to meet their emerging needs. Where a consumer requires a different support or a significant increase in services, the service will assist in referring them to the most appropriate organisation, including My Aged Care to facilitate reassessment. Management described referral processes for referring consumers to local organisations such as Older Persons Mental Health or the Men’s Shed to support psychological wellbeing. Staff were able to describe how they recognise and escalate any indication of decline in consumers.

Requirements 4(3)(f) and 4(3)(g) are not applicable as the service does not provide meals or equipment to consumers.

Following consideration of the above information, I have decided all requirements of this standard are compliant and therefore Standard 4 is compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | 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

Consumers and representatives said they were comfortable making complaints and providing feedback. They said they feel comfortable to discuss any concerns with staff and provided various examples of how they have provided feedback to the service.

The consumer induction kit details the process of providing feedback or complaints to the coordinator, a committee member, My Aged Care and the Commission.

Staff said they receive feedback and complaints directly from consumers and representatives and encourage them to contact the office directly.

Consumers and representatives are provided information about advocacy and interpreting services available, however all consumers and representatives interviewed said they were happy to manage their complaints with the service directly.

Consumers and their representatives are provided with information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Commission to make a complaint, as well as information on how to access language and interpreting services.

Management said staff know consumers well enough to recognise when a consumer needs help to use an advocate or other support service - and identified individual consumers who would benefit from access to language services, if they needed to use them.

The service has a documented process for receiving, categorising, and actioning feedback and complaints. Management and staff said they would try to resolve any complaints, and reflected they deal with complaints in an open and honest way, which would include offering an apology when applicable. Management described the process for recording, categorising and escalating feedback and complaints to the committee.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives who had made a complaint with the service said the service had rectified any issues, and the problem had not reoccurred.

The service maintains a complaint register which includes the date received, nature of complaint, the complainant, the method the complaint was lodged, results, and review date. Complaints are signed off once resolved.

All routine feedback and complaints are presented to the committee for information only, however items deemed significant (including any complaints about staff) are reported to the committee for consideration.

Following consideration of the above information, I have decided all requirements of the standard are compliant and therefore Standard 6 is compliant.

# 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Management said rostering is done based on a matrix of consumer needs and staff availability. Rosters are reviewed on a regular basis to ensure staff allocations are adequate to meet any changes to consumer needs and preferences. Consumers confirmed they receive the agreed care and services, as scheduled in consultation with them, and staff are always on time.

Management said the organisation cautiously considers accepting new consumers against the capacity of staff to provide care and services. When rosters and shifts are reviewed, consumer needs are matched with staff availability. For example, consumers may request morning services as they are unavailable in the afternoon, and these considerations are met in the roster.

Consumers and representatives said staff are kind, caring and respectful of each consumer’s identity and preferences for service delivery. Consumers provided positive feedback about field staff. They expressed confidence in the workforce and said services are delivered in accordance with consumers’ individual needs and preferences. Consumers said they are satisfied with the skills and knowledge of staff, including for support and transport services provided by the service.

Management provided examples of how the service respects consumers’ individual differences (including those of differing ethnicity or religion) and how they monitor that staff interact with consumers in a kind and caring way. Management demonstrated monitoring processes to ensure the competency and currency of qualifications for staff. Management said each role has a position description including the qualifications and knowledge requirements for each role and this guides the recruitment process. All staff have a minimum Certificate III qualification in the respective field, and a current police check.

The service demonstrated it has processes for the recruitment, induction, and ongoing training for staff, including mandatory and reactive or opportunistic training. For example, the Assessment Team reviewed the training calendar which included elder abuse (by an external provider), senior first aid, cardiopulmonary resuscitation (CPR), deescalating aggression for consumers with mental health decline, cultural awareness, staff appraisal, policy and procedure information session, dementia information, wheelchair loader assessment, driver training assessment, management/committee updates and organisational training.

The service demonstrated performance of staff is regularly assessed and monitored. Management said staff performance is based on consumer and peer feedback, adding consumers are ‘very clear’ in communicating feedback about the workforce. The performance appraisal activity is completed with an attending committee member annually and all staff have received a performance appraisal within the last 12 months.

Staff undertake a self-assessment of performance which is brought to management at performance review. An agreement of staff performance is made and any areas for improvement are acted upon. Staff said they are satisfied with the performance appraisal process, and they can ask management for additional training or support at any time.

Following consideration of the above information I have decided all requirements of the standard are compliant and therefore Standard 7 is compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |

Findings

Consumers and representatives said they have the opportunity to provide feedback on care and services and management demonstrated various methods for consumers to be involved in the development and evaluation of care and services. For example, some consumers attend the annual general meeting where feedback can be provided. An annual survey titled ‘Tell us what you think’ is provided to all consumers and representatives and the survey includes a reply-paid envelope to maintain confidentiality.

The governing committee is composed of local residents with varied backgrounds. The committee meets monthly and is informed of what is happening at the service by way of formal committee reports including feedback and complaints and incident and accident reporting, and ad hoc discussions. The committee composition provides a broad range of skill sets, including experience in health, hospital, aged care, accountancy and business management skills and includes a former local councillor.

Management said the skills of the committee are assessed annually by management and the details presented in a report to the committee.

The president of the committee said they are satisfied the process of business arising from committee meetings is measured and actioned. The committee considers the strategic direction of the service as one of continuing to provide services to the local community whilst acknowledging consumers desire to stay at home for as long as possible.

Following consideration of the above information I have decided that Requirements 8(3)(a) and 8(3)(b) are Compliant.

With respect to Requirement 8(3)(c), the Assessment Team report indicated the service has effective governance systems in place relating to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. However, care planning and information management for all consumers failed to capture and share information relevant to risk, history, and detailed care and services planning.

Information management.

The service has a mix of electronic and paper-based information systems, and electronic information is backed up off site. The Assessment Team noted an item in the staff activity register regarding a support worker not reporting a consumer’s apparent reduced physical capacity was noticed by the coordinator when reading daily notes.

The Assessment Team report indicated some internal information contained disrespectful language, and language which is not considered culturally safe.

Consumers’ care planning and assessment and subsequent documentation for staff did not contain enough information to inform staff about the consumers’ background, interests or risks involved when providing support and services for the consumer, or sufficient end of life planning consideration.

Consumers’ care planning and assessment had not been consistently reviewed in the last 12 months.

In response to the Assessment Team report, the approved provider advised a newly developed support plan will maximise information for staff regarding consumers’ preferences, care planning and information relevant to risks and detailed service delivery. More time will be spent on identifying and minimising risks and promoting continuous improvement and language for documentation will be more culturally respectful and safe.

Continuous improvement

Continuous improvement was demonstrated through a range of systems and processes, and documents evidence the issues identified for improvement, actions taken, completion dates and outcomes. Evaluation of the actions is monitored through feedback and complaints, incidents, and surveys. Management said long term staff retention, recruitment, advertising and income are considered to ensure continuous improvement within the organisation.

Financial governance

The coordinator said they are responsible for managing the day-to-day budget for the service, and capital expenditure and financial oversight is maintained by the committee. Financial reporting is done monthly to the committee, and the treasurer will highlight any overspend and provide updates on expenses.

Workforce governance

The service demonstrated effective governance of its workforce numbers, with recruitment based on vacancies, and compatible with the number of consumers. Staff are provided with a relevant position description.

The staff activity register records information about staff performance of which some is referred to the committee for consideration and support. The Assessment Team observed evidence the committee supports management with staffing issues or concerns.

Regulatory compliance

Management advised legislative changes, industry standards and guidelines are monitored by the service through subscriptions to various legislative services and peak bodies including the Commission.

The service undertakes privacy and confidentiality training each year, which the committee has recognised as a result of corporate knowledge and reflective of previous staff activities.

Feedback and complaints

The service has established systems in place to encourage the provision of consumer and representative feedback and complaints and ensures appropriate and proportionate action is taken. All feedback and complaints are managed at the service level and escalated to the committee if necessary.

Following consideration of the above information, and while noting the actions planned by the service to address the identified deficiencies, I have decided this requirement is currently not compliant with respect to information management.

With respect to Requirement 8(3)(d), the Assessment Team report indicated consumers’ care planning and assessment and internal documentation did not identify the risks or contain information to mitigate the risks associated with the consumer when they are receiving support and services, either in their own home or when in the community. Care planning and assessment did not determine there are systems and practices which assess and allow the consumer to take risks when they wish to do so.

Care planning and assessment and information shared between staff (for example, support staff care delivery documentation and transport driver run sheets) did not identify the risks associated with the health, safety and well-being of consumers and there was no evident system to mitigate those risks.

Incidents (for example, falls) have been identified and recorded on the non-critical incident register, however there was no evidence the incident management system is used to manage and prevent similar incidents from occurring. There was no documented evidence of the impact risks may have on consumers and whether risks have been considered to support consumers to live the best life they can.

When the Assessment Team provided this feedback, management proposed the information was not required due to the types of support and services provided and said staff know consumers well enough to understand the risks associated with them. When interviewed, staff said they know the consumers well and did not need additional information.

However, the Assessment Team report also indicated management and the committee consider risks which affect the ongoing delivery of services to consumers, and there are practices in place to identify and respond to incidents and recognise abuse and neglect. For example, the service maintains a risk register which includes reputational and financial risks, staff injury, sufficient staff, COVID-19 and other infectious outbreaks, disaster management, complaints, incidents, information technology and staff adherence to processes.

The Assessment Team reviewed the non-critical incident register which demonstrated staff respond to incidents where necessary with reactions, for example, calling the ambulance or contacting the coordinator for further action.

In response to the Assessment Team report, the approved provider advised the organisation is always seeking ways to minimise risks to consumers both at home and in the community. The response advised the risk register has been modified to include information relating to risks and methods to mitigate these risks. Staff will also be given training in relation to balancing risks and benefits for consumers, noting the need to support consumers to live the best life they can.

In considering my decision regarding this requirement, I note the service was unable to demonstrate care planning and assessment identifies risks to consumers or mitigation strategies to manage risk. It is acknowledged the services provided to consumers generally carry low risk. The actions proposed by the service to address the deficiencies identified are acknowledged. However, it will take time for the changes with respect to the risk register, care documentation and staff training to be implemented and evaluated. Therefore, I find this requirement is currently not compliant.

Requirement 8(3)(e) is not applicable at the service does not provide any clinical care.

As two requirements are not compliant, Standard 8 is not compliant.

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)