**Performance**

**Report**

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| Name of service: | Multilink Community Care |
| Service address: | 38 Blackwood Road LOGAN CENTRAL QLD 4114 |
| Commission ID: | 700098 |
| Home Service Provider: | Multilink Community Services Inc. |
| Activity type: | Quality Audit |
| Activity date: | 4 July 2023 to 6 July 2023 |
| Performance report date: | 16 October 2023 |

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

**This performance report**

This performance report for Multilink Community Care (**the service**) has been prepared by D Horne, 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

**Home Care:**

* Multilink Community Care, 18256, 38 Blackwood Road, LOGAN CENTRAL QLD 4114

**CHSP:**

* Community and Home Support, 24603, 38 Blackwood Road, LOGAN CENTRAL QLD 4114
* Care Relationships and Carer Support, 24604, 38 Blackwood Road, LOGAN CENTRAL QLD 4114

# 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, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 August 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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.

*Requirement 7(3)(d)*

* Ensure staff are adequately trained and equipped to deliver outcomes required by these standards, including sub-contracted staff.

*Requirement 8(3)(c)*

* Ensure effective organisation wide governance systems for information management.

*Requirement 8(3)(d)*

* Ensure adequate oversight of risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers, including that provided by sub-contracted staff.

*Requirement 8(3)(e)*

* Review oversight and effectiveness of current model for clinical care being provided and implement and an adequate clinical governance framework to oversee the delivery of clinical care.

# Standard 1

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

Findings

Consumers and their representatives advised that they are treated with dignity and respect. They advised that their personal circumstances and individual preferences are understood and influences how services are delivered. Staff and management were observed to speak about consumers in a way that conveyed respect and demonstrated that consumers diverse backgrounds are known well to the service. Management and staff were able to describe how they show consumers respect by listening to their needs and preferences and using this information to deliver services.

The provider delivers care and services to consumers and employs staff from many cultural backgrounds. Care staff speak over 40 different languages and the service undertakes a staff to consumer matching exercise to ensure consumers are provided care in alignment with individual language, culture, faith and gender preferences where possible. Consumers and representatives relayed that the service makes them feel valued and safe and that they are able to communicate effectively with the service who make every effort to provide staff that share cultural backgrounds. The service works with specialist services such as PICAC (Partners in Culturally Appropriate Care) delivering presentations to local cultural communities, providing information on the range of services and supports available through various avenues, how to access these and the assistance which can be provided if required.

Consumer files sampled demonstrate open and ongoing communication with consumers and their representatives in relation to preferences to how care and services are delivered. Consumers and representatives interviewed described how they are advised of what services are available and that they are able to decide how their services are delivered. They feel supported to live the way they wish.

Management and staff interviewed by the Assessment Team relayed their understanding that consumers have the right to determine how their care and services are delivered including the right to take risks and refuse services as they see fit. The service has a dignity of risk process which identifies consumer risk and allows staff and management to work directly with consumers to mitigate risks. The Assessment Team reported some specific examples that evidenced the service is undertaking appropriate risk assessments, discussing risks with consumers and applying mitigation strategies to allow risks to be managed in line with consumer wishes.

The Assessment Team identified, through a review of documentation provided to consumers, that information provided is current, accurate and timely and is communicated in a way that is clear, easy to understand and enables choice. Consumers and representatives confirmed that they find information received is relevant and supportive of their needs and is provided in a way they can understand. The service ensures that information is available in various languages, or interpreters are in place, to assist consumers with diverse language needs. Consumer representatives are also actively engaged to assist with the sharing of information where appropriate.

Consumers were able to relay that they understand the service’s privacy provisions. They are advised how their personal information will be used by the service, for example, where required for health and safety reasons. Consumers are required to complete and agree to privacy agreements that includes their preferences for the release of their data. Staff advised that they are required to sign confidentiality agreements and the staff code of conduct sets out requirements in this space. Consumer records are securely stored electronically with access only provided to staff requiring this access in their roles.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 - consumer dignity and choice.

# Standard 2

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

Findings

Requirement 2(3)(a)

The Assessment Team recommended Requirement 2(3)(a) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service outsources all clinical and nursing care and does not have sufficient practices in place in which progress notes, clinical assessments, treatment plans and health updates are shared between the contracted provider and the service themselves.
* Consumer records sampled did not hold comprehensive or up-to-date clinical records detailing consumer medical conditions and current treatment plans and practices for these. The service is currently relying predominantly on My Aged Care (MAC) reports and health summaries to guide care and services.
* Management agreed the service is not currently working together effectively with subcontracted providers in the clinical care space. Improvements are required to ensure the delivery of a unified, tailored care and services plan in which information is shared sufficiently to ensure safe and effective care and services.

The service’s response acknowledged the Assessment Team’s findings and detailed an action plan to address deficiencies in assessment and planning as follows:

* Adapting assessment and planning procedures to be more comprehensive in relation to the recording of clinical data and ensuring that this informs the delivery of care.
* The development and implementation of a comprehensive clinical health and wellbeing checklist for use at intake and review of care plans.
* The development and implementation of improved policy and procedures to enhance communication with clinical care partners to ensure the efficient sharing of up to date clinical data and the documentation of a comprehensive view of consumer’s current medical status and conditions and the ongoing treatment of these.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(a) compliant.

Requirement 2(3)(c)

The Assessment Team recommended Requirement 2(3)(c) not met, as they were not satisfied that assessment and planning sufficiently includes other organisations, and individuals and providers of other care and services, which are involved in the care of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* The service currently has no systems in place to collaborate with others involved in a consumer’s care to holistically review and co-ordinate appropriate care and services.
* The sub-contracted clinical care provider works in partnership with the consumer, representatives, general practitioners, allied health professionals and other service providers however the service does not currently access this information from the sub-contracted provider to utilise in assessment and care planning and therefore is unable to provide care and services with a holistic view of the consumer.
* Consumer care plans reviewed hold insufficient information relating to clinical care requirements such as, medication management plans, wound management plans, clinical updates and clinically related progress notes to inform effective care and services.

The service’s response acknowledged the Assessment Team’s findings and detailed an action plan to address deficiencies in assessment and planning as follows:

* A review of assessment and planning processes to ensure greater inclusivity of others involved in the shared care of all consumers.
* The development and implementation of improved policy and procedures to enhance communication with clinical care partners to ensure the efficient sharing of up-to-date clinical data and the documentation of a comprehensive view of consumer’s current medical status and conditions and the ongoing treatment of these.

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 deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to effective oversight and governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(c) compliant.

Requirement 2(3)(e)

The Assessment Team recommended Requirement 2(3)(e) not met, as they 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:

* Management and staff interviewed acknowledged that staff providing care and services are not sufficiently trained to identify changes in consumer conditions and therefore identify the need for additional reviews of consumer services.
* All staff and management interviewed admitted that they had not received any training specific to identifying changes or deterioration in the health of the consumers. Consequently, they expressed a lack of understanding regarding how to identify such changes.
* As a result, without proper training to equip the staff with the necessary skills to identify deterioration, the service is unable to initiate additional reviews based on this requirement.
* Care plans reviewed demonstrated that, although regular scheduled reviews are undertaken effectively by the service, additional reviews are not routinely undertaken when changes in consumer condition or incidents occur.

The service’s response acknowledged the Assessment Team’s findings and detailed an action plan to address deficiencies in assessment and planning as follows:

* Undertake a review of assessment review processes to identify opportunities for additional scheduled reviews where consumer personal circumstances warrant this.
* Implement processes to undertake additional assessment reviews where the service becomes aware of changes to the consumer’s circumstances, behaviour, medical condition, needs, goals and preferences.
* Provide additional training to care staff in identifying changes in consumer condition and processes to report changes to subsequently trigger reviews.
* Implementing processes where the service’s Evaluation Review Committee oversee incident management and feedback systems to ensure that appropriate actions, including assessment reviews, consistently occur.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to the lack of training and support around risk escalation in Requirement 7(3)(d) and processes for effective risk management in Requirement 8(3)(d).

Based on the above evidence, the Decision Maker finds Requirement 2(3)(e) compliant.

Requirements 2(3)(b)(d)

Consumers and representatives interviewed advised they are included in the assessment and planning process and their care meets their needs, goals and preferences. Staff interviewed advised that they know consumers well and demonstrated a strong understanding of the requirement to tailor care and services in a way that suits the consumer and allows the consumer to make decisions on the care they receive. Care planning documentation reviewed by the Assessment Team included details about consumer care, goals and preferences and demonstrated that this guides care provided. The Assessment Team confirmed that consumers are provided with information relating to Advance Care Planning and are asked about Advanced Health Directives and Enduring Powers of Attorney during assessment and review.

Consumers and representatives interviewed by the Assessment Team advised that care planning outcomes are clearly communicated and that a copy of care plans and assessments are kept in a care planning folder in their homes. They advised that their schedule of services is regularly provided and is easy to follow and understand. Staff interviewed confirmed that care plans are available at the point of care and that they are advised of changes to care requirements relevant to their individual rosters ahead of time to allow for adjustments to occur.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 - ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Requirement 3(3)(a)

The Assessment Team recommended Requirement 3(3)(a) not met, as they were not satisfied that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The Assessment Team provided the following evidence relevant to my finding:

* Important to note is that all clinical care is assessed and delivered by a subcontracted provider and there are no systems in place to share clinical assessments, progress updates or changes in a consumers’ health and wellbeing. As an outcome of this service model there were no clinical consumer files available to the service provider for assessment. This includes clinical assessments, medication management plans and wound management plans to name a few.
* Management agreed this was a gap, and that the lack of this information limits personal care staff’s capability to manage risks as they are not aware of the consumer’s comorbidities. It also restricts the services capability to take a holistic approach to managing consumer health and wellbeing needs.
* The absence of clinical data is systemic, without this information the delivery of personal care and clinical care challenges best practise methodology. Care planning staff are unable to tailor services to consumer needs when they do not have a record of their comorbidities, as a result standard 3(3)(a) is not met.

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service acknowledges the Assessment Team’s review and is committed to ensuring our consumers receive safe and effective personal and clinical care services that tailored, best practice and optimise our consumer’s health and well-being.
* Processes and adaptations to intake assessments and care plans will provide a higher degree of information and transparency on the consumer’s personal and clinical care needs. This will be shared to our support workers so they are aware of, and can manage, risks associated with the consumer’s health and co-morbidities.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to the lack of oversight clinical governance under Requirement 8(3)(e).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(a) compliant.

Requirement 3(3)(b)

The Assessment Team recommended Requirement 3(3)(b) not met, as they were not satisfied that there is effective management of high-impact or high-prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

* The service is not doing all it can to manage risks related to the personal and clinical care of each consumer. This means the service is not following best practise guidance and applying measures to make sure the risk is as low as possible, whilst supporting a consumer’s independence and self determination to make their own choices, including to take some risks in life.
* For high-impact or high-prevalence risks related to the personal and clinical care of each consumer, services are expected to use risk assessments to find ways to reduce these risks. The service does not have systems in place to gain access to relevant clinical and health professionals’ assessments that can help prevent and manage high-impact or high-prevalence risks for consumers.
* This service did not demonstrate it provides information and support to consumers about preventing and managing high-impact or high-prevalence risks related to their personal and clinical care.

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service acknowledges the Assessment Team’s review and is committed to ensuring effective management of high-prevalence and high-impacts risks. The service will implement intake and review procedures that include risks assessments and attaining and recording wider clinical data (reports, assessments, etc.).
* Support workers will also receive training and/or resources from appropriate providers to assist in identifying consumer decline within the high-prevalence/high-impact risk categories, with structured Awareness Campaigns to be undertaken across multiple months. Facilitators and coordinators will undertake consumer reviews where support workers (or other stakeholders) indicate consumer deterioration.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate deficiencies in relation to this Requirement.

I have considered that the deficiency is in relation to the lack of oversight around effective management of high impact or high prevalence risks under Requirement 8(3)(d).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(b) compliant.

Requirement 3(3)(d)

The Assessment Team recommended Requirement 3(3)(d) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service exhibited ineffective systems and processes to address any deterioration or change in a consumer's mental health, cognitive or physical function, capacity, or condition. Consumers/representatives and staff interviews revealed a lack of recognition and timely response to such changes. Staff failed to provide any examples of successfully recognising and responding to deteriorating or changing conditions among the sampled consumers.

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service will undertake additional training, education and Awareness Campaigns to ensure our workforce is skilled in recognising consumer deterioration and bringing it to the attention of Coordinators and Facilitators to ensure timely and efficient consumer care plan review. Engagement with other stakeholders (health professional partners, carers, next of kin, etc.) will be undertaken as appropriate for the situation and in line with the consumer’s choices.

I have considered that the deficiency is in relation to the lack of oversight around quality care and services specifically around escalation processes when a consumers conditions change or deteriorate under Requirement 8(3)(d)(i).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(d) compliant.

Requirement 3(3)(e)

The Assessment Team recommended Requirement 3(3)(e) not met, as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service was able to demonstrate that information about the consumer’s needs and preferences is communicated in the care plan, although the consumer’s health condition is not clearly documented, and it is not visible to care staff.
* Management said they believed the MAC report provided this information and was not aware that a detailed description was not captured on the care plan. Care staff do not have access to information directly relating to individual consumers. This poses a risk for the delivery of care and services and monitoring of deterioration. The systemic absence of clear and detailed consumer health summaries demonstrates the consumers’ condition is not documented and it is not communicated.

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service will be refining and improving our intake procedures, care plan documents, and communication procedures to ensure support workers are updated on a consumer’s current condition, needs, and preferences. Additionally, the service will develop a process that captures, records and communicates Allied Health care data which is reflected in the consumer’s care plan.

I have considered that the deficiency is in relation to effective governance wide systems relating to information management under Requirement 8(3)(c)(i).

Based on the above evidence, the Decision Maker finds Requirement 3(3)(e) compliant.

Requirement 3(3)(c)(f)(g)

Consumers/representatives interviewed could recall that advance care directives and end of life planning was discussed as part of their assessment. Most consumers said that they do have wills and they are with a lawyer and that their families are aware of them. Care staff advised that in most instances, a palliative care team is appointed through the hospital when a consumer is assessed as palliative. Services would be provided in line with consumer wishes and based on any cultural preferences. Management said care and service delivery for consumers nearing the end of life ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained. Care staff demonstrated an awareness of how services may change for consumers nearing the end of life. Policies are in place regarding advance care directives and end of life planning, this is discussed during care planning and information is captured on the consumer record.

Consumers/representatives said they were happy that their needs and preferences are acknowledged and that they are receiving the care that they need. Interviews with staff, consumers and representatives confirms that referrals are made, although there is limited and sporadic documented information supporting this in consumer care planning and documentation. All care workers interviewed said they will advise the facilitator if they believe a referral is in the best interest for a consumer and it will happen.

Consumers/representatives reported they have been kept up to date by the service in relation to COVID-19 as it impacts on the service they receive. Care staff advised they had received training on COVID-19 and the use of personal protective equipment (PPE). They have been kept up to date with the changing COVID-19 situation and any restrictions in place from time to time. They described safe practices such as hand sanitising, handwashing and using gloves, wearing of masks, gloves and additional PPE when required. They conduct self-checks on their own health status and check the health of consumers when attending to provide care. Infection control processes are in place, staff were able step through the process, staff have access to PPE. Management advised staff undertake training in infection control, hand hygiene and PPE, this is confirmed by training records.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal and clinical care.

# Standard 4

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

Findings

Consumers and representatives interviewed by the Assessment Team shared that services and supports they receive helps in preserving their independence and enhancing the quality of their lives. Staff and management displayed an understanding of individual consumer needs and preferences and described how services are tailored to support these and maximise independence.

Staff interviewed demonstrated an understanding of their roles in providing support for consumer’s emotional, spiritual and psychological wellbeing in line with consumer needs and preferences. Consumers relayed that they are supported in their daily living at times of need. The Assessment Team identified an example where a consumer’s partner had passed away and the service put additional supports and services in place to assist during this particularly difficult time.

Management described how consumer’s preferences in relation to connection to community is documented and services are provided in line with the preferences. When organising group social outings, consumer recommendations and feedback drive the activities chosen. Consumers advised the Assessment Team that the service supports them to maintain contact with people and to partake in activities of interest to them.

Care staff interviewed described to the Assessment Team that information required to effectively provide care and services to individual consumers is readily available at the point of care. This includes up to date care planning information to ensure that staff are informed and take into account any recent changes in the consumer’s condition prior to commencing a shift.

A review of care documentation demonstrated that referrals for consumers to other organisations are undertaken in a timely manner, are appropriate and support consumers to achieve outcomes that are suitable for their needs and preferences. Consumers and representatives interviewed expressed satisfaction with the service’s referral procedures and referral outcomes.

Consumers and representatives expressed satisfaction with meals provided, in both their home setting and in the respite day centre setting, and the service was able to demonstrate that it offers a range of options to ensure that all needs and preferences can be met. Consumer dietary needs and requirements, including allergies, are recorded in care plans and are used by staff in meal preparation and delivery to ensure the safe and appropriate provision of meals.

Management are able to demonstrate that they have effective and efficient processes for identifying consumer needs, sourcing appropriate equipment for mobility, health and lifestyle purposes and are undertaking regular checks and maintenance works as required. Consumers interviewed expressed satisfaction with processes for accessing equipment and with the quality of equipment and care taken with maintenance. The Assessment Team observed several consumers using provided mobility equipment at the service’s respite centre and all consumers relayed that equipment suits their needs.

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

# Standard 5

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

Findings

The Assessment Team undertook site visits to the service’s respite day centre and overnight cottage and observed that environmental aspects of both were carefully considered and effectively implemented. It was observed that the centres have a welcoming appearance, are set up in a way to allow easy navigation for consumers and are free from clutter. Pathways were clear and without obstructions and signage was in place to provide clear direction and guidance. All doors were accessible and allowed for unrestricted movement between indoor and outdoor areas.

Both sites were well maintained, clean, safe and comfortable. The Assessment Team reviewed cleaning and maintenance logs and Workplace Health and Safety (WHS) inspection reports and found that the service oversees effective systems for ensuring regular cleaning and maintenance and promptly address any identified safety concerns.

Consumers interviewed described the day centre as comfortable and easy to navigate (both indoors and outdoors). They were satisfied with the cleanliness and maintenance as well as the support provided by staff in the centres. An overall positive experience was reported by consumers at the sites.

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 | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers interviewed by the Assessment Team relayed that they are provided with pathways to provide feedback and are encouraged and supported by the service to do so. They advised they can provide feedback directly to staff providing services, to the office (in writing or by phone) and are given the opportunity via satisfaction surveys. Care staff advised that they take all feedback from consumers, both negative and positive and relay this to co-ordination staff and management of the service. Management advised that consumers from some cultural backgrounds find it difficult to make complaints but they are encouraged to do so and the service is seeking further methods to support the consumers to provide feedback.

The Assessment Team reviewed consumer information packs and found that consumers are provided with information on access to advocacy groups (including the Older Persons Advocacy Network (OPAN) and how to contact the Commission to make complaints (or provide feedback). This information is provided to consumers in various languages dependent on their needs. Staff and Management demonstrated a genuine understanding of barriers some consumers face in providing feedback and relayed that representatives are actively encouraged to provide feedback on behalf on consumers and that consumers are linked with language services to assist with their communication.

The service was able to demonstrate that appropriate action is taken in response to complaints. They maintain a feedback register that is regularly reviewed and requires staff to record actions taken and outcomes of complaints. Staff and management were able to describe open disclosure practices and provide evidence with specific cases where this has been practised. The Assessment Team undertook interviews with consumers who has previously lodged complaints who relayed their satisfaction with the handling of complaints and improvements made to their services as a result.

Management spoke to established processes for monitoring complaints for the identification of trends and then taking action to make improvements to the service. An evaluation and review committee is in place to ensure complaint trends are managed at the organisational level. The service presented an example to the Assessment Team where a series of complaints around specific services prompted a review of the organisation’s staffing structure and resulted in the recruitment of a team of specific workers skilled in the delivery of the services deemed to be under delivered previously.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – feedback and complaints.

# Standard 7

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

Findings

Requirement 7(3)(d)

The Assessment Team recommended Requirement 7(3)(d) not met, as they were not satisfied that 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:

* The service did not demonstrate that staff are equipped to deliver the outcomes required by these Standards. There were no detailed service-level assessment procedures nor a comprehensive service-level assessment tool (or similar) to guide staff practice and ensure all care domains are consistently considered and appropriately assessed to inform development of the care plan.
* Staff have not received adequate training on the health conditions common to aged care consumers, and to ensure they have an understanding of the risks posed by each consumer’s health conditions, including complex or chronic conditions and the impact of co-morbidities on the consumer’s wellbeing.
* Support workers have not been provided with the information they require in order to recognise and respond to a change in a consumer’s condition. Support workers interviewed advised they would like to be informed of consumer’s health conditions and how to recognise the early warning signs of potential deterioration in overall health.
* Management spoke about additional training which is planned, for example:
  + Engagement of PICAC (Partners in Culturally Appropriate Care) to provide education on supporting consumers.
  + Dementia training over a structured 12-month period, with multiple 3-hour sessions and virtual reality training to provide insight to the experience of consumers living with dementia.
* Deficiencies were also evidenced in examples from:
  + Requirement 2(3)(e)

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* To identify “As needs” reviews, our support workers will undergo further training on common health concerns and co-morbidities relevant to aged care consumers, and education on spotting the signs of deterioration. They will receive clear advice on communicating signs of deterioration or other changes to facilitators or co-coordinators to trigger a review.
* Support workers will also receive training and/or resources from appropriate providers to assist in identifying consumer decline within the high-prevalence/high-impact risk categories, with structured Awareness Campaigns to be undertaken across multiple months. Structured learning opportunities, supported by online resources will be provided to Support Workers to increase their skill set in understanding the health concerns and risks associated with aged care consumers. Additionally, a specialist Dementia awareness training session will be conducted with external providers.
* Further education will be given to intake, referral and case management training for co-ordinators and facilitators, including gathering of data and more comprehensive intake and assessment procedures and tools.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Based on the above evidence, the Decision Maker finds Requirement 7(3)(d) non-compliant.

Requirement 7(3)(a),(b)(c),(e)

Consumers/representatives were satisfied with the staff availability and consistency and confirmed staff know their needs and preferences. They confirmed they receive the agreed care and services, as planned in consultation with them. Consumers advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff or an additional service at a later time. Staff are assigned to individual consumers, whose preferences for particular staff attributes are considered. Support workers say they have sufficient time to provide care and also spend quality time with the consumer, with leeway to spend a little more time on request or if necessary. The service is also able to draw on established caring partnerships in collaboration with the consumer, their family and their support networks.

Consumers/representatives confirmed staff are gentle, treat them kindly and with care, respect their individuality and accommodate their preferences. They were complimentary of the personal attention and they receive and the caring nature of the staff. Staff consistently spoke about how they show care for their consumers and respect their choices. Staff were able to describe what they would do if they observed disrespect towards a consumer and advised they would report any concerns to management. The service maintains a list of staff attributes, including languages spoken and cultural background. The organisation’s diversity action plan is underpinned by information and training on cultural diversity and access to resources to support cultural safety in care provision.

Consumers/representatives said staff provide a good service and they have confidence in staff abilities. Staff interviewed were familiar with individual consumer’s needs and preferences and showed they understand how this information relates directly to their role. Support workers hold qualifications and skill set competencies relevant to their role, including a minimum of Certificate III, current first aid and cardiopulmonary resuscitation certificates and assisting with medication. Some support workers also hold other qualifications, for example one support worker holds a diploma in nursing. The social support group cook holds a Certificate I in hospitality. Staff work within their responsibilities, skills and scope of practice.

The organisation monitors performance and capabilities of the workforce overall to ensure service standards are met. Consumer feedback positive and negative is taken into account in monitoring staff and subcontractor performance on an ongoing basis. When compliments are received these are passed on to the relevant staff. Where expectations have not been met, this is actioned promptly and additional training, education and support provided if required. Staff receive ongoing supervision and support, including through the probation period; feedback is gathered from consumers regarding the performance of staff who are supported through formal and informal discussions.

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

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant | 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 | 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. | Non-compliant | Non-compliant |

Findings

Requirement 8(3)(c)(i)

The Assessment Team recommended Requirement 8(3) (c)(i) as met, however the Decision Maker has identified deficiencies in relation to this Requirement. The Decision Maker is not satisfied that the organisation has effective organisation wide governance systems relating to information management.

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

Information management

* Deficiencies were evidenced in examples from:
  + Requirement 2(3)(a)
  + The service was unable to provide evidence that a holistic approach to assessment and planning ensures they are identifying and addressing the needs of consumers.
  + When two or more organisations share the care and services for a consumer, or where there are integrated care and services, there are no arrangements in place to share and combine relevant information. This includes information about any risks to the consumer’s safety, health, and well-being.
  + Management said the service is outsourcing all clinical and nursing care and has not requested, or set in place, a process which ensures copies of progress notes, clinical assessments, treatment plans and health updates are provided by the subcontracted provider.
  + Requirement 2(3)(c)
  + The service agrees there is no system in place that brings together those involved in a consumer’s care to talk about and co-ordinate care and service delivery and to make sure the consumer’s care and services are seamless and focused.
  + Subcontracted clinical staff described how they work in partnership with the consumer, representatives, and other organisations such as My Aged Care (MAC), general practitioners (GPs), allied health professionals and other service providers in assessment and care planning. Case conferencing, regular communication, and information sharing between the service and contracted agency was not demonstrated. Management confirmed this information is not available in hard copy or through the electronic client management system as there is no system to gain access to this information from the contracted provider.
  + All care plans and documentation reviewed by the Assessment Team demonstrated an absence of clinical assessments, medication management plans, wound management plans, clinical updates, and progress notes. GP summaries and a clear description of consumer comorbidities was not available. Management confirmed this information is absent for both HCP and CHSP consumers and MAC report informs care planning and service delivery. It is not sufficient for the care plans to only reflect information from my aged care because it is not current and does not include a full health assessment of a consumer’s comorbidities. Management agrees that there are no systems, resources or tools that support shared decision making for care and services planning.
  + Requirement 3(3)(e)
  + The service was able to demonstrate that information about the consumer’s needs and preferences is communicated in the care plan, although the consumer’s health condition is not clearly documented, and it is not visible to care staff.
  + Management said they believed the MAC report provided this information and was not aware that a detailed description was not captured on the care plan. Care staff do not have access to information directly relating to individual consumers. This poses a risk for the delivery of care and services and monitoring of deterioration.
  + The systemic absence of clear and detailed consumer health summaries demonstrates the consumers’ condition is not documented and it is not communicated within the organisation, and with others where responsibility for care is shared.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report, which does not demonstrate effective organisation wide governance systems for information management.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(c)(i) non-compliant.

Requirement 8(3)(d)

The Assessment Team recommended Requirement 8(3)(d) not met, as they were not satisfied that there are effective risk management systems and practices relating to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, managing and preventing incidents, including the use of an incident management system.

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

In relation to managing high-impact or high-prevalence risks

* The organisation did not demonstrate that high impact or high prevalence risks associated with the care of consumers are effectively identified, assessed and managed. While the organisation has a risk management framework, this does not provide adequate guidance and practical strategies for staff in managing the high impact or high prevalence risks associated with the care of CHSP and HCP consumers.
* Management and staff did not have a shared understanding of what high impact or high prevalence risks were for frail elderly consumers, who may have complex and/or chronic health conditions and co-morbidities which place them at risk, nor how the risks would be identified, assessed and managed. Issues in relation to the management of risks for individual consumers
* The service did not adequately demonstrate assessment and planning processes included consideration of high impact or high prevalence risks in order to inform the delivery of safe and effective care for each consumer. The Assessment Team noted individual consumer’s risks are inconsistently documented and strategies to manage such risks are not adequately detailed to guide care and service provision.
* The service did not demonstrate staff have received training on the identification and assessment of high impact or high prevalence risks or how these risks could be managed, mitigated or eliminated to ensure each consumer’s overall health and wellbeing.
* Case framework policy and procedure: ‘Assessing risk – gathering information about past, current and potential risks’ and ‘Input in decision making is sought from appropriate stakeholders including clinical, specialists or other services involved in the client’s care. Completed risk assessments and risk mitigation strategies are documented within client records on the relevant client information system’. However, this was not evidenced through service-level assessment and planning nor on consumer records and was not reflected in current practice.
* The consumer risk assessment policy comprises 5 steps: risk identification and assessment, risk control and planning, monitoring, reviewing and reporting, however no practical guidance is provided on the management of high impact of high prevalent risks associated with the care of consumers.
* Deficiencies were also evidenced in examples from:
  + Requirement 2(3)(e)
  + Requirement 3(3)(b)
  + Requirement 3(3)(d)

In relation to identifying and responding to abuse and neglect of consumers

* There are procedures in place to manage non-response to a scheduled visit. Staff described the steps they take if a consumer does not answer the door as expected. Staff contact the office and follow instructions; facilitators and coordinators follow up by contacting the consumer’s representative to ascertain the consumer’s whereabouts and wellbeing. Consumer’s emergency contacts are documented to support notification in the event of an emergency. A home safety risk assessment is conducted to identify hazards in the consumer’s home environment.
* There is zero tolerance towards elder abuse. Staff receive education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns. Policies and procedures include service user protection policy, and a safeguarding policy and code of conduct.

In relation to managing and preventing incidents

* The service has an Incident management system (IMS) and staff reported having been given training on what to do if they witness an incident involving a consumer, including checking the consumer, contacting emergency services if required, contacting the office and reporting the incident.

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service will implement intake and review procedures that include risks assessments and attaining and recording wider clinical data (reports, assessments, etc.).
* Support workers will also receive training and/or resources from appropriate providers to assist in identifying consumer decline within the high-prevalence/high-impact risk categories, with structured Awareness Campaigns to be undertaken across multiple months. Facilitators and oordinators will undertake consumer reviews where Support Workers (or other stakeholders) indicate consumer deterioration.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate that the organisation has effective risk management systems and practices, including managing high-impact or high-prevalence risks.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(d)(i) non-compliant and Requirements 8(3)(d)(ii)(iii) compliant.

Requirement 8(3)(e)

The Assessment Team recommended Requirement 8(3)(d) not met, as they were not satisfied that where clinical care is provided, a clinical governance framework is embedded and effectively used to provide clinical oversight.

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

* The organisation did not demonstrate that the clinical governance framework actively ensures the reliability, safety and quality of clinical care and to improve outcomes for consumers.
* The clinical governance framework sets out the levels of accountability across the organisation and by health practitioners. Management advised that clinical care policies and procedures were to be developed by the registered nurse role, which is currently vacant.
* Management advised that the service had been without a registered nurse for approximately 18 months; a registered nurse was recently employed in March 2023 but left in May 2023; recruiting is currently underway to fill the registered nurse role.
* While the service is funded to provide the CHSP Service Type – Nursing, management advised they are not currently providing nursing services for CHSP consumers. The service is providing aspects of clinical care for consumers accessing the CHSP Service Type - Cottage Respite. Subcontractors are engaged to provide clinical care to consumers however the service does not consult regularly nor obtain copies of clinical assessments, care and/or treatment plans, progress notes nor clinical reviews to ensure capture on the consumer’s record and oversight by management.
* The organisation does not have an overview of the scope and breadth of the clinical care required by the current cohort of consumers nor the clinical care currently being provided to consumers. Clinical data is not collated nor used to inform analysis of the quality of the care provided to consumers and whether the optimum outcome is being achieved for each consumer.
* The management committee chair and the chief executive officer advised that the committee has recruited a new member with clinical skills and expertise, and probity processes have just been completed. Evidence sighted shows the new management committee member holds qualifications relevant to the provision of clinical care: Doctor of medicine, Bachelor of Biomedical Science and Bachelor of Science.
* Deficiencies were also evidenced in examples from:
  + Requirement 3(3)(a)

The service acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The service’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service will be developing and implementing robust procedures to receive, record and communicate clinical care needs of our consumers.
* A Clinical Governance Framework will be developed in partnership with either a) a MultiLink appointed Registered Nurse or b) through the sub-contracting to an accredited Nursing Partner Provider. Currently Nursing services are being provided under a Supplier Agreement with a partnership organisation.
* Review of incidents, complaints and clinical care outcomes will feed into monthly data collection to inform on concerns and trends, which will be open to the Evaluation Review Committee and the Management Committee via Dashboards.
* Additionally, a Quality Care Advisory Board will be convened which will provide reports to the Management Committee on a semi-annual basis.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and service’s response, which does not demonstrate that where clinical care is provided, a clinical governance framework is embedded and effectively used to provide clinical oversight.

Based on the above evidence, the Decision Maker finds Requirement 8(3)(e) non-compliant.

Requirement 8(3)(a),(b),(c)(ii)(iii)(iv)(v)(vi)

Consumers are offered the opportunity to be engaged in service development and evaluation of care and services. Consumer/representatives confirmed that the service seeks their input into the care and services they receive and service offerings overall. They are consulted, can make suggestions for improvement and feel their feedback is taken on board. The service seeks input from consumers/representatives through a range of feedback processes, including conversations with staff, review of care and services and an annual satisfaction survey. Suggestion boxes are located at each service location (at the office, and the social support group and cottage respite premises). Consumers may also attend the annual general meeting, where management committee members use the opportunity to gather feedback from consumers in an informal way.

The organisation is governed by a management committee comprising of 7 members. Committee members have a range of skills and experience, including governance, public policy, disability services, human services, asset management, construction and project management, law, human resources and community engagement. The management committee members reflect the diversity of the communities the organisation serves. The management committee is accountable for the delivery of a culture of safe, inclusive and quality care and services. They remain informed through formal governance, leadership and reporting pathways from the service level through an established management framework, in order to satisfy itself that the Quality Standards are being met.

The organisation has effective governance systems continuous improvement, financial governance, workforce governance, regulatory governance and feedback and complaints.

Continuous improvement

Active pursuit of continuous improvement was demonstrated through a range of operational systems and processes. Consumer and staff feedback and suggestions are discussed at the relevant level to inform improvement and/or innovation. Where improvements can be readily implemented, action is taken immediately. Items which require broader consideration are discussed and escalated accordingly, with consideration of the desired outcome and the best approach. Consumer complaints and incidents are analysed to identify improvements.

Financial governance

Financial governance systems and processes are in place to manage the finances and resources needed to deliver services.

Management maintain oversight of CHSP grant funding and expenditure, with monthly financial reports reviewed and discussed at leadership meetings. Funding is tracked against output targets and expenditure is monitored to determine service capacity to meet consumer demand. Reports are submitted to the Department of Health and Aged Care as required.

Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or depletion of funds available to provide ongoing care and services. Monthly statements include income and expenditure, with an itemised list of the care and services provided, and ongoing balance. The specified care and services which constitute a Home Care Package and the exclusions are discussed with consumers and representatives.

Workforce governance

Management plans the workforce to ensure there are sufficient staff and subcontractors to provide services to consumers and to support operational and administrative functions. Staff are recruited as required and subcontractors engaged to meet demand and support service operations. Staff job descriptions, subcontractor agreements and supporting information set out the roles, responsibilities and accountabilities.

Regulatory compliance

The organisation demonstrated they understand their responsibilities and accountabilities as a service. Management advised there were no adverse findings by another regulatory agency or oversight body in the last 12 months. They described how the organisation maintains up to date information on legislative, funding and program guidelines through various methods, for example correspondence and media releases, through funding bodies and associated websites, including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission.

Feedback and complaints

* + The management committee is provided with an overview of the key issues raised by consumers and staff. The organisation actively seeks consumer and representative feedback and deals with complaints fairly, promptly, confidentially and without retribution. Management engage consumer in service enhancements. Feedback and complaints are monitored by management and the leadership team, executive management and governing body remain informed.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements 8(3)(c)(d)(e) and compliant with Requirements 8(3)(a)(b) in Standard 8 – organisational governance.

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