**Performance**

**Report**

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| Name: | Ngambaga Bindarry Girrwaa Community Service |
| Commission ID: | 200366 |
| Address: | 1/53 High Street, BOWRAVILLE, New South Wales, 2449 |
| Activity type: | Quality Audit |
| Activity date: | 22 October 2024 to 23 October 2024 |
| Performance report date: | 25 November 2024 |

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

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7882 Ngambaga Bindarry Girrwaa Community Service Inc  
Service: 24534 Ngambaga Bindarry Girrwaa Community Service Inc - Care Relationships and Carer Support  
Service: 24535 Ngambaga Bindarry Girrwaa Community Service Inc - Community and Home Support

**This performance report**

This performance report has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlet, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 November 2024 and 25 November 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 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not 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.

*Requirement 1(3)(a)*

Establish processes and ensure staff are appropriately trained so that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

*Requirement 1(3)(b)*

Establish processes and ensure staff are appropriately trained so that care and services are culturally safe.

*Requirement 1(3)(c)*

Establish processes and ensure staff are appropriately trained so that each consumer is supported to exercise choice and independence, including to: make decisions about their own care and the way care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care; communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

*Requirement 1(3)(d)*

Establish processes and ensure staff are appropriately trained so that each consumer is supported to take risks to enable them to live the best life they can.

*Requirement 1(3)(e)*

Establish processes and ensure staff are appropriately trained so that 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.

*Requirement 2(3)(a)*

Establish processes and ensure staff are appropriately trained so that assessment and planning, includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

*Requirement 2(3)(b)*

Establish processes and ensure staff are appropriately trained so that 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.

*Requirement 2(3)(c)*

Establish processes and ensure staff are appropriately trained so that assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

*Requirement 2(3)(d)*

Establish processes and ensure staff are appropriately trained so that 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.

*Requirement 2(3)(e)*

Establish processes and ensure staff are appropriately trained so 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.

*Requirement 4(3)(a)*

Establish process and ensure staff are appropriately trained so that 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.

*Requirement 4(3)(b)*

Establish processes and ensure staff are appropriately trained so that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

*Requirement 4(3)(c)*

Establish processes and ensure staff are appropriately trained so that services and supports for daily living assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

*Requirement 4(3)(d)*

Establish processes and ensure staff are appropriately trained so that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

*Requirement 4(3)(e)*

Establish processes and ensure staff are appropriately trained so that timely and appropriate referrals to individuals, other organisations and providers of other care and services occur.

*Requirement 4(3)(g)*

Establish processes and ensure staff are appropriately trained so that where equipment is provided, it is safe, suitable, clean and well maintained.

*Requirement 5(3)(a)*

Establish processes and ensure staff are appropriately trained so that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function

*Requirement 5(3)(b)*

Establish processes and ensure staff are appropriately trained so that the service environment: is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

*Requirement 5(3)(c)*

Establish processes and ensure staff are appropriately trained so that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

*Requirement 6(3)(a)*

Establish processes and ensure staff are appropriately trained so that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

*Requirement 6(3)(b)*

Establish processes and ensure staff are appropriately trained so that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

*Requirement 6(3)(c)*

Establish processes and ensure staff are appropriately trained so that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

*Requirement 6(3)(d)*

Establish processes and ensure staff are appropriately trained so that feedback and complaints are reviewed and used to improve the quality of care and services.

*Requirement 7(3)(a)*

Establish processes and ensure staff are appropriately trained so that 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.

*Requirement 7(3)(b)*

Establish processes and ensure staff are appropriately trained so that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

*Requirement 7(3)(c)*

Establish processes and ensure staff are appropriately trained so that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

*Requirement 7(3)(d)*

Establish processes and ensure staff are appropriately trained so that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

*Requirement 7(3)(e)*

Establish processes and ensure staff are appropriately trained so that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

*Requirement 8(3)(a)*

Establish processes and ensure staff are appropriately trained so that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

*Requirement 8(3)(b)*

Establish systems and processes to ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

*Requirement 8(3)(c)*

Establish systems and processes to ensure effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance and feedback and complaints.

*Requirement 8(3)(d)*

Establish systems and processes to ensure effective risk management systems and practices, including but not limited to the following: 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 and managing and preventing incidents, including the use of an incident management system.

# 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 | Not 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. | Not 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I find Requirements 1(3)(a),1(3)(b),1(3)(c),1(3)(d) and 1(3)(e) are not compliant.

The service is not currently providing Commonwealth Home Support Services (CHSP) to consumers. Consumers said they have not received services for months or since December 2023 therefore the service was unable to demonstrate how each consumer is treated with dignity and respect, can maintain their identity, can make informed choices about their care and services and live the life they choose. The organisation was unable to demonstrate a culture of inclusion and respect for consumers and support consumers to exercise choice and independence. Consumer care plans reviewed did not include detail of how to deliver culturally safe care in accordance with consumers preferences, as discussed and agreed with the consumer, in the ‘cultural, leisure and lifestyle’ section of the care plan. Care plans reviewed did not include detail of how consumers are supported to take risks in accordance with consumers’ preferences, as discussed and agreed with the consumer. Consumers said they have been informed services will recommence soon but are not currently receiving information from the service. A consumer handbook is still in draft and contained some incorrect information. Overall, documentation reviewed and interviews evidenced the service is developing relevant systems and processes and is not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 1 as ‘developing’ for Requirements 1(3)(a), 1(3)(c), and 1(3)(e), ‘meeting’ for Requirements 1(3)(d) and 1(3)(f) and ‘exceeding’ for Requirements 1(3)(b). For Requirement 1(3)(b) the provider submitted that men’s and women’s business is respected, NAIDOC is celebrated, Healing Foundation activities are attended and services to consumers provided by Aboriginal and Torres Strait Islander staff, where possible. For Requirements 1(3)(d) the provider submitted that consumers are supported to go on country and cultural activities with risk assessments conducted prior to all outings. The provider included their Diversity and Inclusion Plan (undated) and their Client Contribution Framework statement in their response. However, no further supporting evidence was provided to support the provider’s rating of ‘meeting’ or ‘exceeding’ Requirements 1(3)(b),1(3)(d) and 1(3)(f).

I have considered the additional information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided sufficient supporting evidence to demonstrate their compliance with Requirements 1(3)(a),1(3)(b),1(3)(c),1(3)(d), and 1(3)(e).

I find Requirement 1(3)(f) compliant as the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers were confident their information was kept confidential and were aware of their right to personal privacy and to have their personal information protected. Management were aware of their obligation to maintain privacy and confidentiality. Policies and procedures were in place to guide practice. Access to electronic records is password protected and paper copy files were observed to be kept in locked cupboards. In the provider’s self-assessment submitted 18 November 2024 it is stated that staff respect consumer’s privacy, consent forms are signed, care documentation is kept in a secure location and access to this information is password protected. All of this was verified on site by the Assessment Team.

# 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. | Not 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

I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are not compliant.

The service is not currently providing CHSP services to consumers. Consumers said they have not received services for months or since December 2023 therefore the service was unable to demonstrate how each consumer is a partner in ongoing assessment and planning to assist them in getting the care they need for their health and well-being. The organisation was unable to demonstrate how they undertake initial and ongoing assessment and planning for care and services in partnership with the consumer, focusing on their goals, needs and preferences, to optimise their health and well-being. Consumers said they could not comment on whether risks to their health and well-being had been considered in the delivery of safe and effective care and services as they had not been engaged in the assessment and planning process by the service. A review of a sample of assessments completed evidenced they had been partially completed months previously and services not provided for many months. Management could not describe the undertaking of risk assessments using validated assessment tools. Care planning documentation reviewed did not holistically identify, manage and monitor potential risks to consumers’ health and wellbeing and only included environmental and independent falls risk assessment for some consumers, however most were not completed. Review of documentation demonstrated care and support plans were incomplete or contained inconsistent information with minimal evidence of discussions with consumers in relation to current needs, goals and preferences with no evidence of discussion of advanced care planning and end of life planning. Consumers reported they did not receive information about the outcome of the assessment and care planning process and were unaware they could request a copy of their care plan from the service if they chose to. Management confirmed they do not offer a copy of care plans to consumers. Completed care plans are not in place for consumers or updated when circumstances change. Consumers documentation and interviews evidenced the service is developing relevant systems and processes and is not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 2 as ‘meeting’ all Requirements. For Requirement 2(3)(a) the provider stated that risks are identified and mitigated, risk documentation is included in all consumer files, risk assessments are conducted prior to outings, and care plans developed with consumers in accordance with their preferences for activities and services. For Requirement 2(3)(b) the provider stated that during the assessment process consumers discuss their needs and information is gathered to support the delivery of services to support the consumer’s goals and diverse needs prior to the care plan being developed. For Requirement 2(3)(c) the provider stated that consumers discuss their care needs and service provision required. For Requirement 2(3)(d) the provider stated that once the initial assessment and care plan was completed it is forwarded to the consumer for review and either signed or verbally agreed. For Requirement 2(3)(e) the provider stated a care plan review is arranged annually or when required. No further supporting evidence was provided to support the provider’s rating of ‘meeting’ all Requirements in Standard 2.

I have considered the additional information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided any supporting evidence to demonstrate their compliance with Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# 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. | Not Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not 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. | Not 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. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Compliant |

Findings

I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) are not compliant. Requirements 4(3)(f) was not assessed as the provider does not provide meals.

The service is not currently providing CHSP services to consumers. Consumers said they have not received services for months or since December 2023 therefore the service was unable to demonstrate how each consumer gets the services and supports for daily living that are important for their health and well-being and enables them to do things they want to do. The organisation was unable to demonstrate it provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, wellbeing and quality of life. Review of care and services documentation showed gaps and inconsistencies in the capturing of information about consumers interests, social needs and leisure activity preferences. Social goals are not identified in the assessment and planning process. Consumers said they felt disconnected and disengaged from the service as it is not providing any meaningful activities and supports for their emotional, spiritual and psychological wellbeing or social connectedness at the present time. Care documentation does not contain information related to consumer spiritual, psychological or emotional wellbeing needs. Care documentation does not evidence the service captures consumer preferences to participate in community activities and things of interest, or that personal or social relationships important to them had been discussed or identified. Care planning documentation available did not evidence that information on consumer’s conditions, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers could not advise the Assessment Team of other organisations or providers of other care and services they are supported to seek referrals to. Care planning documentation did not evidence referral to other organisations and providers of other care and services. Management advised they do not assist consumers to procure or provide equipment for consumers, and do not maintain any responsibility for equipment cleanliness or maintenance for individual consumer equipment. Management advised they have 3 fleet vehicles they maintain for consumer transport, however, are not using the vehicles for transport services as they are not providing services. Overall, documentation and interviews evidenced the service is developing relevant systems and processes and is not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 4 as ‘meeting’ all Requirements. In Requirement 4(3)(a) the provider stated that care plans detail the consumers goals, interventions and outcomes and consumers choose services they wish to receive. For Requirement 4(3)(b) the provider stated that all care and services are grounded in cultural best practice regarding supporting consumer’s social and emotional wellbeing with services provided to support consumers with dementia in collaboration with other local organisations. For Requirement 4(3)(c) the provider stated that workers are coordinated to ensure services delivered meet consumer needs and tailored to ensure participation and inclusiveness. For Requirement 4(3)(d) the provider stated that consumers are supported to identify other service providers as necessary to meet their needs. For Requirement 4(3)(e) the provider stated that timely and appropriate referrals to other providers are made as required. For Requirement 4(3)(g) the provider stated consumers are consulted about meals provided and food served is in accordance with the consumer’s nutritional requirements and according to their tastes. Requirement 4(3)(f) was marked ‘not applicable’.

The provider included in their response a Resumption Services Plan dated September 2024 showing activities commencing October 2024. Various flyers for Christmas parties and a ‘Stepping on’ program were included with their planned activities calendar detailing activities for October, November and December 2024 for the Social Support and Flexible Respite Group. A flyer for the Elders Olympics in April 2025 was also included. No further supporting evidence was provided to support the provider’s rating of ‘meeting’ all Requirements in Standard 4.

I have considered the additional information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided sufficient supporting evidence to demonstrate their compliance with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g).

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant |

Findings

I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) are not compliant.

Whilst the service is not currently providing Commonwealth Home Support Services (CHSP) to consumers, management advised consumers are currently accessing the service environment to complete forms and participate in ad hoc meetings. As services are not being provided the service was unable to demonstrate how consumers are able to feel they belong and are safe and comfortable in the service environment. The organisation was unable to demonstrate it provides a safe and comfortable service environment that promotes the consumers’ independence, function and enjoyment. Whilst clean, the Assessment Team observed service environment is currently not fit for purpose and poses hazards for consumers attending placing them at risk of harm. The service environment has no smoke alarms, fire evacuation plans or assembly point identified. Electrical equipment was not tested and tagged. Annual electronic tagging at the service’s offices and the social support group room has not occurred since 2016. Some fire extinguishers were not tagged. Flooring is uneven and trip hazards exist throughout the service including on entry to the bathroom which consumers use when visiting the service. The Assessment Team observed corrugated iron walls with no insulation or fire breaks present. Electronic wiring is exposed in the social support group room with significant water damage to the ceiling and internal cladding of the room. Whilst welcoming due to consumer photos and cultural artwork, the service environment does provide easy access for people with various levels of ability and mobility and signage is absent. The outdoor areas are not well maintained and there are no shaded areas for consumers to enjoy. Furniture, fittings and equipment at the service including the kitchen area were observed to be clean, however fittings and equipment were not able to evidence they were consistently well maintained.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 5 as ‘meeting’ requirements 5(3)(a) and 5(3)(c). Requirement 5(3)(b) was rated as ‘developing’. For Requirement 5(3)(a) the provider stated that workers are trained in keeping equipment clean, safe and suitable for use. For Requirement 5(3)(c) the provider stated that the service environment is routinely cleaned, well maintained, safe, fit for purpose with culturally appropriate signage and dementia enabling designed principals in place. The provider included a Building Renovation document dated 18 November 2024 in their response. No further supporting evidence was provided to support that these requirements were compliant.

I have considered the additional information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided sufficient supporting evidence to demonstrate their compliance with Requirements 5(3)(a), 5(3)(b), and 5(3)(c).

# 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. | Not 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. | Not Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) are not compliant.

The service is not currently providing CHSP services to consumers. Consumers said they have not received services for months or since December 2023 therefore the service was unable to demonstrate how each consumer is encouraged to feel safe and supported to give feedback and make complaints, and be engaged in the process to address their feedback and complaints with appropriate action taken. The organisation was unable to demonstrate it seeks input and feedback from consumers, carers, the workforce and others and uses their input to inform continuous improvement. 'A little yarn goes a long way' and advocacy pamphlets are provided to consumers to assist them in providing feedback. A complaints register has been created but there is no system to collect ongoing consumer feedback including from surveys and regular consultations. Management said complaints are managed immediately and informally but could not provide any examples. Nor could management and a Board member demonstrate how open disclosure was used. The complaints register did not include any complaints or evidence how complaints are reviewed and used to improve care and services. Feedback gained from a recent exercise in asking consumers about activities they would like offered is yet to be actioned. Overall, documentation and interviews evidenced the service is developing relevant systems and processes and is not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 6 as ‘meeting’ Requirement 6(3)(c). Requirements 6(3)(a), 6(3)(b) and 6(3)(d) were rated as ‘developing’. For Requirement 6(3)(c) the provider stated complaints are followed up through one to one meetings. No further supporting evidence was provided to support that this requirement was compliant.

I have considered the information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided any supporting evidence to demonstrate their compliance with Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) are not compliant

The service is not currently providing CHSP services to consumers. Consumers said they have not received services for months or since December 2023 therefore the service was unable to demonstrate how each consumer gets quality care and services, when they need them, from people who are knowledgeable, capable and caring. The service is not currently employing support workers, care coordinators or drivers therefore the organisation was unable to demonstrate it has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. The service does not currently have staff to provide services to consumers. The Assessment Team reviewed the staff training register recording the office manager, the CEO and the Board members had received risk management and Serious Incident Response Scheme (SIRS) training. However, neither management or the Board member could remember the types of incidents that are reportable demonstrating they do not have sufficient knowledge to implement effective SIRS processes to ensure the safe quality care and services for consumers. Management did not demonstrate sufficient knowledge of the systems and processes the service is required to establish and implement to meet the Quality Standards. Currently a staff appraisal process is not in place. The Board is yet to develop key performance indicators for the CEO and conduct annual appraisals with the CEO. Overall, documentation and interviews evidenced the service is developing relevant systems and processes and is not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 7 as ‘meeting’ Requirements 7(3)(a) and 7(3)(c). All other requirements were rated as ‘developing’. For Requirement 7(3)(a) the provider stated a workforce strategy is in place. For Requirement 7(3)(c) the provider stated that a staff training register is maintained and staff require qualifications and training to deliver best practice care. A training register was submitted showing the qualifications and training undertaken by the CEO and office manager. The provider also included, in their response, a range of documents including an excerpt from the organisation’s Policy and Procedure Manual dated July 2018 which contained the organisation’s recruitment process, including orientation, and the job descriptions for the CEO, office manager, support worker and bus driver. Excerpts from a policy and procedure manual about the staff appraisal process were also submitted. A range of templated forms were included: a workplace induction form, staff appraisal form, a confidentiality agreement, health declaration form, reference check form, TFN declaration form, personal details and personal information disclosure form, financial institute change of account details, and superannuation choice form. Also included was the Aged Care Workforce Strategy document (undated) which outlined how the organisation plans to grow the home care workforce. An employee handbook dated 2018 and a professional boundaries document (undated) were also submitted. The provider included in their response a Resumption Services Plan dated September 2024 showing their plans for onboarding new staff in a staged way during October and November 2024.

No further supporting evidence was provided to support the provider’s rating of ‘meeting’ requirements 7(3)(a) and 7(3)(c). I have considered the additional information submitted by the provider and consider it is insufficient to demonstrate compliance with Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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. | Not 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. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable |

Findings

I find Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) are not compliant. Requirements 8(3)(e) was not assessed as the service does not provide clinical care.

The organisation is not currently providing CHSP services to consumers. Consumers said they have not received services for months or since December 2023 so were unable to be confident the organisation is well run and that they are able to partner with the organisation in improving the delivery of care and services. The organisation’s governing body could not demonstrate it is accountable for the delivery of safe care and service. The governing body has not ensured continuity of services for consumers who have not received services for months demonstrating they have failed to be accountable for the delivery of safe, inclusive and quality care and services. The governing body has not ensured an effective continuity of services plan is in place including a ‘transitioning out’ plan when the service fails to be able to deliver services. Consumer engagement has been limited to identifying their preference for group activities at the meeting on 14 October 2024. The service does not have a current strategic plan and was unable to demonstrate how the priorities in the previous strategic plan for 2022 to 2023 were delivered. The service did not demonstrate effective information systems are in place. The service is currently developing, but have not completed, a consumer handbook and schedule of services and activities to be implemented when services recommence. There are no service delivery staff employed and so the service does not have the capacity to demonstrate flow of information through consumers, staff, management and the governing body is occurring. The organisation did not provide evidence of a continuous improvement system in place which identifies opportunities for improvement through consumer feedback, complaints, audits, surveys, staff suggestions, incidents, meetings, and external reviews. Financial governance has not been effective in providing finance to employ service delivery and other staff to ensure continuity of safe quality care for consumers. Appropriate tools and resources have not been used to implement effective financial management in accordance with the Department of Health and Ageing’s implementation plan requirement which was to be completed by June 2024. Management did not demonstrate it has a system for the planning and management of its workforce through the ongoing review of consumer care needs and feedback from consumers and staff. The service did not demonstrate effective regulatory compliance systems are in place. The office manager did not have a current national police check in place. The service has an implementation plan issued by the Department of Health and Aged Care (the funding body) to work towards complying with its obligations. These actions have not been completed and this has had an impact on the service not meeting the Quality Standards. The service did not demonstrate effective feedback and complaints governance systems are in place. The CEO does not report to the Board on matters relating to the management of high impact, high prevalence risk, incident report or SIRS. The service is not adhering to their risk management plan dated 1 July 2024. Responsibilities for each risk identified in the plan have not been assigned to a staff member. The relevant column in the plan does not have any data entered. Many identified risks are not being controlled as described in the plan to address the potential hazards mainly because consumers are not receiving services and recommencement of services has not yet occurred. Processes agreed with consumers to ensure staff did not leave a consumer’s home if they did not respond to a scheduled visit are not in place and risk assessments not routinely completed of consumers home environment to ensure safety for consumers and staff. Overall, documentation and interviews evidenced the service is developing relevant systems and processes and not meeting this Standard.

In the provider’s response to the Assessment Team’s report dated 18 November 2024 a self-assessment of their performance against the Quality Standards was provided. In this document the provider rated their performance in Standard 8 as ‘meeting’ Requirements 8(3)(a), 8(3)(b) and ‘exceeding’ 8(3)(d). Requirement 8(3)(c) was rated as ‘developing’. Requirement 8(3)(e) was rated ‘not applicable’. For Requirement 8(3)(a) the provider stated they regularly hold community meetings and consultations to seek feedback from consumers about services. Furthermore, the provider stated complaints and feedback registers are in place. For Requirement 8(3)(b) the provider stated the Board meets quarterly with monthly reports provided to it by the CEO. The strategic plan and business plan are current with the strategic plan reviewed annually. Ongoing training is provided to Board members who roles, responsibilities and delegations are monitored through the organisation’s subcommittees. For Requirement 8(3)(d) the provider stated an incident management system and policy are in place, along with a SIRS policy and register with Board members have received training in SIRS.

The provider included, in their response, a WHS COVID-19 Management Plan dated 1 May 2021. Also included was a Compliance Statement affirming Board member and management competency. This statement attested the organisation is fully compliant with the Aged Care Standards, The Aged Care Act, WHS regulations and those pertaining to privacy and confidentiality. A Board Education and Training Register 2023/2024 submitted demonstrated all Board members listed had undertaken governance training and, all but one, had completed training in the Aged Care Standards, SIRS, open disclosure, risk management and dignity of risk. A Police Check Register included dates for when the CEO and office manager obtained their most recent police check demonstrated that at the time of the visit the office manager did not have a current police check as obtained 31 October 2024. This register listed four Board members and next to their names was noted ‘reviewing’. The police certificates for the CEO and office manager were included. A First Aid certificate dated 4 September 2023 was included for the office manager and information provided that the CEO has recently undertaken training in First Aid and is awaiting certification. An action plan contained dates for continuous improvement activities to be undertaken from December 2024 to June 2025 was submitted. A Continuity Plan including a Transitioning Plan (undated) was also included which provided a framework to assist the organisation to transition out of providing CHSP services. No timeframe was provided for exiting. Evidence of community engagement activities was provided in the form of Community Meeting agenda’s and minutes for two meetings in 7 and 28 June 2023 and one on 14 October 2024. Photos from various events including a NAIDOC event, an Elders Olympics event and activities and outings all conducted in 2023 plus the travel itinerary for a trip in November 2023 were provided. Lastly a flyer about the Elders Olympics in 2025 was included. Whilst there is evidence of community engagement and activities happening in 2023 I consider this evidence too old to demonstrate the organisation is currently compliant with Requirement 8(3)(a). I acknowledge that one meeting was held in October 2024 but that is the only evidence supplied by the service of community engagement in 2024 and is not sufficient to demonstrate compliance with this requirement.

I have considered the additional information submitted by the provider and weighed it against the information provided by the Assessment Team. In their response the provider has not provided sufficient supporting evidence to demonstrate their compliance with Requirements 8(3)(a), 8(3)(b), 8(3)(c), and 8(3)(d).

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)