**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Nhulundu Health Service |
| Commission ID: | 700524 |
| Address: | 27-29 Goondoon Street, GLADSTONE, Queensland, 4680 |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2024 to 21 March 2024 |
| Performance report date: | 23 April 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2632 Nhulundu Wooribah Indigenous Health Organisation Incorporated  
Service: 18261 Nhulundu Wooribah Aged Care Program (CCP)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7286 Nhulundu Wooribah Indigenous Health Organisation  
Service: 23833 Nhulundu Wooribah Indigenous Health Organisation - Community and Home Support

**This performance report**

This performance report for Nhulundu Health Service (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved provider’s response to the Assessment Team’s report received 17 April 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

* The service must support consumers to take risks and discussions need to occur regarding the potential outcomes from taking risks.
* The outcomes of assessments needs to be accurately documented in consumer care plans.
* The organisation must engage consumers in the development and evaluation of care and services.
* An effective organisation wide governance system needs to be implemented relating to information management and feedback and complaints.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Staff described how they ensured each consumer's identity and culture was valued, and they were treated with dignity and respect. Consumer feedback collected for month of January and February 2024 evidenced consumers felt they were treated with dignity and respect. Management described, and documentation confirmed, staff received online training in code of conduct and cultural awareness and had access to relevant Human Resource Policies and Procedures.

Consumers and representatives confirmed staff comprehend consumers’ requirements and needs, and the service was accommodating in a manner that provided a sense of security and regard. Both consumers and staff provided instances illustrating how services were administered to cater to individual requirements and preferences, demonstrating a provision of care and cultural safety.

Consumers and representatives confirmed the workforce understood individual consumer needs and preferences and consumers were supported to exercise choice about how their services were delivered, including making decisions about when to involve family or others in their care. Management confirmed consumers had control over how their services were structured, subject to availability. Staff demonstrated the workforce respected each consumer’s right to make decisions about their care and services and they recognised the consumer was the expert of their own experience.

The service was unable to demonstrate they supported consumers to take risks, including discussions and implementations of risk management strategies. While management described some examples of supporting consumers to take risks, the service had not embedded a process to ensure consumers were able to make informed choices regarding risk and appropriate mitigation strategies. These risks included refusal of care for one named consumer when preferred staff were not available, and consumers preferring to not use their mobility aids. Care staff were unaware of the service’s process in the event a consumer wished to take risks involving their care. Management advised they supported consumers to take risks however consent and risk mitigation strategies had not been considered or documented. The Approved provider did not refute or respond to this information. It is my decision Requirement 1(3)(d) is Not compliant.

Information provided to consumers was current, accurate and timely, and communicated clearly in a way that enabled consumers to exercise choice. Consumers confirmed they were provided with timely and relevant information when they first commenced with the service, and when something changed with the service. Staff and management described how they provided information to consumers in various ways, verbally and in writing. The consumers’ files demonstrated information received on intake to the service contained information including aged care rights, privacy, consent and providing feedback and complaints processes.

Consumers’ privacy was respected, and personal information was kept confidential. Consumers felt staff were respectful of personal information. Staff confirmed they had access to consumer information relevant to their role, and the service demonstrated it had effective systems in place to protect consumers’ privacy and personal information. Documentation demonstrated consumers were asked to consent to the disclosure of their information prior to referrals being made and/or information being shared with other organisations/agencies.

Based on the above information, this Standard is Not compliant as Requirement 1(3)(d) is Not compliant.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | 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. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied the care and services provided met consumers’ needs, goals and preferences. Assessment and planning informed the delivery of safe and effective care and services. The service undertook a range of assessments when consumers entered the service, and these were reviewed periodically and when changes occurred. Risk assessments were conducted to identify health and well-being risks to consumers, including falls, medication, continence, and skin integrity. The service had policies and procedures related to assessment and planning.

Consumers and representatives confirmed the care consumers received met their needs, goals and preferences. Consumers had day to day control of the service they received. Staff described how they undertook assessment and planning, taking into account the consumer’s needs, goals and preferences. Staff understood what was important to consumers through regular conversation, interactions with consumers and representatives and care plan reviews. Management advised advanced care planning was discussed in line with the consumer’s preferences during the initial assessment and throughout the reassessment process based on the consumer’s wishes.

The service prioritised the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. The assessment process worked in partnership with other organisations, individuals, and service providers in assessment and care planning and communicated regularly regarding the changing needs of consumers. A review of care planning documentation evidenced this was occurring and information was stored in the organisation’s electronic care management system. Consumers were encouraged to make decisions about their care and services, such as preferred day and time for the service.

The service could not demonstrate care and services plans were documented and reflected the outcomes of assessment and planning for consumers. While the service’s assessment and planning form included various aspects related to consumers’ needs, goals and preferences, information captured in the assessment were not accurately reflected in consumer care plans. Deficits in care plans included wound care directives, palliative care needs, mobility recommendations and behaviour management strategies. Management at the service committed to addressing deficits in care planning as a matter of priority. The Approved provider did not refute or respond to this information. It is my decision Requirement 2(3)(d) is Not compliant.

Management regularly conducted contact with consumers as an informal review via the telephone to ensure their satisfaction with the care and services they received, and their needs were being met. Care plan reviews were conducted annually for all Home care package consumers, and additional reviews were conducted in response to requests from consumers, changes in care needs or preferences, and any identified risks, hazards, incidents, or complaints. Management monitored the timelines for reviews for all consumers. There were procedures in place to guide staff for the review of care plans. Care planning documentation evidenced reviews were conducted within the service’s policy and procedure guidelines, and contact with staff, consumers or other providers of care was documented.

Based on the above information, this Standard is Not compliant as Requirement 2(3)(d) is Not compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers and representatives advised personal care received by consumers was safe and effective and optimised the health and well-being of the consumer. Staff had knowledge of consumers’ needs, goals and preferences and described how the service ensured care is best practice and tailored to the consumer’s needs. Care documentation for consumers, including assessments, care plans, progress notes and relevant correspondence, reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had policies, procedures and assessment tools to guide staff practice in delivering personal care.

High-impact and high-prevalence risks associated with the care of consumers were effectively managed. Care staff confirmed should they require further information on managing consumers’ risks, they would refer to the consumers’ care plan or contact management for guidance. Care staff stated they would report consumer incidents and management described how incidents were documented, reviewed and the outcomes of any action items followed up. Policies and procedures were available to all staff on high impact or high prevalence risks associated with the care of consumers.

Care and services provided to consumers preserved their dignity and maximised their quality of life. Care and services were adjusted for consumers nearing the end of life. Although the service did not provide direct palliative care, the service liaised with palliative care teams from whom consumers were receiving services or referred consumers to appropriate services, as required. The service ensured regular ongoing contact with the consumer’s Medical officer and their representatives during the consumers’ end of life phase.

Deterioration in consumers’ capacity or condition was recognised and responded to in a timely manner. Consumers and representatives confirmed the service recognised and responded to changes in consumers’ condition by undertaking reassessments, referral to Medical officer or other allied health professionals, as required. Consumers’ care planning documentation identified when reports or changes to a consumer’s condition were received and what action was taken. Care staff demonstrated an understanding of recognising, reporting, and responding to consumer deterioration or changes in their health and well-being.

Consumers and representatives confirmed staff worked in collaboration to meet consumers’ personal and clinical care needs. Care and service plans and other relevant information was available in the consumer’s home and in the service’s electronic system. Care staff received information about service delivery via a mobile device and were advised of any changes in the consumer’s condition by management by phone. Management advised changes, incidents, and other notable information were documented in progress notes and escalated for action. There were reporting and escalation processes to ensure information was communicated effectively within the organisation and with those who were involved in the consumer’s care.

Consumers and representatives confirmed the delivery of care, including referral processes, was timely and appropriate. Consumers confirmed they had access to a Medical officer and other health professionals when required. Staff described the process of sending referrals and should the brokered service staff require further information on consumers’ conditions, they would refer to the consumers’ care plan or contact the care coordinator for further guidance. The service had policies and procedures in place to guide staff practice in relation to referral processes.

Consumers and representatives described staff practices to prevent the spread of infection including hand washing, the use of hand sanitiser and the use of personal protection equipment. Staff maintained appropriate infection control and minimised the risk of contracting or spreading COVID-19. Training records demonstrated staff were trained in effective infection control practices within their areas of responsibility. Staff completed COVID-19 training and were trained in using personal protective equipment. The service had policies and procedures in place related to infection prevention and control, including COVID-19 guidelines to guide staff practice.

Based on the information recorded above, this Standard is Compliant for Home care package consumers.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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 confirmed the services and support consumers received helped them to maintain their quality of life and independence. Staff demonstrated an understanding of what was important to individual consumers and could describe how they helped the consumer to do as much as they could for themselves if this was their preference. Care planning documentation individualised and outlined the services and supports to be provided. Consumer preferences in relation to how the services were delivered, reflecting the involvement of the consumer or representative, were documented.

Consumers and representatives were satisfied with services and supports for daily living to promote consumers’ emotional, spiritual, and psychological well-being. Care planning documentation outlined information about the consumer’s emotional, spiritual and psychological wellbeing. Staff demonstrated an understanding of what was important to each consumer and provided examples of how the well-being of consumers was supported. Staff confirmed if a consumer was feeling down, they took the time to have a conversation with them and listen. Staff reported any concerns about a consumer’s emotional or psychological well-being to management, who took necessary action to manage the consumer’s health.

Consumers and representatives confirmed consumers were provided with opportunities for social interaction and social connection through the supports consumers received. Care staff provided examples of being flexible in providing social support based on what the consumer’s preference was for the day. Social groups and events were organised by the service to support consumers stay connected with the community. Care planning documentation provided information about each consumer’s background and what their interests included. The service ran regular social groups and events for consumers to reduce social isolation, such as craft groups, morning tea, bus trips, music concerts and special events. Information was advertised through the service’s social media and sent to consumers along with their monthly statements.

Consumers and representatives were satisfied information about consumers’ needs and preferences was shared within the service and with others involved in their care. Consumers and representatives stated staff had a good knowledge of consumers’ needs and preferences. Care planning documentation had sufficient information to guide staff in delivering care and services in line with the consumer’s preferences.

Consumers and representatives were satisfied with the services provided by organisations the consumer had been referred to. Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care. Staff advised if they identify an additional need for a consumer, they contacted the care coordinator. Depending on the nature of the need, the care coordinator conducted a review of the consumer’s care and services. Following the review, referrals were made to other services where required. Management advised of external services the service utilised to ensure consumers accessed the broad range of supports needed.

Consumers who received meals were satisfied with the quality, quantity, and variety. There was a process to identify consumers’ dietary requirements, including allergies and a process to support consumers to order meals of their choice. Consumers were supported with meals through fresh and frozen meal delivery services and meals cooked fresh within the consumer’s home kitchen. Consumers who received fresh and frozen meal deliveries were able to make choices about the meals they wished to receive. Staff confirmed when preparing meals they discussed consumers’ preferences to ensure meals were prepared in line with said preferences.

When equipment was provided, it was safe and suitable and met consumers’ needs. The service requested assessments where there was an identified need for home modifications to support independence, safety and well-being, including demonstrations on how the equipment was to be utilised. Where consumers own the equipment, the service had processes are in place to ensure the equipment was clean, safe and suitable for the consumer to use. Staff explained the process should unsafe or ineffective equipment be found in a consumer’s home. The service had a vehicle that was used to take consumers to group social support and on social outings. Staff monitored the safety of the vehicle.

Based on the information recorded above, this Standard is Compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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, their representatives, and others were encouraged, and supported to provide feedback and make complaints. Consumers knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. There were policies and procedures in place for staff to raise concerns. Documentation was sited in relation to how to make complaints, give compliments and feedback. The service provided information to consumers in their welcome pack regarding the feedback process and advocacy services, and this was reflected in their policies in addition to ongoing contact with consumers to actively seek feedback and engagement.

Whilst some consumers were not aware of the advocacy and interpreting services available, all consumers confirmed they were able to manage their complaints with the service directly and they felt safe and comfortable to raise their concerns with staff and management. Information provided to consumers in the service information pack and client home agreement describe the complaints mechanisms and advocacy services and provided the contact information for these services. Staff were aware of the range of options available to support consumers if they require assistance to make a complaint. Staff demonstrated an awareness of how to support consumers who may have difficulty communicating to raise any concerns.

Consumers and representatives confirmed the service responded to and resolved their complaints or concerns when they were raised or when an incident occurred. Management and staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints data evidenced action was taken and open disclosure was practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue while keeping the consumer informed.

Consumers and representatives were satisfied the service listened to their views and the organisation was responsive to feedback and complaints. Actions taken in response to complaints and feedback were used to improve services.

Based on the information recorded above, this Standard is Compliant.

# Standard 7

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

Findings

The service demonstrated effective workforce planning to enable safe and quality cares for consumers with contingency plans for unplanned absences. Consumers and representatives confirmed there was enough staff to provide safe and quality care and services. Care staff provided feedback they were not rushed and were able to ask for extra time with consumers if needed to ensure they delivered safe and effective care. A pool of casual staff was utilised in the event of planned or unplanned staff leave. Shifts were extended if casual staff were unavailable, to ensure consumer needs were met.

The service’s workforce demonstrated an understanding of how to provide care to consumers which was kind, caring and respectful. Consumers and representatives confirmed consumers were treated kindly and with respect. Care staff treated consumers kindly including by being patient while providing care and services. Care staff respected consumers culture and identity, by calling consumers by their preferred name and adhering to any cultural or religious preferences.

The service had systems in place to recruit and ensure staff were competent and had the necessary qualifications to deliver safe and effective care and services. Feedback from consumers and representatives included they felt the workforce was competent and staff had the knowledge to deliver care and services that meet the needs and preferences of consumers. The service’s registers identified staff criminal record checks and professional registrations are up to date. Staff understood the expectations and responsibilities of their role. Staff were provided with the support and training needed to perform their tasks and stated management was approachable and responsive to their needs.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. There was annual mandatory training and a mix of online, and toolbox training which included the mandatory scheduled training and ad-hoc training. New staff received an induction and training on specific mandatory topics through the service’s online training system. Management developed an annual training calendar and identified training needs through consumer and staff feedback, incidents, and service indicators.

Management and staff confirmed systems were in place to regularly assess, monitor and review staff performance. Staff confirmed they regularly engaged in their professional development including opportunities to request specific training relevant to their role. Staff performance was monitored through observations, analysis of service data and consumer and representative feedback. Any issues in performance identified through monitoring mechanisms were addressed by management. The staff performance review report identified all staff performance reviews were up to date.

Based on the information recorded above, this Standard is Compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | 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. | 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. | Not Compliant | 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. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The organisation did not engage consumers in the development, delivery and evaluation of care and services. Consumers and representatives at the service confirmed they are not partnered in improving the delivery of care and services, and the service did not support and encourage them to be involved in improving care and services. Feedback from consumers included a lack of notifications of consumer meetings, not being part of the consumer advisory committee and a lack of explanation relating to the rotation of staff. Management was aware of their requirement to have a consumer advisory committee however were still in the process of creating the committee. Management was unable to provide any evidence of communications to staff or consumers in relation to the creation and commencement of a consumer advisory committee.

While feedback from consumers and representatives was positive relating to care and service delivery, there was an absence of consumer engagement relevant to the development, delivery and evaluation of care and services. The Approved provider did not refute or respond to this information. It is my decision Requirement 8(3)(a) is Not compliant.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services. The organisation implemented systems and processes to monitor the performance of the service and to ensure the governing body assumed accountability for the delivery of safe, inclusive and quality care and services. The organisational framework identified a leadership structure which outlined the roles and responsibilities of the executive leadership team, governance committees, and service management. Service and consumer data such as serious risks, Serious Incident Response Scheme incidents, complaints information, clinical indicators was reported to the Board each month for review and follow up if required.

While the service was able to demonstrate it had effective governance systems in place relating to continuous improvement, financial governance, workforce governance, and regulatory compliance, the service was unable to demonstrate effective governance in relation to information management and feedback and complaints.

The service’s information systems did not identify the service maintained, stored and shared information to improve outcomes for consumers. While long term staff and management were familiar with consumer needs, preferences and risks, this information was not always captured in consumer care plans. Management acknowledged information identified by staff was not always recorded in care plans and acknowledged the risk to the consumer in the event of unfamiliar staff being responsible for care delivery. Consumer care documentation was not updated following allied health reviews, including mobility plans. Information provided by consumers during care or directly to the organisation and from representatives was not always documented into the electronic care management system, reviewed, actioned, improvements identified, and outcomes communicated to consumers.

Feedback and complaints reported by consumers or representatives have not been recorded in the service’s information management system for analysis to identify trending and potential improvements. Management advised consumers calling the service with concerns or suggested improvements would not be considered a complaint and as such not recorded in the service’s official feedback and complaints register. The service was unable to accurately trend or monitor feedback and complaints due to the lack of consolidated data.

While the service demonstrated timely responses to feedback and complaints, the service did not demonstrate effective organisational governance systems pertaining to feedback and complaints. Multiple occurrences of feedback and complaints were submitted by consumers which had not been recorded in the service’s feedback and complaints register. Information pertaining to the feedback or complaint was captured in consumer progress notes. Management during the Quality audit committed to capturing all information provided by consumers into the centralised feedback and complaints register. The Approved provider did not refute or respond to this information.

While some areas of the organisation’s governance systems were effective, information management and feedback and complaints processes were ineffective. It is my decision Requirement 8(3)(c) is Not compliant.

The organisation had a clinical governance framework and policy which directed the service on managing high impact and high prevalence risks, responding to abuse and neglect, and reporting and managing incidents. The service had policies and procedures in relation to incident reporting which captured types of incidents to report under the Serious incident response scheme and reporting timeframes. Staff were aware of these policies and able to describe what they meant for them in a practical way. The service conducted mandatory training for all staff via its online training system. Staff demonstrated an understanding of the Serious incident response scheme reporting and escalation processes at the service. Management supported consumers to live the best life through direct consultation to identify their individual needs and preferences regarding their care and services.

While the service did not provide direct clinical care to consumers, the service had a suite of policies and procedures relevant to antimicrobial stewardship, restrictive practices and open disclosure. While the service did not produce a clinical governance framework, the service had policies, procedures and protocols applicable to areas of direct service delivery. Staff confirmed they undertook mandatory annual training relating to open disclosure and antimicrobial stewardship.

Based on the above information, this Standard is Not compliant as Requirement 8(3)(a) and 8(3)(c) are Not compliant.

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