**Performance**

**Report**

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| Name: | Nindilingarri Cultural Health Service |
| Commission ID: | 500255 |
| Address: | 52 Fallon Road, FITZROY CROSSING, Western Australia, 6765 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9469 NINDILINGARRI CULTURAL HEALTH SERVICES INC  
Service: 27191 NINDILINGARRI CULTURAL HEALTH SERVICES INC - Community and Home Support

**This performance report**

This performance report for Nindilingarri Cultural Health Service (**the service**) has been prepared by M Franco, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 18 January 2024, which stated the service has not been visited by the Commission or previous regulator entities for at least 15 years and has, since the Quality Audit, engaged the services of Culturally Directed Care Solutions to support the service over the next 12-18 months to meet all Quality Standards.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **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.

Standard 2 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)

* Ensure assessment and planning and review processes are implemented to:
* develop documented individualised care plans for consumers
* consider risk to the consumer’s health and well-being which informs the delivery of safe and effective care and services
* identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes
* involve consumers and others the consumer wishes to be involved in assessment, planning and review and to include other organisations and individuals and providers of care and services involved in the care of the consumer
* document and communicate the outcomes of assessment and planning with consumers and have information available to guide staff where care and services are provided
* regularly review care and services for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

Standard 3 Requirements (3)(a), (3)(b) and (3)(e)

* Ensure documented individualised care plans are developed to guide staff providing personal care and share this information with those responsible for the care provided.
* Ensure risks for consumers are identified and documented and develop, document and implement strategies to mitigate or reduce these risks.

Standard 4 Requirements (3)(c) and (3)(d)

* Ensure assessment and planning identifies consumer interests and is documented and used to ensure consumers can do things of interest to them.
* Ensure assessment and planning identifies the consumer’s condition, needs and preferences and this information is documented and communicated within the organisation and with others where responsibility for care is shared to assist in developing services and supports for daily living relevant to the consumer.

Standard 6 Requirements (3)(a), (3)(c) and (3)(d)

* Ensure consumers are provided with information to encourage and support them to provide feedback and make complaints.
* Ensure a feedback and complaints management system is used to receive, respond and manage feedback and complaints, and ensure policy and procedures are used to guide staff in managing feedback and complaints.
* Ensure feedback and complaints information is consistently recorded and analysed to identify trends and to identify and implement opportunities for improvement for the quality of care and services.

Standard 7 Requirement (3)(a)

* Ensure the workforce follows the job descriptions for their roles, including ensuring documentation, reviews and evaluations are completed as per the CHSP coordinator’s job description.
* Ensure the service has contingencies to meet staff leave requirements and staff have time to document relevant information about consumers and services provided.

Standard 8 Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)

* Ensure consumers are engaged in the development, delivery and evaluation of care and services and they are supported in this engagement.
* Ensure the governing body and management is educated in their roles and responsibilities to meet the Quality Standards, to enable them to promote a culture of safe, inclusive and quality care and service and to be accountable for their delivery.
* Ensure the governing body is provided with reports and information on which to make decisions about the quality of care and services, including incidents, risks, complaints and feedback analysis and continuous improvement opportunities.
* Ensure the service’s policy and procedures manual guides staff in all aspects or care and services provided by the service and staff follow the expectations in the manual.
* Ensure the organisation implements effective organisation wide governance systems relating to information management, continuous improvement, regulatory compliance and feedback and complaints.
* Ensure the service uses its electronic systems to manage consumer information, identify and manage opportunities for continuous improvement, maintain understanding of regulatory compliance expectations and record and use feedback and complaints to identify trends and opportunities for improvement.
* Ensure staff are provided relevant training on systems, processes, the Quality Standards and related aged care requirements.
* Ensure the service has effective risk management and incident management systems and practices to manage high impact and high prevalence risks, assess consumer risks, investigate and analyse incidents. This includes providing relevant training for staff.
* Ensure a clinical governance framework is developed and implemented, including addressing antimicrobial stewardship, use of open disclosure and minimising the use of restrictive practices. This includes providing relevant training for staff.

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

Findings

Consumers confirmed staff treat them with dignity and respect and value the consumer’s identity, culture and diversity. Staff demonstrated their respect and understanding of each consumer, including knowing what is important to the consumer. Staff described, and documentation confirmed, education provided to staff about treating consumers with dignity and respect and having cultural awareness.

Consumers confirmed staff understand their cultural backgrounds, preferences and what it means to provide safe care. Staff demonstrated what cultural safety means in their roles. Staff confirmed cultural competency and safety education is part of initial and ongoing training and information for staff, ensuring staff understand cultural safety and what is appropriate for individual consumers.

Consumers confirmed the service is supportive of consumers making choices and decisions about the services they receive. Staff described how they support consumers to exercise choice. Management stated the service does not provide training to staff about choice and independence. However, the service has a policy and procedure manual which addresses the need to ensure all consumers can maintain their independence to continue living in their own homes. Consumers were observed participating in social group discussions and undertaking various activities which consumers confirmed they chose to do.

Consumers confirmed they are encouraged to do things independently and staff respect the decisions the consumers make. Staff described how they support consumers to take risks and to do things important to the consumer. Management described the process for identifying risks, discussing the risks with consumers and developing strategies to manage the risks. However, strategies were not clearly recorded and available for all staff and the consumer to review. Management advised formal identification and documentation of risk and strategies to reduce and/or mitigate the risk will be included in the policy and procedure manual as a matter of urgency.

Consumers confirmed they are provided information verbally which keeps them up to date with what is happening, and they know how much they pay for their services. Staff confirmed that consumers prefer verbal discussions about services. Staff confirmed consumers have access to others to support them with information, including Aboriginal people who speak the consumer’s dialect. Management discussed changes made to how services are paid following a review of each consumer’s service delivery and ability to pay, with consumers confirming they were consulted about the change.

Consumers confirmed staff keep the consumer’s information confidential and staff provide consumers with privacy when delivering care and services. Staff described how they ensure information is kept confidential and how they ensure privacy for the consumer when providing care and services. Management demonstrated the electronic system has security levels. Documentation showed only minimal consumer information is recorded. Management stated the service will review how the electronic system can be used to provide efficiencies for staff in recording consumer care notes.

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 | | 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

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has a comprehensive assessment and care planning process in place. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated care and services are discussed with them prior to the commencement of the services.
* The CHSP coordinator described the process undertaken following a referral and receipt of relevant information from My Aged Care, including meeting the prospective consumer to explain the services available.
* Staff consider consumer risk but, strategies to reduce or mitigate the identified risk are not formally recorded or discussed with each consumer.
* Management stated the recommended support provided in the My Aged Care support plan is used as the basis for the services provided for consumers. However, the service may not be funded for all services listed on the initial support plan, which means consumers may not receive all services they need. The service does not ensure all the consumer’s needs are met.
* The service’s policy manual outlines a process to be used when admitting a new consumer to the service. However, management confirmed this process is not followed.
* The service does not develop and have available a care plan to inform staff on safe and effective care and service delivery for each individual consumer. Management stated the service will review its practices and processes to ensure all consumers are assessed and a care plan reflecting the consumer’s specific needs and preferences is available to all staff providing care and services. Completion of this will align with the service’s existing policy and procedure manual.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates assessment and planning, including consideration of risk, does not inform the delivery of safe and effective care and services.

I have considered the intent of this Requirement, which expects services to assess risks to consumer’s safety, health and well-being, to discuss risks with the consumer and include the consumers in the care planning process. This supports consumers to receive the best possible care and services, and ensures their safety, health and well-being are not compromised. I find this did not occur, as while staff consider risks for consumers, strategies to reduce or mitigate the identified risks are not formally recorded or discussed with the consumer. The service does not follow its own policy manual which outlines a process to be used when admitting new consumers to the service. The service does not develop care plans for each individual consumer.

I have placed weight on management’s confirmation the service does not follow its own policy manual and does not develop care plans for each individual consumer.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied 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. Processes in place are not being followed and consumers are not being offered an opportunity to participate in a specific service assessment or have care plans developed with identified consumer goals and preferences. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated prior to the commencement of services, they discussed the services in which they would like to partake with the CHSP coordinator.
* Although the policy and procedure manual states information provides details about how assessment and planning occurs on admission and through assessment and reassessment, the CHSP coordinator confirmed this is not happening.
* Management stated staff will be provided education about how to develop a documented consumer specific care plan and will ensure that part of the process will include a discussion with the consumer and/or their representative as appropriate, about the consumer’s goals and preferences.
* Although the service’s policies clearly state that all sensitive and culturally specific issues should be discussed with and approved by the Chief Executive Officer (a Kija and Gooniyandi woman from the Kimberley region of Western Australia), management stated there are no specific policies and procedures to address the issue of discussing end of life preferences with the consumer. Management stated the policies and procedures manual will be updated to reflect the need to ensure that in the event a consumer wishes to discuss end of life preferences that the Chief Executive Officer is consulted and involved in the discussions.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates assessment and planning is not occurring to identify and address the consumer’s current needs, goals and preferences, with advance care planning and end of life planning is not discussed.

I have considered the intent of this Requirement, which expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. I find this did not occur, as the service does not undertake assessment and care planning.

I acknowledge management stated they will ensure staff are provided education on how to develop a consumer specific care plan and the policies and procedures manual will be updated. However, I have placed weight on management and staff confirming assessment and planning does not include documenting each consumer’s goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as they were not satisfied assessment and planning is consistently undertaken in partnership with the consumer and others they wish to involve. The Assessment Team provided the following evidence relevant to my finding:

* There is no documentation or consumer files which provide information about a consumer’s admission to the service other than the consumer’s name and service type they receive. There are daily sheets printed out of the electronic consumer management system for staff to note which service each consumer is allocated and to enable the staff to mark when the service has been completed.
* The CHSP coordinator advised the consumer is not assessed or reassessed by the service. If a consumer needs changes to the service type or need an increase in service type and frequency, the service will refer the consumer back to My Aged Care.
* Although the CHSP coordinator and staff stated they are aware of other organisations involved in the consumer’s care because they take the consumer to appointments, no information about other organisations providing care for the consumers is recorded. There is no formalised process to document care and services provided by other organisations, individuals and providers.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates assessment and planning is not based on an ongoing partnership with the consumer and others and does not include other organisations or individuals who provide other care and services for the consumer.

I have considered the intent of this Requirement, which expects organisations to carry out ongoing assessment and planning with the consumer, their representative and others who the consumer wants to be involved. Assessment and planning are also expected to include other organisations, individuals or service providers involved in caring for consumers. I find this did not occur, as the service does not undertake assessments with consumers and does not include others who provide care and services for consumers.

I have placed weight on the CHSP coordinator stating assessment and reassessments are not completed.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service effectively communicates and documents assessment and planning, with the service not developing and documenting care plans. The Assessment Team provided the following evidence relevant to my finding:

* Management stated the service reviews and downloads consumer care plans from My Aged Care. However, the service does not keep this information in a file for easy access.
* The CHSP coordinator advised that on commencement of services, they discuss needs and preferences with each consumer and/or their representative. However, this information is not documented.
* Management advised that all information related to the care and services provision is verbal other than the service type check list sheet completed daily.
* Documentation showed the electronic consumer management system is not used other than to record the consumer’s name, address and service type approved.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects care and service plans are documented and reflect the outcomes of assessment and planning for each consumer. I find this did not occur, as the service is not documenting and communicating care plans and discussions with consumers and not undertaking assessment and planning.

I have placed weight on management stating all information related to the care and services provision is verbal other than the service type check list completed daily and the CHSP coordinator stating discussions about needs and preferences are not documented.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team assessed this Requirement not met, as they were not satisfied services are regularly reviewed for effectiveness and when circumstances change. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated they have been attending the centre for many years. However, information on their attendance in the form of a consumer file with assessments, care plans, reassessments, reviews and progress notes were not available for review.
* The service’s policy manual states information about the individual consumer’s needs and preferences is discussed with the consumer and their family on admission, assessment, care planning and reassessment.
* Management acknowledged the need to revise and provide detail to ensure enough information is provided to staff to guide their practice on the development and review of consumer care plans.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement

I have considered the intent of this Requirement, which expects organisations regularly review the care and services they provide to consumers, with an agreed review date recorded. In addition to scheduled reviews, a consumer’s care and services plan should be reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. I find this did not occur, as the service does not undertake regular reviews of services and does not document care plans.

I have placed weight on the Assessment Team’s evidence of assessments, reassessments, reviews and progress notes not available for review.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied each consumer receives safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The service does not have documented policies and processes to guide staff in the provision of personal care. Assessment and care planning is not undertaken at entry to the service and information regarding each consumer’s needs or preferences are not documented. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated they can use the shower facilities in the centre if they need help with showering. However, they also have facilities in their own homes they are comfortable using.
* The CHSP coordinator said the service has 3 consumers who go to the centre for personal care and the service has recently upgraded the showers to ensure they are accessible and have plenty of room for staff to assist.
* The CHSP coordinator stated the service does not have specific care plans to guide staff when attending to personal care. Staff ask the consumer and assist as directed.
* Management stated the service does not accept consumers with clinical care needs as they do not have the staff available to provide safe and quality care for these consumers.
* Documentation showed the service does not develop or have available specific documented care plans to guide staff in providing personal care for consumers.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement. The service does not develop care plans to guide staff providing personal care.

I have considered the intent of this Requirement, which expects organisations to provide personal care and clinical care, which is best practice, tailored to the consumer’s needs and optimises the consumer’s health and well-being. I find this did not occur, as the service does not assess consumer needs, goals and preferences and develop care plans to guide staff providing personal care.

I have placed weight on lack of documented care plans to guide staff in providing personal care for consumers.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 3, Personal care and clinical care.

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service was effectively managing high impact or high prevalence risks associated with the care of each consumer, with no effective process to assess and monitor risks. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed the service is not completing formal assessments with consumers on commencement at the service and not considering or using the information available to identify risks for the consumer nor documenting this information. The service relies on the My Aged Care assessments to inform how care and services will be delivered.
* The Assessment Team noted the electronic care system is not being fully used, with risks and strategies to mitigate or reduce the risk not recorded in the system, even though the system is set up for this purpose.
* Staff stated they are aware of risks for consumers and share information related to identified risks such as potential food insecurity and falls risks. However, the information is not recorded formally.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations need to do all they can to manage risks related to the personal and clinical care of each consumer. This means following best practice guidance and applying measures to make sure the risk is as low as possible while supporting a consumer’s independence and self-determination. I find this did not occur, as the service is not conducting assessments and documenting identified risks and strategies to mitigate or reduce the risks for consumers. I acknowledge staff stated they are aware of risks for consumers and share this information. However, without the risks and strategies being fully assessed and documented, there is lack of guidance for staff who are unfamiliar with the consumer, leading to ineffective management of high impact or high prevalence risk.

I have placed weight on the lack of assessment, planning and documentation to identify and manage risks for consumers.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Requirement (3)(e)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service consistently and effectively documents and communicates the consumer’s condition, needs and preferences within the organisation and with others where responsibility for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* Although staff advised the service is providing care and services for several consumers who receive funding through another organisation based in Broome, the service was unable to evidence an effective communication system where information about the consumers is shared.
* The CHSP coordinator stated no written information including care plan, progress notes or other documentation is provided from or to the referring service. The service does not provide regular feedback to the referring organisation.
* Management stated the service will work with other organisations to set up and maintain ongoing effective communication systems.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement. The service does not document and communicate consumer condition, needs and preferences within the organisation and with others where responsibility for care is shared.

I have considered the intent of this Requirement, which expects organisations have communication processes, so the workforce has information about delivering safe and effective personal and clinical care and understands the consumer’s condition, needs, goals and preferences. I find this did not occur, as the service does not document and communicate information about consumers. I acknowledge management committed to working with other organisations to set up and maintain ongoing effective communication systems. However, this is currently not occurring, and the service does not record consumer information.

I have placed weight on the lack of assessment and documentation of consumer information.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

Requirements (3)(c), (3)(d), (3)(f) and (3)(g)

Staff described how they would, under the guidance of the Chief Executive Officer, support consumers nearing end of life. Management stated the service does not have an end of life care planning policy and procedure but, the service will work with the Chief Executive Officer to develop these. Management state the Chief Executive Officer is a cultural and community leader and is involved with consumers nearing the end of life. Management stated should a consumer be identified in the palliative phase of their illness the service would work with other health care organisations to ensure consistency of service provision.

Consumers said they felt confident staff would notice if their health changed and would respond appropriately. Although the policy and procedure manual provides guidance to staff to record changes to a consumer’s health in progress notes, the service does not maintain individual consumer progress notes. However, staff described processes to report and respond to changes related to a consumer’s deterioration or change in a consumer’s mobility, mental health or level of independence. Staff also demonstrated an awareness of special medical needs of the consumers, without this information recorded or easily accessible for the staff to review. Lack of documentation is addressed in Standard 2, Ongoing assessment and planning with consumers.

The CHSP coordinator described how the service connects consumers with other service providers by providing information and contact details and how the service connects consumers with My Aged Care for reassessment where the consumer wishes. Staff described processes for referring consumers for allied health services and externally to other health professionals or My Aged Care. Management described the referral processes. However, acknowledged creation of formal referral forms would enhance the current process.

Consumers stated staff provided them with information about COVID-19 and other illnesses and hand gel and hand washing facilities are available when attending the centre. Staff stated they have been provided with infection control training, personal protective equipment training and training on maintaining a clean environment when preparing food. Management stated there are policies on maintaining a healthy lifestyle including infection control which sits with another area of the organisation and discussed the opportunity to develop a service specific infection control policy.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c), (3)(d), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | 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. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as, although consumers are supported to participate in the community and to maintain relationships important to them, the Assessment Team was not satisfied the service demonstrated consumers are supported to do things and participate in activities of interest to them. The Assessment Team provided the following evidence relevant to my finding:

* Consumers stated they enjoyed attending the breakfast club, as they get to meet up and speak with others who understand their language and enjoy the meal provided. However, consumers advised they would like to do other activities when attending the centre, including going fishing or going on picnics. Consumers stated they enjoy the social interaction and the food, and they relied on the staff to assist them to get their shopping and attend medical appointments.
* Staff described the processes to assist consumers to participate in their community, have social relationships and do things of interest to them. However, the service was unable to demonstrate consumers participate in activities of interest to them, as the service does not record information about things of interest to consumers and then use this information to plan activities as part of the social support group centre-based care.
* Management stated the service cannot expand the current program due to lack of staff. However, management stated the service will update the policy and procedure manual and work towards ensuring the activity program includes activities of interest to all consumers.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations understand the consumer’s situation and consider how consumers want to interact or take part in their community or with others. This will help organisations to tailor and coordinate the services and supports they, and other organisations or community networks, provide for the consumer. I find this did not occur, as the service does not record consumer interests and use that information to develop the activity program at the centre.

I have placed weight on management and staff confirming the service does not record consumer interests in care plans and use that information to plan activities at the centre and consumer feedback that they would like to do other activities not offered.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 4, Services and supports for daily living.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. The Assessment Team provided the following evidence relevant to my finding:

* As noted in Standard 2, Ongoing assessment and planning with consumers, consumers are not offered opportunities to participate in a service specific assessment or have a care plan developed in consultation with them. The service does not identify and record the consumer’s goals and preferences.
* Staff said they do not provide any regular feedback to the referring organisation once the consumer has commenced receiving services.
* Staff stated the CHSP coordinator has access to consumer information on My Aged Care. However, the information is not documented for all staff to access and does not effectively guide staff on how to manage risks or meet each consumer’s needs, goals and preferences.
* Management stated they service had identified the need for a greater focus on the goals and preferences of the individual consumer and the need to formally record and share this information as appropriate.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to have communication processes in place, so the workforce has information about delivering safe and effective service and supports for daily living and understands the consumer’s condition, needs, goals and preferences. This information should help the workforce provide and coordinate services and supports that respects the consumer’s choices. I find this did not occur, as the service is not conducting assessments and planning nor recording consumer interests, needs, goals and preferences nor providing information for the workforce to use to develop services and supports for daily living.

I have placed weight on the service not having documentation in place to guide staff on consumer needs and preferences and management acknowledging the need for a greater focus on the goals and preferences of the individual consumer and the need to formally record and share this information as appropriate

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 4, Services and supports for daily living.

Requirements (3)(a), (3)(b), (3)(e) and (3)(f)

Consumers confirmed their well-being and quality of life has improved since commencing with the service and they felt they are supported to continue to live in their community with the services they receive. Staff described how the service supports consumers to optimise their independence, including ensuring safe bathroom facilities and provision of nutritional meals. Management discussed how the service will record and review each consumer’s needs, goals and preferences as stated in the service’s policy manual.

Consumers confirmed the service supports them emotionally, spiritually and psychologically and staff recognise when consumers are feeling low. Staff described how they support consumers individually, including understanding and being aware of events and issues which may impact each consumer’s emotional well-being. Staff said they can refer consumers to other areas of the organisation which support consumers with mental health issues. Management discussed how the service will record and review each consumer’s supports and strategies used to promote each consumer’s psychological well-being.

Although staff had not needed to make a formal referral for any consumers, they were able to describe the process to refer to an external provider. Staff described how they connect consumers with My Aged Care for reassessment where the consumer wishes. Documentation showed the policy and procedure manual indicates referrals to occupational therapists and physiotherapists are to be made by staff via facsimile or telephone. Management stated the service would liaise with various external providers to develop a referral form and provide guidance for staff to ensure referrals, reason for referral and consumer feedback is comprehensively recorded.

Lack of documentation is considered in Standard 2, Ongoing assessment and planning with consumers.

Consumers confirmed staff at the centre understand the consumer’s needs, preferences and when they require assistance with their meals. Consumers stated the meals provided through the delivery service are of excellent quality and quantity. Staff demonstrated a knowledge of individual consumer’s meal requirements and preferences, and that consumer dietary needs and preferences are considered, including only providing fish dishes for consumers in mourning, in line with the consumer’s belief system. Observations showed food is prepared, handled and stored in accordance with food handling requirements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(e) and (3)(f) in Standard 4, Services and supports for daily living.

Requirement (3)(g)

This Requirement was not assessed as the service is not funded to provide equipment.

# 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. | 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers confirmed the service environment is safe, welcoming and easy to understand. Observations showed the service environment to be welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. Transport is available for consumers to attend the centre and the centre has separate areas for use by consumers.

Consumers said they enjoy being able to get together with other consumers and have a cooked breakfast in a safe place. Consumers confirmed the service environment is always clean and easy to move around, including when using a walking frame. Consumers stated if there are any issues with the building, they will report to the staff and the issues are rectified immediately. Consumers were observed freely moving around the centre and they had access to all areas. The CHSP coordinator advised the service does not have specific work instructions to guide staff to ensure all aspect of cleaning and maintenance. Management stated the service will review the policy and procedure manual and develop work instructions to assist staff in recording and monitoring the completion of all maintenance and cleaning tasks.

Furniture and fittings were observed to be safe, clean, comfortable, well maintained and suitable for the consumers. The CHSP coordinator stated all staff report any maintenance issues and any equipment not suitable for use is removed.

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 | | 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. | 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

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has processes to encourage and support consumers to provide feedback and make complaints. The Assessment Team provided the following evidence relevant to my finding:

* Consumers confirmed they can raise any concerns they have about their services with staff and staff will deal with it.
* Staff said information on how to provide feedback or raise a complaint has been provided verbally through yarning with the consumer. There is an informal process for receiving feedback and complaints.
* Management stated while the service has an electronic system which can capture feedback and complaints, it is not being used for the service.
* Management acknowledged much of the information provided to consumers is through yarning and there needs to be a way to record when consumers have been provided information on how they can provide feedback and make a complaint.
* Management said the service will review its feedback and complaints policy and procedures to ensure they align with the expectations of the Quality Standards and ensure staff are provided with training on feedback and complaints.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to demonstrate they encourage and support consumers and their representatives to provide feedback or raise complaints about the care and services they receive. Organisations must have in place best practice complaints handling and resolution systems to support consumers to make complaints. I find this did not occur, as the service does not record what information is provided to consumers about how to raise complaints and provide feedback and the service does not use its electronic system to capture feedback and complaints.

I have placed weight on staff feedback stating feedback and complaint information is only provided verbally and the service is not using its electronic systems to record feedback and complaints, with no documented evidence of feedback or complaints registered for the service.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 6, Feedback and complaints.

Requirement (3)(b)

Consumers confirmed they feel comfortable in raising any concerns and there are staff within the organisation who speak their Aboriginal dialect who can advocate for the consumer. Staff said yarning is the cultural preference and they speak with consumers about who can support them. Posters were observed to be displayed at the social centre including information about external complaints mechanisms and local and national advocacy supports.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 6, Feedback and complaints.

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has processes in place to document complaints and staff did not demonstrate an awareness of an open disclosure approach in the resolution of complaints. The Assessment Team provided the following evidence relevant to my finding:

* While the service informally demonstrated how it took appropriate action in response to complaints, management could not provide documentation showing how the service had actioned and responded complaints.
* Management discussed a recent complaint about the delivered meal service where consumers had complained about not enough food. Management raised the complaint with the provider of the meals who said the new chef did not realise the amount of food in the meal was not enough for the consumers and this was rectified. The complaint and outcomes were not recorded anywhere.
* Consumers confirmed they are now satisfied with the amount of food they receive in their delivered meals.
* Management acknowledged this was an example where the complaint could have been registered on the electronic management system.
* Management acknowledged the service is not following its own complaints policy and procedures.
* Management did not demonstrate an understanding of an open disclosure approach. However, the electronic system was observed to apply an open disclosure approach process in the resolution of complaints for staff to follow. The electronic system is not being used by the service to manage complaints. Management said they would discuss using the existing electronic systems with the management team and staff, to identify efficient ways to record and provide monitoring and actioning of complaints.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations have a best practice system for managing and resolving complaints for consumers, including recognising when something has gone wrong, apologise and explain what has happened and why and what is being done to prevent it from happening again. I find this did not occur, as, although the service has an electronic system to manage complaints, the service is not using the system.

I have placed weight on management acknowledging the service is not following its own complaints policy and procedures and not using its electronic management system to manage complaints and feedback.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service reviews and uses feedback and complaints to improve the quality of care and services. The service is not recording feedback and complaints and documenting improvements based on the feedback and complaints received. The Assessment Team provided the following evidence relevant to my finding:

* A consumer survey completed in November 2023 showed consumers had provided feedback on their preferences for their breakfast meal at the centre. Staff said the information had been addressed and other meal options were available for consumers. However, the service could not provide evidence the changes had been formally recorded and acted upon. Improvements agreed were not added to a continuous improvement plan.
* Management could not identify trends in feedback and complaints as the service is not formally collating this information.
* Management said the service is not using a continuous improvement plan to guide improvements and has not been reporting feedback and complaint trends as part of reporting processes to staff, management and the governing body.
* Management said the service would ensure complaints and feedback would be captured, actioned, resolved and improvements recorded as part of overall continuous improvement activities for the service.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations have a best practice system to manage feedback and complaints and use the system to improve how the service delivers care and services. I find this did not occur, as, although the service has an electronic system for managing feedback and complaints, the service is not using the system, not trending feedback and complaints, not demonstrating improvements are implemented and not analysing of feedback and complaints information.

I have placed weight on the service not using its electronic management system to manage feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

# 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. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied there are enough staff to complete the necessary responsibilities of the roles at the service, with consumers impacted by task orientated services rather than tailored services for each consumer. The Assessment Team provided the following evidence relevant to my finding:

* The service is currently operating with 3 staff, with the corporate services manager monitoring the staff. There are 53 consumers receiving services.
* Staff advised there are no current contingencies for staff to take planned or unplanned leave without some services being delivered.
* Staff advised there is no time to complete administration tasks due to lack of staff. The CHSP coordinator said they do not have time to use the electronic management system to record consumer notes other than consumer attendance and a pickup list. However, the job description for this role includes completion of consumer records and data, evaluation, and review of the needs of consumer and update of services where appropriate.
* Management stated the service will need to address the lack of time available for the CHSP coordinator for documentation as discussed in Standard 2 and where risks need to be documented to guide all staff in provision of services.
* Management said there is a vacancy for a support worker which the service has not been able to fill, with a preference to employ a local Aboriginal person for cultural reasons.
* Management stated the service is actively discussing not accepting any more referrals at the centre until staffing capacity has been addressed.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates a deficit in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to have a system to work out workforce numbers and the range of skills they need to meet each consumer’s needs to always deliver safe and quality care and services. I find this did not occur, as the service has limited staffing and there are no contingencies for staff to take planned or unplanned leave without some services being unable to be delivered. The CHSP coordinator does not complete documentation and reviews and evaluations as per their job description. There is potential impact of risk for consumers as new information is not being formally documented to alert staff about risks for consumers.

I have placed weight on no contingencies for staff to take planned or unplanned leave without some services being delivered and the CHSP coordinator stating they do not have time to use the electronic management system to record relevant information about consumers.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 7, Human resources.

Requirements (3)(b), (3)(c), (3)(d) and (3)(e)

Consumers confirmed while staff may not be from their culture, staff were kind, caring and understanding of the consumer’s culture. Staff were observed being respectful in all aspects of interaction with consumers.

Consumers did not raise concerns around the competency of staff. Documentation showed there are processes in place to monitor competencies for staff including police certificates, driving licences and first aid. The service has job descriptions in place for all staff. However, as considered in Requirement (3)(a) of this Standard, job descriptions are not necessarily being used effectively for the role of the CHSP coordinator. Management said there is a preference for all staff to have completed a certificate in aged care but, discussed the challenge to have staff with the relevant certificate in a geographically remote location. However, management said they have employed staff with relevant attributes for the roles.

Consumers did not raise any issues about the skills and knowledge of staff providing their care and services. Staff described the onboarding process and documentation showed staff complete relevant aged care topics through the onboarding process. Staff confirmed a handbook is provided to support staff. Documentation showed the service provides relevant training to support its staff and training expectations are monitored. Management discussed the difficulties the service has in providing face to face training. However, the service will investigate online and other training opportunities.

Consumers did not raise any concerns about staff performance. Staff confirmed their performance is monitored by their supervisor and there are informal check-ins to discuss any issues. Documentation showed the service is currently behind in staff performance monitoring due to a major flood and evacuations which led to workloads being redirected and some administrative tasks not being completed. Management confirmed they are managing workloads as best they can, given the staffing challenges in the location.

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

# 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 Compliant |

Findings

Requirement (3)(a)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service is engaging and supporting consumers in the development, delivery and evaluation of care and services. The Assessment Team provided the following evidence relevant to my finding:

* Consumers are not being assessed once accepted for services and there is no documented review process evidenced showing there has been consultation with consumer or outcomes from consultation.
* Consumers said there are activities they would like to occur but, they are not offered those activities. Staff said there is no time to do other activities but, acknowledged they had not considered how they could adapt the daily breakfast club to include some of the activities the consumers would like to undertake.
* While there has been a breakfast club survey completed by consumers, there is no documented evidence of the outcome of the survey. Staff said changes were made and follow up conversations were informal.
* Management did not display an understanding of this Requirement and acknowledged there is a gap in engaging consumers in the development, delivery and evaluation of care and services. Management said this would be discussed at the service and an action plan developed to meet the Requirement.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to have an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services. Organisations are expected to ask for input from a wide range of consumers about their experience and the quality of care and services they receive. This includes addressing and working to fix any issues consumers raise and using the information to plan improvements and show they have been made. I find this did not occur, as the service does not assess consumers and document outcomes of review processes, does not have a continuous improvement plan, does not document feedback and complaints and does not review and identify improvements based on consumer feedback.

I have placed weight on management not displaying an understanding of this Requirement and consumers stating there are activities they would like to do but staff saying there is no time to do them.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(a) in Standard 8, Organisational governance.

Requirement (3)(b)

The Assessment Team assessed this Requirement not met, as they were not satisfied the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery, with the service not evidencing specific governance accountabilities and responsibilities as set out in the Quality Standards. The Assessment Team provided the following evidence relevant to my finding:

* Management confirmed there has been no education or training provided to the governing body or the executive leadership team to ensure an understanding of accountabilities and responsibilities of governance as set out in the Quality Standards and recently updated compliance expectations.
* Documentation showed information reported to the governing body and executive leadership team about the service is limited. Information on feedback and complaints, improvements, incidents and service deliverables were not recorded or provided for discussion, analysis, trending and action by the governing body and executive leadership team.
* Management stated they were not aware of information available for the organisation to understand what is required. Management acknowledged the organisation did not understand its responsibilities under the Quality Standards to ensure the governing body and senior leadership have oversight and understanding of what is occurring in the service or guide changes and improvements required to remain compliant with the Quality Standards.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects the governing body to be responsible for promoting a culture of safe, inclusive and quality are and services in the organisation and to be responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. I find this did not occur, as the governing body is not aware of its responsibilities under the Quality Standards and the service is not providing information to the governing body to ensure the governing body is accountable for the delivery of safe and quality care.

I have placed weight on management confirming the organisation did not understand its responsibilities under the Quality Standards to ensure the governing body has oversight and understanding of what is occurring in the service or guide changes and improvements to remain compliant with the Quality Standards.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(b) in Standard 8, Organisational governance.

Requirement (3)(c)

The Assessment Team assessed this Requirement not met, as, although the service demonstrated effective financial governance and workforce governance systems, they were not satisfied there were effective governance wide systems in place addressing information management, continuous improvement, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Information management
* Management confirmed the information management systems in place, including an electronic care system and an incident and feedback system, are not being used effectively by the service.
* Staff confirmed information is provided informally and there are no documented formal care records other than access to the My Aged Care plan online and the transport list which is generated by the electronic care system.
* Staff confirmed they have not received training on how to use the electronic care system or understand how it can be used to record ongoing notes, store templates to develop care plans and upload other scanned consumer documents. There is no formal assessment and review process in place or any templates to support the development of care plans.
* While there is an incident management system, staff confirmed they do not complete any documentation for upload to the electronic system when something goes wrong at the service. The incident management system is not being used to record incidents, near misses or hazards for the service.
* Although the service has access to electronic systems, the service is not using them and information is then not being reported, collated and trended to provide monitoring for the executive management team governing body and staff.
* Continuous improvement
* Management acknowledged the service is not using its electronic incident, and feedback and complaints system. This system has the capacity to generate a continuous improvement plan which can be monitored and escalated dependent on the improvement identified.
* Management acknowledged lack of understanding for the service to have a continuous improvement plan in place and evidence of how the service has implemented improvements following suggestions, changes in legislation, feedback, complaints and where incidents have occurred.
* Management was unaware of the self-assessment template available on the Commission’s website to support the service to understand how it is tracking against the Quality Standards.
* Regulatory compliance
* Management acknowledged they do not understand the service’s regulatory duty to be aware of the Quality Standards and how they apply to the service.
* Management said they would research industry peak bodies to enquire if membership would be beneficial.
* Management stated the service has never been the subject of any audits with the Commission or any of its previous entities while this manager has been in place (over 11 years).
* Management confirmed the service has not been receiving correspondence from the Commission. Management is now aware of the information on the Commission’s website and will discuss with the executive management team and governing body how the service can work toward ensuring it understands and applies the necessary changes that have been legislated.
* The service was unable to demonstrate understanding of the Serious Incident Response Scheme (SIRS). Management said this would be addressed as part of an action plan to rectify and understand the service’s responsibility to SIRS.
* Feedback and complaints
* Although the service has an electronic incident and feedback and complaints system to collate feedback and complaints information, the service is not using it.
* Staff said they do not use a paper form which is available to record any feedback or complaints. They informally resolve any complaints received.
* Management acknowledged the service is not recording feedback and complaints. When feedback or a complaint is received, it will be informally resolved. Management acknowledged there are missed opportunities to collate, analyse and trend feedback and complaints to provide oversight for the executive management team and governing body and for reference for consumers and staff.
* Financial governance
* The Chief Financial Officer provided evidence showing there is oversight of the CHSP funds. Budgets have been developed from the deliverables in the grant agreement and separated from other income streams the organisation receives to reflect the income received, acquitted and variances.
* Consumers confirmed they are satisfied with the fee collection framework which supports the dignity of each consumer with a flat weekly fee charged. Consumers have taken up the opportunity to set up automatic payments of their fees. The service has processes in place to monitor attendance of consumers at the centre and payments can be adjusted to reflect non-attendance.
* Workforce governance
* The service has job descriptions for all roles.
* Documentation showed staff have access to policies and procedures.
* Management discussed the ongoing challenges of availability of staff given the remoteness of the service.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement. The service does not have effective organisation wide management systems in relation to information management, continuous improvement, regulatory compliance and feedback and complaints. No deficits were identified for financial governance and workforce governance.

I have considered the intent of this Requirement, which expects organisations have organisation wide governance systems in place to ensure controls and authority are in place to help to improve outcomes for consumers. I find this did not occur, as the organisation does not use its electronic systems to manage consumer information, identify and manage opportunities for continuous improvement, maintain understanding of regulatory compliance expectations as a home services provider and record and use feedback and complaints to identify trends and opportunities for improvement.

I have placed weight on management acknowledging the gaps in the use of effective organisation wide systems relating to information management, continuous improvement, regulatory compliance and feedback and complaints and evidence the systems the service does have available are not used.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement (3)(d)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has effective risk management systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers. The service is not using its electronic incident management system to manage or prevent incidents. The Assessment Team provided the following evidence relevant to my finding:

* The service is not conducting formal assessments and reviews of consumers. Staff are not gathering and considering information sources other than the information provided through My Aged Care to identify risks for the consumer.
* Staff are not documenting consumer information in the electronic care system and are not creating a formal care plan for each consumer and therefore, not recording identified risks and strategies to mitigate those risks.
* Management said they will seek training for staff on the use of the electronic care system.
* While staff could describe what elder abuse looks like for consumers, there is no formal training offered to staff. Staff were not aware of SIRS and their responsibility to report incidents.
* Documentation showed elder abuse had not been discussed with, or formal training offered to, staff.
* Staff stated they are supporting some consumers from financial abuse from others in the community. However, none of the information or strategies are formally documented.
* Management acknowledged a lack of awareness of training requirements for identifying and responding to abuse and neglect and recording relevant information. Management said the service will review how the electronic care and incident systems can be used to capture information for possible SIRS reporting.
* Management demonstrated the organisational incident management system but, stated the system is not being used by the service staff. Management acknowledged the lack of formal processes to report and respond to incidents and will review how the incident management system can be used to report, record and action incidents and near misses for the service.
* Staff did not understand the opportunity to record unwitnessed incidents reported to them as part of incident management and prevention for consumers.
* There are no formal processes for the executive leadership team and governing body to have oversight of potential and current risks for consumers.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations to have systems and processes to help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it is affecting consumers. I find this did not occur, as the service is not using its incident management system to manage incidents and risk, is not assessing consumers for risks, not recording unwitnessed incidents and does not have formal processes in place to ensure the governing body has oversight of potential and current risks for consumers receiving services.

I have placed weight on the service not using the electronic incident management system in place and management acknowledging there are no formal processes in place for the governing body to have oversight on potential and current risks.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement (3)(e)

The Assessment Team assessed this Requirement not met, as they were not satisfied the service has a clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* The service does not have policy or processes in place to guide staff who provide personal care services including for antimicrobial stewardship, restrictive practices and open disclosure.
* Management acknowledged the service will need to review its policy and procedures to ensure a clinical governance framework is developed and implemented, including providing relevant training for staff.

In coming to my finding, I have considered the Assessment Team’s assessment and evidence in the Assessment Team’s report which demonstrates deficits in relation to this Requirement.

I have considered the intent of this Requirement, which expects organisations put systems in place for delivering safe, quality care, including effective organisation wide systems to prevent, manage and control infections and antimicrobial resistance, effective organisation wide systems to minimise the use of restrictive practices and effective systems to support communication with consumers about incidents that have caused harm. I find this did not occur, as the organisation does not have policy and procedure in place for a clinical governance system and does not provide relevant training to staff to ensure an effective clinical governance system.

Based on the information summarised above, I find the provider, in relation to the service, non‑compliant with Requirement (3)(e) in Standard 8, Organisational governance.

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)