**Performance**

**Report**

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| Name of service: | Outer Islands HACC Project |
| Service address: | 46 Victoria Parade THURSDAY ISLAND QLD 4875 |
| Commission ID: | 700200 |
| Home Service Provider: | Torres Strait Island Regional Council |
| Activity type: | Quality Audit |
| Activity date: | 4 August 2023 to 9 August 2023 |
| Performance report date: | 10 October 2023 |

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

**This performance report**

This performance report for Outer Islands HACC Project (**the service**) has been prepared by F.Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Outer Island HACC - Home Care Package, 18265, 46 Victoria Parade, THURSDAY ISLAND QLD 4875

**CHSP:**

* Community and Home Support, 24479, 46 Victoria Parade, THURSDAY ISLAND QLD 4875
* Care Relationships and Carer Support, 24480, 46 Victoria Parade, THURSDAY ISLAND QLD 4875

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

*Requirement 2(3)(d)*

* Improvements in the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

*Requirement 2(3)(e)*

* Improvements to ensure that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# 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

Requirements 1(3)(a)(b)(c)(d)(e)(f)

The service demonstrated understanding of each consumer’s cultural background, diversity, and individuality. Staff described ways they support the dignity of each consumer while respecting their cultural beliefs and customs. Representatives confirmed the service supports consumers to maintain their dignity and gave examples of how this is achieved. The service provides training to staff in culturally appropriate care and service delivery and is working toward implementing policies and procedures to guide staff practice at a service delivery level.

The delivery of care and services occurs in a manner which is culturally safe and demonstrates the service’s understanding of this requirement. Consumer representatives interviewed said staff are aware of the consumer’s history and understand sensitivities which may result from the consumer’s past. Staff interviewed described ways in which culturally safe care is provided including the provision of personal care assistance to consumers. Tools used by the service to collect information about consumers are reviewed to ensure cultural appropriateness.

The service supports consumers or their nominated family member to make decisions about their own care and services. Communication about care and service delivery is undertaken on a daily basis to ensure delivery is in line with the decision of the consumer. Representatives and staff described how consumers are encouraged to make and maintain relationships with others. Management said discussions are had with staff regarding supporting consumers to have intimate relationships should they choose to do so.

Consumers are supported to undertake activities of their choosing that also consider their associated risks. Staff said they discuss risks associated with the activities consumers choose to undertake and endeavour to ensure mitigation strategies are in place where possible while enabling consumers to maintain their independence and live their best life. Management said council and allied health risk assessment processes inform the service’s approach to consumers taking risk.

Representatives interviewed said information is provided to consumers and their family in a manner which is appropriate, clear, and easy to understand. Consumers are supported with information about service provision options through the service’s handbook and face to face communication. Staff said they receive information from the service and then relay it to the consumers or their families in accordance with the wishes of the consumer or their family.

Representatives interviewed said they are satisfied the service keeps the consumer’s information confidential and their privacy is respected. Staff said they are aware of the service’s privacy policy and do not speak of consumers’ private business outside of work parameters. Personal information is maintained in consumer files and stored securely. An electronic care planning and documentation management application is to be introduced by the service to further enhance information security and confidentiality.

Based on this evidence, 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. | 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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-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. | Non-compliant |

Findings

Requirement 2(3)(d)

The Assessment Team recommended Requirement 2(3)(d) not met, as they were not satisfied that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

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

* The service could not demonstrate that the outcomes of assessment and planning are consistently documented in a care and services plan that is readily available to the consumer.
* Following the initial assessment of a consumer’s needs and preferences, a care and services plan is established with their services identified. However, the Assessment Team identified that care plans are not consistently updated in line with additional information gathered over time.
* The Assessment Team provided feedback to management that changes to services are not being updated in each consumer’s care and services plan. The Assessment Team acknowledged that each sampled staff member had in-depth knowledge of the assistance required by each consumer. It is evident that the service responds to changes in the consumer’s condition and alters services to meet their current needs. However, the Assessment Team communicated that if a staff member is unable to fulfill their duties, the care and services plan would be required to educate backfilling staff on each consumer’s needs and preferences. As a result, the Assessment Team considers that the service has not met the expectations set by this Requirement.
* Management responded positively to the feedback provided and stated that the deficiency would be raised as an agenda item during group staff training the following week.

The service did not provide a response to the Assessment Team’s report.

The Decision Maker deems Requirement 2(3)(d) non-complaint.

Requirement 2(3)(e)

The Assessment Team recommended Requirement 2(3)(e) not met, as they were not satisfied that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

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

* The service could not demonstrate that care and services are formally reviewed regularly for effectiveness.
* Management described the review process, which involves a standardised list of topics to discuss with the consumer. Topics include all areas originally discussed during the initial establishment of the consumer’s care and services plan. However, evidence showed that formal reviews are not taking place. Of the five consumer files reviewed by the Assessment Team, there was no evidence of a review being conducted during the previous 12 months. When asked whether reviews had been taking place, management confirmed that they had not.
* The Assessment Team provided feedback to management that conducting and documenting reviews of care and services is a requirement under the Aged Care Quality Standards and CHSP guidelines. Management acknowledged the feedback and stated that efforts to review the current cohort of consumers would commence following the visit.
* Whilst the Assessment Team considers the service responds appropriately to changes in the condition of consumers and alters services to meet evolving needs, there was no evidence to suggest formal reviews had taken place during the previous 12 months. As a result, the Assessment Team considers that the service has not met the expectations set by this Requirement.

The service did not provide a response to the Assessment Team’s report.

The Decision Maker deems Requirement 2(3)(e) non-complaint.

Requirements 2(3)(a)(b)(c)

The service demonstrated that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Management described the assessment and planning process, which involves completing a ‘CHSP Client Registration Form’ before referring the prospective consumer to My Aged Care (MAC). If the consumer is approved to receive services under CHSP funding, the consumer’s care plan is established from information gathered that details the consumer’s risks, conditions, and the services they will receive. The Assessment Team observed the structure of consumer care plans which, when completed comprehensively, contain sufficient information to guide staff in delivering care and services effectively. The information gathered is appropriate to identify and consider risks to the consumer’s well-being.

The service demonstrated that services meet consumers’ current needs, goals, and preferences. While the service was not consistently assessing and documenting consumer goals, interviews with staff demonstrated they know the consumers well and can discuss their needs and preferences based on their previous experiences with the consumers, with staff visiting the same consumers several times a week. The service demonstrated flexibility in the way services are delivered to consumers to ensure their current needs and preferences are met. Management stated discussions regarding advance care planning can be difficult due to certain cultural sensitivities that must be considered.

The service demonstrated that assessment and planning is based on ongoing partnership with the consumer and involves other organisations and individuals that are involved in the care of the consumer. Staff and management demonstrated an appreciation for the consumer’s right to make decisions about their own life. The Assessment Team observed evidence in consumer files that indicated consumers are encouraged to make decisions about their care and services. Management discussed how the service ensures regular contact is maintained with other providers of care and services and some of the challenges associated with conducting assessment and planning in the region.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements 2(3)(a)(b)(c), however, non-compliant for Requirements 2(3)(d)(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. | 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

Requirements 3(3)(a)(b)(c)(d)(e)(f)(g)

The service demonstrated that personal care provided to consumers is best practice, tailored to their needs, and optimises their well-being. Management noted that the service does not provide any direct clinical care and instead relies on the services of local clinicians and allied health professionals. Staff sampled had good knowledge of the consumer’s needs, goals, and preferences and could describe how the service ensures care is tailored to their needs. Management discussed some of the challenges associated with delivering personal care in the region, including how cultural considerations must be taken into account by staff.

The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risks are identified through the initial collection of information with consumers, from which strategies can be created to minimise their occurrence. Risks identified include cognitive decline, fall risks, and risk of social isolation. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Evidence indicates the service considers risks to the consumers’ well-being and creates strategies to avoid their occurrence.

Representatives interviewed did not discuss palliative care specifically; however, they described how care and services provided to consumers preserve their dignity and maximise their quality of life. Though the service does not provide direct end-of-life or palliative care, management was able to discuss how care and services are adjusted for consumers nearing the end of life. The service liaises with local palliative care teams and Queensland Health officials, as well as providing useful information to the consumer’s family. Information included is about palliative care and the end-of-life process, contacts within Queensland Health for the representatives to contact and encouraging the consumer’s representatives to discuss their needs openly to ensure the consumer remains as comfortable as possible.

The service demonstrated that a deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Management advised that staff are strongly encouraged to look for and report any changes in the conditions of consumers. Evidence demonstrated that appropriate action is taken in response to cases where deterioration is identified. Staff and management were able to discuss signs they look for in consumers. The service advised that if any deterioration is identified, they will immediately seek the consumer’s consent to refer them to the local health service or allied health professionals, depending on the need. Management stated that despite the remote location of many consumers, each inhabited island has a local health service that can conduct assessments in a timely fashion.

Representatives reported that staff know the consumer’s needs well, and they do not have to provide direction often. The Assessment Team sampled several staff, who were able to discuss the consumer’s needs and preferences in detail. Management discussed some of the challenges associated with documenting the outcomes of care and services in the consumer’s file and care plan. Management advised that staff have been resistant to document matters in writing, due to both cultural and technological limitations. As a result, the outcomes of assessment, planning, and delivered services were not consistently documented. At the time of the Quality Review, management was in the process of implementing a new mobile application to improve staff access to consumer files. For additional information about these deficiencies, please refer to Requirement 2(3)(d).

* Despite the aforementioned gaps, the Assessment Team considers that information about consumer needs and preferences is internally communicated. This was evidenced by the knowledge management had of individual consumers and their preferences, despite some of the information not being present in their documented file. Additionally, the service is making active efforts to improve the capability of staff to record information in consumer files.
* The Decision Maker deems Requirement 3(3)(e) compliant.

The service identified that timely and appropriate referrals are made to individuals and providers of other care and services. Staff and management confirmed that where a need is identified, the service refers consumers to other organisations that may be involved in their care and services. Management reported that if a change to the consumer’s condition is related to clinical needs, outreach will be made to local Queensland Health contacts for an assessment to be conducted. The Assessment Team observed evidence of appropriate referrals taking place following an assessment by the service.

The service demonstrated that it adheres to infection mitigation measures in relation to COVID-19, such as wearing Personal Protective Equipment (PPE). Staff and management described actions taken by the service to ensure the risk of consumers or staff contracting COVID-19 is minimised. All staff are trained on infection control procedures, including the donning and doffing of PPE. The service maintains regular contact with consumers and their representatives about the risks posed by COVID-19. The service has a ‘COVID-19 Management Risk Controls Procedure’ for management and staff to follow in the case of a COVID-19 outbreak.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Requirements 4(3)(a)(b)(c)(d)(e)(g)

The service ensures that the consumer’s needs and preferences are incorporated into the types of care and services provided. Representatives confirmed that consumers are supported to maintain their independence, well-being and quality of life and the service assists in ensuring the consumer’s health is also optimised. Staff provided examples of how they ensure consumer preferences are enabled in the delivery of care and services. Staff interviewed said they speak with consumers daily about what their preferred assistance includes. Care plans reflect consumer preferences for the types of care and services delivered. Assessments include a review of each consumer’s capabilities, identifying where supports are needed to undertake daily tasks such as cooking, cleaning and personal care. This assessment is used to inform the amount of assistance provided to individual consumers for each task.

Consumers are supported to engage in activities and relationships which support their emotional, spiritual, and psychological well-being. Staff assist consumers to attend church services, Elder’s gatherings and other cultural and social events which are important to them. Each Island has pastoral and religious supports available through various church groups, and cultural gatherings are also held celebrating Island beliefs. Management said there are many options for spiritual and psychological support on the Islands and if needed staff are able to facilitate connection between these supports and the consumers. Management said staff are aware of cultural sensitivities such as black magic which can impact a consumer’s wellbeing and take measures to ensure their actions or associations do not negatively affect the consumers.

Consumers are supported to attend and participate in activities of their choosing, participating with others within and outside their community. Social and personal relationships are fostered, and consumers are able to direct the types of activities they undertake. While the service does not have dedicated facilities for the undertaking of activities, local libraries, outdoor areas such as community garden pergolas, and waterfronts are all accessed for the various activity groups and one-to-one social support is facilitated in consumer’s homes. Representatives said consumers are supported to attend social activities held in the community including card games, craft, singing and colouring in. Staff described community-based activities such as Mabo day, Australia flag day, National Aborigines' and Islanders' Day Observance Committee (NAIDOC), and Seniors Week which consumers are supported to attend.

Relevant information about consumer needs and preferences is shared within the organisation and with external services when needed. Sharing of information is done with the permission of the consumer or their representative. Staff said they have access to registration assessments and care plans for consumers which provide them with basic information about the consumer’s condition, needs and preferences. The service has documentation including the Outer Islands HACC Service Privacy Policy and Procedure which guides the sharing of confidential information. Staff interviewed said confidentiality is discussed during training and they are aware of the policy which governs how and when information about a consumer may be shared. The staff said they are from the Islands themselves and know the consumers well as many of them are related, but also have sufficient written information available to them in care plans to guide them in the delivery of care and services. The Client Information Handbook outlines the service’s policy with regard to the sharing of information about consumers.

The service maintains contact with other providers of care and services on the Torres Strait Islands and mainland Australia. This contact enables the provision of extended social support and well-being program services for consumers. Staff and representatives said consumers have access to a wide range of programs and services to which the Outer Islands HAAC Project refer the consumers to. Staff described a charity service that operates on the Torres Strait Islands who delivers social support and well-being programs for communities in the region. The service presented a session on elder abuse and family domestic violence to the wider community following an incident of alleged elder abuse. Where care and service needs cannot be provided within the scope of service provision the Outer Islands HACC Project provides, the service refers consumers to other CHSP/HCP providers such as St John who are located on Thursday Island and may be better placed to assist. A cultural mediator is engaged where issues of a cultural nature arise requiring assistance.

The service demonstrated it provides equipment to consumers which supports their independence, quality of life and safety. Representatives said equipment provided to consumers is suitable for their needs and is replaced when worn or damaged. Staff discussed the process for identifying equipment needs and ensuring the equipment is suitable for the consumer. Management described the use of a preferred supplier for specialised equipment purchasing and maintenance processes used by the service to ensure the ongoing safety of equipment. Staff described how the local health service provides referrals and assessment by local Occupational Therapists (OT) to identify equipment needs for consumers. The Outer Islands HACC service is notified of the appropriate equipment type by the health service and arranges purchasing through a preferred supplier. Documentation viewed demonstrates equipment such as shower chairs, utility chairs, walking sticks, toilet seat raisers, urinals and non-slip shower mats have been purchased for consumers.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# Standard 6

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

Findings

Requirements 6(3)(a)(b)(c)(d)

The service demonstrated that consumers are provided with information on the organisation’s feedback and complaints policy and procedures, the pathways for providing feedback and what they can expect from the process. The Council website includes the complaints policy and a link to the complaints process that includes an online complaint form. Consumers/representatives can also provide feedback verbally to staff or management. Representatives sampled said they feel comfortable to raise issues if they are not satisfied with the service consumers receive. Information is provided in the client information handbook about how compliments, complaints, and suggestions are handled. Management said staff learn about complaints management during induction training and are reminded of the process during refresher training days.

Consumers/representatives are provided with information on how to access communication supports, advocacy services and interpreting services should they require these. Consumers are informed of their right to contact the Commission to make a complaint, with written information and contact details provided in the client information handbook and service agreement. Representatives interviewed advised they are able to contact the service on behalf of consumers with communication barriers should there be any concerns regarding their care and services. Staff were aware of the range of options available to support consumers if they require assistance to make a complaint. They demonstrated an awareness of how to support consumers who may have difficulty communicating to raise any concerns.

Being part of the council, the service has established policies and procedures to guide staff in effectively responding to complaints. As part of their onboarding process, staff members are familiarised with these policies and procedures. Representatives interviewed confirmed that staff and management are responsive and attentive when they raise concerns, contributing to a positive experience in addressing their feedback or complaints. Staff and management demonstrated an understanding of the importance of practising open disclosure throughout the complaints process, especially being in a remote location with specific cultural needs and diverse backgrounds of their consumers.

Staff described how feedback from consumers is reported to management for follow up and review. Management discussed how any feedback or complaints received would be reviewed and used to improve the quality of care and services. The Assessment Team observed how the service responded to, monitored, and managed feedback. The collaborative approach ensures consumer feedback is taken into account to identify areas for improvement, contributing to better care and services where appropriate. Management explained that the complaints register is managed and maintained by council’s legal team who record formal complaints and direct them to the appropriate team for investigation and follow up.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – Feedback and complaints.

# Standard 7

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

Findings

Requirements 7(3)(a)(b)(c)(d)(e)

Representatives interviewed advised the frequency of service delivery is provided in line with consumer’s wishes, needs and preferences. Staff provided feedback to the Assessment Team that there is enough time to do their work, and that there are adequate staff to facilitate individual care and services to their current consumers and allow time to engage with the consumer to check on their wellbeing.

Representatives interviewed confirmed staff are gentle, treat consumers kindly and with care, respect their individuality and accommodate their preferences. They were complimentary of the personal attention consumers receive and the caring nature of the staff. Staff consistently spoke about how they show care for their consumers and respect their choices and spoke of their gratitude to be caring for their ‘elders’. Staff are guided by Councils’ code of conduct’ to guide their engagement with consumers and their family representatives. Management said staff practice and maintained respectful interactions with consumers and use traditional language where required to ensure consumers’ language preferences are respected and retained.

The organisation has Human Resources (HR) policies, procedures and guidelines, including training processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers/representatives expressed confidence in management and staff, they felt staff knew what they were doing and said the consumer’s care and services are delivered in accordance with their individual needs and cultural preferences. Management said selection criteria include the qualifications and knowledge requirements for each role and this guides the recruitment process. Staff hold qualifications and competencies relevant to their role, including first aid and cardiopulmonary resuscitation (CPR). A certificate III in aged care or related discipline is required for staff who provide assistance with personal care.

Staff are recruited, trained and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training and buddy shifts prepare staff for their role. New staff are paired with an experienced staff member who will go with them into the community, introduce them to consumers and the local health care workers so they can provide a holistic approach to the consumer’s care. Staff interviewed confirmed they receive ongoing mentoring and said management is always available to provide support at any time. Education and training is provided for staff in-house and online, with training and further education identified during performance reviews. Management said staff are informed of changes to policy and procedures and aged care reforms via email communications. Management regularly reviews roles and responsibilities and the knowledge, qualifications and competencies required.

The service maintains a system for monitoring and evaluating staff performance, which includes ongoing assessments and formal performance appraisals conducted annually. Staff confirmed that they have undergone performance reviews, and the Assessment Team observed documentation of performance reviews for part time staff conducted within the previous 12 months. These reviews encompass performance indicators, identification of training needs such as report writing, and establishment of development goals. Management said while casual staff do not undergo formal performance reviews, individual performance concerns are addressed through regular discussions with all staff.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements 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. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not applicable |

Findings

Requirements 8(3)(a)(b)(c)(d)

Consumers and representatives are offered the opportunity to share their ideas and confirmed that the service seeks their input into the care and services they receive and service offerings overall. Management and staff demonstrated their understanding of this requirement, and provided examples of how they ensure ongoing consultation and feedback is sought from consumers/representatives.

* Consumers/representatives are able to speak directly with management when they are out visiting the island communities. The Head of Community Services described how he will request a client list when visiting communities and will drop in for an informal yarn.
* Management explained how they are connecting with other departments within council to ensure that existing programs such as Housing, Health and Wellbeing and Indigenous Knowledge Centres work together to improve the way they deliver support services to elders in their communities. They will then look at doing a roadshow and visit the island communities to let people know what services they have available to support them.

The governing body remains informed through formal governance, leadership and reporting pathways from the service level through an established management framework, in order to satisfy itself that the Quality Standards are being met. Management ensures the governing body receives the information they require to support decision-making, with regular reporting through the Chief Executive Officer (CEO) to the Board/TSIRC Council. Oversight of the service’s performance and the safety and quality of care and services is maintained through communication, ongoing monitoring, monthly reporting and management meetings. Information provided in monthly management reports include consumer numbers, home modifications and allied health referral numbers, equipment orders, activities attended by management and the status of the data exchange (DEX) reporting. Management explained results from internal audits and information from departmental reports are provided to the Board/TSIRC Council monthly. The focus of these meetings is currently on pressure points which have recently been identified as staff recruitment and housing modifications.

The service demonstrated that the organisation has effective governance systems including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Information management

Council policies and procedures are in place to guide information management, relevant to role. Management confirmed that policies and procedures relevant to aged care services have been developed following a recommendation from an internal audit. These policies and procedures have been drafted and are currently under review by council’s Legal team with the expectation they will be in place by the end of December 2023.

The service has a privacy policy that informs consumers about the collection, storage, and use of their information. As part of the assessment and registration process, consent for sharing of information is obtained. Management ensures that information is presented to consumers in a manner that is easy to understand and consumers receive relevant details about the services offered.

Continuous improvement

The service actively seeks continuous improvement through various systems and processes including monthly improvement plans. These include seeking suggestions, feedback, and complaints from both consumers and staff, addressing incidents and conducting internal audits. The service conducts monthly management meetings and reviews current and outstanding concerns. Documentation is in place to record identified areas for improvement, the actions taken to address them, completion dates, and the resulting outcomes.

Workforce Governance

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Position descriptions are relevant to each role. Staff interviewed were clear on their responsibilities, showed an awareness of the functions carried out by others and how to share information and/or escalate any concerns or suggestions for improvement.

Financial governance

Financial governance systems and processes are in place to manage the finances and resources that the service needs to deliver care and services. The Head of Community Services explained that the council’s executive finance team has full oversight of the service’s financial status through monthly reporting and reviewing of activity. A review of the monthly management report for July 2023 included information on funding and milestone reporting, where it was reported they reconcile monthly performance data and upload to DEX and have bi-monthly meetings with the Department of Health and Aged Care (DOHAC).

Management reported that the results of the internal audit highlighted underspending of CHSP funds. Management explained that during COVID-19 travel was restricted between the islands and communities and consumer numbers decreased with the reduction in staff numbers.

Regulatory Compliance

The organisation has a robust system in place for monitoring compliance with regulatory requirements. Management confirmed they subscribe to notifications and advice from various sources including the Commission and DOHAC, review policies and procedures regularly, and monitor staff compliance with specific requirements such as police criminal history checks and vaccination status. This information is disseminated to the relevant workforce via emails, at meetings and informal education sessions.

Feedback and complaints

The organisation has an established system for logging, escalating and tracking feedback and complaints. While the majority of feedback received from consumers/representatives is verbal, the service has systems and processes to document this feedback and use it to improve outcomes for consumers. Management interviewed could describe current trends for feedback and complaints.

High-impact and high prevalence risks

The organisation has an established risk management framework, there are multiple mechanisms for identifying, evaluating and mitigating risks. A range of policies and procedures, along with staff training and education, guide the management of consumer risk. Vulnerable consumers, including those experiencing falls, social isolation, undergoing changes in care needs, or living with dementia, are identified and monitored closely. Changes in consumer well-being or deterioration are promptly reported, and communication is initiated with the consumer representative and other relevant individuals involved in the consumer's care.

Incident management

The organisation has an incident management system (IMS) and staff have received training on incident management policies and procedures, including the reporting requirements and responsibilities of individual roles. Staff and management described the process of reporting incidents involving consumers and understood incident management procedures and practices. Care staff receive training on accident and incident reporting, fire safety and emergency management and hazard management procedures as part of their mandatory training.

Abuse and neglect

The organisation has an Elder Abuse Policy and Procedure that guides staff in how to report and respond to elder abuse. Management and staff said they visited island communities with a local charity service to run sessions on elder abuse and family domestic violence. Staff were able to describe what they would do in the event of identifying neglect and abuse in a consumer.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – Organisational governance.

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