**Performance**

**Report**

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| Name: | Port Curtis Day RnR |
| Commission ID: | 700357 |
| Address: | Port Curtis Place, 83 Oaka Lane, GLADSTONE CITY, Queensland, 4680 |
| Activity type: | Quality Audit |
| Activity date: | 6 March 2024 to 7 March 2024 |
| Performance report date: | 9 April 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8363 Gladstone Community Linking Agency Inc  
Service: 26455 Gladstone Community Linking Agency Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8815 Gladstone Community Linking Agency Inc  
Service: 28363 Gladstone Community Linking Agency Inc - Care Relationships and Carer Support  
Service: 26142 Gladstone Community Linking Agency Inc - Community and Home Support

**This performance report**

This performance report for Port Curtis Day RnR (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Provider’s response to the assessment team’s report received on 4 March 2024, 11 March 2024 and 28 March 2024.
* information known to the Commission

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Ensure assessment and planning identifies consumers’ preferences including for advance care planning and end of life planning.
* Ensure care plans are regularly reviewed including following a change in consumers’ circumstances or condition.
* Ensure a consistent approach and action is taken to manage risks related to the personal and clinical care of each consumer, including consideration of best practice guidance and applying measures to minimise risk to consumers.
* Ensure appropriate action is taken upon the receipt of feedback and complaints including that consumers are included in an open disclosure process.
* Ensure the service has effective information management systems for staff to readily access and make informed, safe, and effective decisions about the consumer’s care and services.
* Ensure the service has effective feedback and complaint systems which incorporate consumers in an open disclosure process.
* Ensure the service has effective systems risk management systems for managing high impact high prevalence risks associated with the care of consumers.

# Standard 1

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

Findings

Consumers and representatives said staff treat consumers with dignity and respect and support their cultural diversity. Staff demonstrated knowledge of consumers’ cultural backgrounds. Policies establish appropriate behaviour and conduct of staff when interacting with consumers. However, the Assessment Team brought forward information in relation to incidents where disrespectful and/or presumptuous language about consumers’ behaviour was recorded in care documentation. The service established an action in their plan for continuous improvement to address objective documentation of consumer notes, including where to seek advice and support and added an agenda item for support worker meetings. I have considered the continuous improvement plan which details actions to improve progress noting by staff.

Consumers and representatives said consumers’ individual identity, culture and diversity is recognised and valued. Staff could describe how they adapt care and services they deliver to ensure the consumer feels valued and safe including where cultural needs can differ between members of the same cultural group.

The Assessment Team brought forward information that independent consumer choice is not being respected by the service as staff and management are not always including consumers in choices about care and services. Consumers say they feel supported to make initial decisions about the services they receive however are not involved in ongoing decision making. The Provider’s response included that the service has added a decision maker tab to the consumer profile and improved information regarding the role of any Enduring Power of Attorney (EPOA) identified by the consumer. The service has sought to provide staff with education about the role of an EPOA from advocacy groups and this is still pending as evidenced within the continuous improvement plan and the Provider’s response. The service has partially consulted the named consumers within the Quality Audit report, addressed their needs and communicated and documented this information for staff. I am of the view the service are proactively engaged in improving outcomes for consumers and actions taken to address deficiencies have minimised impact to consumers. I find Requirement 1(3)(c) compliant.

Consumers are provided with information to make choices about risks they wished to take. Management and staff have a shared understanding of how to support consumers to take risks and the service had processes to support informed decision making. The service has a suite of policies and procedures guiding staff in supporting the choice and risk taking of consumers.

Consumers receive information in a way they can understand enabling them to make informed choices. This includes for statements, pricing structure, and available services. Information is adapted to suit consumer’s communication style to meet individual needs, recognising how consumers with differing levels of cognition may need longer time to process information. The service has access to language support services where needed to facilitate communication.

Consumers said their privacy is respected and confidentiality of their personal information is maintained. Staff described various ways they ensure a consumer’s privacy and confidentiality is upheld. Consent is sought prior to the sharing of personal information. The service has an information technology team which manages information security.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant | 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. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Not Compliant |

Findings

Consumers are generally satisfied the care and services provided meet consumers’ needs, goals, and preferences. The service has procedures for undertaking assessments when a consumer enters the service, and where clinical risk is identified. The service has policies and procedures related to assessment and planning. The Assessment Team brought forward information that assessment and planning documentation for consumers was not up to date at the time of the Quality Audit. The Provider’s response has addressed this deficit and has been considered in relation to Requirement 2(3)(e).

The Assessment Team brought forward information that end of life wishes, advance health directives or statement of choice are not discussed, documentation does not contain information pertaining to end of life preferences and staff are not aware of consumer’s preferences for both Home Care Package and Commonwealth Home Support Package consumers.

The Provider’s response included the service has revised the newly implemented care planning document and assessment tools and information about consumers’ end of life wishes is obtained during a nursing assessment and the care plan template has been updated to reflect the collation of this information for end of life/palliative care and advance health directive information. The Provider advises intake processes have been reviewed to include earlier involvement of the clinical team upon commencement with the service to oversee care planning and review consumers with identified risk factors where end of life planning is to be implemented. The Provider is sourcing suitable education for staff from consumer advocacy providers and this is reflective within the service’s continuous improvement plan. The continuous improvement plan indicates the service are reviewing policies and processes to align with the Quality Standards. I note the care and clinical governance policy guides staff to consider engaging with consumers or their representatives in relation to advance care planning where deterioration has occurred. The continuous improvement plan also indicates that recruitment of clinical staff is planned. I note that a mock care plan was provided as an example of improvements to the care plan template as well as one consumer’s care plan dated 2022 to indicate the service previously sought end of life planning information from a consumer.

I am of the view the service are proactively engaged in improving end of life planning processes for consumers, however the service has not yet fully implemented the planned improvements including for training and education related to EPOA to be delivered to staff and the Provider’s response did not evidence consumers and their existing care plans have been reviewed by clinical staff to identify end of life wishes. I am of the view while future training is planned for staff, the processes implemented have not had sufficient time to be embedded to ensure sustainability and effectiveness and I find Requirement 2(3)(b) not compliant.

The service involves the consumer and other relevant individuals in the planning and delivery of care and services. Processes for assessment and planning in partnership with other organisations, individuals, and service providers communicates the needs of consumers and incorporates these into care documentation. Including for allied health professionals as well as rehabilitation centres.

Consumers receive a copy of their care plan and staff are aware of consumer’s care needs and preferences. The service consults with consumers and their representatives and consumers’ needs and preferences are considered in initial care planning. Staff have access to consumers’ care planning documentation through a mobile telephone application. However, not all relevant information was available. This is further discussed in Requirement 8(3)(c).

The Assessment Team brought forward information that care plans are not regularly reviewed nor reviewed following a change in consumers’ circumstances or condition. I have considered the continuous improvement plan in relation to this Requirement. I note the Provider has advised the administration team are addressing a data transfer issue with consumer care plans to a new system. The Provider also advised an increase in clinical oversight of incidents is to be implemented as well as quarterly visits by staff to consumers which have not yet been established. The Provider has indicated training was provided to staff however the response lacked evidence to demonstrate this nor evidence which indicated that care worker’s notes are reviewed. I have considered point 33 of the continuous improvement plan. While the Provider has indicated a high number of care plans have been reviewed for both HCP and CHSP consumers, examples of completed contemporary reviews were not evidenced in the response including for named consumers. I consider that while the Provider is proactively engaged in improving systems for reviewing consumers’ care plans, systems and processes implemented or planned to be implemented have not had sufficient time to become embedded to ensure sustainability and effectiveness and I find Requirement 2(3)(e) not compliant.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is not compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | 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 | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and representatives said personal and clinical care is appropriate and provided in a safe manner and is right for them. Clinical care is being provided in line with best practice and to optimise consumers’ health and well-being. Staff assist consumers in line with preferences and needs. The service has systems and processes to assist staff in the management of the delivery of care for example wound care included measurements and photographs to track wound healing and access to specialist advice.

The Assessment Team brought forward information the service is not taking consistent or appropriate action to manage risks related to the personal and clinical care of each consumer, nor following best practice guidance and applying measures to make sure the risk is as low as possible. The Provider’s response did not refute the information brought forward nor did the response address named consumers within the Quality Audit report. However, the Provider has committed to improving the effective management of high impact high prevalence (HIHP) risks to consumers through monitoring consumers identified with risk by the clinical team, establishing a HIHP risk meeting, education to staff and undertaking reviews of policies and procedures. Review of the continuous improvement plan indicates the service is on track to complete actions for improvements. I consider that while the Provider is proactively engaged in improving HIHP risk management for consumers, systems and processes implemented or planned to be implemented have not had sufficient time to become embedded to ensure sustainability and effectiveness and I find Requirement 3(3)(b) not compliant.

Consumers are confident staff would provide appropriate end of life care and services. The service demonstrated how care and services are adjusted for consumers nearing end of life. The service provides training and has procedures to guide staff in providing care for consumers nearing the end of life. While the service has processes for ensuring consumers’ needs are met by conducting a comprehensive nursing assessment, there were no documented discussions around end-of-life cares. This information is considered further under Requirement 2(3)(b).

Consumers and representatives said staff have identified deterioration or changes for consumers and responded. Escalation processes are engaged when changes in a consumer’s condition or deterioration are identified. Staff could demonstrate processes in place to monitor consumers’ condition to readily identify and respond to changes in a consumer’s condition. Incident reporting confirms deterioration is reported as per the organisation’s policy and procedures.

Consumers and representatives said staff provide consistent care and services and they provide consent for the information to be shared. Information about care and services is provided in the electronic care management system, and a copy of the care plan is provided to the consumer. The Assessment Team brought forward information that the service has introduced a new electronic care management system and not all data has successfully migrated. This information is considered further under Requirement 8(3)(c).

Consumers have access to medical and allied health professionals when needed and this is generally supported and facilitated by the service. The service has a physiotherapist on staff and the registered nurse refers consumers to allied health professionals when required. Recommendations by medical officers and allied health practitioners are implemented in consumers’ care plans.

Staff maintain appropriate infection control. Staff are trained in infection control practices. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is not compliant.

# Standard 4

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

Findings

Consumers said they were provided with safe and effective services that supported their daily living and reflected their needs, goals and preferences. Care documentation demonstrated the engagement of consumers in identifying how service supports were to be delivered and staff were familiar with the types of support consumers required to ensure their independence, safety and well-being was optimised.

Consumers generally felt connected with staff and said staff knew them well and encouraged them to participate in activities of interest. While care documentation included information about the consumer’s background and relevant contact information for family and friends, information relating to emotional and psychological well-being was inconsistent. However, staff could describe consumers’ backgrounds, and were aware of those things that supported consumers to feel emotionally uplifted. Staff said they contacted management if a consumer needed additional support in this area.

Consumers spoke positively about the way the service supported their engagement and participation in activities and provided opportunities for socialisation both within the service environment and more broadly within the community. Consumers provided examples of the friendships they had formed and the activities they enjoyed including bus trips, lawn bowls and attending Men’s Shed. Staff described how they advocated for consumers and worked with organisations to connect consumers with activities of interest.

Consumers were satisfied with communication between themselves, the service and others when responsibility of care was shared. Staff said they received information about consumers’ care and service needs through care planning documentation and verbally and that this included those occasions when a change in services occurred.

Consumers provided examples of how they had been referred to other services when a need had been identified and most consumers were satisfied with referral processes. Staff said consumers had been referred and were supported to attend community programs and activities that were not provided by the service.

Consumers provided mixed feedback about meals. Overall consumers said the meals are nutritious and the snack foods were delicious, however some negative feedback was received about the cooking of the vegetables provided at the respite centre. Consumers reported they had raised concerns with staff however were not satisfied that action had been taken to address their concerns. Management were aware of the negative feedback and said they were taking action to address this and this was evidenced in the service’s continuous improvement plan. This information is considered further under Requirement 6(3)(c).

Management and staff described the processes to ensure the equipment provided was safe to use, was clean and well-maintained. This included a maintenance schedule, a maintenance log and safety checklists, including for the bus. Consumers said they felt safe when using the service’s equipment and they had not had any concerns in relation to safety. They said the staff ensured the equipment they used was clean.

While care planning documentation did not consistently reflect consumers’ current care needs this information has been given weight under other Standards and the Provider’s response demonstrates action is being taken to address this. With respect to Standard 4, consumers were satisfied with the care and services they received, and staff demonstrated a sound understanding of consumers’ individualised requirements.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is compliant.

# Standard 5

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

Findings

Consumers spoke positively of the service’s respite centre and said it was large, well-lit, supported ease of movement and provided a pleasant and calm space where they could socialise. Consumers said they could move freely about the centre and could access outdoors and garden areas.

The respite centre was observed to be safe, clean, comfortable and well-maintained. Furniture and equipment was suitable for consumer use. Staff described cleaning processes that included the outdoor areas; they said they reported any identified issues to management who addressed their concerns promptly. Management said that furnishings within the centre were being upgraded in coming months and that consumers had been involved in the selection of the colourful and modern furniture.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they could make complaints and provide feedback. They feel comfortable raising any concerns using a compliments and complaints form, or by raising concerns directly with staff.

Consumers and representatives said they were aware of external complaints and advocacy services, however, would prefer to manage any concerns or complaints directly with the service. Consumers and representatives are made aware of the complaints process, the Commission, and external advocacy networks through intake and information sessions. Information about the Commission and advocacy services is displayed at the respite centre and is contained within the service’s welcome pack. Management advised they would seek to have more information about translating and interpreting services added to the service’s website.

The Assessment Team raised information that while the service has processes in place for receiving and actioning feedback and complaints, most consumers and representatives advised they were not advised of outcomes, nor provided an apology. The Provider’s response acknowledged processes within systems were compromised with the implementation of a new system and that the administration team are working to resolve the deficiencies. The Provider’s response included that the policy and procedures have been reviewed and education has been provided to staff. I have considered the Provider’s evidence of developed templates as well as the complaints policy and flowcharts provided. I have also considered the feedback register provided by the service which I note lacked sufficient information to establish an investigation was conducted, the consumer was informed of an outcome, if the outcome was effective and to the satisfaction of the consumer or that an open disclosure process was followed. The Provider did not refute the information raised within the Quality Audit report. I consider that while the Provider is proactively engaged in improving that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong, systems and processes implemented or planned to be implemented, have not had sufficient time to become embedded to ensure sustainability and effectiveness and I find Requirement 6(3)(c) not compliant.

Consumers and representatives said their feedback resulted in changes in care and services. Management advised it uses feedback from consumers to drive continuous improvement.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is not compliant.

# Standard 7

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

Findings

The service’s staffing includes clinical staff and support workers with sub-contracted staff available to undertake services such as lawn maintenance. Management said they were continuously recruiting staff and staff felt there were sufficient staff to meet consumers’ needs. This was confirmed by consumers who expressed satisfaction with staff and the way services were delivered as planned.

Consumers said staff interactions were kind, caring and respectful. Policies and other resources provided guidance to staff in relation to respectful interactions and staff had received education in this area. Staff were observed at the respite centre and were welcoming, kind and respectful when they interacted with consumers.

Management said there was a position description for each role and that this included qualifications and knowledge requirements; they said that this informed the recruitment process. The organisation had processes to track staff competency, currency of qualifications and completion of mandatory training. New staff were assigned a buddy to support their skills development while they transitioned into the service. Staff said they received prompts to complete mandatory training, and renew police checks, professional registrations and insurances; relevant documentation was reviewed and demonstrated compliance with these requirements.

Staff said they had received training that supported them in their roles and assisted them to deliver care and services in accordance with the Quality Standards; training records confirmed this. Consumers expressed confidence in staff’s ability to deliver care and services and said the staff were well-trained.

Management described processes for the assessment, monitoring and review of staff performance that included consumer feedback, and documentation demonstrated most staff had a recent performance appraisal completed.

I have considered the information brought forward by the Assessment Team as summarised, and the Provider’s response. I consider this Standard is compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | 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. | Compliant | Compliant |

Findings

The Assessment Team brought forward information consumers and their representatives were not engaged in influencing how care and services are developed or evaluated and could not articulate how their contributions had made a difference. The Provider’s response included evidence which demonstrated a consumer advisory committee was formed in December 2023 and an initial meeting to discuss the terms of reference has been conducted. Management advised the next meeting will be brought forward to May 2024 to provide consumers opportunity to provide greater input into the development, delivery and evaluation of care and services. Management advised the April 2024 newsletter will seek to understand ways in which the service may improve response rates for consumer feedback formats. The service has committed to making improvements to this Requirement and I have considered information within Requirement 6(3)(a) and 6(3)(d) which demonstrates consumers feel they are encouraged to provide feedback and that their feedback results in changes in care and services. I note a consumer liaison role has recently been created to improve the capture of feedback. I consider the Provider is proactively engaged in improving systems and processes that support consumers to be engaged in the development, delivery and evaluation of care and services. I find Requirement 8(3)(a) compliant.

Consumers and their representatives are satisfied a culture of safe, inclusive, and quality care and services is promoted by management and incorporated into the service’s documents. The organisation’s governance structure is designed to ensure accountability in the provision of safe and inclusive care. Management teams meet regularly to review the service’s performance.

The Assessment Team brought forward information the service does not have effective information management systems for staff to readily access and make informed, safe, and effective decisions about the consumer’s care and services. The Provider’s response included information related to the use of a mobile phone application utilised by staff to access consumer information as well as some supporting evidence of training provided to staff for the use of the mobile application. Data migration issues experienced by the service moving to a new electronic system are being attended to by an administration team and the service now reports that all consumer’s care plans have been uploaded to the new system and are accessible to staff. The Provider has advised that the new developed templates for care plans include information regarding end of life planning and that staff can identify risks for consumer’s which are highlighted to alert staff. I consider the Provider is proactively engaged in improving systems and processes that support information management and that the service’s continuous improvement plan supports these strategies, however I do not consider that they have had sufficient time to become embedded to ensure sustainability and effectiveness.

The service has a plan for continuous improvement. Continuous improvement initiatives are drawn from variety of sources, including consumer/representative/staff feedback and complaints mechanisms, and consumer surveys. Management demonstrated how the service has identified, implemented, and reviewed improvement initiatives. These include improvements to information management which are still being implemented at the service.

The service has appointed a management accountant to ensure appropriate financial management. The service has a financial governance policy to guide management in the development and review of the service’s annual budget.

The accountabilities and responsibilities of staff are set out in position descriptions. Staff are provided with a handbook and training in relevant work safety procedures such as manual handling and infection control. Staff performance appraisals are conducted to monitor staff performance against the position descriptions.

The service has systems to ensure it complies with the regulations it is required to meet as an approved Provider of aged care services. These systems are designed to identify relevant regulatory requirements and to incorporate these requirements into the service’s policies, procedures, and practices.

While the service has a policy to guide management and staff in complaints handling and includes involving and informing the consumer of the progress of the complaint, consumers and representatives said they were not informed of the progress or outcome of their complaint, nor provided with open disclosure. The Provider’s response acknowledged processes within systems were compromised with the implementation of a new system and that the administration team are working to resolve the deficiencies. The Provider did not refute the information raised within the Quality Audit report. I consider that while the Provider is proactively engaged in improving feedback and complaints, systems and processes implemented or planned to be implemented, have not had sufficient time to become embedded to ensure sustainability and effectiveness.

I find Requirement 8(3)(c) not compliant particularly in relation to information management and feedback and complaints.

The Assessment Team brought forward information that the service did not demonstrate systems and processes are being used to identify and assess risks relating to the health, safety, and wellbeing of consumers, and when risks are identified, that the service is actively mitigating these in a timely manner. In coming to a decision, I have considered information in Standards 2 and 3. The Provider’s response included that an increase in clinical oversight of incidents is to be implemented as well as quarterly visits by staff to consumers. The Provider has indicated training was provided to staff however the response lacked evidence to demonstrate this nor evidence which indicated that care worker’s notes are reviewed. The Provider’s response did not refute the information brought forward nor did the response address named consumers within the Quality Audit report. However, the Provider has committed to improving the effective management of high impact high prevalence (HIHP) risks to consumers through monitoring consumers identified with risk by the clinical team, establishing a HIHP risk meeting, education to staff, reviews of policies and procedures. I consider that while the Provider is proactively engaged in improving systems for the management of risks, systems and processes implemented or planned to be implemented have not had sufficient time to become embedded to ensure sustainability and effectiveness and I find Requirement 8(3)(d) not compliant.

The service has implemented a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical and care staff are trained and have policies and processes under the clinical governance framework to guide them in antimicrobial stewardship, open disclosure, and restrictive practices.

I have considered the information brought forward within the Quality Audit report as well as the Provider’s response and I have placed weight on the information within the Quality Audit report which demonstrates governance systems and processes have raised the risk of the effective delivery of safe and quality of care. I find Standard 8 is not compliant.

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