**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | South East Tasmania Aboriginal Corporation |
| Service address: | 7393 Channel Highway CYGNET TAS 7112 |
| Commission ID: | 300280 |
| Home Service Provider: | South East Tasmanian Aboriginal Corporation |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 18 November 2022 |

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 South East Tasmania Aboriginal Corporation (**the service**) has been prepared by M Cooper, 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:**

* Setac CACP Service, 17182, 7393 Channel Highway, CYGNET TAS 7112

**CHSP:**

* Home Maintenance, 4-7XLQDYX, 7393 Channel Highway, CYGNET TAS 7112
* Social Support - Individual, 4-7XM4D90, 7393 Channel Highway, CYGNET TAS 7112

# 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
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Packages Program operational manual a guide for home care providers

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 1(3)(b) HCP and CHSP
* Standard 2 HCP and CHSP
* Requirement 3(3)(e) HCP
* Requirement 6 (3)(d) HCP and CHSP
* Requirement 7(3)(c) HCP and CHSP
* Requirement 7(3)(d) HCP and CHSP
* Requirement 7(3)(e) HCP and CHSP
* Requirement 8(3)(b) HCP and CHSP
* Requirement 8 (3)(c) HCP and CHSP
* Requirement 8(3)(d) HCP and CHSP
* Requirement 8(3)(e) HCP and CHSP

# 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 | Non-compliant | Non-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

The Assessment Team reports that the Provider was able to demonstrate each consumer is treated with dignity and respect where their identity culture and diversity is valued. The Provider was found to be supporting consumers to make informed choices about their services. The Approved Provider was also supporting consumers to take risks that enable them to live the best life they can whilst providing each consumer and/or representatives with current, accurate and timely information in a way that is clear and easy to understand respecting consumer privacy and personal information.

However, the Assessment Team reports that the Provider was unable to demonstrate that it was delivery consumers care and services that are culturally safe.

Specifically, in relation to requirement 1(3)(b) the Provider does not routinely collect information at assessment or on an on-going basis to support consumers who may identify as culturally diverse. The Provider does not conduct routine CHSP consumer assessments for care planning.

Despite all HCP consumers having a care plan only 6 of the 35 consumers plans have been updated. The Provider has 14 HCP consumers who identify as Aboriginal. While this information is collected, as part of the HCP initial consumer assessment, it does not routinely include further exploration of their needs and preferences to support them, in a culturally safe way. The Provider does not have processes and procedures to gather information for those consumers who identify with the LGBTQI cohort or those consumers who may be vulnerable. The Provider’s electronic documentation system does not include an identification/assessment function to collect this information. Staff said information is not collected outside of the electronic assessment function and is therefore not routinely documented in the consumer assessment or care plan. Staff said they have not been provided with information and/or training on how to address culture and diversity with consumers during the initial intake and on an on-going basis.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) for requirement 1(3)(b*) states, in part, ‘delivering culturally safe care and services is about recognising, respecting and supporting the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights… What is culturally safe for one consumer can be different to what is culturally safe for another consumer. This can be true even among people who identify as being from the same group.’*

The Commonwealth Home Support Programme – Program Manual 2022-2023 states *CHSP service providers have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. Where the My Aged Care assessor recommends short term or time limited services, service providers should incorporate suitable review points in the client’s care plan or equivalent. Where there is no recommended review date included in the client’s My Aged Care support plan, service providers must undertake a review of services they are delivering at least every 12 months. The outcome of this review is to be recorded on the My Aged Care client record.*

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997, Commonwealth Home Support Programme – Program Manual 2022-2023 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 1(3)(b) for HCP and CHSP consumers

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the six specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the six specific requirements have been assessed as non-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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-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 | 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 | Non-compliant |

Findings

The Assessment Team reports that the Provider is not undertaking initial and ongoing assessment, care planning of consumers. This includes consideration of risks to consumers’ health and well-being to inform delivery of safe and effective of services. The Provider is not effectively communicating outcomes of assessment and planning to consumers and ensuring these are consistently documented in care plans available to consumers and staff. The Provider should be discussing with consumers their needs for advanced care planning or end of life wishes.

The Assessment Team sampled planning documentation for several consumers and substantiated that the Provider was not currently completing CHSP assessments. Risks to consumers had not been assessed and therefore staff did not have sufficient information regarding consumer risk management strategies. It was noted that the Provider operates two different consumer databases and the databases are not linked. This may not facilitate a holistic appraisal of all consumer information. The Assessment Team were given copies of a number of assessment tools used by the Provider’s clinical staff. It was noted that the tools were generic in nature and did not cover the full range of clinical needs. The Provider acknowledged that the current processes were not effective in assessing and planning consumer care and services.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) sights the Organisation Statement for Standard 2 as ‘*The Organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessments and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.’* The Guidance articulates the purpose and scope of standard 2 which is part states ‘*The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up*.

The Commonwealth Home Support Programme – Program Manual 2022-2023 states *CHSP service providers have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. Where the My Aged Care assessor recommends short term or time limited services, service providers should incorporate suitable review points in the client’s care plan or equivalent. Where there is no recommended review date included in the client’s My Aged Care support plan, service providers must undertake a review of services they are delivering at least every 12 months. The outcome of this review is to be recorded on the My Aged Care client record.*

The Home Care Packages Program operational manual at chapter 7.1 states that ‘*Providers must undertake initial and ongoing assessment and planning to meet Standard 2 of the Aged Care Quality Standards’.*

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997, Commonwealth Home Support Programme – Program Manual 2022-2023, the Home Care Packages Program -and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 2(3)(a), (b), (c), (d) and (e) for HCP and CHSP consumers.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as five of the five specific requirements have been assessed as 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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. | Non-compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The Assessment Team reports that the Provider is ensuring that identified risks are being managed and seeking information regarding consumers needs, goals and preferences when nearing end of life. The Provider did demonstrate that staff are recognising and responding to changes in consumer’s cognitive and physical ability and make timely and appropriate referrals.

However, the Provider was unable to demonstrate that information about consumers is collected, documented and communicated within the organisation. It was unable to demonstrate that care plan review or re-assessment procedures were in place for HCP consumers receiving internal nursing or clinical care. Management did indicate that internal clinical case management activities were undertaken but they were not able to provide evidence that this was the case.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) states that the Purpose and scope of Standard 3 is *‘Consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014’*

Further to this the intent of requirement 3(3)(e) is stated as ‘*This requirement focuses on the communication processes that organisations are expected to have. So that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s conditions, needs, goals and preferences. The information the workforce has access to should help them provide and coordinate care the respects the consumers choices.*

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 3(3)(e) for HCP consumers.

The Quality Standard for the Commonwealth Home Support Programme services has not been assessed as the Service does not provide this service.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the seven specific requirements have been assessed as non-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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team reports that the Provider is communicating with consumers to ensure their supports for daily living meet their needs and preferences. It is also delivering safe and effective support and services for daily living that optimise consumers’ independence, well-being and quality of life. Consumers are being assisted to participate in their community, have social relationships and do things of interest to them. Staff are recognising and responding to consumer’s needs and changes and, when required, consumers are referred appropriately to other organisations. The Provider is also ensuring that equipment is safe and suitable.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six applicable requirements have been assessed as 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. | Not applicable | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services has not been assessed as the Service does not provide this service.

The Quality Standard for the Home Care Packages service has not been assessed as the service does not provide this service.

# 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. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |

Findings

The Assessment Team reports that the Provider is actioning feedback to the satisfaction of complainants and using an open disclosure approach. It is also providing information about access to language services and external complaint agencies. However, the Provider is not gathering, actioning or reviewing feedback and complaints from consumers or their representatives and using this information to inform improvements to consumer quality of care and services.

Specifically, in relation to the non-compliance with requirement 6(3)(d) although the Approved Provider does have a dedicated feedback and complaints register it was not able to demonstrate that the feedback and complaints are reviewed and used to improve care and services for consumers. The Provider conducted a consumer survey in 2021, improvements identified from the feedback had not been complied, actioned or fed back to the Board. Following feedback from the Assessment Team the Provider acknowledged the review and analysis was not being undertaken, however, this would be rectified moving forward.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Service to establish a complaints resolutions mechanism. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) sights the intention of requirement 6(3)(d) as being *‘the Organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services’*

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Guidance, I have reasonable grounds to form the view that the Provider has not complied with requirement 6(3)(d) for HCP and CHSP consumers.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the four specific requirements have been assessed as non-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. | Non-compliant | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant | Non-compliant |

Findings

The Assessment Team reports that the Provider is planning to ensure that sufficient staff with the right skill mix to deliver safe and quality care and services are employed. The Service has demonstrated a commitment to respectful, quality services through the recruitment and selection of staff whilst ensuring staff are knowledgeable and supported in their roles. However, the Approved Provider is not ensuring that staff are trained and equipped to deliver the outcomes required by the Standards and the Approved Provider is not monitoring staff performance.

Specifically, in relation to following requirements

Requirement 7(3)(c)

The Assessment Team found that the Approved Provider was not able to demonstrate that its staff was competent and had the skills and knowledge to effectively perform their jobs. The Provider could not demonstrate it had an induction program, however, it did assert that induction related matters are discussed verbally with new staff against an induction checklist, but it could not provide evidence that staff had been inducted. The Assessment Team also found that the Provider had a staff training register and the register indicated that the not all the staff had attended all the training.

Requirement 7(3)(d)

The Assessment Team found that the Provider could not demonstrate that its workforce had been trained, equipped and supported as required under the Aged Care Standards. The Assessment Team noted that not all staff had completed all the training and the Provider does not conduct performance appraisals of staff to identify individual training needs

Requirement 7(3)(e)

The Assessment Team found that the Provider could not demonstrate that it regularly monitored and reviewed the performance of its workforce

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Provider has not complied with requirement 7(3)(c)(d) & (e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

# Standard 8

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| Organisational governance | | HCP/STRC | 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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |

Findings

The Assessment Team found that the Approved Provider was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services.

However, the Assessment Team found that the Approved Provider was not able to show that the governing body was committed to a culture of safe, inclusive quality care and services and was accountable for delivery. The Provider was not applying effective organisation wide governance systems, including continuous improvement, regulatory compliance and feedback and complaints to improve consumers’ lives through the provision of care and services.

The Assessment Team specifically found in relation to the following requirements;

Requirement 8(3)(b)

Management was unable to describe the organisation’s governance framework and how the governing body monitors delivery of services through reporting mechanisms. The team leader/co-ordinator prepares a monthly report to the Chief Executive Officer (CEO) which only includes the number of consumers receiving services, it does not include consumer related data, statistics or information. Management was unable to describe how the governing body has oversight and accountability for the delivery of services to consumers. The Provider does not undertake regular consumer assessment, care planning and re-assessment. It was unable to demonstrate collection of information from consumers who may be at risk and/or are vulnerable, and therefore was unable to evidence the collection of information, data and statistics for review by the CEO and the Board

Requirement 8(3)(c)

Continuous improvement

While the Provider operates a continuous improvement plan, it was unable to demonstrate it has processes and procedures to support the oversight of continuous improvement and ongoing service improvements for consumers.

Regulatory compliance

The Provider does not have processes and procedures to identify and enact regulatory requirements. It does not have evidence of a register for staff police certification, driver’s licenses, professional registrations or processes to identify if staff have been a citizen or resident of a country, other than Australia, over the age of 16 years.

Feedback and complaints

The Provider does have a dedicated feedback and complaints register to record feedback and complaints, however there was no evidence of analysis of any trends to inform improvements for consumers.

Requirement 8(3)(e)

The Provider was not able to demonstrate they have a documented clinical governance framework, and that systems and processes are effective to maintain the safety and quality of consumer clinical care.

Requirement 8(3)(d)

The organisation was not able to demonstrate effective risk management systems and practices to identify, assess and manage risks to consumer’s health, safety and well-being. It did not demonstrate effective consumer risk assessments are undertaken, and subsequent documentation of risks and management strategies to inform the provision of services to consumers.

Requirement 8(3)(e)

The Provider was not able to demonstrate they have a documented clinical governance framework, and that systems and processes are effective to maintain the safety and quality of consumer clinical care

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states, in part*, that the purpose and scope of this standard as ‘this quality standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the standards.* Further to this, *Standard 8 supports all of the other Quality Standards. This is because it supports how the organisation focuses on the requirements of each standard strategically to make sure they run the organisation well*.

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3) (b) (c) (d) & (e).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as four of the five specific requirements have been assessed as non-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)