**Performance**

**Report**

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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: | Assessment Contact - Site |
| Activity date: | 24 July 2023 to 25 July 2023 |
| Performance report date: | 9 November 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 South East Tasmania Aboriginal Corporation (**the service**) has been prepared by M Murray, 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:**

* Community and Home Support, 25028, 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 Assessment Contact - Site; the Assessment Contact - Site 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 29 August 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 assessed** |
| **Standard 5** Organisation’s service environment | **Not assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

**Standard 2**

Requirement 2(3)(a) HCP CHSP

* Undertake relevant clinical and other validated risk assessments to inform clinical care delivery for HCP consumers. For CHSP consumers, assessments such as a home safety assessment, a falls risk and other assessments relevant to risk should be undertaken.

Requirement 2(3)(b) CHSP

* Ensure the preferences of how the consumer’s needs and goals are going to be met are written in a care plan or similar document. Check if there have been any changes to the consumer’s needs and goals since their My Aged Care Assessment before developing the care plan. Incorporate all the information into a single document where possible, in a way that the consumer will easily understand.

Requirement 2(3)(d) CHSP

* Ensure the care plan or similar that the consumer receives reflects what services are being delivered, what goals are being worked towards and how the consumer wants this to occur. Provide the consumer with a copy of their care plan and make relevant information available where services are being delivered, for example transport services may need to know a consumer’s mobility status.

Requirement 2(3)(e) HCP CHSP

* Review all consumers’ care plans in line with their changing circumstances. Review CHSP consumers at least annually. Ensure the process engages the consumer and supports them to discuss whether the services are still effective and if they need more or less services into the future.

**Standard 6**

Requirement 6(3)(d) HCP CHSP

* Ensure feedback and complaints feed into the service’s continuous improvement process and that the information is considered and used to the benefit of all consumers whenever possible.

**Standard 8**

Requirement 8(3)(b) HCP CHSP

* Demonstrate the Governing Body is driving quality care and that accountability across the organisation for safety and quality is clear.

Requirement 8(3)(c) HCP CHSP

* Ensure members of the Governing Body are supported and have the capacity to deliver safe and quality care and services to consumers and that effective governance, systems and processes are in place to identify and manage risks and continuously improve.

Requirement 8(3)(d); HCP CHSP

* Ensure risk management systems are in place and that these provide the Governing Body with information about risks so that strategic actions can be taken to minimise risk to consumers.

Requirement 8(3)(e) HCP CHSP

* Establish an effective clinical governance framework that is integrated and implements leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that to support safe, quality clinical care and good clinical outcomes for each consumer.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not applicable | Not applicable |

Findings

I am satisfied, based on the evidence outlined in the Assessment Team’s report, that the service has returned to compliance with Requirement 1(3)(b). A summary of the Assessment Team’s evidence is outlined below.

Consumers and representatives advised that their personal history and background is respected when receiving care and services.

Management advised that whilst the service is predominantly an indigenous organisation, it caters for people of all cultural backgrounds. Mandatory training for all staff in cultural and diversity awareness has recently been rolled out and has been completed by most staff.

The assessment team reviewed the services intake forms, assessment/re-assessment forms and care plans and found that information relating to consumer’s personal background and lifestyle is being gathered and recorded appropriately.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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. | 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. | 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 | 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

Non-compliance Requirement 2(3)(a)

The Assessment Team reported that the service does not adequately consider risks when undertaking assessment and care planning.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

In several consumer files, it had been identified (and noted) that the consumer was at clinical risk, for example living with diabetes. Where relevant services are being delivered by the service, such as meal planning and preparation, the service has not undertaken a further risk assessment or put strategies in place to mitigate the risk of an adverse event occurring.

Management interviewed advised that the service does not currently have a way to easily identify consumers at risk.

A support worker interviewed stated that they were unaware of risk assessments and if they witness a fall or other incident, they make note of this but would only contact the aged care team in the office if they thought it was serious in nature.

In relation to CHSP consumers, the service does not currently undertake any assessment or care planning of its own. My Aged Care (MAC) support plans are currently exclusively used to determine care and service requirements.

Management and care co-ordination staff have identified that further work is required around risk management and planning for HCP consumers and are in the process of designing and implementing specific assessment and care planning procedures for CHSP consumers.

The approved provider responded to the Assessment Team’s report, the response states:

* Since June 2023 the service have been consistently undertaking risk assessments to inform deliver and safe and effective services. For example, routine risk assessments combined with clinical and annual assessments.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the approved provider’s response.

While I acknowledge the service’s statement that an assessment system is in place, no further documentary evidence has been provided to demonstrate to me that the risk assessments undertaken are sufficient in detail to guide staff in minimising risk for consumers.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Non-compliance Requirement 2(3)(e)

The Assessment Team reported that the service was unable to demonstrate that care and services are consistently reviewed for their continued effectiveness or when circumstances, change or incidents occur.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

Whilst the service does have procedures to review HCP consumers on a regular basis (minimum 12 monthly or 6 monthly for levels 3 and 4), this is not occurring consistently. A review of the service’s re-assessment schedule shows that around a third of all HCP consumers are overdue for their scheduled re-assessment. In some cases, reviews have not taken place for two years.

Some consumers have had reviews following discharge from hospital or following incidents such as falls but others have not received the same.

In relation to CHSP consumers, the service does not currently undertake any assessment or care planning of its own. My Aged Care (MAC) support plans are currently exclusively used to determine care and service requirements. There are currently no procedures to review or re-assess CHSP consumers.

Management and care co-ordination staff acknowledged these inconsistencies and are working towards developing procedures to ensure all consumers are assessed and reviewed consistently.

The approved provider responded to the Assessment Team’s report, the response states:

Since June 2023 we have been consistently undertaking risk assessments to inform deliver and safe and effective services. For example

* routine risk assessment combined with clinical and annual assessments as well as responding to incidents like falls and wounds as they arise.
* reviewing care services regularly and when circumstances change.
* a process of reviewing our high risk protocols in terms of diabetic clients and others and how to manage that risk has been instigated.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and the approved provider’s response.

While I acknowledge the service’s statement that re-assessments are being undertaken, no further documentary evidence has been provided to demonstrate to me that all care plans have been updated in line with the re-assessment process. I also note that risk protocols are not fully developed.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Non-compliance Requirement 2(3)(b) in relation CHSP

The Assessment Team reported that the service’s care planning process does address the consumer’s current needs, goals and preferences.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

In relation to CHSP consumers, the service does not currently undertake any assessment or care planning of its own. My Aged Care (MAC) support plans are currently exclusively used to determine care and service requirements. Whilst these do contain information around goals and preferences, this information is currently not used to inform care and services at the point of service.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I note that the approved provider has not disputed the Assessment Team’s assertion that the service does not undertake its own assessment of consumers’ current goals and preferences.

Based on the information summarised above, I find the approved provider does not comply with this Requirement. This Requirement was previously found non-compliant and there is limited evidence of ongoing improvement by the approved provider.

Non-compliance Requirement 2(3)(d) in relation to CHSP

The Assessment Team reported that the service does not give the consumer a copy of their care plan.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

* Consumers do not have a home care folder or a care plan for their reference.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I note that the approved provider has not disputed the Assessment Team’s assertion that it does not provide a care plan or similar summary to the consumer.

Based on the information summarised above, I find the approved provider does not comply with this Requirement. This Requirement was previously found non-compliant and there is limited evidence of ongoing improvement by the approved provider.

Requirement 2(3)(b) HCP; Requirement 2(3)(c) HCP and CHSP and Requirement 2(3)(d) HCP

I am satisfied, based on the Assessment Team’s report that the service has returned to compliance with the other requirements of this Standard as recorded in the table above.

The Assessment Team reviewed several consumer files and found that intake and assessment forms contain detailed sections on goals and preferences for consumers on the HCP. These are consistently completed and the information recorded in a care plans.

HCP consumers are satisfied that the service understands their needs goals and preferences.

Consumers feel like partners in care planning and the service demonstrated how others, including general practitioners become involved when planning the consumer’s care.

When determining what services will be provided, HCP consumers are given options in line with their funding and are able to choose what best suits their individual needs and preferences and the care plan is tailored accordingly.

Consumers on the CHS program said the delivery of services is based on their discussions with the service and they are satisfied that the program delivers services in line with the outcomes of these discussions.

Consumers advised that they have a home folder that contains their current care plan and that staff attending to their services always refer to this folder at the start of each shift.

# 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. | Not applicable | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable | 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. | Not applicable | 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. | Not applicable | 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. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | 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. | Not applicable | Not applicable |

Findings

Requirement 3(3)(e)

I am satisfied, based on the evidence outlined in the Assessment Team’s report, that the service has returned to compliance with Requirement 3(3)(e) for consumes receiving a home care package. A summary of the Assessment Team’s evidence is outlined below.

Management advised that all information relevant to providing care and services to consumers on a HCP is contained in home folders at consumer residences. All support workers and nursing staff refer to these folders on each visit to ensure that they are aware of any changes in condition or care requirements since the last visit.

Where there has been a change in condition or circumstances for a consumer, support workers and nursing staff contact the care co-ordinator to update information (or organise changes to care) to ensure that all workers providing care have visibility of these changes.

Management also advised that if a support worker or nursing staff are providing care or services to a consumer for the first time, a detailed briefing is undertaken by the care co-ordinator prior to the visit.

Support workers and nursing staff interviewed were able to demonstrate their understanding of the need to share information. They advised that the service’s care co-ordinator is the central point for information sharing and that they are confident that information reported is shared with other staff for effective continued care.

The assessment team reviewed several consumer files which showed progress notes and communication between staff and care co-ordinators detailing continuous updates to consumers’ conditions, needs and preferences. Consumer files also show appropriate sharing of consumer information when referring to other care providers and that the service also seeks relevant information from external bodies.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Not applicable | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable | Not applicable |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Not applicable | Not applicable |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Not applicable | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |

Findings

Standard 4 was not assessed by the Assessment Team on this occasion.

# 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

Standard 5 was not assessed by the Assessment Team on this occasion.

# Standard 6

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

Findings

Requirement 6(3)(d)

The Assessment Team reported feedback and complaints are not used to improve the quality of the care.

The Assessment Team’s evidence that is relevant to this requirement is summarised below:

Although the service was able to demonstrate consumer and representative feedback and complaints are recorded, this information has not been effective in improving the quality of care and services for consumers.

The Assessment Team requested a copy of the service’s most recent annual survey for consumers and were provided with a summary of a survey conducted from February to April 2021. Although the service indicated intentions for improvement on the document, not all the feedback was actioned.

While the Assessment Team sought examples of improvements to consumers’ quality of care and services, linked to feedback mechanisms the service was unable to provide any.

Management acknowledged that this is an area requiring further improvement.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I note at the time of the assessment, management acknowledge deficits in this Requirement.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

# 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. | Not applicable | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable | Not applicable |
| 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

Requirement 7(3)(c), Requirement 7(3)(d) and Requirement 7(3)(e)

I am satisfied, based on the evidence outlined in the Assessment Team’s report, that the service has returned to compliance with the above requirements. A summary of the Assessment Team’s evidence is outlined below.

All consumers/representatives interviewed said that staff are competent and have the skills and knowledge to perform their jobs effectively.

Staff said they have the skills and knowledge to support consumers’ needs and preferences and any requests for additional training is provided in a timely manner. Staff participate in an induction, on-going mandatory and elective training.

The service undertakes a compliance check prior to the appointment of any new employee which includes validating qualifications, licences and medical registrations.

The service has an annual staff training calendar which includes topics such as bullying and harassment, infection control and understanding diversity.

Annual performance appraisals are undertaken and inform training needs and professional development opportunities.

The service has a range of policies and procedures to support recruitment, selection, induction, and on-going staff development.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable | Not applicable |
| 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

Requirement 8(3)(b)

The Assessment Team reported the governing body is promoting a culture of safe, inclusive and quality care and services.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

The service satisfies itself that the Quality Standards are being met through the employment of dedicated senior personnel, who support and action matters; to further maintain oversight and meet its responsibilities. Most recently the service has recruited and appointed a Team Leader for their aged care services team.

The organisation has developed policies and procedures which incorporate objectives related to consumer safety, quality, and inclusion. The service develops routine data and statistic related reports that are discussed and reviewed at a senior executive and Board level, where required.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I have considered the evidence across the Standards and note that a number of non-compliances from the previous quality audit remain outstanding. I have formed a different view from the Assessment Team and, in my view, there is limited evidence that the culture of the governing body is driving quality care and services as improvements towards returning to full compliance are not evident.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

Requirement 8(3)(c)

The Assessment Team reported governance systems are not effective.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

The service does not have a feedback and complaints system that supports improved outcomes for consumers. While a consumer survey was provided to the Assessment Team conducted from February to April 2021 which evidenced feedback, minimal or, no action was taken by the service in response to this.

The service was unable to demonstrate it has processes and procedures to support organisation wide governance of continuous improvement and ongoing service improvements occur. The service was not able to provide evidence of improvements as a result of feedback from consumers, representatives, or staff.

While the service operates a continuous improvement plan, the outcomes column reflects the pre-populated proposed outcomes of the initiative, and therefore does not address a review and outcomes achieved, as a result of implementing the initiative.

While all management and staff have current Australian National police certification, the service does not have processes and procedures to identify if a staff member has been a resident or a citizen of a country, other than Australia, over the age of 16 years.

Care plans are not being reviewed a minimum of 12 monthly for CHSP consumers..

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I note that the approved provider has not disputed the Assessment Team’s assertion that it does not have effective governance systems.

Based on the information summarised above, I find the approved provider does not comply with this Requirement. This Requirement was previously found non-compliant and there is limited evidence of ongoing improvement by the approved provider.

Requirement 8(3)(d)

The Assessment Team reported effective risk management systems and practices are not in place at the service.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

While the service operates an incident management register, the register does not record a review of the outcome of the incident.

In relation to managing high impact or high prevalence risks associated with the care of consumers, the service does not routinely undertake assessment, care planning and re-assessment of consumers to identify current and/or potential risks and is therefore unable to gather data and statistics for the review by senior management or the Board.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I note that the approved provider has not disputed the Assessment Team’s assertion that risk management systems are not effective.

Based on the information summarised above, I find the approved provider does not comply with this Requirement. This Requirement was previously found non-compliant and there is limited evidence of ongoing improvement by the approved provider.

Requirement 8(3)(e)

The Assessment Team reported the service has a clinical governance framework.

The Assessment Team’s evidence that is relevant to this requirement is summarised below.

In relation to antimicrobial stewardship the service has a policy in place which provides clear guidelines to staff to provide effective management.

In relation to restrictive practices, management advised the service does not currently have any consumers who are subject to the use of restraint. Management said if a consumer did undertake an allied health assessment for a restraint, then registered nursing staff would discuss the risk with the consumer and document their decision. Staff demonstrated an understanding of restrictive practices.

In relation to use of open disclosure, the service has an open disclosure policy, and staff interviewed demonstrated a good understanding of this process.

The approved provider’s response did not specifically address this Requirement.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report. I have considered the evidence across the Standards. I have formed a different view from the Assessment Team and, in my view, management and staff have not demonstrated that their approach to the use of restraint is one of last resort. The processes which underpin good governance, such effective assessment and planning have also not been demonstrated by the service.

Based on the information summarised above, I find the approved provider does not comply with this Requirement.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)