**Performance**

**Report**

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| Name: | Torres and Cape Hospital and Health Service CHSP |
| Commission ID: | 700873 |
| Address: | 48 Hope St, COOKTOWN, Queensland, 4895 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9273 Torres and Cape Hospital and Health Service  
Service: 27667 Torres and Cape Hospital and Health Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7403 Torres and Cape Hospital and Health Service  
Service: 24476 Torres and Cape Hospital and Health Service - Care Relationships and Carer Support  
Service: 24477 Torres and Cape Hospital and Health Service - Community and Home Support

**This performance report**

This performance report for Torres and Cape Hospital and Health Service CHSP (**the service**) has been prepared by K Sharwood, 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]

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

I am satisfied that Standard 1 is compliant with the Quality Standards as six of the six assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* The Assessment team received feedback from Consumers and representatives which confirmed that they are treated with dignity and respect and staff are friendly and polite. Management and staff interviewed spoke respectfully about consumers and demonstrated an awareness of consumers’ individual identity. Observations of the group social support exercise class confirmed staff interactions with consumers were warm, friendly, and respectful. Documentation reviewed showed the service has a consumer-centered approach to delivering services.
* Consumers and representatives interviewed reported that staff understand their needs and preferences and their service is delivered in a way that makes them feel safe and respected. Management and staff could provide specific examples of how services are delivered to meet the unique needs and preferences of consumers, to ensure inclusive care and support. Management said Aboriginal and Torres Strait Islander cultural competency training is a mandatory requirement for the workforce and Silver Rainbow LGBTIQ+ aged care awareness training has been completed by some staff. New uniforms have been implemented across the service and are designed to represent the LGBTIQ+ and Aboriginal and Torres Strait Islander communities. Documentation reviewed demonstrated an understanding of individual needs and preferences.
* The Assessment Team heard from Consumers and their representatives that they feel supported to make their own decisions and involve people they want involved in care decisions. Management and staff demonstrated awareness and understanding of specific consumer’s choices and preferences and described examples of how specific consumers have been supported to make informed decisions about their care and services. Documentation confirmed that consumers are involved in decisions about the service they receive.
* The service demonstrated that consumers are supported to take risks if they choose, and steps are taken to mitigate the potential impact of risks when possible. Management outlined how they have supported specific consumers to take risks and live a life of their choosing. Care staff described how they support consumers by discussing the potential risks and strategies to minimise the risk of harm. They encourage consumers to exercise the freedom to continue taking those risks in a supported way if they choose. Documentation reviewed included evidence of consumers’ involvement in decisions relating to accepting risks associated with their choices.
* Consumers and their representatives said they receive written information in a way they can understand and enables them to make informed choices. This includes statements, budgets, complaints information and services available. Documents reviewed by the Assessment Team contained information which is current and accurate.
* Feedback received by the Assessment Team from Consumers and their representatives showed they were confident the service keeps their personal information private. Consumers and representatives said they are advised how their personal information will be used and consent forms were completed as part of the intake process. The Assessment Team observed that Consumer information is stored in a secure electronic database as well as locked cabinets. Staff interviewed described examples of how they maintain privacy and confidentiality of consumer information. Management outlined that privacy and confidentiality forms part of mandatory training, and this is reinforced during team meetings. The Assessment Team were satisfied that the Policies and procedures they reviewed provide sufficient instruction and guidance for staff about how to ensure privacy and confidentiality are a priority for the service.

Overall, I am persuaded that the service is:

* Demonstrating that consumers are treated with dignity and respect.
* Supporting consumers to act independently, make their own decisions and take part in their community.
* Recognising consumers’ individuality and their right to make their own decisions about the care and services they receive.

As the provider did not submit a response, I have made my finding based on the evidence of the team and find the provider is compliant with Standard 1.

# 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. | Compliant | 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. | Compliant | Compliant |

Findings

I am satisfied that Standard 2 is compliant as five of the five assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* Consumers and their representatives reported that staff involved them in the consumer's assessment and care planning and ongoing reviews. Sampled consumers stated they are satisfied the care and services provided meet their current needs, goals, and preferences.
* Risk assessment tools are used to identify health and well-being risks to consumers and risks are clearly outlined in care plans. Staff could describe how assessment and planning are facilitated and how this informs the delivery of consumers’ care and services.
* Sampled consumers/representatives confirmed that during admission and yearly reviews the care coordinator held discussions with them regarding their comprehensive health, considering aspects such as vision, hearing, oral health, speech, swallowing, incontinence needs, pain, memory loss, sleeping patterns, and history of falls.
* The Assessment Team reviewed sampled care plans and noted sufficient information about needs, goals, and strategies to guide staff in delivering care and services effectively. The information gathered from consumers includes cultural background, linguistic preferences, mobility needs, visual and hearing needs, and level of personal and domestic assistance.
* The service demonstrates assessment and planning involving the consumer and others involved in the care of the consumer. Consumers and representatives confirmed they participate in the planning and review of the services consumers receive. Staff described how they work in partnership with others when undertaking assessment and care planning and communicate regularly concerning the changing needs of consumers. Documentation evidenced consumer/representative involvement in the planning of services and the involvement of others involved in the care of the consumer.
* The Assessment Team reviewed care plans and supporting documents, including policies and procedures for care planning and assessment. Evidence in consumer files indicated consumers are encouraged to make decisions about their care and services. Additionally, the Assessment Team observed evidence of communication with other professionals such as GP’s, dietitians, social workers, physiotherapists, and Occupational Therapists (OT), which indicated that the service takes a collaborative approach to delivering care and services.
* Consumers/representatives reported being satisfied with the information they received from the service about their assessment and care planning. Care coordinators and staff confirmed that a copy of the care plan is provided to consumers and accessible to staff involved in delivering care and services. Sampled staff confirmed having access to detailed care plans and progress notes about individual consumers guiding them in the provision of care and services.
* The service demonstrated care and services are reviewed regularly and when consumer circumstances change. Consumers/representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. A review of care planning documentation demonstrated reviews occurred for all HCP consumers and CHSP consumers who receive in-home care, at least every 12 months. Management said the care plans are reviewed annually and more often when changes occur.
* The staff could describe circumstances where a review or reassessment may be required. Sampled staff were aware of incident reporting processes and how altered circumstances such as deterioration of health, incidents, and hospitalisation may trigger a review or review of the care plan.

Overall, I am persuaded that the service is:

* Involving consumers and their representatives in decisions about care and services.
* Identifying and addressing consumers’ current needs.
* Communicating the outcomes of assessment and planning to consumers and their representatives.
* Regularly reviewing care and services for effectiveness or when needs change.

As the provider did not submit a response, I have made my finding based on the evidence of the team and find the provider is compliant with Standard 2.

# 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. | Compliant | 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

I am satisfied that Standard 3 is compliant as seven of the seven assessed requirements have found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* Consumers/representatives said clinical and personal care received is safe, it is effective, and optimises the health and well-being of the consumer. Staff were able to demonstrate their knowledge of consumers’ needs, goals, and preferences and could describe how the service ensures care is customised to meet consumer’s needs. For example, in the management of wounds.
* The management of the provider confirmed that when subcontracted staff are employed in providing clinical and personal care, it is essential to have clinical oversight through the involvement of care coordinators and clinical staff. The assessment team sighted tools such as FRAT, cognition, and skin assessment tools validated by the Queensland health, thus complying with best practice guidelines.
* The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers are effectively managed. Risk assessments are undertaken to create strategies that minimise the occurrence of incidents. Risks identified include wound management, cognitive decline, social isolation, refusal of treatment and falls. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks.
* The service demonstrated care delivery for consumers at the end of life ensures consumers’ personal care needs are addressed and dignity is maintained. Care coordinators discussed how care and services are adjusted for consumers nearing the end of life. Although the service does not provide direct palliative care it partners with the community palliative care team from whom consumers receive services. Care coordinators confirmed several consumers are currently receiving palliative care at home. Although the service is not providing direct palliative care, staff said they provide additional assistance including ongoing personal and domestic care, as well as assistance for caregivers.
* The Assessment Team noted an end-of-life care policy that guides staff to engage with palliative care healthcare professionals when the consumer is identified as needing end-of-life and palliative care. Additionally, care coordinators confirmed that the staff is provided training to recognise end-of-life signs and the importance of pain management for someone nearing the end-of-life.
* The service demonstrated that changes in a consumer’s health and well-being are recognised and responded to in a timely manner. Care notes for sampled consumers identified that staff recognised, reported, and responded to consumer condition changes.
* A care coordinator demonstrated that actions taken in response to deterioration may include assessment of the consumer, referral to their GP or other allied health professionals, and immediate transfer to the hospital if necessary. The staff stated they will alert care coordinators by email, phone call or risk escalation form if they have concerns about consumer well-being such as loss of appetite and changes in mood.
* Care plans and relevant information are available on the care management system, including an activity plan detailing when the care and service is due. The Assessment Team identified examples of internal communication regarding the consumer’s needs and preferences. Progress notes are completed by all staff to record and communicate the consumer’s current condition and needs. The staff documents the type of care which is provided on their visit such as transport, linen change, and personal care.
* The review of sampled consumer care documentation identified correspondence from health professionals, hospital discharge summaries, and reviews from an OT, physiotherapist, and dietitian.
* Consumers/representatives said the care delivery, including referral processes, is timely and appropriate. Staff could describe the process for referrals which are completed in consultation with the consumer/representative. Care coordinators provided examples of how allied health professionals are engaged in response to changes in consumer needs. Care planning documents demonstrate referrals to allied health professionals and other service providers occur promptly when required.
* Consumers/representatives reported that the service adheres to infection mitigation measures in relation to COVID-19, such as wearing Personal Protective Equipment (PPE). Staff and management described actions taken by the service to ensure the risk of consumers or staff contracting COVID-19 is minimised. Staff described how they maintain appropriate infection control practices to minimise the risk of COVID-19. Staff acknowledged completing COVID-19 training on donning and doffing PPE. The Assessment Team observed policies and procedures pertaining to antimicrobial stewardship and infection prevention and control which provides guidance and instruction to staff.

Overall, I am persuaded that the service is:

* Providing safe and effective care and any identified risks are discussed, to ensure continued safety and support to live the life they choose.
* Identifying risks, undertaking appropriate assessments, and referring consumers to allied health professionals when required.
* Training staff in how to identify changes or deterioration to the consumer and escalate concerns to management.
* Communicating needs and preferences with those who share caring for consumers
* Making appropriate and timely referrals to additional services where required
* Effectively minimising the risk of infection and taking precautions to prevent and control infection related outbreaks.

As the provider did not submit a response, I have made my finding based on the evidence of the team and find the provider is compliant with Standard 3.

# 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

I am satisfied that Standard 4 is compliant as seven of the seven assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* Consumers/representatives stated that consumers are supported by staff and the support provided has been successful in optimising consumer’s independence, health, well-being, and quality of life. Care planning documents were individualised and included the services and supports provided and specifics on the way they are to be provided, reflecting the involvement of the consumer.
* Consumers/representatives provided examples of how the staff provide emotional support to consumers. Staff demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. Care planning documentation included information of consumers’ emotional and psychological well-being needs where appropriate.
* Consumers/representatives confirmed the organisation is flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service and described ways to support consumers to participate in the community such as providing transport and support for their preferred activities. Care planning documentation identified the people important to individual consumers and the activities of interest to that consumer.
* Consumers advised they enjoy coming into the service for exercise group, craft, shopping bus trip, going into the community with the staff. The Assessment Team observed that the service provides a calendar with all activities available to consumers. Consumers can choose which activities they would like to attend, and the service will then organise transport to and from the activities as well as support while on the outings.
* Most consumers reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they need. Staff reported information about consumers is available on care planning documents which they have access to and described how they are informed of any changes to the consumer’s condition prior to a scheduled visit. Care planning documentation reviewed demonstrated effective communication through email correspondence, progress notes and reports within the service and with other organisations or providers involved in supporting the consumer’s lifestyle needs.
* Consumers/representatives say they are satisfied with the services and supports delivered by those the consumer has been referred. Staff could describe the process for referrals to others, including ensuring any referrals are completed in consultation with the consumer. A review of care planning documentation demonstrated that timely referrals have been made as appropriate, including supports through arrangements with other services and organisations such as social workers for additional emotional support during challenging personal situations.
* The service supports the nutritional needs of consumers through assistance with meal delivery services if required. Assessment includes discussions on the consumer’s nutritional and hydration needs and capacity to maintain overall health and well-being. For consumers sampled, assessments and care plans reflect dietary needs and preferences and the assistance required by staff to support the consumer with managing their meals. The Assessment Team observed a kitchen list containing preferences and allergies for all consumers. Consumers expressed satisfaction with the food options highlighting that consumers have choices. No information was provided about whether consumers are satisfied with the quantity of food provided.
* Where equipment has been provided for the consumer’s use in their own home, an OT assessment has been completed and consumers report it is suitable and meets their needs. Staff were able to describe the process for identifying and reporting risks to the safe use of equipment. Management described the processes for purchasing, maintaining, and replacing equipment, including where the responsibility is shared with a brokered service.

Overall, I am persuaded that the service is:

* Supporting consumers to feel connected and engaged in meaningful activities that are satisfying to them.
* Promoting consumers' emotional and psychological well-being through compassion and connection between consumers and members of the workforce.
* Providing a variety of options to support consumers to live as independently as possible, enjoy life and remain connected to their local community.
* Ensuring timely and appropriate referrals to individuals, other organisations and providers of other services.

As the provider did not submit a response, I have made my finding based on the evidence of the team and find the provider is compliant with Standard 4.

# 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

I am satisfied that Standard 5 is compliant with the Quality Standards as three of the three assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* The Assessment Team observed the service environment to be welcoming, with a layout which enables consumers to move around freely in a comfortable space. Aspects of the service that help consumers feel welcome and optimise their sense of belonging, include signs for consumers that are clear and large enough to read and see when they are attending group activities facilitated by the service. The centre was observed to have a range of signage to assist the consumers to navigate independently, such as to the bathroom. Consumers spoke about how they feel that the service environment is welcoming and clean, and that chairs are comfortable. The Assessment Team observed staff supporting those consumers who required assistance to mobilise safely. Staff described how different consumers use the service environment in different ways according to their level of independence and functional ability.
* The service environment was observed to be clean, well maintained, and comfortable with plenty of natural light. The Assessment Team observed consumers moving freely around the service both indoors and outdoors. The day respite centre is easy to access with parking for consumers and visitors and transport drop off at the front entrance. Processes are in place to ensure the environment is clean and well maintained, with identified issues promptly addressed and reported to minimise risks to consumers, staff, and visitors.
* Furniture, fittings, and equipment in the day respite centre were clean and suitable for consumers to use. Staff described the cleaning processes in place and said there is sufficient furniture and equipment to meet the needs of consumers. Care coordinators described the maintenance program for furniture, fittings and equipment that required staff to notify management for the equipment to be added to the maintenance register. Care coordinators described the process for assessing the suitability of furniture, equipment, and fittings to meet consumer’s needs.

Overall, I am persuaded that the service is –

* Providing a service environment that is accessible and suitable for consumers needs.
* Providing an environment that is clean, comfortable, well maintained and welcoming

As the provider did not submit a response, I have made my finding based on the evidence of the team and find the provider is compliant with Standard 5.

# 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. | Compliant | Compliant |

Findings

I am satisfied that Standard 6 is compliant as four of the four assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* During interviews with the Assessment Team, consumers and their representatives stated they are aware of how to provide feedback or make a complaint and felt supported to do so. They advised they generally provide feedback by speaking with care staff or a care coordinator. Management described examples of how they support consumers/representatives to provide feedback by providing them with different channels to access the service’s complaints system, including feedback and complaint forms, annual surveys, formal review processes, informal consumer feedback and client reference group meetings. The annual feedback survey from 2023 provided consumers with an opportunity to express any specific concerns they may have and requested information from consumers about how services could be improved.
* Consumers provided feedback to the Assessment Team that they are made aware of and have access to advocates, languages services and other methods for raising and resolving complaints. Consumers and staff said that on entry to the service consumers are provided with a welcome pack which includes information about advocacy options within the region, which includes formal advocacy services together with volunteer advocates, as well as the RSL welfare officer, a social worker and counsellor in the region. Management advised consumers prefer to speak to trusted people from the community and many require the supports of someone face to face, rather than over the phone. The Assessment Team noted the complaints brochure included in the welcome pack advises consumers of the option to escalate a complaint to an advocacy service, however the brochure did not include the option of escalating to the Commission. The Assessment Team did however note other information about the Commission was included in the welcome pack.
* The Assessment Team noted the complaint register contained various complaints in relation to meals and the annual survey contained similar feedback. Management advised in 2023 the meal provider decided to commence using frozen meals, which were heated on the day required, rather than making fresh meals each day. Feedback from consumers consistently advised the meals were not to standard. Management advised the service liaised with hospital and residential aged care staff to have a dietitian review the meals. This involvement supported the meal provider to revert to fresh meals. Consumers advised they are satisfied with the meals being provided.
* The service demonstrated satisfactory evidence that feedback and complaints are used to improve the quality of care and services. The Assessment Team observed how the service records, responds, monitors and manages feedback to improve the quality of care and services where appropriate. Trends are monitored and form part of continuous improvement.

The Assessment team summarised that the service is –

* Supporting consumers to provide feedback in accessible ways and they use open and truthful communication when responding to complaints.
* Taking appropriate action when a consumer or representative raises a complaint.
* Using information from complaints to improve the quality of care and services.

As the provider did not provide any additional response to the Assessment Team’s report, I have relied on the evidence from the team. I find the provider is compliant with this standard.

# 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

I am satisfied that Standard 7 is compliant as five of the five assessed requirements have been found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* Consumers/representatives are satisfied the workforce is sufficient to ensure they receive their services in accordance with their individual needs and preferences. Consumers reported staff generally arrive when expected and if they are going to be late, they are notified. Staff said they have sufficient time and information to undertake services in a safe and efficient manner. Management detailed the planning undertaken to ensure sufficient staff are available to fulfil roster requirements in each of the areas serviced. The care coordinator in the Weipa region said she is flexible in the way care services are scheduled in Aboriginal and Torres Strait Islander communities to support the unique requirements within the community. Care staff have a flexible schedule and if consumers are not home, they can leave a message and return later in the day.
* Management advised, however, the current staffing levels in Weipa allow the service to provide the services required by consumers and when clinical support is required, the service has close links with the local hospital.
* Consumers/representatives provided positive feedback in relation to their interactions with the workforce. They said management and staff are kind, caring, respectful and helpful. Staff spoke about consumers in a kind and caring way when speaking with the Assessment Team. The Assessment Team observed staff interactions with consumers, during group social support, to be courteous and respectful. Management spoke about their focus on recruiting staff who will provide care and services in line with the service’s values.
* Consumers/representatives expressed confidence in management and staff. They felt the staff knew what they were doing and said the consumer’s care and services are delivered in accordance with their individual needs and preferences. Staff said they receive education and training from the service and receive prompts to complete mandatory training and police checks. The Assessment Team sighted the processes in place to monitor the criminal history checks, vaccination records, drivers’ licences and mandatory training competencies of staff. Management advised brokerage contracts are monitored and the required documentation and qualifications of brokered staff delivering services is documented.
* Management advised all staff are enrolled in or have completed a Certificate III in Aged Care or an equivalent qualification, and new staff are supported with buddy shifts before commencing in the role. Care coordinators outlined how support is provided to care staff when they require further support in particular areas of their practice. A care coordinator outlined how they provided one on one support to care staff with entering notes in the electronic care management system and created a ‘cheat sheet’ for care staff who required support with what information to include in progress notes.
* The service demonstrated that the workforce is recruited, trained, equipped and supported to deliver safe and effective care to consumers. Staff confirmed they receive training specific to the roles they are undertaking. Staff interviewed said that they feel well supported with sufficient information about consumers prior to servicing them for the first time and for consumers' ongoing support.
* Care staff confirmed they receive monthly supervision with their manager which allows them the opportunity to discuss their role, training needs as well as other matters impacting their role.
* Management said the workforce also have access to additional non-mandatory learning and training needs are identified via various pathways including consumer feedback, staff/peer feedback and from their individual performance and development reviews.
* The service has a process for assessing, monitoring and reviewing staff performance. Consumers/representatives interviewed stated they are satisfied the workforce who are providing their care and services perform their roles well and confirmed they are contacted for feedback. Management advised formal probation and performance reviews are completed for all staff on an annual basis, with staff being provided with an option for a 6-monthly review. The service demonstrated the formal performance review processes have been completed for staff and staff interviewed confirmed they have completed an appraisal. Management advised staff also receive monthly supervision with their line manager and staff confirmed these supervision sessions occur on a regular basis. The care coordinator advised performance of brokered staff is monitored by feedback received from consumers and representatives. Management outlined examples of informal and formal training that has been provided to staff after performance discussions.

The Assessment team summarised that the service is –

* Providing a skilled workforce, sufficient to deliver safe and quality care and services.
* Providing the workforce with the time, resources and training required to deliver quality care and services to consumers.
* Consistently reviewing staff performance.

As the provider did not provide any additional response to the Assessment Team’s report, I have relied on the evidence from the team. I am satisfied that this provides sufficient justification that the provider is meeting the expectations of the Quality Standards and I find the provider is compliant with this standard.

# 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. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | 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

I am satisfied that Standard 8 is compliant as five of the five assessed requirements are found compliant. The provider did not dispute the findings of the Assessment Team.

Evidence from the Assessment team that is relevant to my finding is as follows:

* A client reference group meets on a 3-monthly basis, the membership of which is the service manager, care coordinators, the local volunteer advocate, data officers, community health nurse and representatives from the local community, including consumers/representatives. Consumers have been sent a letter advising them about participating in the group, with meetings being further advertised in the consumer newsletter. Meeting minutes demonstrate actions taken by the service to implement suggestions made by the client reference group.
* The governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services and remains informed through formal governance, leadership and reporting pathways at the service level. The workforce demonstrates behaviours and values consistent with a culture of safe, inclusive and respectful service delivery. Until the beginning of 2024, the service manager reported directly to the executive manager at monthly meetings, discussing incidents, complaints and feedback and staffing levels. A new management position has been created to ensure increased oversight of the service through an improved reporting structure to oversee the delivery of safe, inclusive, quality care and services. The service has an established Continuous Improvement Plan (CIP) that seeks to ensure the continuation of safe and effective care and services and strive for development.
* The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management were able to describe how the elements of the system provide accountability for them and guidance and instruction to staff about how to manage each of those areas.
* The organisation has a system in place for monitoring compliance with regulatory requirements. The service maintains regulatory compliance including staff police certification, vaccinations, driver’s licences and insurances. Management described the process in place for monitoring how subcontractor compliance and credentials are managed that includes any feedback on performance. Management demonstrated they understand their responsibilities under the new Code of Conduct for Aged Care and the Serious Incident Response Scheme (SIRS).
* Feedback data is compiled into a regular report and presented to executive management. Management interviewed could describe current trends for feedback and complaints. The Assessment Team found that feedback is used to improve care and services. The executive manager is kept informed of feedback provided to ensure oversight of the quality of care and services is maintained.
* The service has a risk management framework and policies and procedures to guide staff and management in identifying and responding to risk. Whilst staff incidents are recorded in a formal Incident Management System (IMS), a risk notification form is in place for consumer incidents and management could demonstrate how incidents are assessed, followed up, resolved and escalated as appropriate. An informal process is in place to ensure escalated information is analysed and used to inform continuous improvement practices and prevent reoccurrence. Data is provided to the executive manager that allows appropriate oversight of factors that might affect the safety and quality of care provided by the service.
* Management could describe the high impact or high prevalence risks associated with the consumer cohort. Vulnerable consumers were identified by management including consumers who live alone, are socially isolated and have declining cognitive issues. Changes in consumer wellbeing or identified deterioration is recorded with prompt communication with the consumer/representative. Management outlined the processes in place to support consumers during a natural disaster.
* The service does not provide clinical care directly to the consumer cohort, instead utilises the services to other parts of the hospital and health service. The service demonstrated a sound understanding of the principles of clinical governance, including minimising the use of restrictive practices and open disclosure.
* Staff and management understood the underlying principles of acknowledging when things go wrong, being transparent and offering an apology.

The Assessment team summarised that the service is:

* Involving consumers in the development, delivery and evaluation of services.
* Demonstrating the governing body’s commitment to a culture of safe, inclusive quality care and services and accountability for delivery.
* Managing risk including high impact, high prevalence risks and supporting consumers to live the best life they can.
* Supported to deliver safe and quality care and services by well-established governance systems.

As the provider did not provide any additional response to the Assessment Team’s report, I have relied on the evidence from the team. I am satisfied that this provides sufficient justification that the provider is meeting the expectations of the Quality Standards and I find the provider is compliant with this standard.

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